CHAPTER- II

OLD AGE PEOPLE IN SOCIETY: THE SCENARIO

2.1 THE AGEING

Ageing is an inevitable biological process in the life- a process marked by diminishing mental and physical abilities. Population of ageing, a phenomenon involving a shift from high mortality/high fertility and consequently an increased proportion of old age people in the total population, is a universal experience. Sudden spurt in the population of aged in a country is bound to pose multiple challenges before the human society. Developing countries are going to face such a growth in a much quicker time as compared to the developed world which saw such a demographic transition gradually.¹

Ageing is a universal fact and no one can escape it. The human body is the most wonderful machine which nature has ever produced, but it also wears down with use and time. Ageing is a complex process involving biological, psychological, social and environmental components. “Ageing is a toilsome treadmill grinding to a tragic halt as years pass by. It is a life spanning process of growth and development running from infancy to old age through childhood, adulthood gets an end with the death of an individual by Mishra (1997)”. Ageing is a process in human life and is inevitable unless one dies’. Each phase of life is a preparation of one, which follows it. The foundation laid on in our childhood determines to great extent the success or failure of our mature life, so also dies a behavior in mid-life, which decides the nature of our old age life span. So if entire life is itself planned, old age is automatically planned.

¹ Tabassum Rafiq, 2015, Study of Adjustment and Values of Old Age People in Kashmir.
The aged is a generally used in relation to young. It is really difficult to draw a diving line uniformly for all communities. Available research reflects that people grow old at different rates. One person may be physically old at 60 while another is ‘young’ at 70. It is really difficult old age. Ageing is a universal phenomenon and one of the undesirable facts of human life. Ageing refers to all age group and is not confined only to the old age people, but also extends to social and economic institutions; it is life long process through which all living beings go from birth to death\(^2\).

2.2 NATURE OF AGEING

To understand and define old age, one must know what normal ageing is? Commonly speaking, it has been defined as a process that is universal and inevitable within the same species. Thus ageing includes both;

- Individual ageing and
- Population ageing

Further, it could be stated that ageing is not a particular process because ageing is taking place in biologically, psychologically and sociologically. These factors continue to differentiate individuals of any one chronological age within the life span, although, it is common and inevitable. Ageing is not a homogenous experience that affects every individual within social, biological and psychological factors. Thus it could be viewed that ageing is a continuous process. Transition from middle age to old age may not be as predictable or uniform as it seems as individual’s age at varying rates. So to use cut

\(^2\)Thomas George, 2015, Adjustment in Old age – A Comparative Study, P: 4
off mark of 60+ as threshold of old age may not be justified. Therefore, old age may be considered in terms of biological ageing, psychological ageing and social ageing.

2.2.1 Biological ageing

Normally at cellular level, there is ageing and cellular decline, which are replaced by new cells. When the ability of the body to renew/replace cells is lost, there is a gradual but perceptible change in physical appearance and functional decline. This manifests in the form of memory loss, muscular weakness, diminishing eyesight and hearing and wrinkling of skin. These changes become unresponsive with old age changes. Human ageing is characterized by progressive constriction of homeostatic reserve of every organ system. This decline is known as homeostenosis, which is gradual and progressive, although the rate and extend vary. When this decline manifests itself functionally and anatomically, it is termed as old age. Biological ageing is also affected by factors like lifestyle, exercise, nutrition, genetic makeup etc.

2.2.2 Psychological Ageing

Hazan defines old age as one way is the seemingly unproblematic self definition: an old person is someone who regards himself or herself as such”….. Plato thought that the age of 50 was the time when a person reached his peak, having replaced the impatience of his young years with the wisdom of his experience³.

2.2.3 Social Ageing

The first use calendar age as defined age is based upon the cultural ascriptions of the society. One must know the socio-cultural content in which it is applied particularly the social meaning attributed to particular ages. Chronological age only serves as a basis for prescribing or permitting various social roles and behavior. It is said that people become old because the world around them tells them, so although it may be in defiance of their own experience. Cultural indicators have a bearing in defining old age. Thus, if a person has grown up married children and grandchildren, he is considered as old. Also, if he retires from active services, it is assumed that he is in old age. Society’s cultural environment has a direct influence on defining old age. Thus chronological age may remain official definition in defining old age. Ole age needs to be viewed in respect of population of ageing which it depends upon life expectancy and longevity of population\(^4\).

2.3 WHO ARE OLD AGE PEOPLE

We often used the term “Old”/Aged” willingly, there is no clear delineation which implies the aged as old. These are no widely accepted views regard it. The human life cycle according to Hindu belief is divided into four divisions. The last two divisions namely Vanaprastha and Sanyasa is considered the last stage i.e. old age. Owing to the physical features, one was look young at 53 or other may not. In the cultural aspect if one fulfill all responsibility or he/she has grand children considered as old. To remove inkling thoughts about it

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\(^4\) Maheswari. K, 2012, Activity and Quality of Life Among Older Persons in Salem District, Tamil Nadu,
broadly the retirement is the marketing line. The United Nations defines senior citizens as those who are other 65 years old, because there is often obvious degeneration in organic tunitions.

Old age is not an obsolete concept. It is full of relativism. It is significantly related to time and space. According to WHO old age starts at the age of 65 years. Some people say that in India old age starts at 58 when a person retires from his government job but what about those who retire at the age of 60 or 62 in some of at the government job and specially, what about an unskilled labourers who does not retire till he is safe in his graying. Old age is usually regarded as synonyms with pensionable age or age at retirement. So far as India is concerned, Indian census has adopted the 60 for classifying a person as old. The retirement age, also vary according to the appropriate governance. Thus the retirement age is taken as old age in India\(^5\).

### 2.4 CATEGORIES OF OLD AGE PEOPLE

Taking chronological age of 60+ as an indicator of onset of old age, the followings have been categorized as:

- Young-Old: 60-69 years
- Old-Old: 70-84 years
- Oldest-old: 85 years and above

According to another grouping, old age is categorized as:

- Octogenarians: 80 years and above
- Nonagenarians: 90 years and also
- Centenarians: 100 years and above

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\(^5\) L.R. Pradeep, 2011, Living Arrangements and Coping Mechanisms of the Elderly in the Coastal Communities of Kanyakumari District.
The above categorization has come into vogue because our society is experiencing ‘first generation of the full timers’ and we are now becoming a rectangular society in which all individuals, in absence of any mishap, are surviving to advanced ages. People of 60 years and above, enter the territory of old age so called “universe of geron”\(^6\).

### 2.5 BIOLOGICAL ASPECTS OF AGEING

Ageing brings some changes in all people. These changes are continuous throughout life, from losing baby teeth to the loss of taste buds. The normal changes with advanced age have only recently been studied and are beginning to be understood. Some changes are obvious in the way they alter physical appearance or in their visible effect upon body systems. Other changes are less apparent, in that they affect internal body systems, such as the circulatory systems. These changes vary in degree and rate from individual to individual.

#### 2.5.1 Structural

**i) Muscles:**

Muscles lose mass and tone. While exercise helps to maintain strength and tone, it does not prevent some loss. This change is observable in the looseness of underarm skin, sagging breast, and thinner legs and arms reflecting the changes in musculature.

**ii) Skeleton:**

Another change affecting appearance is the flattening of the spongy "cushion" between the vertebrae. Over the years, this material loses its resiliency. Older people may be shorter than they were in younger years and have a stooped posture.

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iii) Skin:

There are several changes that affect the skin.

- The skin loses some elasticity, which results in wrinkles. The skin does not stretch and conform to its original shape as it once did.
- There is a loss in the natural oils in the skin, which may lead to dryness and scratchiness. Individuals may need to use moisturizer to replace the loss in oils.
- The skin becomes thinner and thus more susceptible to being broken or cut.
- Older people may become more sensitive to temperature changes.
- Some individuals may develop "aging" spots, which are dark areas of pigmentation.

The presence of such spots does not indicate a problem with the function of the liver. The spots are simple changes in the pigmentation of the skin. Creams do not remove the spots although they may temporarily camouflage them. Spots on the skin of older people should be closely observed for sudden growth or changes in appearance. Such changes should be reported to a physician.

2.5.2 Sensory

i) Mouth:

The bone structure of the jaws may change, which can alter the way dentures fit. It is possible for an individual to develop problems with a set of dentures that he/she has had for years. Problems with dentures may have a negative impact on a person’s nutritional intake.

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7 Excerpted from The New Mexico Ombudsman Curriculum developed by Sara S. Hunt.
8 Ibid
ii) Taste:

The sensitivity of taste buds decreases with age, especially with men. The tastes that decline first are sweet and salty, with bitter and sour decreasing more slowly. Those changes mean that foods may not taste like they used to older people. The old age people may over season food or may accuse others of omitting all seasonings in food preparation. Changes in taste may lead to a loss of appetite, which can lead to nutritional deficiencies.9

iii) Smell:

Sensitivity to smell decreases as individuals age. Older individuals may be less aware of certain odors, even body odors, than younger people. The decreased sensitivity to smell may also adversely affect appetite.

iv) Vision:

There are several eye disorders that occur more often in the aged, such as glaucoma and cataracts. In the fourth decade of life, visual capacity begins to decline.

v) Distance:

The lens of the eye may lose some of its ability to accommodate changes in distance vision. That means that it may take a person a few seconds longer to recognize someone who is across the room when the older person has been reading or doing handwork.

vi) Light:

The pupil of the eye tends to become smaller with age, permitting less light to enter the eye. This means eyes have a decreasing ability to adjust to changing amounts of light, and glare.

becomes a problem. Older people need more light than younger people do. If an older person has been sitting in a semi-dark room and opens a door to find a visitor standing in bright sunlight, the older person may not immediately recognize the visitor. That does not indicate a problem with mental alertness, but it may indicate a longer than usual period of time required to adjust to differences in light\textsuperscript{10}.

\textit{vii) Colour:}

Other changes in the lens of the eyes may make it difficult to distinguish blues and greens or pinks and yellows. An old age person may comment on her green dress when it is actually blue. That kind of mistake does not necessarily indicate declining mental abilities; it may indicate changes in color identification. Colors that are very similar in shade like beige and brown may be difficult for older individuals to distinguish. Contrasting colors such as black and white may be more readily identified. Clothing can be tagged so those older individuals know which colors are complimentary.

\textit{viii) Depth:}

Changes in the eyes may affect an older person's mobility. The floor may appear to be rolling so that older people may shuffle along to ensure stable footing. Changes in depth perception can make it difficult to judge the height of curbs or steps. A person may take a large step and receive a jolt. It is helpful to edge steps or curbs in a bright, contrasting color to facilitate the old age person's ability to judge depth. Baseboards that contrast with the walls and floor make it easier to distinguish distances and surface areas\textsuperscript{11}.

\textsuperscript{10} Ibtd
\textsuperscript{11} Stuen, C., & Faye, E.E. “Vision Loss: Normal and Not Normal Changes among Older Adults.” Generations. XXVIII(1).
ix) Print:

The lens of the eyes also loses some of its ability to focus on small print, such as the body of a newspaper. Headlines are more readily discernible. That means many of the forms that have instructions in small print are very difficult for older people to complete. The same is true of reading the statements of benefits, an activity schedule, a list of resident rights, or learning to operate the control knobs on a piece of equipment.

The cumulative effect of these vision changes can alter a person's sense of independence and self-confidence. If vision changes make it difficult for senior citizens to negotiate a “strange” or unfamiliar environment, that person may limit shopping or take trips less often. An old age person may appear to be two different people. One who is very efficient, steady, and independent may be observed in her own environment. In an unfamiliar environment, the same individual may appear confused, disoriented, and slow. That kind of difference may be due to vision changes. In the familiarity of a home environment, the person may function very well because he/she knows where everything is and how to operate the appliances.

It is important to allow older people the extra seconds needed for their eyes to accommodate to changes in light or distance. Eye examinations are also important to ensure that eye diseases or impairments are detected and promptly treated. Vision rehabilitation services such as the Lighthouse can be helpful in detecting problems and in offering tips to increase independent functioning. Hearing Changes in hearing are multiple and can have a profound effect upon the life of an older person. Hearing loss can cause depression and
social isolation. Because it can lead to paranoia and suspicion, hearing loss is potentially the most problematic of perceptual losses. Individuals who have some degree of hearing loss may not realize that they have a loss.12

When an individual with a hearing loss is in a group, the person with the hearing loss may begin to think that others are talking about him/her, or are deliberately excluding that person from the conversation. In reality, group members may not realize the need to face the person and to speak so that he/she follows the conversation. Individuals with hearing losses may hear part of what is said and not know they have heard only part of the statement or question.

The mind may automatically compensate for unintelligible conversation by inserting information, which seems to make sense. The person may then give an inappropriate response and not realize that the communication has been misunderstood.

There are three major types of hearing loss.

- **High frequency loss:** low, deep sounds are more readily heard than higher sounds.
- **Conductive hearing loss:** sound waves are not properly conducted to the inner ear making sounds become muffled and difficult to understand.
- **Central hearing loss:** allows speech to be heard but not understood. Signals from the ear either do not reach the brain or the brain misinterprets them.13

12 Ibid
13 Stuen, C., & Faye, E.E. “Vision Loss: Normal and Not Normal Changes among Older Adults.” *Generations.* XXVIII(1),
2.5.3 Systems

i) Circulatory System:

The heart, like other muscles, weakens and loses pumping capacity. Arteries or veins may become rigid or blocked, which restricts blood flow and circulation. Under routine circumstances, these changes do not greatly alter the daily functioning of an individual. These changes may be observed when an aged person who has been sitting for a while suddenly stands and walks across the room. Unless a few extra seconds are allowed for the heart to supply sufficient blood to all the body extremities, the person may stumble, fall, or seem confused. After the heart has had sufficient time to pump the blood throughout the body, the unsteadiness or confusion disappears.

ii) Digestive System:

One of the systems least affected by aging is the digestive system. As in earlier years, diet and exercise are extremely important to maintain proper functioning. Teeth become more brittle. Saliva, necessary to swallow food, decreases; the thirst response decreases. Peristalsis (the movement of the intestines) is slower, decreasing speed and effectiveness of digestion and elimination. Choking on food is a greater risk because of a decreased gag reflex.

iii) Urinary System:

The urinary system experiences several changes.

- A general weakening of the bladder muscles means that the impulse to urinate cannot be delayed as long as in earlier years. When an older person says, "I have to go to the bathroom," that usually means now.
• The bladder doesn't stretch to hold as much as it used to, so urination may be more frequent.

• With weakened muscles the bladder may not empty completely which increases susceptibility to urinary infections.

• The kidneys filter the blood more slowly than in younger years. As a result, medications remain in the bloodstream longer than they do in younger people. That changes in functioning compounds the danger of over-medication\textsuperscript{14}.

\textbf{iv) Reproductive System:}

In the reproductive system there is little change. Vaginal secretions diminish; erections may require more stimulation. In men, the prostate may become enlarged. Regular check-ups are particularly important for men. Prostate trouble may go untreated until it requires radical treatment.

The cumulative effect of these changes is minimal in everyday functioning. These changes occur gradually, which allows individuals to adapt to the changes. Normal, daily functioning continues. The impact of these changes is more apparent when an older person is in an unfamiliar environment or when an older person is subjected to physical or psychological stress. Exercise and diet significantly impact the rate of these changes by slowing down the processes. In spite of the normal, age-related changes, older people function well enough to maintain daily functioning\textsuperscript{15}.

\textsuperscript{14} Stuen, C., & Faye, E.E. “Vision Loss: Normal and Not Normal Changes among Older Adults.” \textit{Generations}. XXVIII(1).

\textsuperscript{15} Ibid
2.6 PSYCHOLOGICAL ASPECTS OF AGEING

i) Memory:

Short-term memory seems to decrease. It becomes more difficult to remember events in the immediate past, like what a person ate for breakfast, who came to visit yesterday, or the date and time of an appointment. There are ways to compensate for any decreases in short-term memory function. A person may write notes, which serve as reminders if they are kept in a specific place. Freedom from distractions or too much stimulation may also help with remembering immediate events or information. Long-term memory seems to improve with increasing age\[^{16}\]. Events, which occurred forty or fifty years ago, may become easier to remember. As events are remembered and retold, they become more vivid and detailed.

ii) Adaptation to Change:

Everyone throughout their lives experiences change. When a person acquires senior citizen status, he/she has lived through numerous changes. They have gone from the early days of automobiles to multi-lanes of traffic on interstates to airplanes to space ships. Individuals who have witnessed those changes have established patterns of adjusting to change. They know better what they can and can’t tolerate and what is important to them.

Reactions to change vary from person to person. Change, whether positive or negative, is stressful. All individuals need time to adjust. Sometimes older people are seen as resistant to change, or “set in their ways.” It may be that their refusal to accept change is a way of maintaining control. To say, “No,” is to keep one area of their lives

\[^{16}\text{Profile of Older Americans 2003, op.cit}\]
stable. At other times, change may be refused because it may not be understood. They may need more information or a clearer explanation, even if it is about a service being offered. Older people may need more time to consider the proposed change to think it through, to decide. They may need assurance that the change can be tried on a temporary basis and then reevaluated. They may need reassurance about the terms of a service, information about other people who have utilized the service, and that the service can be easily terminated, before he/she accepts the service. There may be a very good reason for saying, “No.” They need to be listened to in order to understand their needs. Sometimes it is tough to find a balance between trusting their own priorities and understanding the enabling supports that they need\textsuperscript{17}.

\textbf{iii) Reminiscence:}

One method of coping with change is through reminiscence. There are several positive benefits of engaging in reminiscence. The present may be depressing or very unsatisfactory. By recalling a happier time, an older person may derive some contentment or the ability to endure the present. The strength to adjust to change may be derived from remembering previous successful adjustments. Furthermore, reminiscence may provide an emotional outlet. Everyone reminisces. When something good happens, most people share the event with two or three friends. When friends meet, they sometimes recall previous shared experiences and relive them at that moment. Some older people may not have several different people with whom to share an experience. If only one or two people are around that older

\textsuperscript{17} Profile of Older Americans 2003, op.cit
person, those individuals may hear the same story several times. Some of the common psychological purposes that reminiscence may serve are Identity, Self Assessment, Grieving and Intelligence.

**iv) Identity:**

Through storytelling, an older person can reveal personal achievements and characteristics. Indirectly, the older person may be saying, "This is how I was before I became old." It serves as an introduction to that person prior to any limitations on energy or functioning. Personal characteristics are often revealed; a new acquaintance can begin to understand what the older person has been throughout his/her life by listening to reminiscences18.

**v) Self Assessment:**

In recalling the past, an older person may engage in self-assessment, deciding what kind of life one has lived. A review of the totality of one’s life imparts a sense of integration of self. Allowing an older person to give advice, wisdom, or history to others through reminiscence can reinforce self-esteem. It may reinforce a person's feeling that his/her life has been worthwhile.

**vi) Grieving:**

Reminiscence can be a productive method of dealing with loss and grief. In verbally sharing the loss, an individual may come to accept it. In grief, there is a need to remember and to relive past experiences. Reminiscence provides that opportunity. There may be conflicts in the past that are unresolved or need to be re-evaluated.

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18 Profile of Older Americans 2003, op.cit
By remembering past events, a person may decide to make amends with someone; to be forgiving or to seek forgiveness. Losses, which were suppressed, may surface. Grieving may need to be completed.

vii) **Intelligence:**

Intelligence does not decline with normal aging. When tested, older people scored lower on timed tests than do younger people. On tests without time limits, older people score better than younger individuals\(^{19}\).

### 2.7 SOCIOLOGICAL ASPECTS OF OLD AGE PEOPLE

As with individuals of any age, familial relationships are important to older people. With increasing age, family composition often undergoes some changes. Older men are much more likely to be married than older women. Almost half of all older women are widows. Divorced and separated older persons represent only 10% of all older persons. However, this percentage has increased since 1980. Family connections extend into later life as reflected by living arrangements. Almost 60% of older women and 78% of older men live with a spouse or with another relative. Relationship patterns which were established in earlier years prevail into later life. If a parent and child have always had personality clashes, they will continue to unless they learn new ways of dealing with each other. The parent who was attached primarily to one child or turned to a child for advice will continue that pattern unless something intervenes.

i) **Role Reversal:**

While it is true that an old age person may become more dependent in some capacities, the person is still an adult. Sometimes

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\(^{19}\) Profile of Older Americans 2003, op.cit
individuals may appear to act like children because they feel they are being treated as children especially when living in an institution. An individual may need transportation and assistance in completing forms. That does not mean that person needs someone to make financial decisions for him/her. An aged individual may require temporary assistance in managing personal affairs until that person recovers from an illness or stress and is able to resume total responsibility. Sometimes families decide an old age person is incapable of independence because the person makes a decision that disregards their advice. Older people need to be encouraged to do as much for themselves as possible. Caregivers need to patiently allow sufficient time for persons to respond to questions or accomplish tasks. The emphasis should not be on perfection but on personal accomplishment. Ombudsmen should reinforce the decision-making ability of elders and expect and support as much independence in as many areas as possible\textsuperscript{20}.

\textit{ii) Crisis:}

In families, it is helpful to anticipate potential crises. Before a stressful situation develops, consider the possibility that it may occur, and explore the alternatives. Areas to discuss include living arrangements, finances, wills, and funeral arrangements. It may be helpful to mention the subject and then discuss it more fully at a later date. Prior discussion helps prepare mental strategies for resolving crisis situations. It is easier to make decisions when everyone’s wishes are known.

iii) Limitations:

There are limitations to familial support, both financially and emotionally. Resources are limited and families may be pulled in more than one direction. It is not uncommon for a middle-aged couple to have dependent children in the home and increasing responsibility for old age parents. A retired couple trying to adjust to less financial flexibility may be caring for aged parents. There may be little time to spend with older relatives or to provide assistance. Priorities must be established, limitations acknowledged, and expectations discussed.

iv) Guilt:

Family relationships may involve some guilt. The guilt may be unjustified or due to unreasonable expectations. A personal reassessment with realistic goals may be needed. If family members or an older relative makes excessive demands, a family conference or a one-on-one discussion may be in order. Problems, limitations, expectations, and responsibilities must be discussed. The aged relative should be involved in the discussion and in problem solving. A workable solution must be found.21

v) Losses:

Old age experience losses throughout their lives. Some losses are more difficult to overcome than others. Common losses include the loss of friends, relatives, objects, and opportunities. Objects that are representative of special relationships or of personal achievement may be particularly important to an older person. Physical abilities may be lost: the use of an arm or leg, eyesight may diminish, and/or manual dexterity may decrease. These losses are usually accompanied

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by losses in roles and activities. The activities or functions which once
gave meaning to one’s life may have been dramatically altered.
Opportunities to make new friends, acquire new skills, or accomplish
lifelong goals, may be gone or greatly restricted. Recovery from losses
may not be as quick in late life as it is in younger years. There are two
primary reactions to loss: anger and grief. Both are natural and may be
expressed in various ways, depending on the individual. Talking about
the loss is a therapeutic way to come to terms with it, to grieve, and
accept the loss.

vii) Death:

Although death and dying may trigger strong feelings, it is a
natural part of the life cycle. There are five major reactions to death or
dying, which have been identified by researchers: denial, anger,
bargaining, depression, and acceptance. Individuals do not always
experience every stage, nor do they always experience the stages in
the order listed. Stages may be repeated or skipped. Families or
friends of a dying individual may also experience these reactions, and
may do so at different times than the individual.\(^{22}\)

2.8 THE DEMOGRAPHICS OF OLD AGE PEOPLE

The current level and pace of population ageing vary widely by
geographic region, and usually within regions as well. But virtually all
nations are now experiencing growth in their numbers of aged
residents. Developed nations have relatively high proportions of
people aged 65 and over, but the most rapid increases in old age
population are in the developing world. Even in nations where the old

\(^{22}\) The Ageing Process, Curriculum Resource Material for Local Long-Term Care Ombudsmen-Sara S. Hunt, E-mail: ombudcenter@nccnhr.org Web Site: ltcombudsman.org April 2004 (pg 3-to 13
age percentage of total population remains small, absolute numbers may be rising steeply. Everywhere, the growth of aged populations poses challenges to social institutions that must adapt to changing age structures.

The world’s aged population has been growing for centuries. What is new is the rapid pace of ageing. The global population aged 65 and over was estimated to be 420 million people as of midyear 2000, an increase of 9.5 million since midyear 1999. The net balance of the world’s aged population grew by more than 795,000 people each month during the year. Projections to the year 2010 suggest that the net monthly gain will then be on the order of 847,000 people. In 1990, 26 nations had aged populations of at least 2 million, and by 2000, 31 countries had reached the 2-million mark. Projections to the year 2030 indicate that more than 60 countries will have 2 million or more people aged 65 and over.
Table 2.8.1

Number, Proportion and Sex Ratio of the Elderly in India

2001-2051

<table>
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<th>Year</th>
<th>2001</th>
<th>2011</th>
<th>2021</th>
<th>2031</th>
<th>2041</th>
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<td>8.2</td>
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<td>11.9</td>
<td>14.5</td>
<td>17.3</td>
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<td>1034</td>
<td>1004</td>
<td>964</td>
<td>1008</td>
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<tr>
<td>Numbers (in million)</td>
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<td>36</td>
<td>51</td>
<td>73</td>
<td>98</td>
<td>132</td>
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<tr>
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<td>3.8</td>
<td>4.8</td>
<td>6</td>
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<td>80 and Above</td>
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<td>Numbers (in million)</td>
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<td>11</td>
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<td>Percentage to the total population</td>
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<td>0.8</td>
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<td>Sex ratio (male per 1000 females)</td>
<td>1051</td>
<td>884</td>
<td>866</td>
<td>843</td>
<td>774</td>
<td>732</td>
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Source: 2001 Census Report, Govt. of India
Table 2.8.2
Number of Old Age Population in Tamil Nadu

<table>
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<tr>
<th>Sl. No.</th>
<th>District</th>
<th>Total Population</th>
<th>60+ Population</th>
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2.9 AGEING IN INDIA

Ageing of populations and extension of life are significant by products of the demographic transition. Ageing of population is primarily the result of two factors-reductions in fertility and mortality. The reduction in mortality rates implies a longer life span for the individual and the reduction of fertility implies a decline in the proportion of the young in the total population. Thus an ‘ageing population’ means a population characterized by higher average life expectancy and increasing proportion of the old age people in the total population.\(^{23}\)

Until the early 1980’s developing countries perceived that population ageing was an issue that concerned the developed countries only. But as a consequence of rapid decline in fertility, and a parallel trend of increasing life expectancy, the developing countries have become increasingly aware of a range of problems regarding ageing. In the developed countries, old age people accounted for 17 percent of

\[^{23}\text{Ageing in India – World Health Organization – GENEVA – 1999.}\]
the total population as compared to 7 percent in the developing countries. According to the United Nations Projections, in 1980, the old age population of the world was approximately evenly distributed between developed and developing countries, but by 2025 about 71 percent of the 1,200 million world was approximately evenly distributed between developed and developing countries, but by 2025 about 71 percent of the 1,200 million would reside in the later (ESCAP, 1991)\textsuperscript{24}.

\textbf{2.10 OUR GREY WORLD}

\begin{itemize}
    \item India has the second largest aged populations in this world.
    \item Adults over 60 years make up about 8 percent of India’s population. By 2021 the number is going to swell to 137 million.
    \item Approximately 60 percent of the old age people continue to work beyond 60 years. About 20 percent in the age group above 80 years continue working. As per the latest census report 65 percent of old age men and 14 percent of old age women are reported as workers. In some developed nations only 2 percent above 65 years are the part of labour force.
    \item Twenty percent of Doctors visits, 30 percent of hospital days and 50 percent of bed ridden days relate to the old age people.
    \item The Medical Council of India is in the process of introducing geriatric medicine in about 150 medical schools\textsuperscript{25}.
\end{itemize}

\textsuperscript{24} Ibid
2.11 GLOBAL AGEING - THE BURDEN IN INDIA

In recent decades, global health improvement has resulted in longer life expectancy in all societies’. Globally, the life expectancy has increased from 58 years in 1970-1975 to 67 years in 2005-2010 and is forecasted to reach 75 years in 2045-2050. Consequently, the ageing population will continue increasing. Projections show that, the world population aged 50 and over is expected to increase from 21% in 2011 to 34% in 2050. During 2006-2030, the number of people aged 60 and over in low and middle-income countries is forecasted to increase by 140% as compared to 51% in higher income countries. By 2050, developing countries will be home to the 80% of the world’s old population and about 62% of this will live in Asia where is projected to become the oldest region in the world. As expected, the two most populous nations, China and India will constitute the major parts. India with current 100 million people aged 60 and over, is the 2nd country after China with large number of population 60 aged and over in the world. The demographic profile of India has changed significantly towards an ageing population since 1950. The Total Fertility Rate (TFR) has decreased from 5.9 in 1950-1955 to 2.5 children per woman in 2010-2015. Life expectancy has increased from 38 to 66 years during the same period. As a consequence, the population aged 60 and over increased from 5.4% in 1950 to 7.6% in 2010 and is projected to increase to 19.1% in 2050. Also, India will be the second country among the six countries that will make up more than 10 million population aged 80 years and over (48 million) by 2050\textsuperscript{26}.

\textsuperscript{26} Negin Yekkalam, 2012, Patterns and Risk Factors of Social Exclusion among Older People in India.
2.12 SERVICE AGENCIES IN OLD AGE CARE AND SUPPORT

2.12.1 Institutional care of the Aged

The care of the aged traditionally concern as the responsibility of the family. In fact, they were considered to be a blessing to the family. But, in the present scenario, new factors have emerged which have weakened the tradition. Taking care of the aged has become a serious problem on account of increasing poverty, high cost of living and expansive medical treatment. Therefore, numerous institutions which take care of the old age people, which are managed by government, voluntary organizations and Christian missionaries have come into existence.

The aged are also viewed as inflexible in thought, feeble, sick, slow, childlike, etc. On the other hand, old age is also associated with experience, respect, approaching death. Some of them also feel that they have no role to play (roleless), they are burden to the society, they can be ignored, they are powerless, unable to contribute anything and they interface with the younger generation. Attitude, belief, dress, speech and style are important indicators of the old age.

In India, the old age people have been traditionally assigned a place of honour and respect as exemplified by religion, social values and norm. As far as care of the old is concerned the religious texts and writings enjoined upon the sons to look after their old parents. The aged females particularly played a valuable role in the socialization of the young and in transmitting social and cultural heritage\(^\text{27}\).

2.12.2 Help Age India

Help Age India is a national level voluntary organization. It has been in existence for more than two decades. It was formed in 1978 with active help from Cecil Jackson Cole, founder member of Help Age in United Kingdom. Help Age India is working for the cause and care of older persons, with the ultimate aim of empowering them to take decisions pertaining to their own lives. Help Age India is one of the founding members of Help Age International. Help Age India is also a full member of the International Federation on ageing. Over the year Help Age India changed its orientation from implementing welfare projects to those that focusing on development. It now lays stress on income-generation and micro-credit projects that enable the participation of older persons in the mainstream of society\(^\text{28}\). The main aims and objectives of the organization are as follows:

- To foster the welfare of the aged in India especially the needy aged.
- To raise funds for projects which assist the old age people irrespective of caste or creed.
- To create in the younger generation and in society a social awareness about the problems in India.

With regards to achievement of the above stated objectives, Help Age India maintains active liaison with both the central and state governments for advocating the cause of the old age people. It has been closely associated with the formulation of the National policy for older persons, announced in the year1999. It is represented at the working committee of National council. It has successfully pressed for

\(^{28}\) http://helpageindia.org/ageing.html; accessed on 15/7/03
travel and tax concessions and other benefits for the old age persons. Help Age India’s programmes are based on UN Principles of Ageing. They are:

- Independence
- Participation
- Care
- Self-fulfillment
- Dignity

Help Age India runs and supports the following service Projects

- Ophthalmic care
- Mobile Medicare units
- Income Generation scheme
- Day care Centres
- Home for the aged\textsuperscript{29}
- Disaster Mitigation

Activities are as follows:

- It is involved in increasing awareness about old age people issues among the young generation, by organizing essay competitions.
- It regularly holds panel discussion on various issues related to health, security and finances of the old age people.
- It is actively involved in supporting research projects dealing with various aspects of elderly care like.
- Monitoring and evaluation of old age homes.
- Surveys to assess major health problems.

\textsuperscript{29} Ibid
It is providing a common platform to renowned academicians to voice their opinion or express their views with regards to the welfare of the old age people.

Help Age India is involved in the establishment and functioning of old age homes. There are nearly 10000 old age homes in India. Almost half of these are supported by Help Age India. In the 24 years of its existence, it has implemented 2100 projects at a cost of Rs.180 Crore, and made a difference in the lives of over 6 million persons. These programmes focus on improved access to health and eye care services, community based services, income generating activities and training$^{30}$.

2.13 NATIONAL POLICIES AND PROGRAMMES FOR THE AGED

2.13.1 Administrative set-up

The Ministry of Social Justice & Empowerment, which is the nodal Ministry for this purpose focuses on policies and programmes for the Senior Citizens in close collaboration with State governments, Non-Governmental Organizations and civil society. The programmes aim at their welfare and maintenance, especially for indigent senior citizens, by supporting old age homes, day care centres, mobile medicare units, etc.

2.13.2 Relevant Constitutional Provisions

Article 41 of our Constitution provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to

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$^{30}$ http://helpageindia.org/ageing.html; accessed on 15/7/03
public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Further, Article 47 provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties\(^3^1\).

### 2.13.3 Legislations

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. General improvement in the health care facilities over the years is one of the main reasons for continuing increase in proportion of population of senior citizens. Ensuring that they not merely live longer, but lead a secure, dignified and productive life is a major challenge.

### 2.14 NATIONAL POLICY ON OLDER PERSONS (NPOP), 1999

The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The Policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse’s old age.
- To encourage families to take care of their older family members.

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\(^3^1\)Central Statistics Office Ministry of Statistics & Programme Implementation, Government of India, June – 2011, Situation Analysis of the Elderly in India.
To enable and support voluntary and non-governmental organizations to supplement the care provided by the family.

To provide care and protection to the vulnerable old age people.

To provide adequate healthcare facility to the old age people.

To promote research and training facilities to train geriatric care givers and organizers of services for the old age people and

To create awareness regarding old age persons to help them lead productive and independent live.

The Implementation Strategy adopted for operationalisation of National Policy envisages the following:

- Preparation of Plan of Action for operationalisation of the National policy.
- Setting up of separate Bureau for Older Persons in Ministry of Social Justice & Empowerment.
- Setting up of Directorates of Older Persons in the States.\(^{32}\)
- Three Yearly Public Review of implementation of policy.
- Setting up of a National Council for Older Persons headed by Ministry of Social Justice & Empowerment from Central Ministry, states, Non-Official members representing NGOs, Academic bodies, Media and experts as members.
- Establishment of Autonomous National Association of Older Persons.
- Encouraging the participation of local self-government.

\(^{32}\) Ibid
2.15 NATIONAL COUNCIL FOR OLDER PERSONS

In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged. The Council was re-constituted in 2005 with members comprising Central and State governments representatives, representatives of NGOs, citizens’ groups, retired persons’ associations, and experts in the field of law, social welfare, and medicine.

2.16 INTER-MINISTERIAL COMMITTEE ON OLDER PERSONS

An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/ Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in implementation of the NPOP. Action Plan on ageing issues for implementation by various Ministries/ Departments concerned is considered from time to time by the Committee.33

2.17 MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT, 2007

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for;

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➢ Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justifiable through Tribunals.
➢ Revocation of transfer of property by senior citizens in case of negligence by relatives.
➢ Penal provision for abandonment of senior citizens.
➢ Establishment of Old Age Homes for Indigent Senior Citizens.
➢ Adequate medical facilities and security for Senior Citizens

The Act has to be brought into force by individual State Government. As on 3.2.2010, the Act had been notified by 22 States and all UTs. The Act is not applicable to the State of Jammu & Kashmir, while Himachal Pradesh has its own Act for Senior Citizens. The remaining States yet to notify the Act are - Bihar, Meghalaya, Sikkim and Uttar Pradesh.

2.18 INTEGRATED PROGRAMMES FOR OLDER PERSONS (IPOP)

An Integrated Programmes for Older Persons (IPOP) is being implemented since 1992 with the objective of improving the quality of life of old age person by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non- Governmental Organizations/ Panchayati Raj Institutions/ local bodies and the Community at large. Under the Scheme, financial assistance up to 90% of the project cost is provided to nongovernmental organizations for establishing and maintaining old age homes, day care centres and mobile medicare units. The Scheme has been made flexible so as to meet the diverse

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needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc.

The Scheme has been revised w.e.f. 1.4.2008. Besides increase in amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the Scheme. Some of these are:

- Maintenance of Respite Care Homes and Continuous Care Homes.
- Running of Day Care Centres for Alzheimer’s Disease/Dementia Patients.
- Physiotherapy Clinics for older persons.
- Help-lines and Counseling Centres for older persons.
- Sensitizing programmes for children particularly in Schools and Colleges.
- Regional Resource and Training Centres of Care givers to the older persons.
- Awareness Generation Programmes for Older Persons and Care Givers.
- Formation of Senior Citizens Associations etc.35

The eligibility criteria for beneficiaries of some important activities/projects supported under the Scheme are:

- Old Age Homes - for destitute older persons.

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➢ Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available.

➢ Respite Care Homes and Continuous Care Homes - for older persons seriously ill requiring continuous nursing care and respite. During 2007-08, Government has spent more than 16 crores of rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.36

2.19 ISSUES AND CHALLENGES IN SUPPORTING THE OLDER POOR IN INDIA

• The institution and functioning of the family as a support structure for older people is under severe pressure because of poverty, unemployment and changing attitudes and as such external support is needed to strengthen the family and provide supplementary income.

• Since the older people are disadvantaged by stereotypes which largely discredit the poor older workers in the unorganized sector, necessary measures are required to create opportunities, increase the competence of older workers and counterbalance this negative image.

• Incidence of widowhood among women even before reaching old age results in a serious disadvantaged experience of old age.

• Lack of food is a major cause of poor health; priority for elderly in these circumstances receiving nutritional supplements is highly desirable.

• The configuration, design and general physical environment in which older people live including housing, transport, work

36 Ibid
place and recreation could be made more user friendly to achieve greater independent personal mobility, safety and convenience\textsuperscript{37}.

- Systematic and analytical studies on the needs of the old age people in India, both urban and rural, are required to add substance to the many preliminary and exploratory studies already made.

- On account of the shortage of trained personnel in many specialist fields, the training of professionals to organize and promote services and programmes for the old age needs to be given high priority, especially in such areas as family support, financial provisions, health care and community involvement.

- The specialized health needs of the older people require greater attention through the expansion and integration of geriatric and gerontological training in the medical curricula, mainstreaming of geriatric services in the Primary Health Centres and geriatric rehabilitation in the integrated Community Development programmes as an integral component of community based services would ensure that the full range of support services is accessible to older people in the health system.

At this age of their life, the senior citizens need to be taken care of and made to feel special. They are a treasure to our society. Their hard work has helped in the development of the nation. The youth of today can gain from their experience, in taking the nation to greater heights\textsuperscript{38}.

\textsuperscript{37} National Human Rights Commission, 2011, Know Your Rights Elderly People.
\textsuperscript{38} National Human Rights Commission, 2011, Know Your Rights Elderly People
2.20 SAFEGUARDS FOR THE OLD AGE PEOPLE

Parents cannot be evicted from a house without due process of the law.

- Under Section 125 of the Cr PC, a person not having sufficient means can claim maintenance from his children.
- If children or relatives neglect or refuse to maintain a older persons unable to maintain him / her, they can be ordered to pay a monthly allowance to such senior citizen under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.
- The Hindu Adoptions and Maintenance Act provide that an aged parent can demand maintenance from children.
- The Domestic Violence Act also provides parents with the right to seek relief from any kind of abuse.
- Based on provisions of Article 41 of the Constitution of India and obligations under various UN backed international agreements, the National Policy on Older Persons (NPOP) was announced in January 1999. It identifies a number of areas of intervention -- financial, health care, nutrition, shelter, education, welfare and protection of life & property -- for the well being of older persons. National Council for Older Persons (NCOP) has been constituted to operationalise the NPOP39.

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2.21 CRIME AGAINST OLD AGE PEOPLE

2.21.1 Non-Registration and Non-Reporting of Crime:

All those who have anything to do with the crime situation in India, according to N.S. Sexana, know that crime and violence against the aged are increasing. He further remarks that this statement can neither be proved nor disproved on the basis of official statistics of crime as police do not register a great deal of crime reported to it. A recent survey reveals that only 23 per cent of crime ever gets reported and even out of cases that are reported only 72 per cent get registered. Practice of appraising police officers on the basis of crime statistics of their areas, corruption in police and shortage of staff with police departments are main reason for mal-practices of non-registration and burking of crime by police. Reasons for non-reporting of crime include lack of faith of victims of crimes in police and their fear of revenge by the persons accused.

2.21.2 Types of Crime:

Senior citizens are victims of crimes against body, crimes against property, economic crimes and even rape. According to Delhi police, relatives, domestic helps and persons known to victims commit around 40 per cent of heinous crime against senior citizens. Others who commit this crime include professional criminals, itinerant salesman and casual labourers/ tradesmen engaged by senior citizens.

2.21.3 Crime rates (incidence of crime per lakh of population):

It is universally accepted mirror of crime of an area though, besides population, there are numerous other factors that influence crime situation in an area. In urban agglomeration centres, crime rate
is higher than crime rate of country as a whole. For example, in 2004, average rate of IPC cognizable crime in urban agglomeration centres was 287.3 as against all-India rate of 168.8.

Rate of cognizable IPC crime against elderly in metros of Delhi, Kolkata and Mumbai is a fraction of overall cognisable IPC crime rate of these mega cities. For example, rate of cognisable IPC crime against elderly in 2004 in Delhi, Kolkata and Mumbai was 31.1, 24.8 and 87.7 as against overall cognisable IPC crime rate of 380.6, 81.4 and 179.9 of these cities respectively. But incidents of crime against elderly cause nation-wide sensation and public outrage\textsuperscript{40}.

\textbf{2.21.4 Crime against Elderly is Rising:}

Rate of IPC cognizable crime against older persons in Delhi in 2003 was 32.4. It rose to 46.7 in 2006 and it was 33.4 in 2007, marginally higher than what it was in 2003. In Kolkata, this rate increased from 19.6 in 2003 to 24.6 in 2007. This rate in Mumbai increased from 78.7 in 2003 to 95.3 in 2007. Thus crime against old age people in these three metros has been rising even on the basis of official statistics.

\textbf{2.21.5 Violent Crime:}

This crime on all-India level amounts to around 12 per cent of total IPC cognizable crime. Share of violent crime in total cognizable IPC crime against old age people in Delhi has decreased from 15.9 percent in 2003 to 8.2 per cent in 2007. In Kolkata this share has decreased from 5.1 per cent in 2003 to 3.1 per cent in 2007. In Mumbai, this share has hovered around 2 per cent during 2003 to 2007. In these metros, share of violent crime has been decreasing

\textsuperscript{40} Ibid
which is possibly indicative of greater vigilance on the part of police
towards violent crime and better preventive measures adopted by the
old age people and RWAs\textsuperscript{41}.

\textbf{2.21.6 Level of Violence:}

Rate of violent crime against senior citizens in Delhi decreased
from 5.2 in 2003 to 2.8 in 2007. In Kolkata, it decreased from 1.0 to
0.8. In Mumbai, this rate increased marginally from 1.5 in 2003 to 1.8
in 2007. While level of violence against old age people in Delhi and
Kolkata has declined, the same has negligibly increased in Mumbai.
Overall rate of violent IPC crime in India is around 20, though it is
much higher in insurgency/ terrorism/ left wing extremism ridden
states.

Quinquennial averages (2003-07) of overall rate of cognizable
IPC crime against senior citizen in Kolkata, Delhi and Mumbai being
21.7, 35.5 and 90.9, respectively, show that among the three, Kolkata
is safest for the old age people.

Quinquennial averages (2003-07) of rate of violent IPC crime
(murder, attempt to murder, culpable homicide not amounting to
murder, kidnapping & abduction, dacoity and robbery) against old age
people in Kolkata, Mumbai and Delhi being 1.0, 1.9 and 3.8
respectively show that level of violence against old age people is
highest in Delhi and least in Kolkata.

When one takes into account rampant maladies of large-scale
non-registration, burking and non-reporting of crime, the ground
reality is far graver than what the foregoing analysis based on official

\textsuperscript{41} Ibid
statistics reveals. As such this analysis should not lull one into complacency.

**2.21.7 Disposal of Cases of Crime against Aged:**

- Investigation of a number of cases of crimes against old age people in Delhi, Mumbai and Kolkata remains pending. The consequent delay affects adversely the fate of these cases.
- During the period from 2003 to 2007, average charge sheeting rate of cases of cognizable IPC crime in which senior citizens were victims in Delhi, Mumbai and Kolkata was respectively 52.5 per cent, 40.7 per cent and 49.5 per cent. There is a scope for substantial increase in charge sheeting rate of cases of crime against old age people as is evident from the fact that during 2003, 2004 and 2007 on all-India level, charge sheeting rate, of total number of cases of cognizable IPC crime was 80.1 percent, 79.8 and 80.1 per cent respectively.[42]
- Average charge sheeting rate in respect of cases of offences against body of senior citizens in Delhi, Mumbai and Kolkata during 2003-07 was 86.5, 80.4 and 90.5 per cent respectively. This is indicative of closer attention that police in these metros gives to offences against life of senior citizens.
- Average charge sheeting rate in respect of cases of crime against property of senior citizens in Delhi, Mumbai and Kolkata during 2003-07 was 28.0, 30.3 and 25.1 per cent respectively. This shows police gives scant attention to these offences and senior citizens suffer a great deal of pecuniary loss due to crimes against their property.

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Average charge sheeting rate in respect of cases of economic crimes in which senior citizens were victims were also low. Thus there is a need for much better investigation of cases of crime against property and economic offences\textsuperscript{43}.

The study is unique and innovative in view of the effort made in understanding the varied perceptions of the old age people towards the determinants of successful ageing. It is expected that the findings of the study are very valuable in formulating, designing and implementing policies and programmes for a better quality later life. People will be living longer, some more frail while some would remain active and having a purpose in life, becoming a fully functioning person and taking responsibility for one's life can be the most empowering things each one can do in later life. Hence, designing provisions that are congruent to the specific needs of the elderly and creating awareness about successful aging and its determinants will improve the quality of later life in the society. Based upon this chapter, the precise review of related literature has been taken and presented elaborately in the subsequent chapter.

\textsuperscript{43} Ibid