Chapter 1
Introduction
INTRODUCTION

Life is a gradual ascendance from childhood to adolescence, youth, adulthood and old age. Human life is a five step ladder. Second half of twentieth century witnessed burgeoning growth of graying population, globally. It resulted in ever higher number of persons on the fifth and the last step of the ladder, the world over. This change in the demographic picture can be attributed to lowering of birth and death rates and increased life expectancy. This positive outcome is due to improved knowledge of preventive and curative health care, availability of health services to larger segments of population through public and private agencies and improved delivery system. Thus, the dream to live long is now becoming a reality. Paradoxically, when this dream is coming true, there are inherent problems that arise and overshadow the joys of longevity and affect the social, economic and physical well being of individuals, families and the societies in which they live.

Older persons constitute an important segment of human society. They are repository of knowledge, wisdom and experience. But they are viewed differently in different societies. They are considered as an asset in some societies and burden in the others or even in the same societies. They may be worshipped, respected or ill treated. The fact remains that they are inalienable constituent of every society.

In fact societies, cultures and nations have often been evaluated on the basis of how they have been treating and managing their elderlies in course of their development. This is all the more relevant for developing countries that are yet to make major gains in their demographic transition and where the number of persons in this segment is likely to be quite large.

Here the question arises what is such that attracts our attention towards the old persons? Until a few decades ago, the issue of the elderly was not in the forefront of the development agenda in India. High birth rates accompanied by high death rates kept the proportion of country’s elderly at low levels. At the same time, the traditional family
structure including the prevalence of joint family system and the significant role of the older persons in the decision making at household level ensured that most of the elderly in the society were looked after by the members of their respective families.

Since the 1960s, the proportion of the elderly has increased due to a steady decline in mortality rates and consequent improvement in life expectancy. Decline in fertility rates, reinforced ageing of population. While technological advancements and improvements in health services are reducing death rate among the elderly, there is a considerable change in the physical and socio-economic circumstances of the older people with transformation of traditional joint family system into nuclear families. The gradual marginalization of the elderly in the decision making process in an average family and the breakdown of the family as a traditional social unit that took care of the elderly, sick and widows has brought forth problems of the elderly in the society.

1.1 Ageing and old-age

Ageing is a biological, natural and universal process, which applies to any living creature. On the one hand, the attitude towards ageing is highly subjective and depends on society and the personal needs. On the other hand, the attitude of the aged is related to their or her feelings of being productive, that s/he is needed, and the respect and treatment given by his or her family. "The ageing process is of course a biological reality which has its own dynamics, largely beyond human control. Ageing can generally be described as the process of growing old and is an intricate part of the life cycle. Basically, it is a multi-dimensional process and affects almost every aspect of human life. Introduction to the study of human ageing have typically emphasized changes in demography focusing on the 'ageing of population'—a trend, which has characterized industrial societies throughout the twentieth century but in recent decades, has become a worldwide phenomenon. Ageing is basically a result of two dimensional demographic transformation which is explained by overall declines in mortality and fertility. It is a cumulated loss of certain functions and structures, when a person grows older. One has to understand this process and the problems associated with it to lead happy life during this period."
**Active aging:** Active aging is a process of optimizing opportunities for physical, social and mental well-being throughout the life in order to extend healthy life expectancy, productivity and quality of life in old age. Active refers not only to physical activity but also to continuing involvement in social, economic, spiritual, cultural and civic affairs. Similar sentiments have been conveyed in the 2002 International Strategy for Action on Aging. In addition to the call for awareness of aging issues and challenges, WHO and UN has issued policy framework and priority directions for action and research, which identify health and independence/autonomy, productivity and protection of the ageing population as the three critical pillars essential for active ageing.

Active aging promotes the level of health required for the elderly to continue as productive members of society, and saves them from the position of being mere recipients of care and services. In turn, this will benefit India’s younger population that often takes on the burden of caring for the elderly. Indeed, the country as a whole benefits from a healthy elderly population, a fact that high-income countries have recognized; they have been adjusting and celebrating for some time now to meet the needs of their older citizens. The governments of low-income countries have just begin to recognize the long-term socio-economic implications of their ageing populations.

**Old-age:** The term old age itself is horrifying to the people since times immemorial. Had Buddha not come across an old man, he would not have decided to renunciate the world. There is no unanimity about the exact point when the old age starts. As a social phenomenon, old age in different societies is believed to begin after the elapse of different years. Even in the same society or a country old age may begin at different ages.

**Socially constructed meanings of age:** Each society makes sense of old age through construction of its meanings. In the developed world, chronological time plays a paramount role. Gorman states that the age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. These are significant because roles are assigned to older people according to these meanings. In some cases it is the loss of roles accompanying physical decline which
is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.

**Old in developed countries:** Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but like many westernized concepts, this does not adapt well to the situation in most of the Asian countries including India. At the moment, there does not exist any United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years to refer to the older population.

**Old in developing countries:** When attention was drawn to older populations in many developing countries many times, the definition of old age followed the same path as that of more developed countries, that is, the government defines from time to time by stating the retirement age. Considering that a majority of old persons in sub-Saharan Africa live in rural areas and work outside the formal sector, and thus expect no formal retirement or retirement benefits, this imported logic seems quite illogical. Further, when this definition is applied to the regions where relative life expectancy is much lower and the size of older populations is much smaller, the utility of this definition becomes even more limited.

According to Glascock definitions fall into three main categories: 1) chronology; 2) change in social role (i.e. change in work patterns, adult status of children and menopause); and 3) change in capabilities (i.e. invalid status, senility and change in physical characteristics). Results from this cultural analysis of old age suggested that change in social role is the predominant means of defining old age. When the preferred definition was chronological, it was most often accompanied by an additional definition.

**Ageing of population:** The elderly person is defined as a person who has completed 60 years or more. The United Nations generally uses age 60 as the lower limit to define elderly population. The national practices, however, vary in defining the aged. In
developed countries where considerable ageing in populations has occurred, and where people are healthier and have a very high life expectancy (75 years and above) the elderly is defined as a person of age 65 and over. The census of India, although provides data on age in quinquennial age groups up to age 80, identifies the elderly as one aged 60 years and above. Indian demographers while studying the demographic and socio-economic aspects of elderly have used the proportion of persons of age 60 and above as an indicator of ageing (Iruduya Rajan 2004, 2006, Visaria, 2001, Ashish Bose 1987 and Registrar General of India, 1999)8. Demographers and sociologists categorize the elderly in the following three groups:

i) Young old aged 60-69;
ii) Old-old aged 70-79;
iii) Oldest old aged 80 years and above.

The three such categories proposed by Dakshinamurti9 are

1. Young-old (60-70 years)
2. Old-old (70-85 years)
3. Oldest-old (85 years and above).

However practice of categorizing the elderly is slightly different in the developed countries. Following are the three categories of the aged populations:

i) Young old 55-65
ii) Old 66-85
iii) Oldest old 85 years and above

**Why old age is conceived as a problem:** In most countries of the world the older persons do not enjoy a decent status in the society. This is all the more so in developing countries such as India which are economically poor and have been subjected to the ravages of demographic transition, migration, modernization, dwindling joint family system, market economy, poor public health and hygiene and low social and finical income security10. Being old can include the best and the worst part of one’s life. People’s conceptions of old age are the repositories of their hopes and fears. Old age will
often be the most unpredictable and testing part of our lives, because people are fearful of it, they are intolerant of its images that do not fit into their own. These differences are a reflection of the huge spread of experience that the term has to encompass. When, today, the old age is conceived as a problem it is largely because of its association with images of disability and dependency. This association is however, often a false one. Yet these images of infirmity and dependency are not wholly wrong, either. Built into the very idea of old age is that it is to be closer to death and, prior to death, frequently comes infirmity. No amount of positive thinking can do away with these connotations. They are part of the meaning of terms lie ‘old woman’, ‘old man’ and ‘old age’. For most people old age brings frailty and dependence at some point or other even if is only for a very short time11.

It has been observed that position of the elderly persons is fast deteriorating in the families. In the recent years, indignity, disgracefulness, embarrassment, dishonour, disheartening, disregard, indifference, injustice, lack of care, psychological torture and host of negative behaviours and attitudes are reflected in the society towards elderly. Millions of elderly are suffering emotionally from the growing phenomena of gross indifference, profit motive, selfishness and decay in the family system. Although family ties in India are still strong and an overwhelming majority of the old live with their family members, the position of an increasing number of order persons is becoming vulnerable. In the present scenario, they cannot take it for granted that their children will be able to look after them when they need care in their old age; keeping in view the longer life span which implies an extended period of dependency.12

Erosion of role: Elderly women would play salient role in the socialization of their grandchildren. Story telling by grandmothers used to be not only a recreation for grandchildren but also an important instrument of inculcating manners and values among them. During marriage-fixation and performance and also the functions associated with newborns like amnapressana (rice-eating ceremony), their advice and contributions were often considered pivotal. Also, they would play active role in performance of cultural practices, rituals and obligations. It opportunities for empowerment at an older age tend to diminish with modernization. Truly, several salient roles of elderly females have been eroded due to these
social changes having an influence over their social acceptance too. For example, now-a-days, cheap plastic goods have replaced handcrafted traditional articles; doctors have replaced midwifery and curing arts of aged females. Similarly, television and computers have blunted indigenous lore, making story telling by grandmothers an outdated task. And, once elderly females begin to be less productive and socially less useful, their position tends to become increasingly marginal.

Echo of old age problem from distant past: Unlike the present, the old people of prehistory have left no confessions. We can only glimpse them through the attitude of their group towards them. But the oldest written test on the subject to comedown to us is unequivocal. The first old man to have talked about himself was an Egyptian scribe who lived 4,500 years ago. O sovereign my lord! Oldness has come; old age has descended. Feebleness has arrived; dotage is here anew. The hearts sleeps wearily every day. The eyes are weak, the ears are deaf, strength is disappearing because of weakness of heart. The heart (mind) is forgetful and cannot recall yesterday. The bone suffers old age. This complaint must have been echoed millions of times throughout history.

1.2 United Nations and the elderly

Old age which previously had an essentially been a private and family concern, became a social phenomenon so widespread that it could not but attract attention of comity of nations anxious to endow this hitherto ignored category with status and regulations. If we go in a somewhat chronological manner with regard to the development of various initiatives taken by the United Nations and its agencies it would become apparent that though UN declaration of the years 1999 as International Year of Older Persons has once again stirred the conscience of the world to the problems of ageing and the aged but several major initiatives had already been taken during the last fifty years. It was way back in 1948 that the question of ageing was first taken up by the UN at the initiative of Argentina, which proposed a Draft Declaration on Old Age Rights. The question was taken up again and placed on the agenda of the General Assembly at the initiative of Malta in 1969. But it was only in 1972 that the Economic and Social Council of the UN deliberated at length for the first time on the issues of ageing and the aged.
First world assembly on ageing: It was only after a gap of ten years that the first World Assembly on Ageing could be held in Vienna in 1982 wherein the UN member-states formulated and adopted the International Plan of Action on Ageing, which later on endorsed by the UN General Assembly in the same year. In this assembly the attention of policymakers and planners was drawn to the problems arising of ageing of populations in the developed and developing countries. In this assembly, Plan on Ageing was adopted. The concern of the demographers, social scientists and social workers toward the elderly population, increased with time.

Principals for Older Persons: Almost a decade later, the UN adopted the Principals for Older Persons in 1991. The eighteen Principles were grouped into five clusters, namely, independence, participation, care, self-fulfillment, and dignity. These are best summed up in the logo: To add life to the years that have been added to life. In between the government of Malta succeeded in securing the establishment of the United Nations International Institute on Ageing (INIA) in Marta in 1987. Similarly, in 1989, the African Society of Gerontology was established.

International Day of Older Persons (IDOP): In 1990, the UN General Assembly designated October 1 as the IDOP for celebrating and acknowledging the contribution of older people to society. The conceptual framework for IYOP, which is based on the International Plan of Action on Ageing (1982) and the Principles for Older Persons (1991), was formulated and submitted by the Secretary General to the 50th session of the General Assembly in 1995. The Operational Framework also assisted in setting the scene for the International Year of Older Persons, 1999. The overall theme for IDOP was 'Towards a Society for All Ages', which reflects a growing concern for ensuring age-integration and multi-generational

Multifarious initiatives undertaken by the United Nations towards the problems of an ageing world population and the general positive attitude of the social scientists all over the world towards the specific realities of the life situations of the older persons in their
societies have motivated a whole host of scholars to undertake researches on the phenomenon of ageing in its various ramifications.

**Second World Assembly on Ageing:** Since the International Plan of Action on Ageing was adopted by the UN in Vienna, Austria in 1982, concern on the study of the elderly population has increased. The Second World Assembly on Ageing was held in Madrid, Spain in 2002 and it has disseminated that the key issue is old people and it has outlined an action plan in the assembly at national and regional levels to increase awareness of ageing issues and develop concrete plans of action for ageing. The increasing processes of industrialization, modernization and urbanization, as a result of globalization and economic liberalization, have had a negative impact on traditional welfare institutions and socio-cultural values. These processes have also resulted in growing individualism, vulgar materialism and selfishness. This accelerated change has generated a conflict between the young and the old leading to modification of traditional expectations and social understandings. It is amply clear that the UN has identified and recognized the fact that modernization has backfired in the form of aggravating the problems of the older persons.

**United Nations Conference of Ageing Populations:** The conference in the context of the family held in Japan in 1994 observed that all developed countries at least one demographic issue in common: population aging which was the inevitable consequence of fertility decline. But although fertility decline is usually the driving force behind changing population age structures, changes in mortality assume greater importance as countries reach lower levels of fertility.

**UN Report on Population ageing:** It has noted that “population ageing is pervasive, a global phenomenon affecting every man, woman and child. The steady increase of older age groups in national populations, both in absolute numbers and in relation to the working age population has a direct bearing on inter generational and intergenerational equity and solidarity that are the foundations of society.” Another research concludes, “Physical health; material security and family relationships can be seen as a three legged
stool upon which successful ageing is assured. Remove one leg and it all falls down”[^18]. It stressed on the need to provide securing umbrella of physical, emotional and financial security to older persons.

**Physical security**: physical security relates to the satisfaction of physical needs such as food, shelter and clothing. It can be seen from the given case studies that though this is an important factor, it is not necessarily the most important factor.

**Emotional security** on the other hand seems to play a more important role since the lack of physical needs is compromised by the attitude to life, which plays a very important role in the overall satisfaction of the elderly.

**Financial security** on the other hand seems to be the least important of the three.

### 1.3 Challenge of the aged before developing countries

Way back in 1956, the attention of the Population Division of United Nations was drawn to the issue of ageing of populations and its socio-economic consequences. At that time, the phenomenon of ageing was observed only in the more developed countries and the populations of the less developed countries were young; as most of them were experiencing high fertility and high mortality and some were experiencing high fertility and declining mortality. In 1960s and 1970s, ageing had a limited role in the discussions on population policy. One important reason was the existence of other issues of higher priority (such as rapidly increasing populations and family planning). As the proportion of the aged was low in many developing countries, it was thought that ageing was not to be regarded as an issue of concern. Population aging is a poised to become a major issue in developing countries, which are projected to age swiftly in the first half of the twenty-first century. Developing countries will face the challenge of simultaneous development and population aging.[^19] Thus, in a way the UN has forewarned that development is not the only challenge before developing countries like India. It will have to tackle yet a newer problem with which the developed part of the word is confronting which is the problem of the aged. The elderly are a precious asset for any country. With rich experience and wisdom they may contribute in the progress of the nation. Currently there
are 580 million aged people in the world. Of these 355 million live in the developing countries.

1.4 International Conference on Population and Development (ICPD)

In the ICDP held at Cairo in September 1994, the issue of ageing in developed as well as developing countries was included for discussion. The attention has been drawn to the increasing number of the elderly in the populations and its social and economic implications; some actions with the objectives of enhancing the self-reliance of elderly persons systems, creating conditions to enable the elderly to work independently, developing systems of health care as well as systems of economic and social security in old age and enhancing abilities of the families to take care of the elderly with the family have been suggested (ICPD, 1994). It sent message throughout the length and breadth of the globe about necessity to ponder over ever increasing number of the elderly on the globe. The year 1999 was declared as the Year of the Aged by the United Nations.

1.5 Policy initiatives on elderly persons in India

Old age is a universal phenomenon. With varying degrees of probability, individuals survive childhood, grow to maturity and become old, in all societies. In the Indian context, people who have attained 60 years and above are considered old, whereas in developed countries it begins only at 65 years (Mahadevan & Audinarayan, 1992). The last five decades in India life expectancy at birth has doubled from 32 to 64 years. The absolute number of elderly persons has more than trebled during the same period. The number and proportion of the aged population is increasing as a result of the decrease in the birth rates and medical and economic factors that favour a longer life expectancy. The aged are dependant for all basic necessities of life like clothing and living arrangement etc. and sadly, they are the neglected group.

The topic of ageing of population has begun receiving attention on official level quite recently in India, although, several nongovernmental voluntary organizations have started working for the welfare of the elderly during 1980s. The Seventh Five Year Plan introduced a scheme of old-age pension for those elderly without means of support by the end of Seventh Plan, all the states and Union Territories had old-age beneficial schemes,
the extent of coverage depending on the resources of the state (Government of India, 1992). The strategy of Eighth Five Year Plan (1992-97) has been to evolve programmes for the elderly, which will be both developmental and humanitarian, although even the Eighth Plan has not given any National Policy for the elderly. Financial assistance to be given to voluntary agencies to provide not only care but also help to improve the income of the elderly, besides involving them closely in activities of the community so that they are not marginalized.

National Policy on Elderly Persons (NPE): It was brought in two parts in August, 1999, exactly a decade ago. The policy viewed the life cycles as a continuum of which post-60 phase of life is an integral part. It considers 60+ as a phase when the individual should have choices and opportunities to lead an active, productive and satisfying life (Dignity Dialogue, 1999). The Ministry of Social Justice and Empowerment, Government of India brought a policy document on elderly persons under the heading National Policy on Older Persons (Government of India, 1999). The National Policy includes following statements;

1. The National Policy seeks to assure older persons that their concentrate national concerns and they will not live unprotected, ignore or marginalized. The goal of the National Policy is the well being of older persons. It aims to strengthen their legitimate place in society and help older persons to live the last phase of their life with purpose, dignity and peace.

2. The policy visualizes that the state will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation, and provide services so that they can improve the quality of their lives. The policy is based on some broad principles.

3. The policy recognizes the need for affirmative action in favour of the elderly. It has to be ensured that the rights of older persons are not violated and they get opportunities and equitable share in development benefits of different sectors of development, programmes and administrative actions will reflect sensitivity in
older persons living in rural areas. Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

4. The policy views the life cycles as a continuum, of which post 60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is, therefore, on active and productive involvement of older persons and not just their care.

5. The policy values an age-integrated society. It will endeavour to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and the old. It believes in the development of a social support system, informal as well as formal, so that the capacity of families and they can continue to live in their family.

6. The policy recognizes that older persons, too, are a resource. They render useful services in the family and outside. They are not just consumers of goods and services but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, to community and society.

7. The policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision-making on matters, which affect them, as well as on other issues as equal partners in the development process. The decision-making process will seek to involve them to a much larger extent specially since they constitute 12 per cent of electorate, a proportion which will rise in the coming years.

8. The policy recognizes that larger budgetary allocations from the state will be needed and the rural and urban poor will be given special attention. However, it is neither feasible nor desirable for the state alone to attain the objectives of the National Policy. Individuals, families, communities and institutions of civil society have to join hands as partners.
9. The policy emphasizes the need for expansion of social and community services for older persons, particularly women, and physical barriers and making the services client oriented and user friendly. Special efforts will be made to ensure that rural areas, where more than three-fourths of the older population lives, are adequately covered.

In fact primary goal of the NPE is ‘well being’ of the elderly persons. It aims at productive and empowered life specifically for the elderly women and underlined on the need to help them live the last phase of their life with purpose, dignity and peace. It stressed on the urgency of giving special attention to the older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age. They were recognized as a resource.

**National Population Policy 2000:** It lists the following activities to be carried out for the older persons.

1. Sensitize, train and equip rural and urban health centres and hospitals towards providing geriatric health care.
2. Encourage NGOs and voluntary organizations to formulate and strengthen a series of formal and informal avenues that make the elderly economically self-sufficient.
3. Tax benefits could be explored as an encouragement for children to look after their aged parents (Government of India, 2000).

The programmers working with government or voluntary private organizations need information on demographic and socio-economic aspects of the elderly persons in the country and some of the states to chalk out programmes for the elderly persons. Therefore, It is necessary to have information on number and proportions of elderly persons in various age-segments, numerical balance of sexes, the literacy and educational attainment of the elderly. Workforce participation of the elderly, their place of residence, disability status, martial status etc. for planning the welfare programmes for the elderly. Data on future situation of elderly populations are also needed for future planning for the
elderly persons. What follows an attempt is made to provide information of above-stated attributes of the elderly population for India and some of the states.

1.6 Ageing and old age problems in India

Gerontology and geriatrics are relatively new fields of study in India. Old age problems may not have been acutely felt in a society where joint families were the norm and parents, grandparents, uncles and aunts and cousins stayed together or close by, forming an integral part of the family unit. There was a distinct hierarchy and division of labour, followed strictly by each member. The elders were respected and obeyed. However, the fast changes which came in the society, along with changing family structure and educational reforms and living standards, during the last quarter of the twentieth century have affected the aging population everywhere, and, especially in India, where earning members have migrated to cities and to foreign lands. In such cases, the elderly parent(s) is forced to live alone or shift to the house of their children in the cities, where they find it difficult to get used to the new conditions. The children and grandchildren often adopt the city culture and norms, which is not to the liking of the grandparents; leading to arguments and tension in the families.

Old age creates problems: Ageing and old age create problems for any ageing person, and also for the individuals and the society among which she/he lives, eventually becoming a problem for society at large. The changes experienced by the aging person, such as decreased physical stamina, health problems, decreased libido, weakened sight and other senses, deteriorating memory and concentration and decreasing working ability cause tension in the life of the aging individual and may disrupt his or her relationships with his or her environment.

The problems of ageing were exacerbated in the 20th century for two reasons:

a) The respected social position of the elders was undermined as a result of socio-economic developments, related to the processes of industrialization and urbanization and their influence, which were expressed by changes in the structure of the family and other traditional institutions.

b) The relative number of old people in society increased as a result of demographic developments.

Multi dimensional problems of elderly: It has multiple dimensions i.e. biological, social, emotional, psychological and economical. All these are inextricably linked with each other and cannot be dealt in isolation. The health care needs of elderly vary from the
young old (61-70) to the old-old (71-80) to the very old (80+). Most of the young-old are productive in the informal sector and are often the care-giver to their grand children or their very old parents. It is mostly after 70+ that health problems of one type or the other are aggravated and need attention. Of all the needs, medical health is on the top most priority, which should be attended to, to keep the elderly fit and fine to continue with their quality of life. Most of the time their health problems are multiple involving more than one systems and require inter-disciplinary case.

Factors bringing societal changes having bearing on the elderly persons:

Some of the major factors that contribute to these changes can be listed as follows:

1. Increase in life-span and the consequent increase in the population of senior citizens.
2. Decrease in family size (two-child norm) and change in family structure (nuclear families).
3. Urbanization
4. Relocation from rural to urban settings.
5. Reduced social contacts and isolation of family units

Aging women, mostly from middle class families, living in cities with their married sons and who are dependent financially feel these effects more acutely than those living in rural areas in joint families and extended families. But very little attention has been focused on this aspect.

1.7 Negative effects of ageing

Three types of negative effects are found: physical, psychological and social.

i) Physical: Elder women develop an awareness of their declining physical abilities when they start developing health problems. Older women of today were born during first half of twentieth century and have been brought up in a society where women had a secondary position and were tutored to sacrifice their comforts for those of the family (husband, parents-in-law and other members of the husband’s household, children, grandchildren). They are in the habit of suppressing their feelings and are reluctant to discuss their health problems. Moreover, fatalistic views lead to the acceptance of their conditions as a part of the natural order of things. They may develop a negative attitude to health, personal needs and life in general. Often heard reactions are ‘I have reached the
end of my sufferings, there is nothing to be done as this body has to perish’, ‘why waste money on this old decaying body’ and the like. Even when they are very sick, they do not take proper rest or follow the medication schedule.

**ii) Psychological:** Older women confront multiple psychological problems some of which are being briefly explained as under;

- **a) Feeling of insecurity/redundancy:** This is especially prevalent in widows and those whose children are not living with them. If the children are financially supporting, they are worried about helpers exploiting them and may grow suspicious. Since many of them are not educated or have never controlled their finances when the spouse was alive, they tend to feel that others are cheating them and even develop fear for their life.

- **b) Lack of purpose:** This is seen in women whose life has been centred on that of the husband. When the husband dies, they lose the motivation to continue living and lose the will for doing anything positive that prolongs their life.

- **c) Feeling of being burden on others:** In traditional joint families there is hierarchy and respect for the elders and their opinions. But in nuclear families, where the older people are looked upon as simply dependents with no useful role, they may not be consulted or included in the family discussions or policy decisions. This gives them a feeling that they are not wanted and are a burden on the children. This leads to depression.

- **d) Feeling of loneliness:** In nuclear families, where both spouses are earning members, and the children are going to school, the grandmothers are left alone for long times, without much to do at home. Even when they are home, the children and grandchildren are busy with their own work/TV, etc. that they find little time to spend with grandparents. This gives a feeling of loneliness to the elderly. Men may find ways to engage their time by joining clubs and other past time, but women are often confined to the house without much social contact. This complicates their condition and may lead to severe depression.

- **e) Resentment against dependence:** For women, who had a free access to the husband’s purse and was controlling the expenditures of the household,
dependence on the son and his family for every need may be painful experience. If she has to ask her daughter-in-law for expenses, she may find it difficult to accept the situation and may develop resentment towards this type of arrangement.

f) **Feeling of being exploited:** In nuclear families, where both husband and wife are employed earning members, the grandmother may be left to do the cooking and taking care of grandchildren. With declining health, she may find it difficult to do these chores to the satisfaction of the younger members, and, sometimes, the latter may not appreciate her traditional ways. This can also lead to resentment and also to developing a feeling of being exploited.

g) **Psychosomatic syndromes:** Loneliness, resentment and depression can lead to physical symptoms and the elder persons may develop chronic illnesses like pains and aches, breathlessness, etc. Sometimes these symptoms may be construed by younger members as an attention-seeking tactic and ignored, which can lead to more suffering on the part of the elders.

h) **Feeling of deprivation:** The older women start blaming the deficiencies in them for their problems, like lack of higher education, inability to converse in English, ignorance of the mannerisms of city people, etc.

iii) **Social:** The traditionally trained women, when relocated to cities find it difficult to understand and adjust with the new milieu. They also find the ways of the younger generation distasteful, e.g. style of dressing, social interactions, parent-children interactions, etc. They may compare the values of their youth with present trends and become overcritical of the freedom and activities of younger people, especially in urban settings. The women coming from rural upbringing may find it difficult to intermingle with city-bred women and feel uncomfortable in the social circle. They may develop an inferiority complex – lack of higher education, unable to communicate and to maintain a conversation, etc. – hence feel socially isolated.
1.8 Ageing and its dimensions

Aging is unequivocally an inevitable, universal and irreversible process. It is a natural cycle in life which happens to every human being irrespective of his or her economic, social, psychological, and physiological conditions. Everyone has to face this life-long biological transformation as natural way in the life course. What differs is the very perception of this transformation. Old age is the last phase of the human life cycle but timing of this phase varies in different societies. There are those who look at old age pessimistically, as crisis with no solution, equating it with disease, disability, and negative feelings. Others look at ageing with resignation whereby nothing can be done to change the life course, while others consider old age optimistically as a treasured gift and one which we cherish as years are accumulated.

The process of human ageing is affected to a large measure by certain universal truths, which have their basis in biological fact. There are four facets of ageing that have been generally accepted.

- That it is universal, in that it will inevitably affect all people.
- That it is progressive, a continuous process throughout life.
- That ageing is intrinsic to the human organism.
- That it is degenerative in a biological sense.\(^2\)

In fact getting old is the result of the interplay of biological, social and psychological factors. The term ‘ageing’ has wider connotations. It covers various dimensions like biological and physiological ageing, social and psychological ageing.

1) **Biological and Physiological Ageing:** The course of life undergoes physical and mental changes characterized by growth and decline. Evolution in which growth predominates in the early years of life where as atrophy which is predominated by decline occurs in the later years. Ageing generally comprises those changes that take place in the later part of life when physical and mental decline becomes more apparent both to the concerned individual and to the society.

i) **Ageing and physiological changes:** There are a number of ways in which changes to our biological makeup affect the bodily appearance as we age. Two of these represent the most obvious physical signs of ageing. The first of these is
wringling of the skin, due to a gradual degeneration in its elastic tissues. This is more severe where an individual has been extensively exposed to strong sunlight, and also varies according to ethnicity. The second of these is that the skin and (most noticeably) the hair tend to lose their pigment with age. Neither of these observably common experiences of ageing is usually, in themselves, problematic.\textsuperscript{23}

a) Gradual tissue desiccation;

b) Gradual retardation of the rate of the tissue oxidation (lowering of the speed of living, or in technical terms, the metabolic rate);

c) Gradual retardation of cell division, capacity for cell growth and tissue repair;

d) Cellular atrophy, degeneration, increased cell pigmentation and fatty infiltration;

e) Gradual decrease in tissues elasticity and degenerative changes in the elastic connective tissues of the body;

f) Decreased speed, strength and endurance of neuromuscular reactions;

g) Progressive degeneration and atrophy of the nervous system, impairment of vision, hearing attention, memory and mental endurance; and

h) Gradual impairment of mechanisms which maintain a fairly constant internal environment for the cell and tissues (a process known as homeostasis). It is evident that sufficient weakening of anyone of the numerous links in the complex process of homeostasis produces deterioration.

It is not necessary that such physiological changes occur simultaneously in the ageing person or at the same rate and age among different individuals. In fact, some of the changes may not show any apparent effect in certain individuals even at very late stages while in some others they may occur too early.

b) \textit{Senescence and senile}.\textsuperscript{24} Decline in the physical and mental capacities during the early years of old age is generally slow and the individual very often compensates loss by past knowledge and reserves. Such a period of old age is known as 'senescence'. However 'senile' is a period when a more or less complete physical breakdown takes place and there is mental disorganization. The aged is no longer
able to draw from his reserves to meet his present needs. It exposes himself to social and psychological limitations affecting his individual and social adjustment.

c) **Osteoporosis:** It refers to an extreme thinning of bone density. It occurs in the women following the menopause, due to changes in the hormonal balance. This renders the individual more prone to fractures and is also the cause of skeletal and postural problems, which can – in more severe cases – affect the functioning of internal organs such as the heart and lungs. Weight bearing exercise can also help to preserve bone density.²⁵

d) **Heart and lungs degeneration:** Changes are also generally experienced in respect of the heart and lungs during the ageing process. The heart muscles degenerate with age, thereby, becoming less effective and often requiring additional support to regulate the rhythm of the heart. In serious cases, this can lead to heart failure, where the heart is no longer sufficiently effective to pump blood around the body. Similarly, the lungs become less efficient with age, creating problems with breathing. A combination of these two occurrences can render it difficult for an older person to maintain the healthy level of exercise that can help to control the rate of physical decline in respect of muscle tone and bone density, noted above.

e) **Disorders of brain and nervous system:** Many physiological effects can result from disorders to the brain and nervous system. The process of heart and lungs degeneration, noted above, can affect the blood supply to part of the brain causing a stroke. This is a major cause of death and illness amongst older people. This process can also lead to dementia. The most commonly feared disease affecting older people is Alzheimer’s disease, a degenerative condition of the brain’s nerve cell. This affects around 2-3% of those aged over 65, rising to around 20% of those aged over 80. Gradual loss of memory leads to increasing levels of behavioural difficulties over a number of years (Coleman, 1993).
2) **Psychological Ageing:** It consists of general decline in the mental abilities that accompany old age. Interestingly, such decline does not normally accompany physical changes. Generally physical ageing precedes mental ageing though this may not always be the case. Psychological ageing may not necessarily be negative. There are some psychological gains as well as losses in the ageing process, often the two balances each other.

i) **Ability to function:** Abilities can broadly be classified into two categories – intellectual and physical. There has been a popular belief that older people experience a considerable decline in their ability to function. However the evidence suggests that there is minimal decline in intellectual functioning up to 70 years, with some people showing no decline at all, although there is an increased likelihood of some decline in intellectual functioning in very old age (Coleman 1993). As with physical activity, it has been suggested that the maintenance of mental exercise can help the brain to function as well as it can.

ii) **Change in intelligence:** Research has shown that there may be changes in the nature of one’s intelligence with age. These can be understood from two types of intelligence;

a) **Fluid intelligence:** It refers to the ability to solve new and unfamiliar problems quickly. There may be decline in this type of intelligence with the ageing.

b) **Crystallized intelligence:** It refers to the way an individual can bring his/her experience to bear on a problem. This also links to the ‘common sense’ attribution of wisdom to older people. This perspective is particular common in societies that value, even venerate, age and experience.

iii) **Memory loss:** It is popularly believed to be the other key aspect of decline in psychological functioning in old age. While there are changes in memory function, they cannot all simply be labeled as indicative of deterioration and decline that do appear to affect most of the older people. As Coleman points out: ‘difficulties occur for older people when other problems and distraction’. This could relate to older people’s reduced capacity for ‘fluid’ intelligence, noted
above. Despite this, it can be concluded that the reduction in the efficiency of an older person’s memory is less sharp than might popularly be understood. Of course, if an older person is affected by conditions such as dementia, memory functioning will deteriorate markedly.

iv) Change in personality: An important key element of psychological change amongst older people concerns the extent to which their personality alters as they age. A body of research suggests that older people do change some facets of their behaviour and interests. General theory of disengagement suggests that older people undergo a process of disengagement with the external world, preferring to withdraw into themselves. However, at the psychological level it does not go with the research that is suggestive towards the fact that people tend to become more introverted and inward looking as they age.

v) Depression: This is often said that older people are more likely to experience depression than younger people (Slater, 1995). However, Coleman puts forward two arguments negating this belief. First, it does not appear that older people are any more likely to become seriously clinically depressed. Secondly, it is difficult to be entirely accurate about the incidence of depression since the basis for diagnosis varies from clinician to clinician. Slater (1995) believes that it is more likely that older people are more likely to confuse the symptoms of depression with the symptoms of an illness with a physical cause. He further observed that depression is not more common amongst older people.

vi) Conception about self and ageing: Individual conception about the self, his ideas about his worth as an individual and as member of social groups, his general view of life and the world, including his own place therein play significant role in the process of psychological ageing. Negative attitude and unfavourable circumstances bring about psychological ageing faster. On the other hand favourable circumstances and positive attitude slow its process.

On the basis of analysis of psychological ageing given in the foregoing paras it can said that older people experience some psychological changes regarding issues such as
intellectual functioning, cognitive ability, memory and learning. But the impact of these changes is less dramatic than might be popularly believed. There is nothing about the process of ageing that leaves older people inherently less able to cope with the psychological demands of everyday life.

3) Social Ageing: Social ageing can be understood in more ways than simply focusing on the biological and psychological. Thompson argued that various elements that make up our understanding of old age are socially constructed. Indeed, whereas the physical signs of ageing are slow to accumulate, various social constructions of ageing are applied suddenly, and are experienced as particularly problematic as result. In fact every society has its own conception of ageing. As the individual moves from one age-grade to the next he acquires new roles in accordance with the prevailing practices. Statuses, roles, privileges and expectations relating to age groupings are defined by the society. Social ageing refers to the stage in the life span of the individual that is regarded as old age by the group. Often individuals have to give up certain adult roles, with or without substitute roles, even though their biological and mental ageing may not need such changes. There are different bases for recognizing oneself as an aging person in addition to the attitudes and expectations held by the society.

1.9 Theories of disengagement and activity on ageing

Some theories in vogue throw light on the state of being engaged in activities or to disengage partly or altogether.

Brief description of two main theories—‘Disengagement Theory’ and ‘Activity Theory’ seeking to explain adjustment to ageing is as follows;

Disengagement theory: This theory was proposed by Cumming and Henry. It assumes that it is normal and desirable for older people to withdraw from society, as they age. They also indicate that the elderly welcome disengagement as it relieves them of their earlier roles and responsibilities. Society also encourages such disengagement as younger
people with better energy levels and skills can move into those positions vacated by the seniors. So, there is social support for disengagement among the older persons.

**Activity theory:** It was propounded by Havighurst. This theory states that ‘activity is the existence of life’ for all people at all ages. The notion of ‘use-it or lose-it’ is the key behind this theory. So, people who remain active physically, mentally and socially will adjust better to ageing. It is recommended that the elderly should maintain the activities of their earlier years, for as long as possible. Any role that has been given up should be replaced by another suitable one.

Patri has suggested living with social ties as the key to successful ageing. A combination of some suitable disengagement along with reasonable levels of activity and staying connected with meaningful social interactions is perhaps the ideal way to ‘age well’.

**Criterion to assess ageing:** Different individuals, groupings and countries use different criterion to assess ageing. Grienleigh is of the view, “Some people use their chronological age as a criterion for their own aging, whereas others use such physical symptoms as failing eyesight or hearing, increased tendency to fatigue, decline in sexual potency...Still others assess relation to standards set in earlier years, their lack of interest in competing with others, lack of motivation to do things, or a tendency to reminisce and turn their thoughts to the past rather than dwell on the present or the future”. Thus there is no unanimity in accepting same criterion to assess ageing.

**Bases to recognize oneself as aged:** A number of developments in the life of an individual serve as bases of recognizing oneself as an aged person. Some of more common bases are given as under;

i) Retirement from employment;

ii) Marriage of children and birth of grand children;

iii) Avoidance of sexual activity;

iv) Attitude and behavior of others towards the individual, particularly assignment of social responsibilities;

v) Privileges and respect mainly on the basis of one’s age; and
Expectations of the younger members in the family to share more and more responsibilities in the family affairs.

However, in the first half of twentieth century, construction of retirement became central to the experience of older people and which defines most clearly the point at which one officially becomes an ‘older person’. The experience of retirement form paid employment is therefore, a major part of the way in which society constructs old age. Besides, ‘class’, ‘gender and, ‘race’ are some of the other socially constructed artifacts says Thompson. As far as ‘gender’ is concerned, it is vital to recognize the impact that this has on the lives of older women, who outnumber men amongst older people.

It is amply clear from the discussion in the foregoing pages that biological ageing cannot be divorced from the psychological ageing. Nor it can be divorced from the social ageing. The three constitute union of trinity. All the three aspects are so interrelated and interdependent that acceleration of any one may speed up the other two. It can be deduced that the aforementioned three theories of ageing that ageing is a multidimensional phenomenon. Each of the three explanations throws light on one or the other dimension of ageing. Together these give bird’s eye view of ageing and the aged. The three main areas for successful transition into an ageing society are of health care, financial security and social integration. Health is a crucial and major aspect of successful and graceful ageing because the most common problem, which the elderly suffer from today is ill health arising out of various factors. If given the right preparations many of our elderly persons who have otherwise retired from an active working life can continue meaningfully to the community around them. Financial destitution is another area where the aged need to be looked after both by the State and the community at large. However, as a developing country with a huge population there is a need to find equilibrium between the aspirations of a rising educated middles class, which needs to be employed gainfully, and an emerging class of elderly persons can still make a meaningful contribution either through self employment or gainful re-employment (Reddy, 2002). The need of the hour is to ensure that older people are full participants in the developmental process and also share the benefits that accrue.
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