Chapter 2

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Studies on ageing of human population have been of great importance in recent times. Several studies related to this theme has been conducted by various authors, and a brief review of the work done so far has been undertaken so as to help in better understanding the approaches, methods and problems and thereby derive feasible solutions.

2.1 Ageing a global perspective

Population ageing is the process by which older individuals come to form a proportionately larger share of the total population and is one of the most distinctive demographic events in the world today (Chakraborti, 2004). In India the studies on ageing of human population are of a quite recent origin and it still needs research and understanding of the issues and their interrelationships. It became an area of demographic research in the initial years of gerontological research (Rajan et al., 1999; Karkal, 1999). Gerontology is the scientific study of the process of growing old. Medical and biological scientists were the first to acknowledge the special nature of the problems of the aged. Social aspects of ageing and social gerontology were given a formal recognition in sociological and psychological literature much later. It has rapidly grown as a distinctive interdisciplinary study involving, biology, medicine, behavioral and social sciences (Bhatia, 1983; Rajan et al., 1999; Himabindu, 2002; Chaterjee, et al., 2008).
Nilsson et al. (2003) in his population-based study shows that social class and marital status are associated with differences in biological ageing as compared with chronological age. Subjects with a background of white-collar occupational status or higher education appeared to be biologically younger than subjects of blue-collar occupation or lower educational level. Similar differences in biological age were found according to marital status for men but not for women. One shortcoming of the study was that only middle-aged subjects could be investigated by study design, and that the follow-up period was only five years.

The rapid rise in the field of Thanatology and research on end-of-life has merely fuelled fiery debates on dignified death and appropriate treatment decisions for the aged. Debates have surfaced about how much resource needs to be directed for unlimited life extension, the degree of control that the aged may exert over the dying process, freedom to refuse life-extending treatment and the relative worth of deploying medical technologies for life-extension vs. caring approach for the elderly. Debates on euthanasia, physician assisted suicide and palliative care have evoked controversial responses and are much easier to resolve in the context of terminally ill, rather than old people dying with multiple problems (Chatterjee et al., 2008).

2.2 Factors contributing to the ageing process

While discussing the factors contributing to the ageing process, many researchers have found that demographic transition in the forms of reduced fertility rates and reduction in mortality and improvement in life expectancy have intensified the ageing process (Rajan et al., 1999; Prakash, 1999; Chakraborti, 2004). Reduction
in fertility leads to a decline in the proportion of the young in the population. Reduction in mortality means a longer life span for individuals. Population ageing involves a shift from high mortality/high fertility to low mortality/low fertility and consequently an increased proportion of older people in the total population. India is undergoing such a demographic change, and the ageing process in India will be faster than certain other developing countries (Prakash, 1999). The transition from high to low fertility is expected to narrow the age structure at its base, broadening the same at the top. Improvement in life expectancy will allow old age people to survive further, thus intensifying the ageing process (Rajan et al., 1999). With declines in fertility and decreases in the share of the young, ageing occurs at the base and with improvements in the chances of survival and therefore in the life expectancy, the share of the older population rises and there is ageing at the apex. Low social class or low educational levels are categories associated with increased morbidity and mortality in several epidemiological studies (Kaplan and Keil, 1993; Karkal, 1999).

Chakraborti (2004) in his study on population ageing in the context of Asia emphasizes that the reduction in fertility rates means that fewer children are available per parent to take care of them during their old age. The cost of parent caring per child has risen and in the face of continuing financial crisis most children do not have adequate financial resources to take care of their elderly parents. Where resources are not scarce, psychological barriers which prevent children from caring for their parents have emerged. The opportunity of sharing costs often unites many unwilling heads.
Further, study on sex ratio among the elderly persons reveals that female life expectancy is higher than that of males. The fact of women's greater longevity means that the world of older people is predominantly one of poor women, often widowed, who all too often face physical suffering, economic disadvantage, and social exclusion (Heslop, 1999 and Haan, 1998 as cited in Beales, 2000). Rajan et al. (1999) in their study reveals that females are in excess over males in old age because of higher life expectancy at birth and also the recent trends in mortality favoring females. A much lower proportion of men are widowed compared to women in extreme old age. Two prominent reasons cited for such a gender disparity in widowhood are the longer life of women compared to men and the universal tendency for women to marry men older than themselves. Also widowed men are much more likely to remarry and overcome their widowed status. Another pioneering work in this regard by Prakash (1999) states that widowhood often lowers the socio-economic level of women. Older women are either illiterate or poorly educated. Their work as home-makers and carers is never monetized. Urban widows sometimes get the pension and life insurance money of their deceased spouse. Rural women rarely have this advantage. All this contributes to women's total dependency on the family for mere survival. Beales (2000) explores the roles of older women and men in the developing world, and the barriers they encounter in the course of contributing to their families and communities. Emphasis has been laid on the fact that older women face multiple disadvantages arising from gender-based prejudice, the heavy burden of manual and reproductive labour which they bear, and the longevity of females in comparison to males.
Dreze (1990) acknowledges that households headed by widows have seventy percent less spending power than the national average. She identifies five factors creating constraints on widows in India: their inability to return to the parental home; restrictions on remarriage; very limited access to self-employment outside of agricultural wage labor; difficulty in inheriting property in a patrilineal system; and lack of access to credit. These factors will become increasingly important as the size of local close family networks continue to shrink with decreasing fertility and migration.

2.3 Social and economic characteristics of the elderly

In order to understand the social and economic characteristics of the elderly in both rural and urban areas selected variables including the level of literacy, marital status, economic situation and living arrangements have generally been studied in majority of the research (Rajan et al., 1999; Prakash, 1999; Himabindu, 2002) An attempt has been made in all the studies to discuss a host of problems related to female elderly who thereby deserve more attention from the researchers and policy makers. A degree of weakening of the traditional system of family care of older people is a pattern common to most studies where the process of modernization and transition have resulted in a host of problems for the elderly. Raju (2002) also emphasizes the fact that positive steps by both government and society are required to cater to the newly emerging needs of the growing number of the aged. Because of demographic changes in society and changing family circumstances, it can no longer be assumed that the elderly in India live comfortably at home receiving care from family members. Government efforts
and policies generally, are directed at strengthening the family and developing support systems which help sustain family structure and enable continuation of traditional security for the aged. However, government and society are aware of the socio-economic pressures on this long-established but deteriorating, traditional institution and realize that positive steps are required for aged, especially the poor who lack adequate support from both family and community.

In most less developed countries, the family has generally taken care of its older frail members, and therefore, partly for this reason and partly for lack of resources, governments have not been particularly involved in meeting the needs of the elderly. But modernization and economic and social transformations have weakened traditional structures and practices so that governments are increasingly obliged to offer alternative support systems. Because of the scale of the problems confronting them, most governments must inevitably work in partnership with other agencies (UNFPA, 2002).

Bonita (1998) argues that increasing urbanization contributes to deteriorating living conditions for ageing women, both those who have been left behind in rural areas to face increasing responsibility for cultivation of crops, and those who migrate to urban areas only to find traditional roles and reciprocal support no longer available to them. For most of those who remain in rural areas, health services are scarce, while in urban areas, doctors and medically-oriented services make little provision for migrant women from rural areas to share their traditional knowledge and experience. At the same time, the increasing number of younger
women living in cities is creating future cohorts of ageing women in urban settings who will have different needs.

Hussain's (1997), comparative study on rurals and urban elderly reveal that persons from urban communities have more problems than people living in rural communities. Urban and rural aged differs mainly in terms of education occupation, household income and personal earnings. The majority of the urban aged are migrants from rural areas in their youth. This migration increases the proportion of the aged in urban areas. These migrants have a mix of rural and urban values which is likely to give rise to a conflict of values.

Sarmah (2004) focussed on the social and psychological aspects of the problems of the elderly population living within the municipal limits of Guwahati city. She views ageing as a social problem from two perspectives. First, ageing is a direct problem for the segment of the population, which is aged as they are faced with the challenges of how to creatively and usefully occupy themselves, especially in a society, which displays little patience for the old. Secondly, ageing is a social problem for the society as a whole because the presence of the old people and their problems has a profound effect on the structure and function of society. However no research has been carried to study the social and psychological aspects of elderly in the rural areas, thereby leaving scope for further research.

2.4 Theories of ageing

Lysack and Seipke (2002) in their qualitative study on oldest-old American women reviews symbolic interactionism and continuity theory as it applies to the field of ageing and reports the findings of a qualitative study aimed at
understanding the personal meanings of ageing and well-being from the perspective of oldest-old women. The study underscores the importance of public communication of self and the role of occupational therapists in facilitating visions of a meaningful occupational self. The women's communication about ageing and well-being leads the researchers to conclude that personal competence in the "feminine sphere" is the key to understanding older women's health beliefs and behaviours in late life. The elderly women assign great importance to their ability to perform feminine-sphere activities, and anticipate well-being and meaning in life to be associated with ability to continue these activities. Findings also point to the importance of occupational competence as a predictor of well-being in late life.

Atchley (1999) in his study on continuity and change states that a large proportion of older adults show considerable consistency over time in their patterns of thinking, activity profiles, living arrangements and social relationships, despite significant changes in health, physical independence and social circumstances. Continuity theory posits that this consistency in thought and behaviour patterns is a direct result of "selective investments of time and energy". Thus, older adults behaviours are rightly viewed as being shaped by a lifetime of trial and error and personal experience. The continuity of self experienced by older adults is reinforced by the fact that people tend to remain in familiar environments that allow them to exercise well-practised skills, in turn providing a sense of competence.
Christiansen (2000) asserted that a key factor in the experience of well being is a person’s ability to find meaning in everyday activities, since performance of meaningful activities renews our personal sense of optimism, at least to the extent choice and control over our environment. He further argues that occupation provides the basis for understanding who a person is, and thus occupation is a critical element in understanding how personal identities are created and maintained. He writes: “When we build our identities through occupations, we provide ourselves with the context necessary for creating meaningful lives, and life meaning helps us to be well”. Since occupational therapy practitioners come into regular contact with older adults who are experiencing a variety of threats to their identities due to performance limitations, they may be in a position to facilitate older adults’ reclamation of past identities and reformation of new identities in the course of their therapeutic interventions.

Sarmah (2004) mentions several theories, approaches, interpretations and aspects of the process of ageing of which the two major theories about the status of the aged include the ‘engagement versus disengagement theory and integration versus segregation theory’

2.5. Marital status

The difference in the age of the men and women at the time of marriage along with the fact that the life expectancy of men is comparatively less helps in understanding the incidence of a large percentage of the aged women being widows. Shankardass (2002) reveals that there is considerable risk of widowhood for older women in India as there is tradition of women marrying men five years
older on average and male mortality rates are generally higher than those of females after the younger reproductive ages. Lette and Jacobs (2002) mentions the prevalence of age disparities as large as ten years or more between women and their much older spouses in arranged marriages. Knodel and Oftedal (2003) emphasizes that older women are far more likely to be widowed than older men because women typically live longer than men, they marry men who are older than themselves and are less likely than men to remarry. Prakash (1999) reveals that, the cultural practice of men marrying younger women and widow remarriage being uncommon, the percentage of widows is disproportionately high in India.

2.6. Living arrangements

Ng et al. (2004) in their research on living arrangements and the psychological well-being of older people in Hong Kong explored the relationship between three types of living arrangements, namely living alone, living with family, and living in a hostel, and the psychological well-being of older people. The results suggested that the psychological well-being of older people living in hostels was better than that of older people living alone, but that the psychological well-being of older people living with their family was not different from that of older people living alone. The differences were explained by the differences in time for leisure, access to social services, as well as changes in their attitude towards co-residence with children. Access to social services is important and may counteract the negative effect of lacking family care. A number of limitations of the research were mentioned in the study itself. The relatively small sample size of ninety respondents did not allow an in-depth examination of the construct of
psychological well-being, which is multifaceted in nature. Only a limited number of living arrangements were studied leaving scope for further research.

While reviewing the dynamics of residential arrangements of older women especially widows research conducted by Soldo and Tfialy (2001) reveals that they have few residential options other than to live with the families of an adult child. The use of multi-level models to analyze residential arrangements of unmarried mothers aged 50 and over explores the issue whether each child living with or nearby his/her mother, recognize three levels: time, shared family traits, including time-specific attributes of the mother, and individual child traits, including past residential and migration history. Further, the study conducted by Bongaarts and Zimmer (2001) examines living arrangements of older adults in 43 countries and compares patterns by gender, world regions, and macro-level measures of socioeconomic development. Indicators include household size, headship, relationship to head, and co-residence with spouse, children, and others. Average household sizes are large, but a substantially higher proportion of elderly adults live alone than do individuals in other age groups. Females are more likely than males to live alone and are less likely to live with a spouse or to head a household.

Rajan et al. (1999) states that with households having five members one can roughly assume that it consist of husband, wife and their children. If a household has more than six members, then there are chances that the household has an elderly member. Six and above member households are affected by two processes:
one is the increase in life expectancy among the elderly and the increase in nuclearisation of the family.

2.7. Women as providers of care

Datta (2008) attempts to understand the nuances of care for the elderly in the Indian context, and finds it difficult to define and understand the dimensions of care. While care broadly encompasses concern, support and the art of nurturing, in the case of older persons, it is placed mainly in the context of family. Care is motivated by reciprocity and kinship obligations. It has significant implications for women in the family as providers of care. In the modern milieu, care for older persons have assumed a different dimension because of increasing longevity of life, increasing number of older persons, changes in the nature and structure of family, and changes in socio-economic backgrounds. In the context of these changes the author finds it important for all stakeholders to understand and address the increasing need for care in old age and find new practical and relevant means to take care of older persons. This could mean partnership among the various parties involved beginning from the individual to the family and from the community to the government and the private sector.

Chakraborti (2004) in his study on population ageing in the context of Asia has stated that previously, the unemployed women cared for the elderly at home. Now, with increasing female participation in the labour force, such caring avenues have narrowed greatly. Further, it has also been stated that the lack of ageing research and documentation in Asia as compared to Europe and other developing countries, including Japan, owes its origin to the belief that the family support
system is and will continue to be foolproof insurance against all problems faced during old age. It is true that the family is an effective providers of old age support in India and most other Asian countries, and that in the absence of institutional support it will probably continue to serve an important role. At the same time, the family also has its limitations, which are becoming increasingly apparent, as social and economic development undermines traditional values and as elderly populations grow in relation to the population expected to provide support to them.

The involvement of women with the ageing process is not confined to their own old age but often includes responsibilities as caregivers for their elderly parents, even in societies where co-residence is declining in practice. Not only is a much greater share of aged care shouldered by women, but also many women who have been economically active reduce their work hours or quit altogether to undertake such obligations. Further, with increased life expectancy worldwide, the elderly who are frail and in need of long-term care are likely to be drawing family support from women who themselves are already in middle to early old age. The longer-term impact on caregivers derives from loss of income and the consequent curtailment of the period of asset formation, and accumulated stress and deterioration in their own health. Since most of this support is provided within the family or through voluntary community agencies, the impacts on the care giving women for their own prospective health and well-being in old age are largely negative (UNFPA, 2002).
Similar perception has been found in the study conducted by Bagga (2008) where it has been mentioned that the accepted norm in India is that older persons are a concern to the family. However, this accepted institution of care is under tremendous stress and strain from various quarters. The modern ethos-small family norm, spatial relocation of family members and lack of resources and technical proficiency to deal with all aspects of care, have left those expecting care from this unit high and dry. Further it has also been stated that with the phenomenon of Indian women's increased participation in the labour force there is a need for shifting roles among family members in caring for the elderly. Otherwise, the additional burden and strain on the working woman may result in aggravating the 'woman in the middle's syndrome. Male members need to support—physically and morally— the women care givers at home.

2.8 Old-age classification

While classifying aged many demographers and researchers have made distinctions between “mid-life”, “young-old” and “old-old” (Himabindu, 2002; Nair, 1980 as cited in Himabindu, 2002; Bonita, 1998). For example, according to Nair (1980), old-age is classified into three categories young-old (55-75 Yrs.), middle-old (75-85 Yrs.) and old-old (85 and above). Himabindu’s (2002) classification also, resembles more or less with Nair’s i.e., young-old (55-65 Yrs), middle-old (65-75 Yrs) and old-old (75-above). Further, Bonita (1998) states that there are major differences in the life course of ageing women in countries at different levels of development, and transitions across the life course vary accordingly. In societies where life expectancy is short, “older” may be defined at
an age which other societies would define as “young”. Some societies regard menopause as the start of “old age” for women; in others, women achieve old age with the birth of their first grandchild. Retirement from the workforce based on chronological age is also used to denote entry to the later stage of life, although this definition is of limited applicability to older women (Bonita, 1998). Nair (2008) in his study on holistic approach to aging is of the opinion that all aged are not drones, demographers have also started recognizing the aspect that all the aged are not decrepit, and these days refer to those in the age-group of 60-69 as the young-old, 70-79 as the old-old, 80-89 as the oldest old, and those above 90 years as extreme-old. Only this (oldest old) and not the entire elderly population—would belong to the usual stereotype of the aged. Further while attempting to study the philosophical underpinnings related to human ageing, the author reflects on two diametrically opposite streams of thought that can be deciphered on aging. One is that of active ageing which is more prevalent the world over, particularly in the developed countries of the West. Here, one continues to take an active interest in all aspects of life till the time of one’s death—which should be postponed as much as is humanly possible. In complete contrast is the view termed ‘the disengagement theory of ageing’, where aged gradually disengages himself from economic and social activities of society which in turn relieves him of responsibilities (Nair, 2008). Chakraborti (2004) observed that the question ‘who are the aged’ has not been settled adequately; though people aged 60 or 65 are considered the most convenient yardstick. Further there are several ways through which ageing can be measured, each with its own peculiarity. Often, the use of one measure in preference over others alters ageing indices significantly. He
introduced the concept of Elderly Status Index based on some of the essential parameters of elderly life, which ascertain the relative position of the elderly, both across regions and over time.

2.9 Women Education and poverty

While discussing women’s participation in income generating activities it has been revealed in various researches that her participation is relatively low accounting to various reasons such as the absence of economic recognition for women’s household tasks, lack of access to education and many others. Although participation of ageing women in the paid work force is relatively low even in the developed countries, the majority of women keep working, unpaid, until they die (Bonita, 1998). The lower education of older women clearly contributes to gender differences in employment histories-particularly employment in the government and formal sectors that affects access to work-related pension and hence is potentially an important factor in gender differences in economic well-being (Knodel and Ofstedal, 2003). The study conducted by Vartanian and McNamara (2002), on older women in poverty investigates the factors contributing to older women’s economic well being from a life course perspective, assessing the effects of both midlife characteristics and later life events on women between the ages of 66-70 and 71-85. The findings point to the need for better recognition of the unpaid work perform so that involvement in reproductive and care-giving work may no longer contribute to women’s economic vulnerability in old age. This in turn, however raises questions about the extent to which older women’s
involvement in the labor force may conflict with familial and societal expectations of older women as providers of unpaid care to spouses, grandchildren and others.

The traditional role of women as family care givers also contributes to their increased poverty and ill-health in older age (WHO, 2001). Indian women generally do not have access to paid employment because they work full time as unpaid care givers—looking after children, older parents, spouses who are ill and grandchildren. The few who do have a job are forced to give up paid employment to carry out their care-giving responsibilities. Thus, the provision of family care is often achieved at the cost of the female care giver's own economic security and good health in later life; this being especially true for Indian women (Bagga, 2008).

2.10 Population ageing a geographical perspective

In studies related to population ageing from a geographical perspective, four main aspects have been considered by geographers. Theoretical aspects in connection with the demographic transition theory, the cognitive aspect leading to territorial distribution of the level and dynamics of ageing; the application aspect connected with socio-economic consequences of this phenomenon and the use of projections as well as methodological aspects connected with its measurement and classification (Kurek, 2007). Further, some authors have made calls to recognize Geographical Gerontology as a distinct discipline, where health and healthcare have always been central considerations (Andrews et al., 2007). This research has also extended beyond health concerns to other aspects of older people's social and cultural lives (Andrews et al., 2007).
Indeed the fact that geographers have given due importance to geographical dimension to gerontology is evident from the works of Warnes (1981, 1990) in the esteemed journal, Progress in Human Geography. While stating the case for geographers to show an increasing interest in the elderly, Warnes (1981) observes that much attention to studies relating to the distribution of the elderly existed. Warnes notes that: “Geographers have been increasingly drawn to the study of the spatial aspects of ageing, as shown by an accelerating publication rate and by symposia at the 1979 annual conferences of the Institute of British Geographers and the Association of American Geographers” (Warnes, 1981).

Warnes (1990) argued that geographers needed to shift their priorities and objectives away from the theoretical needs of human geography onto the needs of older people. He highlighted three issues which had not been given enough attention by geographers; the global evolution in demographic ageing and its implications, locational dimensions in the circumstances of older people's lives and temporal change in the interaction between the environment and older people. Other areas of interest to geographers relate to the geographies of care and responsibility. In fact, there has been an outpouring of writing on responsibility and ethics in geography. Many in geography want to study society, ecology, place and landscape in order to make a difference (Lawson, 2007). Time geography in relation to human geography also pays attention to elderly women. In a study conducted on the daily life of elderly women in rural areas in the Netherlands, (Fortuijn, 1999) finds that constraints are regarded as problems because they hinder individual freedom and choice. However the same constraints can be regarded as sources of meaning and structure. In time-geography one can study
how day-paths are structured, what the structuring elements mean to individuals, and how people perceive time-space constraints.

Hjorthol et al., (2010) discussed an important aspect of population ageing which had received relatively little attention in the Scandinavian countries, described as the question of everyday mobility. The purpose of the study was to get a better understanding of the activity and travel patterns of different groups of older people, examine how travel and activity patterns are developing during the life course, study the changes over time and how the "new" generations of older people behave compared to the older ones. Ageing and transport have important societal implications. Being unable to drive is one of the strongest predictors of increased symptoms of depression among older people and an individual's ability to use the transportation system freely has long been defined as one of the seven important areas in the Instrumental Activities of Daily Living (IADL) of the elderly. Providing satisfactory opportunities for independent travel and mobility will support the older population in independent living and well-being.

Geographers have also dealt with ageing related aspects such as employment-unemployment (Green, 2009), mobility patterns of aged persons (Hjorthol et al., 2010), proximity of elderly populations to their children (Bordone, 2009) and the types of challenges cities would face in catering to the needs and requirements of ageing populations (Steinführer and Haase, 2007).

2.11 Summing up

The foregoing review of literature, which touched upon various aspects of ageing, indicates the different ways in which ageing gains strength from being the subject
of inter-disciplinary interest. The study of ageing populations in the context of north east India has not received much attention, although there have been studies such as those of Sarmah (2004). The observation made by Warnes (1981) that "...turning to other spatial aspects of old age and ageing... one finds fewer publications and several topics that require further research" seems to be true in case of Assam and the other states of north east India. It is very likely that in coming decades further research in this area of research will be undertaken as the graying of populations becomes more pronounced.
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