Chapter 1

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1.1 Statement of the problem

Currently the world is undergoing profound demographic changes, which pose great challenges to development and social policy makers. One of these changes is the growth in the number of older people in our societies. Old age has been typically seen as a phenomenon of developed countries, however, in fact, the great majority (two-thirds) of those over 60 years of age live in the developing world. This proportion is increasing steadily, due to improvements in health, hygiene, and basic services, and will reach nearly three-quarters by the 2030s (UNFPA and CBGS, 1999).

India had 25 million aged persons in 1961 which doubled to 55 million in 1991 and is expected to experience a steep rise by 2021 to reach 134 million. Till the 1980s the developing and the developed world shared the aged in equal proportion. However currently, the developing world’s share of the global elderly is on the rise to such an extent that Asia alone is expected to share 50 percent of the world’s elderly by the turn of the century. Obviously, India and China being the two largest nations in Asia will have a significant share of world’s elderly. This highlights the need for policies and programmes directed towards not only managing a large population size but also a larger elderly population in India in the coming future (Rajan et al., 1999).
The increase in the number of aged in urban areas over the decades is due to the strides made in industrialization and the consequent urbanization. More and more literate, skilled as well as unskilled members of the younger generation are migrating to these industrial and urban centers in search of livelihood, either accompanied by their elders or leaving them back in native villages. The aged in both cases have to face unique problems. If they accompany their younger kinsmen to urban areas, problems of reorientation and adjustment crop up, and if they are left behind, problems of support and care come to the fore. Hence, the growing large number of aged in absolute numbers in rural as well as urban areas throw up different sets of problems.

The problem is more severe in case of aged women who live longer than their male counterparts. Further since it is socially acceptable in most cultures for men to marry younger women, this in some cases leads to older wives being abandoned. Men’s greater exposure to industrial hazards, conflict-related deaths, and lifestyle choices such as alcoholism affects men’s longevity more than women’s. Research has established that older men are more likely to suffer from heart disease or a stroke than women, and are more likely to die from chronic respiratory disease than women (WHO, 1999). It is the older women who are the most vulnerable, especially if they are widowed, childless, and in declining health. Women need special and longer care when they grow old. The onset of menopause and old age simultaneously starts in women at the individual level and reduces their social involvement resulting in role loss. Also, around this period their status is changed from the primary role to secondary role.
With the growing number of the aged in our country, in the background of the fast pace of change all around, it becomes imminent to plan, and evolve appropriate strategies to meet their special needs. Although at the national level, a few studies have been conducted at various levels (Acharaya and Das, 1989; Rajan et al., 1999; Karkal, 1999; Prakash, 1999; Himabindu, 2002; Chakraborti, 2004; Bagga, 2008) there is an urgent need to conduct this type of study in Assam. A proper documentation of the different profile of the aged in general and women aged in particular will help to examine the particular problems of the aged women and to suggest suitable measures to alleviate the situation of the aged in the study area.

The trend of urbanization, the evolvement of the nuclear family concept as against the traditionally present joint family concept, the pressure on land due to rapid increase in population, are present in this part of the country as well. The society here has traditionally been agro-based and industrialization being in its nascent stage has influenced the general standard of living. The land here has historically always been fertile and means of living were relatively comfortable but inspite of the blessings of mother nature in the shape of presence of natural resources such as crops like tea, coffee, jute, paddy, etc. and oil, the pace of development in the post independence era has not commensurate with some of the other parts of the country. As a result of this under development, the standard of living vis-à-vis the per capita income has been moderate and the means of sustenance scarce. Moreover, there has been a trend of a sizeable part of the highly educated youths venturing to the other parts of the country and even abroad in search of more lucrative jobs and greener pastures thereby rendering the aged isolated and deprived of the comfort and security of the family.
Guwahati is the capital of Assam and is the most important town of the entire North Eastern part in terms of its location and economic activities. The district of Kamrup wherein this city is located is in the heartland of the state and is comprised of a multilingual and multicultural society with a fair mix of urban, semi-urban and rural population. The strategic importance of the district can be gauged from the fact that this is the connecting link of the north eastern states with the rest of the country. As such the study has been conducted in this district as it contains both urban and rural population comprised of people from different communities and linguistic background.

The apathy being faced by our elderly can be derived from the fact that the city of Guwahati and as well as the district being the most developed in this part of the country and the city being the nerve centre and having the state legislatives as well as the policymakers of the state, there is hardly any focus on the wellbeing of the elderly with there being only one old age home in the city, one home for destitute and helpless widow, a couple of day care shelters and some unstructured vidhwa ashrams which house a few widows. This being the status of the capital city, the state of affairs in the other parts of the state can well be gauged. The majority of the population lives in the rural area and the complexity of the problem with minor variance in some areas persists. As such the scope of the study has been kept wide to have an in-depth analysis of the phenomenon.
1.2. Objectives

In the context of the study, following objectives have been framed:

i. to delineate a profile of the aged women in Guwahati and rural parts of Kamrup in proximity to Guwahati and to explore their living arrangements.

ii. to understand the status and role of the aged women in the interpersonal arena.

iii. to conduct a comparative analysis of the aged women population in Kamrup Metro¹ and rural areas of Kamrup respectively.

iv. to analyze the support and care-services from the family and other sources.

v. to examine the problems faced by the aged women.

vi. to suggest suitable measures that could be undertaken by relevant institutions, government agencies to alleviate the situation of the aged in the study area.

1.3 Research Questions

In the light of the above objectives, the following research questions have been framed:

i. With the early signs of decline in the institution of extended families, is the status of the aged becoming vulnerable in any way?

ii. What living arrangements exist for aged women and do these differ among rural and urban contexts?

iii. Do aged women play a key role in the family work and act as matriarchs vis-à-vis the younger generation?

¹The terms Guwahati City and Kamrup Metro has been used interchangeably.
iv. What strategies and measures can be undertaken by relevant institutions, and/or government agencies to alleviate the situation of the aged in the study area?

1.4 Significance of the Study

The world is undergoing a sea change in respect to the ways that we are leading our lives. In the urban areas many factors such as increased pace of life, lack of time for family, influence of the western way of leading life etc. have contributed to a paradigm shift in the family values which were dear to the so called Indian way of life. All the above factors along with the ever increasing demand on land, growing competition, inflation in the cost of food products and necessities, the trend of urban migration etc, have had a toll on the rural areas also. These factors have had a great influence on the way of life of each fragment of the family but in the entire melee, the elderly members of the family have become victims of isolation and they have been left to fend for themselves in difficult circumstances. To top it all the situation of the female elderly is even worse as they are left more vulnerable due to a host of factors including social stigmas.

In many developing countries, older persons have traditionally been cared for within the extended family network and by the community at large. There are various factors to which this phenomenon is attributable such as change in the family values and cultural practices as outcome of reduction in family size, rapid industrialization and urbanization. These factors have altered the social fabric of the family, directly affecting the security of its elderly members. There has been a paradigm shift in the attitudes of children in their duty towards their parents and
the custom of caring for their elders. In rural communities, many younger family members leave their parental homes in search of employment in urban areas.

Government policies and programs in many less developed and developing countries give low priority to the concerns of the elderly. Authorities generally expect families to continue to provide for the welfare of their elderly members. Social security systems provide limited coverage for only a small minority of older persons, mostly urban-based and relatively literate. But in most of these countries the rural and semi-urban elderly represent the bulk of the elderly population and therein they are left to search for care for themselves despite the total or semi absence of family and community support systems or elderly-friendly health care, social, and recreational services. Malnutrition and lack of adequate medical care are found to be perennial.

The elderly people are generally not found to be at the receiving end of actual cash transactions from their children or dependent for discretionary personal spending. This phenomenon is found to hold true in all forms of living arrangements, whether co-resident or independent, when even in a co-residence structure a family which is necessarily supportive of the elderly is not guaranteed. Thus the extended family structure does not necessarily imply a family supportive of the elderly. Even in an independent family structure, the meager old age receipt of an elderly is at times being spent over the requirement of other family members who place their own personal requirements over that of the elderly person.

With a gradual drift in the family composition, the thrust and thirst of ever increasing privacy and independence often is found to lure the younger people
away from the traditionally held values of a joint family rendering the elderly in the family alone. This is more prevalent in the developed and developing countries and is a core phenomenon of urbanization. A degree of weakening of the traditional system of family care of older people is a pattern common to most countries which have experienced, or are undergoing, a process of modernization and transition (KIHASA and UNFPA, 2000).

In a lot of developing countries, with the increasing cost of living the retention and support of older persons within the home is becoming increasingly unsustainable thereby scaring the young people to discard their elderly who are generally found to be more comfortable and safe within the folds of their extended family. But in a lot of countries such as India having strong social and cultural beliefs, the concept of putting an elderly parent in a community shelter such as old age home, nursing home etc. even when the same may be financially feasible may not always be culturally acceptable.

While favoring a policy of family support does not preclude a modest public programme to provide a safety net for most of the needy, it is commonly a limited response adopted by governments in order to avoid diverting resources from other priorities. As Caldwell (2001) points out, even though families in more developed countries are prepared to make huge investments in their children using a drip-feed approach, there is a cool reception to the suggestion that a similar quantum of resources be collected as part of regular taxation payments to support the older population en bloc. It is hardly surprising therefore, that in countries with fewer
resources, making fiscal contributions to such an anonymous sector of society is unpalatable to government and taxpayer alike.

There is enormous diversity among older women. Some live extended lives and others have their lives shortened. Some live in abject poverty, others with vast wealth. Some expand their roles with increasing age, others face reduced status. Some are in excellent health even at advanced ages, and others have to rely on formal assistance for their everyday personal care. Whatever their situation, ageing women deserve much more attention if their health is to be advanced and lasting improvements in the quality of their lives are to be achieved (Bonita, 1998).

The condition of old women vis-à-vis their male counterparts are relatively abject. The fact that physically females are weaker than the male species renders them more vulnerable to the pangs of old age. This is coupled with the fact that the existing social structure provides very little for their existence after a certain point. As such advanced planning at the right time both by the individual concerned, the society at large and the State mechanism is imperative if any perceivable change is sought to be made. Widowhood often lowers the socio-economic level of women. Older women are either illiterate or poorly educated. Their work as homemakers and care givers is never monetized. Urban widows sometimes get the pension and life insurance money of their deceased spouses. Rural women rarely have this advantage. Nor are they likely to hold property exclusively in their names. These factors increase the dependency of women on others in old age. All
this contributes to women's total dependency on the family for mere survival (Prakash, 1999).

In most developing countries, agriculture and farming are the main sources of livelihood. In these economies which are found to be in dominating proportions the world over, there is no semblance of any systematic provision for old age security either at the individual front or at the state level. In this setup, children are perceived as the only and natural choice of security for old age. This render the people totally and completely dependent on their child and in circumstances where the couple was childless, or the child is dead or absent for any other reason, the elderly are left absolutely helpless to fend for themselves. Even when the child is present, this situation would not necessarily ensure a secure and comfortable epilogue for the old parents. Rajan et al. (1999) found it evident that with increase in age the level of work participation among the elderly declines. This he probably attributed to their physical inability/incapacity which affects their competence and restricts their activity. However they found a greater degree of disparity in work status between sexes where males reported to be working when compared to elderly females. This disparity may perhaps be due to invisible labour (which is non-remunerative) in terms of household duties performed by most elderly females.

It is in the backdrop of this dwindling turn of fate that this study is being conducted to make an effort to study, analyze and evaluate the plight of the elderly in this part of the country. Of necessity the focus is on the female aged because it is herein that the problem merits the maximum attention. The reasons as
to why the female aged are more important and vulnerable is discussed in subsequent chapters.

1.5 Data Organization

The study is organized into seven chapters including the chapters on ‘Introduction’ and ‘Summary and Conclusion’. The first chapter named ‘Introduction’ mainly includes the nature of the problem, the objectives and significance of the research and the database and methodology. The second chapter gives details of the literature reviewed. The third chapter presents the geographical profile of the study area and the population structure and composition. The fourth chapter entitled ‘Aged women and rural-urban differences’ presents the demographic and socio-economic characteristics of the respondents such as age, marital status, daily activities, etc. serving as a background for the remaining chapters. The fifth chapter, entitled ‘Living arrangements of aged women’ focus on inter-personal relationships and include aspects such as size and composition of the family, factors influencing living arrangements and compatibility with other family members. The sixth chapter ‘Trials and tribulations of aged women’ focuses on the declining status of the aged, life preparatory measures and awareness and access to support schemes which is an important aspect of the entire study. The last chapter provides an overall summary to the study giving relevant suggestions and conclusions.
1.6 Data Sources

Both primary and secondary data has been used for the study. The secondary data has been collected primarily from Directorate of Census Operations, Assam, Guwahati, Directorate of Economics and Statistics, Assam and various publications of other Government Departments. Much of the data on the aged populations in Assam and in the Kamrup district has been taken from the census data for the year 1971, 1991 and 2001. Because of changes and variations in administrative set up during 1970s and 1980s, the focus was more on census data for the year 1991 and 2001. Census was not conducted in Assam in the year 1981. Age specific data for the census year 2011 was currently not available. The internet was also accessed to explore secondary data available on the official web pages of the Government of Assam related to Kamrup District.

The primary data have been collected based on ‘pre-tested designed questionnaire’ by conducting a field survey. To gather information regarding existing support services available for aged women as far as their living arrangements were concerned visits were made to an old age home and a day care house.

1.7 Sampling Techniques

The study has been carried out in Guwahati and rural parts of Kamrup in proximity to Guwahati city. In each of the area, aged women (60 years and above) respondents were selected on a non random basis using the snowball method of sampling.
Snowball sampling is a method used to obtain research and knowledge, from extended associations, through previous acquaintances. Snowball sampling uses recommendations to find people with the specific range of skills that has been determined as being useful. An individual or a group receives information from different places through a mutual intermediary. This is referred to metaphorically as snowball sampling because as more relationships are built through mutual association, more connections can be made through those new relationships and a plethora of information can be shared and collected, much like a snowball that rolls and increases in size as it collects more snow (Castillo, 2009; Heckathorn, 1997). The method includes:

1. Find people to study.
2. Ask them to provide information / links about other people who fit the study requirements, then follow up with these new people.
3. Repeat this method of requesting referrals until one has achieved the desired sample size.

By using snowball sampling it was possible to include those people in the survey who were otherwise not known and could be located only through known acquaintances. Visits to day care house and old age home were also made with associated people. Sampling was performed keeping socio-economic status, ethnic and religious considerations, family structure, literacy levels and marital status.

Difficulties were faced while gathering information and conducting fieldwork as respondents were often not willing to share their personal information with a stranger. However majority of the contacts were made through relatives, some
known people in the neighborhood and friends and colleagues. In many cases the respondents did not answer all query and such cases had to be excluded from the sample.

1.8 Research Methodology

The research methodology has been exploratory in nature, were both primary and secondary data were collected. The primary data was collected based on 'pre-tested designed questionnaire' where sixty years and above respondents were selected on a non random basis using the snowball method of sampling. To analyse the data Microsoft Office Excel was used.

Sampling was performed keeping socio-economic status, ethnic and religious considerations, family structure, literacy levels and marital status in mind. In all two hundred respondents were selected and interviewed which accounts to near about 0.3 percent of the total aged women population of Kamrup (Census, 2001). Of the total two hundred respondents one hundred and twenty respondents from Guwahati city and eighty respondents from rural parts of Kamrup in proximity to Guwahati were included. While conducting the survey in Kamrup Metro the issues of the aged women were found to be complex and of a diverse nature, hence a larger numbers of respondents from Kamrup Metro were included vis-à-vis the rural respondents. Thirteen residents were interviewed from the old age home and a separate analysis of their living arrangements was done in addition to the total sample of two hundred respondents. Respondents of the day care home were living with their families and were thus included in the total sample of two hundred respondents.
Both qualitative and quantitative methods were used to avoid misleading analysis. The adjective ‘Qualitative’ denotes methods that generate data that is verbal, i.e. devoid of numbers. ‘Quantitative’ denotes methods that generate data comprising numbers (Taylor et al., 2009). A number of different studies have emphasized the need for researchers to embrace both quantitative and qualitative measures (a ‘triangulation’ of methods), in their research (Mattingly and Falconer-Al-Hindi, 1995; Hubbard, 1999 as cited in Limb and Dwyer 2001, Kobayashi, 2001).

The questionnaire was designed to elicit both quantitative and qualitative data. Open-ended questions were designed to tap into a richer vein of perceptions and attitudes which were not possible with closed questions as they usually generate qualitative data. These quantitative and qualitative analyses were then reinforced by case studies to bring in-depth analysis which was otherwise difficult to capture through quantitative and qualitative analysis. Different researchers have used case studies to discuss different issues related to ageing (Rajan et al., 1999; Izuhara, 2000; Himabindu, 2002; Makondo et al., 2002; Shankaradass, 2002; Lysack and Seipke, 2002). A survey strategy including both questionnaire and interview was chosen to generate both qualitative and quantitative data. Interviews often generate only verbal data and are thus a prime candidate for the ‘qualitative’ label. However it is possible to elicit quantitative data at an interview with a questionnaire designed to obtain quantitative data.

For collection of qualitative information, an open-ended questionnaire was used. It was felt during the survey process that a formal, close-ended structure questionnaire may restrict the discussion and prevent a full exploration of the
views and processes. Unstructured or undirected interview approach enabled the respondents to answer the research queries with a good deal of flexibility and also enabled the researcher to proceed, gradually keeping in tune with the research matter. Further a focus group interview was also conducted in an old age home to generate some collective information about the research area, in addition to the personal interview approach. A review of on-line databases and social sciences journals shows a steady use of focus group interview as research tool (Barbour and Kitzinger, 1999; Morgan, 1997; Linhorst, 2002)

Focus group interviews are a survey research instrument which can be used in addition to, or instead of, a personal interview approach. It has particular advantages for use in qualitative research applications. The central feature of this method of obtaining information from groups of people is that the interviewer strives to keep the discussion focused upon the issue of concern. Interviewing the subjects was found to be very advantageous for it enabled the researcher to personally feel the problems of the respondents and study certain qualitative variables like facial expressions and gestures (Taylor et al., 2009).

Group interviews can have advantages over personal interviews in a number of ways:

Synergism: The combined effort of the group will produce a wider range of information, insight, and ideas than will the accumulation of responses of a number of individuals when these replies are secured in personal interviews.
Secondly the sample size of two hundred covered during the course of the study comprises only 0.3 percentage of the total aged population of the district. While it would no doubt have been desirable to have a larger sample size, by keeping the sample as representation as possible, this short coming was sought to be overcome.

In this field of study pertaining to aged women, in this part of the country, very few studies have been conducted in the past. As such there was a very scanty database and studies available to form a suitable stepping stone for the study and to draw a reference from. However it is hoped that this piece of research will encourage further studies in relation to this vulnerable section of our society.
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