Chapter – I
Introduction

In almost every country, the proportion of people aged over 60 years is growing faster than any other age group, as a result of both longer life expectancy and declining fertility rates. This population aging can be seen as a success story for public health policies and for socio-economic development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security.

World Health Organization, 2015
CHAPTER-I

INTRODUCTION

Ageing population is a universal phenomenon. Traditionally, elderly people in all most all the societies were held in high esteem and treated with reverence. They were the patriarchs/matriarchs of the family, and enjoyed definite power over their progeny. Yet, the changing times have forced the elderly to live alone and exposed them to various kinds of problems such as lack of physical, social, emotional medical and financial support. The views on old age have been divergent. In the words of Seneca, the famous Roman Philosopher, “oldage is an incurable disease”. Sir James Sterling Ross commented, “you do not heal oldage, you protect it, you promote it and you extend it”. (Weir, J.H. 1967).

Human resource is considered as an asset for a country. It plays an important role in economic development and growth. Greater the proportion of young persons in the population of a country, larger is the workforce, and, thus, more is the economic potential. The global demographic trend, however, indicates that, with the passage of time, the countries have experienced ageing of population. The proportion of older persons in the population of a country has increased. Due to economic well-being, better health care system, good medicines, etc. there is substantial reduction in mortality in the society. Reduced mortality and reduction in fertility together have resulted in increasing number of elderly persons in the population. This phenomenon, called population ageing, is a dynamic demographic trend all over the world.

The phenomenon of population ageing is increasingly a major concern for the policy makers all over the world, both for developed and developing countries. The elder persons in the society face a number of problems due to absence of assured and sufficient income to support themselves for their healthcare and other social
securities. Loss of a social role and recognition, and non-availability of opportunities for creative and effective use of free time are also becoming a matter of great concern for elderly persons. The trend clearly reveals that ageing will emerge as major social challenge in the future; and vast resources will be required towards the support, service, care and treatment of the elderly persons.

Population ageing may be seen as a human success story; the triumph of public health, medical advancements, and economic development over diseases and injuries that had limited human life expectancy for millennia. But the world wide phenomenon of ageing also brought an acknowledgement by the United Nations (UN) of the many challenges regarding ageing and national developments, issues concerning the sustainability of families and the ability of states and communities to provide for ageing Populations (UN, 2002).

Ageing has profound consequences on a broad range of economic, political and social processes. First and foremost is the increasing priority to promoting the well-being of the growing number and proportion of older persons in most countries of the world. Policy makers increasingly recognize that policies on ageing must address the entire society and people of all ages and that global ageing need to be integrated into the broader process of development.

Madrid International Plan of Action on Ageing, adopted at the Second World Assembly on Ageing, emphasized that older persons should be able to participate in and benefit equitably from the fruits of development to advance their health and well being, and that societies should provide enabling environments for them to do so. The central themes running through the Madrid International Plan of Action on Ageing, 2002 fall under three priorities:
Older people and economic development;
Advancing health and well-being into oldage; and
Ensuring enabling and supportive environments (World Population on Ageing, 2013).

CONCEPTUAL FRAME OF REFERENCE

“Gerontology” is the study of physiological and psychological changes, which are incident to oldage (i.e. study of ageing process). There is no standard definition of oldage. Ageing is a normal, inevitable, biological phenomenon and it is not known when the oldage begins.

A number of terms are used to describe people considered old, but there is an increasing awareness that the terms used should acknowledge the tremendous diversity inherent in a group of people whose ages can span a range of 40 or more years. Some gerontologists objects to the terms “elderly” and “senior citizen” as inadequate generalizations that connote negative stereotypes, including social isolation, frailty, and physical and financial dependency (Population Bulletin, 2005).

United Nations (1980) considers 60 years as the age of transition to the elderly age group. In India, people aged 60 years and above are treated as old. In developed countries, people at 65 years and beyond are treated as “elderly”. Oldage is often classified into “early oldage” upto 75 years (elderly) and “late oldage” (very elderly) for those above 75 years.

At the same time, a general term is useful for cross national comparisons. In Population Bulletin, Vol.60, “older people” and “older population” refers to people aged 65 or older; and the “oldest old” refers to people aged 80 or older, are noted (Population Bulletin, 2005).
When talking about ageing, it is essential to distinguish between demographic ageing as “the process whereby older individuals becomes a proportionately larger share of the total population (UNDESA, 2010 Revision), and individual ageing, the process of individuals growing older. This individual process of ageing is multidimensional and involves physical, psychological and social changes (United Nations Population Fund, 2012).

Ageing is a physiological process that starts from birth, continues throughout life and ends with death. The process of ageing of an individual is assessed by comparing biological age with chronological age. If biological age corresponds to chronological age, the ageing process is “normal”. If biological age lags behind chronological age, the ageing is “delayed or restarted”. If biological age has advanced ahead of chronological age, the ageing is described as “precocious or premature”.

While ageing stands merely for growing old, “Senescence” means deterioration in the vitality or lowering of the biological efficiency or feebleness of the body and mind, associated with the process of ageing, such as decline in sexual prowess, diminution in the endocrine activity, loss of elasticity of blood vessels and rise in blood pressure. These physiological changes associated with ageing are often referred to as “Eugenic” changes, which are the outcome of interaction between evolution or growth and involution or atrophy, which start from womb to tomb. Eugenic changes are functional as well as structural, manifesting at all levels and affect the cells, the tissues, the organs and even the configuration of the body.

A man’s life is normally divided into five main stages namely, infancy, childhood, adolescence, adulthood and oldage. In each of these stages an individual has to find himself in different situations and face different problems. The oldage is
not without problems. In old age physical strength deteriorate, mental stability diminishes, money power becomes bleak coupled with negligence from the younger generation. (*Ansari and Nadeem Ahmad, 2002*).

Some of the psychosocial problems include impaired memory, rigidity of outlook, sexual adjustments, irritability, jealousy, inner withdrawal, depression, harassment, exploitation, separation from the dear ones, living alone and none to help, etc.

**OLD AGE – A THEORETICAL PERSPECTIVE**

One of the major problems in Social Gerontology in recent years is that the study of aging is not clearly directed by social theory. According to Bengston et.al (1997), theoretical developments in gerontology have lagged well behind other social and human science disciplines. *George* (1995) consolidates this by claiming that gerontological research is “theoretically sterile”.

Ageing is not merely a matter of accumulating years but also, as a popular catch-phrase state, a process of “adding life to years, not years to life”. People grow old in a social and economic context that affects their psychosocial development: their feelings of self-esteem, value, and place in family and society. These factors have a combined effect on the morale of older people, and a number of models have been developed to explain why some people remain more active and healthier at older ages than other people. These are generalized models and can not account for differences in the genetic makeup of individuals, although the can identify factors that favour healthy lifestyles and ways in which a society can assist its members to grow old with dignity and comfort. Underpinning these concepts are several decades of study by gerontologists who have offered a number of social theories of ageing (*Population Bulletin, 2005*).
Theory building—the cumulative development of explanation and understanding of observations and findings—lies at the core of scientific enquiry and knowledge. In areas such as social gerontology, social theories are essential for providing coherent and valid bases for policies, programmes and activities. Social theories are either proved or disproved; rather, they represent a cumulative and evolutionary understanding as parts of the explanations are better understood, improved, or rejected.

In a study of published literature in eight leading Social Gerontology journals from 1990 to 1995, Bengston et al. (1997) claimed 80% of the articles lacked a theoretical framework for their research findings. In the words of Bengston “it is intellectually irresponsible for a programme of research to proceed without a theory”.

Indeed, there have been some significant theoretical ideas which have influenced understanding of social gerontology in recent years: Functionalism, Marxism, Feminism and Post modernism. However, important to illuminate the contrasting theories of age and aging, as 80% of research in mainstream social gerontology have not attempted to review or apply these theories in an attempt to understand the philosophical dimensions of adult aging (Bengston et al. 1997).

**Gerontology - The Study of Aged**

The emergence of the social theories of age and aging can be located to the early post-war years with the governmental concern about the consequences of demographic change and the shortage of younger people in work in USA and UK (Biggs and Powell, 2001).

In the post-war years, social gerontology emerged as a multidisciplinary field of study which attempted to respond to the social, health and economic policy implications and projections of population change (Phillipson, 1998). The wide
disciplinary subject matter of Social Gerontology was shaped by significant external forces—first, by state intervention to achieve specific outcomes in health and social policy for older people; secondly, by a socio-political and economic environment which viewed an aging population as creating a “social problem” for Western society in general (Phillipson, 1998).

The important thing is that theories often mirror the norms and values of their creators and their social times; reflecting culturally dominant views of what should be the appropriate way to analyze social phenomena (Turner, 1989).

Longer life spans and an increased number of elders in U.S society have resulted in greater attention to the aging process. Quality of life and successful aging are becoming important areas of study.

The disengagement, activity, and continuity social theories each present a different process of aging and focus on different aspects of successful aging. The next three social theories, which consist of Erikson’s and Peck’s stages of psychological development and the life course, place more emphasis on the developmental stages of aging. The last social theory of aging, the theory of exchange, examines perceptions regarding the value of interactions and the ways that these perceptions affect elder’s relationships.

**The Functionalism**

The two functionalist theories, which dominated US gerontology in the 1950s and 1960s, are “Disengagement Theory” and “Activity Theory”, follow this normative pattern. Both disengagement and activity theories postulate not only how individual behaviour changes with aging, but also imply how it should change.
Disengagement Theory

Disengagement theory was one of the first theories of aging developed by social scientists. It was originally formulated by Elaine Cumming and Warren Earl Henry in their 1961 book Growing Old. The disengagement theory of aging claims that elderly people begin to systematically disengage from their previous social roles as they realize the inevitability of death in the near future. They suggest that society responds to the elder’s disengagement with a sort of mutual recognition that the elder will soon pass and society must prepare to function in their absence.

As such, the theory argues that it is natural and acceptable for older adults to withdraw from society. In “Growing Old” Cumming and Henry develop a logical argument for why older adults would naturally disengage from society. They formulate their argument along nine postulates to explain why it is rational for individuals who know that death is approaching and who have seen friends of their age pass to begin to anticipate their own deaths and disengage.

The postulates of growing old

1. Every one expects death, and one’s abilities will likely deteriorate over time. As a result, every person will lose ties to others in his or her society.

2. Because individual interactions between people strengthen norms, an individual who has fewer varieties of interactions has greater freedom from the norms imposed by interactions. Consequently, this form of disengagement becomes a circular or self-perpetuating process.

3. Because men have a centrally instrumental role in America and women a socio–emotional one, disengagement differs between men and women.

4. The individual’s life is punctuated by ego changes. For example, aging, a form of ego changing causes knowledge and skill to deteriorate. However, success
in an industrialized society demands certain knowledge and skill. To satisfy these demands age-grading ensures that the young possess sufficient knowledge and skill to assume authority and that the old retire before they lose their skills.

5. When both the individual and society are ready for disengagement, complete disengagement results. When neither are ready, continuing engagement results. When the individual is ready and society is not, a disjunction between the expectations of the individual and the members of social system results, but engagement usually continues. When society is ready and individual is not, the result of the disjunction is usually disengagement.

6. Man’s central role is work, and women’s is marriage and family. If individuals abandon their central roles, they drastically lose social life space, and so suffer crisis and demoralization unless they assume the different roles required by the disengaged state.

7. Readiness for disengagement occurs if the individual is aware of the shortness of life and scarcity of time, the individual perceives his or her life span decreasing, and the individual loses ego energy.

Each level society grants permission to individual to disengage because of the following factors:

- requirements of the rational-legal, occupational system in an affluent society;

- the nature of the nuclear family; and

- the differential death rate.

8. Fewer interactions and disengagement from central roles lead to the relationships in the remaining roles changing. In turn, relational rewards
become more diverse, and vertical solidarities are transformed to horizontal ones.

9. Disengagement theory is independent of culture, but the form it takes is bound by culture.

**Cumming and Henry** (1961) advocated that the process of disengagement is inevitable, rewarding and universal process of mutual withdrawal of the individual and society from each other with advancing age was normal and to be expected. This theory argued that it was beneficial for both the aging individual and society that such disengagement takes place in order to minimize the social disruption caused at an aging person’s eventual death (Neurgarter, 1998). Retirement is an illustration of the disengagement process, enabling older person to be freed of the roles of an occupation and to pursue other roles not necessarily aligned to full-pay of economic generation.

**According to Katz** (1996), through disengagement, Cumming and Henry argued, society anticipated the loss of aging people through death and brought “new blood” into full participation within the social world.

**Bronley** (1966), further portends, “in old age, the individual is normally disengaged from the main streams of economic and community activity”.

The disengagement process is graded to suit the declining biological and psychological capacities of the individual and the needs of society. In order to legitimate its generalizations, disengagement theory self-praised itself to objective and value-free rigor of research methods: survey and questionnaire methods of gerontological inquiry.
Activity Theory

The theory was developed by gerontologist Robert J. Harighurst in 1961, and was originally conceived as a response to the disengagement theory of aging. Harighurst published his activity theory to directly refute (proving wrong) the proposed disengagement model, arguing that rather than withdrawing, the elderly should remain active and social.

Activity theory argues that staying mentally and physically active will increase happiness among older adults. The theory proposes that older adults are happiest when they stay active and maintain social interactions. These activities, especially when meaningful, help the elderly to replace lost life roles after retirement and, therefore, resist the social pressures that limit an older person’s world.

The theory assumes a positive relationship between activity and life satisfaction. It reflects the functionalist perspective that the equilibrium that an individual develops in middle age should be maintained in later years.

The theory predicts that older adults that face role lose will substitute former roles with other alternatives. Not only the activity beneficial for the community, but it engages older adults both physically and mentally and allows them to socialize with others. This increases feelings of self-worth and pleasure, which are important for happiness and longevity.

The disengagement model suggests that it is natural for the elderly to disengage from society as they realize that they are ever nearer to death. Since the primary role of individuals is to work or raise families, the elderly face internal conflicts after retirement when they are separated from these roles. The activity theory allows the elderly to more easily assume different roles.
Five decades of gerontological research, however, suggest that the activity model is more accurate than the disengagement model. Critics of activity theory argue that it overlooks inequalities in health and socioeconomic status that could structurally inhibit certain adults from maintaining an active lifestyle.

*Havighurst, Neugarten, and Tobin* (1963) articulated an activity theory of aging, which held that unless constrained by poor health or disability, elders have the same psychological and social needs as people of middle age. Hochschild (1975), presented that the changing of activities was the result of changed meaning in the activities as seen through the life span.

*Menec* (2006) purported “different types of activities may have different benefits. Whereas social and productive activities may afford physical benefits, as reflected in better function and greater longevity, more solitary activities, such as reading, may have more psychological benefits by providing a sense of engagement with life”.

The activity theory has received a great deal of criticism in that it excludes elder’s physical well being, past life style, and personality attributes. It also does not account for the value or the personal meaning that the elder may find in activities. Instead, it most often quantifies the number of roles and the amount of involvement in these roles. In addition, the belief that it is better to be active than inactive is a bias derived from the Western culture (*Mabry, B.J., et. al., 2001, 2009*).

A further component of the activity theory considers the preferences of elders and the extent to which they wish to be active. Some elders may welcome participation in physical activities, and others may be content with listening to quite music and reading.
Continuity Theory

The theory was developed by Robert Atchley in 1989. The premise of the continuity theory is that elders adapt to changes by using strategies to maintain continuity in their lives, both internal and external. Internal continuity refers to the strategy of forming personal links between new experiences and memories of previous ones. External continuity refers to interacting with familiar people and living in familiar environments.

According to this theory, elders should continue to live in their own homes as long as possible. If this is not possible, the family should attempt to locate housing for the elder in the same general area to maintain friendships and familiar surroundings. Some families have noted that once they moved their elder family member from a familiar area, the elder was confused and disoriented. Continuity of activities and environments helps the individual concentrate energies in familiar areas of activity. Practice of activities can often present, offset, or minimize the effects of aging.

Atchley&Barusch (2004), state that by maintaining same life style and residence, an older person is able to meet instrumental activities of daily living needs. Continuity of roles and activities is effective in maintaining the capacity to meet social and environmental needs for interaction and social support. Maintaining independence is important for continued good self esteem.

Continuity does not mean that nothing changes; it means that new life experiences occur, and the elder must adapt to them with familiar and persistent processes and attributes, new information is likely to produce less stress when an elder has memories of similar experiences. This may be one reason new information does not have the same weight for both younger and older generations and may help to explain the reason that some elders seem more conservative than others.
Life Span/Life Course Theory

The life span or life course perspective is a recent approach to human development by theorists interested in the social and behavioral processes of aging.

Life course is defined by Elder, Johnson, and Crosnoe (2004) as “an age-graded sequence of socially defined roles and events that are enacted over historical time and place”. This theory was influences by the age stratification model, which emphasizes the significant variations in elders, depending on the characteristics of their birth cohort. Most elders who experienced the great depression seem to have a different perception of the meaning of “poor”. Many elders reject offers of help because they compare what little they had in the past with what they currently have, which seems sufficient. In addition, some elders who are eligible for social security insurance may not accept it. This viewpoint may vary with subsequent generations of elders.

Elder, Johnson, and Crosnoe (2004), reported considerable consensus on age-related progression and sequence of roles and group membership that individuals are expected to follow as they mature and move through life. The stages of the adult life course as defined by this group are middle age, later maturity and old age. Life course stages are related to specific chronological ages.

Age norms generally define what people within a given life stage are “allowed” to do and be at certain ages. Many norms are established by long traditions, others are often the result of compromise and negotiation, and others are often the result of compromise and negotiation. In addition, a series of assumptions related to the capabilities of the people in a given life stage underlies age norms. Thus, opportunities may be limited for some or lack of education or experience (Atchley, R., Barusch.A.S, 2004).
Elders who achieve greatness beyond expectations for their life stages are perceived as unique or different. Their accomplishments elicit comments about their endeavors being met by a person of “their age”. Many older elders, such as the current group of centenarians, are considered pioneers because few prescribed behaviours or age norms exist for them.

Franklin and Tate (2009), stated, “A large body of research and theoretical literature confirms that physical, cognitive, and social functioning, broadly speaking, are key factors of successful aging and that multiple life style choices, behaviors, and psychosocial factors influence them”.

Erikson’s Theory of Human Development

Erikson’s theory of psychosocial development is one of the best-known theories of personality in Psychology. Much like Sigmund Freud, Erikson believed that personality develops in a series of stages. Unlike Freud’s theory of psychosexual stages, Erikson’s theory describes the impact of social experience across the whole life span.

One of the main elements of Erikson’s psychosocial stage theory is the development of ego identity. Ego identity is the conscious sense of self that we develop through social interaction. According to Erikson, our ego identity is constantly changing due to new experience and information we acquire in our daily interactions with others.

In addition to ego identity, Erikson also believed that a sense of competence also motivates behaviors and actions. Each stage in Erikson’s theory is concerned with becoming competent in an area of life. If the stage is handled well, the person will feel a sense of mastery, which he sometimes referred to as ego strength or ego
quality. If the stage is managed poorly, the person will emerge with a sense of inadequacy.

In each stage, Erikson believed people experience a conflict that serves as a turning point in development. In Erikson’s view, these conflicts are centered on either developing a psychological quality or failing to develop that quality. During these times, the potential for personal growth is high, but so is the potential for failure. The stages of psychosocial development has given below in detail–

**Trust Vs Mistrust**

This stage occurs between birth and one year of age and is the most fundamental stage in life. The development of trust is based on the dependability and quality of the child’s caregivers. If child successfully develops trust, he or she will feel safe and secure in the world. Failure to develop trust will result in fear and a belief that the world is inconsistent and unpredictable.

**Autonomy Vs Shame and Doubt**

It takes place during early childhood and is focused on children developing a greater sense of personal control. Erikson believes that learning to control one’s body functions lead to a feeling of control and a sense of independence. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt.

**Initiative Vs Guilt**

During the pre-school years, children begin to assert their power and control over the world through directing play and other social interaction. Children who are
successful at this stage feel capable and able to lead others. Those who fail to acquire these skills are left with a sense of guilt, self-doubt and lack of initiative.

**Industry Vs Inferiority**

This stage covers the early school years from approximately age 5 to 11. Through social interactions, children begin to develop a sense of pride in their accomplishments and abilities. Children who are encouraged and commended by parents and teachers develop a feeling of competence and belief in their skills. Those who receive little or no encouragement from parents, teachers or peers will doubt their ability to be successful.

**Identity Vs Confusion**

During adolescence, children are exploring their independence and developing a sense of self. Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and a feeling of independence and control. Those who remain unsure of their beliefs and desires will insecure and confused about themselves and the future.

**Intimacy Vs Isolation**

This stage covers the period of early adulthood when people are exploring personal relationships. Those who are successful at this step will develop relationships that are committed and secure, those with a poor sense of self tend to have less committed relationships and are more likely to suffer emotional isolation, loneliness, and depression.
Generativity Vs Stagnation

During adulthood, we continue to build our lives, focusing on our career and family. Those who are successful during this phase will feel that they are contributing to the world by being active in their home and community. Those who fail to attain this skill will feel unproductive and uninvolved in the world.

Integrity Vs Despair

This phase occurs during old age and is focused on reflecting back on life. Those who are unsuccessful during this phase will feel that their life has been wasted and will experience many regrets. The individual will be left with feelings of bitterness and despair. Those who feel proud of their accomplishments will feel a sense of integrity. Successfully completing this phase means looking back with few regrets and a general feeling of satisfaction. These individuals will attain wisdom, even when confronting death.

Peck’s Stages of Psychological Development

Peck (1968) proposed four stages that occur in middle age and three stages in old age. He avoided establishing a chronological period for these stages, suggesting instead that they might occur in different time sequences for different individuals.

The first stage of old age is ego differentiation Vs work-role preoccupation. The effect of retirement, particularly for men in their late sixties, is the issue at this stage, and identity tends to be tied to the individual’s work role. Retiring individuals must reappraise and redefine their worth in a broader range of role activities. Retirement also affects women, regardless of whether their careers were inside or outside of the home. The house-wife’s work role changes drastically when the husband retires and is suddenly always in “her” domain.
Peck states that a critical requisite for successful adaptation to this stage may be the establishment of varied sets of valued activities and self-attributes. These activities and attributes allow the individual to have satisfying and worthwhile alternatives to pursue.

Peck’s second stage of old age is *body transcendence Vs body preoccupation.* Physical decline, along with a marked decline in recuperative (to recover) powers and increased body aches and pains, occurs in many elders in this stage. To those who especially value physical well-being, this may be the most difficult period of adjustment. For some elders, this adjustment means a growing preoccupation with their bodily functions. However, others have learned to define comfort and happiness in human relationships or creative mental activities, for them only complete physical destruction can deter these feelings.

The third stage is *ego transcendence Vs ego preoccupation.* With this stage of old age comes the certain prospect of death; successful adaptation is not compatible with passive resignation or ego denial. It requires deep, active effort on the part of the elder to make life more secure, meaningful, and happy for those who will live after the elder’s death. These elders experience a gratifying absorption in the future and are interested in doing all that is possible to make the world better for familial or cultural descendants.

**Exchange Theory**

Exchange theory developed by *Homans* in the year 1961. He assumes that people attempt to maximize their rewards and minimize their costs in interactions with others. Elders are viewed from the perspective of their ongoing interactions with a number of persons. Continuing interaction is based on what the elder perceives as rewarding or costly.
Elders tend to continue with interactions that are beneficial and withdraw from those perceived as having no benefit. Rewards may be defined as material or non-material terms and could include such components as assistance, money, information, affection, approval, property, skill, respect, compliance, and conformity. Costs are defined as an expenditure of any of these.

**Thriving: A Holistic Life Span Theory**

This theory considers three interacting factors in a continuum: the person, the human environment, and the non-human environment. Critical to thriving are “social connectedness, ability to find meaning in life and to attach to one’s environment, adaptation to physical patterns, and positive cognitive/affective function” (Haight, B.et. al., 2002).

**THE AGEING POPULATION- GLOBAL SCENARIO**

The ageing of the world population is progressive and rapid. It is an unprecedented phenomenon that is affecting nearly all countries of the world. As long as fertility continues to fall or remains low and old-age mortality keeps on declining, the proportion of older people will continue to increase. In the past ten years alone, the number of people aged 60 or over has risen by 178 million – equivalent to nearly the entire population of Pakistan, the sixth most populous country in the world. And in China alone, the estimated number of older population in 2012 is 180 million. *(United Nations Population Fund, 2012)*.

In 2012, people aged 60 or over represent almost 11.5 per cent of our total global population of 7 billion. By 2050, for the first time there will be more older people than children under 15.
There are marked differences between the percentages of older people in different regions. In 2012 6 per cent of the population in Africa was 60 years and over, compared with 10 per cent in Latin America and the Caribbean, 11 per cent in Asia, 15 per cent in Oceania, 19 per cent in Northern America, and 22 per cent in Europe. By 2050, 10 per cent of the population in Africa will be 60 years and over, compared with 24 per cent in Asia, 24 per cent in Oceania, 25 per cent in Latin America and the Caribbean, 27 per cent in Northern America, and 34 per cent in Europe (United Nations Population Fund, 2012).

Increase in Life Expectancy

Figure-1.1
Life Expectancy at Age 60: World by Development

Source: World population ageing, 2013

Life expectancy at birth is projected to continue to rise in the coming decades in all major regions of the world. Life expectancy was 65 years in 1950 in the more developed regions compared to only 42 years in the less developed regions in the same year. By 2010-2015, it is estimated to be 78 years in the more developed regions
and 68 years in the less developed regions. By 2045-2050, life expectancy is projected to reach 83 years in the more developed regions and 75 years in the less developed regions.

**Figure -1.2**

*Life Expectancy at Age80: World by Development*

![Bar chart showing life expectancy at age 80 by development regions for different decades.](image)

**Source:** World population ageing, 2013

In the next 40 years that is between 2010-2015 and 2045-2050 life expectancy at age 60 is projected to increase by two years on average, from 20 years to 22 years for the world as a whole, from 19 years to 21 years in the less developed regions, and from 17 years to 19 years in the least developed countries. During the same period, life expectancy at age 60 in the more developed regions expected to rise from 23 years to 26 years.(Figure-1.1and1.2).

**Proportion of Elders by development regions**

The proportion of the world’s population aged 60 years or over increased from 8 per cent in 1950 to 12 per cent in 2013. It will increase more rapidly in the next four decades to reach 21 per cent in 2050. The stages and speed of ageing are quite
different between the more and less developed regions. Ageing in the more developed regions started many decades ago, but it is just taking off in less developed regions, while it has yet to unfold in the least developed countries.

Figure- 1.3

Proportion of Older People 60 Years or over: World and Development Regions1950- 2050

Source: World population on Ageing, 2013

The proportion of the population aged 60 years or over in the more developed regions was 12 per cent in 1950, rose to 23 per cent in 2013 and is expected to reach 32 per cent in 2050. In the less developed regions, the proportion of older persons increased slowly between 1950 and 2013, from 6 per cent to 9 per cent; however, the increase in the proportion of older persons is expected to accelerate in the coming decades, reaching 19 per cent in 2050. In the least developed countries, the proportion of older persons has remained fairly stable at about 5 per cent for many decades, but this proportion is expected to double by 2050(Figure-1.3).
CHANGING AGE STRUCTURE

The world’s population is changing in both size and age composition. The pyramid for the less developed regions in 2013 shows a transformation from the wide base of a youthful population in 1970, to the more rectangular shape of an older population in 2050.

Figure -1. 4

The age composition of the more developed regions is also in a transitional phase, from the already aged structure of 1970, which shows the demographic scars of the Second World War, to the even more aged structure expected for the year 2050(Figure-1.4).

In the more developed regions, the 2013 pyramid shows a full mid-section, an indication that there is a predominance of young and middle-age adults, together with significant volume at the older ages, an indication of ageing. But this structure is in rather rapid transition to a more aged population in the more developed regions, with more than 30 per cent of older persons by 2050.

**Figure-1.5**

**Population Aged 80 or over: World, 1950-2050**

<table>
<thead>
<tr>
<th>Year</th>
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</table>

*Source*: Population Division, DESA, United Nations

Currently six countries account for 54 per cent of the total number aged 80 years or over. They are China, with the largest number (12 million), United States of America (9 million), India (6 million), Japan (5 million), Germany (3 million) and Russian federation (3 million). In 2050, six countries will have more than 10 million
people age 80 years or over: China (99 million), India (48 million), United States of America (30 million), Japan (17 million), Brazil (10 million) and Indonesia (10 million). Together they were account for 57 percent of all those 80 or over in the world (World population Ageing- 1950-2050) (Figure-1.5).

Currently the great majority of centenarians (78 percent in 2000) live in the more developed regions, and a substantial majority of them (68 percent) are projected to be living in the more developed regions by the year 2050.

Figure-1.6
World Centenarians by Development Regions: 2000-2050

Source: Population Division, DESA, United Nations.

Despite the smaller proportion of centenarians in the less developed regions, a significant increase in the absolute number of persons in this age group is projected to
take place in these regions over the next 50 years, from 40,000 in 2000 to more than 1 million in 2050 (world population ageing 1950-2050) (Figure-1.6).

**Sex Ratio**

The sex ratio among persons ages 60 years or over varies greatly by major areas (figure-). In 2013, the sex ratios were much lower in Europe (72 men per 100 women) and Northern America (82 men per 100 women) than in Oceania and Asia (88 men per 100 women and 91 men per 100 women respectively). These statistics indicate that in the older population, women outnumber men by a wide margin in Europe, while in Asia the female predominance is much smaller. Among the oldest-old, there were twice as many women as there were men in Europe, whereas in Africa and Asia, the ratio was about 1.5 women for every man in that age (Figure-1.7).

**Figure-1.7**

**Sex Ratio for the Population Aged 60 and over and 80 and over: World Major Areas**

Source: World population ageing, 2013
Old age support ratio

**Figure-1.8**
Old-Age Support Ratio by Major Areas: 1950, 2013 and 2050


**Note**: The old-age support ratio is the number of working age persons (aged 15–64 years) per older person (aged 65 years or over).

In the major areas of Europe, Northern America and Oceania, where the population has been ageing for some time, the old-age support ratios are low and will continue to decline in the next four decades, reaching an average value of about 3 producers per older person in 2050. (Figure-1.8). In Europe, the ratio will be as low as 2 in 2050.

**THE AGEING POPULATION- NATIONAL SCENARIO**

Aged, Old, Elderly and Senior Citizen are the synonymous and inter changeable words used in the Indian Context. According to the law, a "senior citizen" means any person being a citizen of India, who has attained the age of sixty years or above. The 2001 census has shown that the elderly population of India accounted for 77 million. While the elderly constituted only 24 million in 1961, it...
increased to 43 million in 1981 and to 57 million in 1991. The proportion of elderly persons on the population of India rose from 5.63 percent in 1961 to 6.58 percent in 1991 and to 7.5 percent in 2001 (IrudayaRajan, et. al., 1999).

The Indian population census reported 99,000 Centenarians in 1961, their number rose to 138,000 in 1991. The growth rate among different cohorts of elderly such as 60 plus, 70 plus and 80 plus during the decade 1991-2001 was much higher than the general population growth rate of 2 percent per annum during the same period. However, the sex ratio among the elderly in India has favoured males against the trend prevalent in other parts of the world (IrudayaRajan, 2006)(Figure-1.9).

**Figure-1.9**

**Sex Ratio of India**

![Sex Ratio of India](image)

*Source: Census Bureau of India, 2011*

In India, the sex ratio of the aged as well as that of the old favours males. Reasons for more males in old age may consists of under-reporting of females, especially widows, age exaggeration, low female life expectancy at birth, and excess female mortality among infants, children and adults (Sudha & Irudaya Rajan, 2003; Mari Bhat, 2002).

According to the 2011 census data released by Registrar General & Census Commissioner of India, the number of elderly people by age 60-99 years was 56.5
millions in 1991; 76.5 in 2001 and it is 103.2 millions in 2011. The census data of 2011 reveals the percentage of elderly (60 years & above) to the total population in major states in India. According to that Kerala had a highest percentage of 12.6, and the Andhra Pradesh stands at a fifth place with a percentage of 9.9 elderly people (Figure-1.10).

![Figure –1.10](percentage-of-elderly-to-total-population-in-india.png)

**Source:** Census of India, August 2013.

**SITUATIONAL ANALYSIS OF THE ELDERLY IN INDIA**

The data on work status of the elderly (*NSSO, 2006*) revealed that 36 per cent are still in the labour force and two-thirds (64 per cent) of them are out of the labour force. Over a quarter of elderly (26.9 percent) are self-employed and the casual laborers among the older population are to the extent of 7.4 per cent. Only 1.5 per cent of them are in regular salaried employment (Figure-1.11).
Overall, their children and grand children support 75 percent of the economically dependent elderly. As 90 per cent of the total workforce in India is employed in the unorganized sector, retirement from gainful employment precludes financial security like pension and other post-retirement benefits. It is estimated that one-third of the elderly population live below the poverty line and another one-third of them are living just above the poverty level. The profile of the National Old Age Pension Scheme (NOAPS) beneficiaries revealed that most of the pensioners were women-widows- not blessed with sons and having a very low economic status.
Percentage of aged persons (60 years and above) for India and bigger States by residence reveals that at the National level, percentage of aged (60+) population is 8.0. In rural areas population in the age group 60+ constitutes 8.1 percent of the total population and variation in aged population ranges from 5.4 percent in Delhi to 12.6 percent in Kerala. The urban proportion of aged population in most of the states is

Source: Sample Registration Survey, 2011
lower than the corresponding rural share except for Assam, Bihar, Delhi, Jammu & Kashmir, Jharkhand, Rajasthan and West Bengal. (Figure-1.11). Composition of 60+ aged female populations is higher in all of the bigger states except Assam, Bihar, Himachal Pradesh, Jammu & Kashmir and Jharkhand. (Sample Registration Survey, 2011) (Figure-1.12).

WELFARE OF THE AGED IN INDIA

The Ministry of Social Justice and Empowerment, as the name suggests, is to ensure equitable treatment to such sections of society that has suffered social inequalities, exploitation, discrimination and injustice. The Social Defense Bureau of the Ministry mainly caters to the requirements of Senior Citizens, besides victims of alcoholism and substance abuse. The programmes and the policies of the Bureau aim at equipping this group to sustain a life of respect and honour and to become contributing citizens. In this process, the Bureau plays the role of a catalyst and has promoted voluntary action. The State governments, autonomous bodies, NGOs and even the corporate world are involved in formulating and implementing the policies. All the programmes are meant to aid, prevent neglect, abuse and exploitation and provide assistance to those deprived and mainstream them.

The Government of India announced the National Policy on Older Persons in 1999. It was a step in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as the International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. ‘The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age’. The Right to Equality is
guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments.

Subsequent international efforts made an impact on the implementation of the National Policy on Older Persons. The Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by the UN General Assembly in 2002, the Proclamation on Ageing and the global targets on ageing for the Year 2001 adopted by the General Assembly in 1992, the Shanghai Plan of Action 2002 and the Macau Outcome document 2007 adopted by UNESCAP form the basis for the global policy guidelines to encourage governments to design and implement their own policies from time to time. The Government of India is a signatory to all these documents, thus, demonstrating its commitment to address the concerns of the elderly.

Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of older persons through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Old Age Homes, Day Care Centres. Medical Vans, Help Lines etc are extended currently.

The Ministry of Social Justice and Empowerment coordinates programmes to be undertaken by other Ministries in their relevant areas of support to older persons. The Ministry of Social Justice and Empowerment piloted landmark legislation the Maintenance and Welfare of Parents and Senior Citizens” Act 2007 which is being promulgated by the States and Union Territories in stages.
CONCESSIONS AND FACILITIES GIVEN TO SENIOR CITIZENS

Ministry of Social Justice and Empowerment

Ministry of Social Justice & Empowerment is the nodal Ministry responsible for welfare of the Senior Citizens. It has announced the National Policy on Older Persons covering all concerns pertaining to the welfare of older persons. The National Policy on Older Persons recognizes a person aged 60 years and above as a senior citizen.

The Ministry is also implementing following schemes for the benefit of Senior Citizens:

- An Integrated Programme for Older Persons (Plan Scheme) - This Scheme has been formulated by revising the earlier scheme of "Assistance to Voluntary Organizations for Programmes relating to the Welfare of the Aged". Under this Scheme, financial assistance up to 90% of the project cost is provided to NGOs for establishing and maintaining Old Age Homes, Day Care Centres, and Mobile Medicare Units and to provide non-institutional services to older persons.

- The Scheme of Assistance to Panchayat Raj Institutions / Voluntary Organizations / Self Help Groups for Construction of Old Age Homes / Multi-Service Centres for older persons (Non Plan Scheme) - Under this Scheme, one time construction grant for Old Age Homes/Multi-Service Centre is provided to non-governmental organizations on the recommendation of the State Governments / UT Administrations.

Ministry of Finance

- Income tax rebate up to an income of Rs. 3 lakh p.a.
- Higher rates of interest on saving schemes of senior citizens.
• A Senior Citizens Savings Scheme offering an interest rate is 9% per annum on the deposits made by the senior citizens in post offices has been introduced by the Government through Post Offices in India doing savings bank work.

Ministry of Road Transport and Highways
• Reservation of two seats for senior citizens in front row of the buses of the State Road Transport Undertakings.
• Some State Governments are giving fare concession to senior citizens in the State Road Transport Undertaking buses and are introducing Bus Models, which are convenient to the elderly.

Ministry of Health and Family Welfare
• Separate queues for older persons in hospitals for registration and clinical examination.

Department of Telecommunications
• Faults/complaints of senior citizens are given priority by registering them under senior citizens category with VIP flag, which is a priority category.
• Senior citizens are allowed to register telephone connection under N-OYT Special Category, which is a priority category.

Ministry of Railways
• Indian Railways provide 30% fare concession in all Mail / Express including Rajdhani / Shatabadi / Jan Shatabadi trains for senior citizens aged 60 years and above.
• Indian Railways also have the facility of separate counters for Senior Citizens for purchase / booking / cancellation of tickets.
• Wheel Chairs for use of older persons are available at all junctions, District Headquarters and other important stations for the convenience of needy persons including the older persons.

• Ramps for wheel chairs movement are available at the entry to important stations.

• Specially designed coaches with provisions of space for wheel chairs, handrail and specially designed toilet for handicapped persons have been introduced.

Ministry of Civil Aviation

• Indian Airlines is providing 50 per cent Senior Citizen Discount on Normal Economy Class fare for all domestic flights to Indian senior citizens who have completed the age of 65 years in the case of male senior citizens and 63 years in the case of female senior citizens subject to certain conditions.

• Air India is offering discount to senior citizens of 60 plus on flights to USA, UK and Europe. Further, Air India has now decided to reduce the age of 60 plus for discount on their domestic routes as well with immediate effect.

• Sahara Airlines is offering 50% discount on basic fare for travel on its domestic flights only to senior citizens who have attained the age of 62 years. Discount is applicable in economy class only.

Ministry of Consumer Affairs, Food and Public Distribution

• Under the Antyodaya Scheme, the Below Poverty Line (BPL) families which also include older persons are provided food grains at the rate of 35 kgs. per family per month. The food grains are issued @ Rs.3/- per kg. for rice and
Rs.2/- per kg. for wheat. The persons aged 60 years above from the BPL category were given priority for identification.

- Under the Annapoorna Scheme being implemented by the States/UT Administration, 10 kgs. of food grains per beneficiary per month are provided free of cost to those senior citizens who remain uncovered under the old age pension scheme.
- Instructions to State Governments for giving priority to the Ration Card holders who are over 60 years of age in Fair Price Shops for issue of rations.

**Miscellaneous**

- Courts in the country accord priority to cases involving older persons and ensures their expeditious disposal.
- Under the Old Age Pension Scheme, monthly pension is given at variable rates to the destitute old by various State Governments/UT Administrations.

**THE AGEING POPULATION- THE STATE SCENARIO**

According to the Census survey of India, the 60 years and above population were categorized into three groups, i.e., 60-69; 70-79; and 80+ years. The 2001 and 2011 Census of 60 years and above population particulars are given in table-1.I.

<table>
<thead>
<tr>
<th>Age groups</th>
<th>2001 -Census</th>
<th>2011 – Census</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>60-69</td>
<td>10,62,894</td>
<td>12,10,175</td>
</tr>
<tr>
<td>70-79</td>
<td>4,55,171</td>
<td>4,71,132</td>
</tr>
<tr>
<td>80+</td>
<td>1,27,959</td>
<td>1,59,107</td>
</tr>
<tr>
<td>Total</td>
<td>16,46,024</td>
<td>18,40,414</td>
</tr>
</tbody>
</table>

**Source:** District wise Age Data C-13, Directorate of Census Operations, Andhra Pradesh
Basing on the above details the decadal variation of 60 years and above population was 15,22,224. According to the 2011 Census, out of the total 60 years and above population, males constitute 46.97 percent and females are 53.03 percent. Majority (65.81%) of the old age people belong to 60-69 years age group and a least percentage (8.3%) are in the age group of 80+ years. The distribution of elderly population in different age groups is almost all equal in both the periods of 2001 and 2011 Census periods. Being the fifth-most populous state in the country, before bifurcation Andhra Pradesh has 82.7 lakh people aged 60 and above. 2011 Census shows that currently the population of 13 districts of Andhra Pradesh of aged 60 and above was 50, 08,662. The population size of the Andhra Pradesh as per 2011 Census was, 84,665,583. Of the total population the 60 years and above population constitute 5.9 percent.

The district wise distribution of elderly population (Figure-1.13), reveals that East Godavari District records a highest percentage (10.45%) and lower percentage (4.88%) of elderly people are in Vizianagaram District.

The figures also show that population of the fairer sex in 100 and above age category is significantly higher than that of men. Researchers say that Andhra Pradesh’s population growth rate, improved life expectancy and a historically large population are reasons behind the higher number of elderly people. Census authorities say a reduction in this ratio signifies a population change favorable to the economy. But most Indian states have witnessed an increase in this ratio due to improved life expectancy and Andhra Pradesh’s ratio is higher than the national average.
Andhra Pradesh has the highest number of centenarians in South India, reveals a recently released census data. There are 27,985 people aged 100 and above in Andhra Pradesh and in comparison Tamil Nadu has 12,654, Kerala 5,431 and Karnataka 22,757 centenarians. The age-wise population divide also shows that Andhra Pradesh registered a 43 percent growth over 2001 in the 60 plus population.

**PROBLEMS OF THE AGED**

The problems of the ages can be categorised as follows:

(i) Economic problems include such problems as loss of employment, income deficiency and economic insecurity.

(ii) Physical and psychological problems, including health and medical problems, nutritional deficiency, and the problem of adequate housing etc.
(iii) Psycho-social problem which cover problems related with their psychological and social maladjustment as well as the problem of elder abuse etc.

EFFORTS TO ADDRESS THE PROBLEMS OF THE AGED

International Efforts

The question of ageing was first debated at the United Nations in 1948 at the initiative of Argentina. The issue was again raised by Malta in 1969. In 1971 the General Assembly asked the Secretary-General to prepare a comprehensive report on the elderly and to suggest guideline for the national and international action. In 1978, Assembly decided to hold a World Conference on the Ageing.

Accordingly, the World Assembly on Ageing was held in Vienna from July 26 to August 6, 1982 where in an International Plan of Action on Ageing was adopted. The overall goal of the plan was to strengthen the ability of individual countries to deal effectively with the ageing in their population, keeping in mind the special concerns and needs of the elderly. The plan attempted to promote understanding of the social, economic and cultural implications of ageing and of related humanitarian and developed issues. The International Plan of Action on Ageing was adopted by the General Assembly in 1982 and the Assembly in subsequent years called on governments to continue to implement its principles and recommendations.

(i) In 1992, the U.N. General Assembly adopted the proclamation to observe the year 1999 as the “International Year of the Older Person”.

(ii) The U.N. General Assembly has declared “1st October” as the International Day for the Elderly, later rechristened as the “International Day of the Older Persons”.

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The U.N. General Assembly on December 16, 1991 adopted 18 principles which are organized into 5 clusters, namely- Independence, Participation, Care, Self-fulfillment, and Dignity of the older persons.

These principles provide a broad framework for action on ageing. Some of the principles are as follows:

(i) Older persons should have the opportunity to work and determine when to leave the work force.

(ii) Older persons should remain integrated in society and participate actively in the formulation of policies which affect their well-being.

(iii) Older persons should have access to health care to help them maintain the optimum level of physical, mental and emotional well-being.

(iv) Older persons should be able to pursue opportunities for the full development of their potential and have access to educational, cultural, spiritual and recreational resources of society.

(v) Older persons should be able to live in dignity and security and should be free from exploitation and mental and physical abuse.

National Efforts

I. Constitutional Protection

Art.41: Right to work, to education and to public assistance in certain cases: The State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.
Well-being of older persons has been mandated in the Constitution of India. Directive principle of State Policy, has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right of public assistance in cases of old age. There are other provisions, too, which direct the State to improve the quality of life of its citizens. Right to equality has been guaranteed by the Constitution as a Fundamental Right. These provisions apply equally to older persons. Social security has been made the concurrent responsibility of the Central and State Governments.

II. Legal Protections

Under personal Laws: The moral duty to maintain parents is recognized by all people. However, so far as law is concerned, the position and extent of such liability varies from community to community.

(i) Hindus Laws

The statutory provision for maintenance of parents under Hindu personal law is contained in Sec 20 of the Hindu Adoption and Maintenance Act, 1956. This imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only, and daughters also have an equal duty towards parents. It is important to note that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act.

(ii) Muslim Law

Both sons and daughters have a duty to maintain their parents under the Muslim law. The obligation, however, is dependent on their having the means to do so.
(iii). Christian and Parsi Law

The Christians and Parsis have no personal laws for maintenance for the parents. Parents who wish to seek maintenance have to apply under provisions of the Criminal Procedure Code.

III. The Code of Criminal Procedure

The provision, however, was introduced for the first time in Sec. 125 of the Code of Criminal Procedure in 1973. It is also essential that the parent establishes that the other party has sufficient means and has neglected or refused to maintain his, i.e., the parent, who is unable to maintain himself. It is important to note that Cr.P.C 1973 is a secular law and governs persons belonging to all religions and communities. Daughters, including married daughters, also have a duty to maintain their parents.

IV. Governmental Protections

1. The Government of India approved the *National Policy for Older Persons* on January 13, 1999 in order to accelerate welfare measures and empowering the elderly in ways beneficial for them. This policy included the following major steps:

(i) Setting up of a pension fund for ensuring security for those persons who have been serving in the unorganized sector,

(ii) Construction of old age homes and day care centers for every 3-4 districts,

(iii) Establishment of resource centers and re-employment bureaus for people above 60 years,

(iv) Concessional rail/ air fares for travel within and between cities, i.e., 30% discount in train and 50% in Indian Airlines.
(v) Enacting legislation for ensuring compulsory geriatric care in all the public hospitals.

2. The Ministry of Justice and Empowerment has announced regarding the setting up of a National Council for Older Person, called Age well Foundation. It will seek opinion of aged on measures to make life easier for them.

3. Attempts to sensitize school children to live and work with the elderly. Setting up of a round the clock help line and discouraging social ostracism of the older persons are being taken up.

4. The government policy encourages a prompt settlement of pension, provident fund (PF), gratuity, etc. in order to save the superannuated persons from any hardships. It also encourages to make the taxation policies elder sensitive.

5. The policy also accords high priority to their health care needs.

6. According to Sec.88-B, 88-D and 88-DDB of Income Tax Act there are discount in tax for the elderly persons.

7. Life Insurance Corporation of India (LIC) has also been providing several scheme for the benefit of aged persons, i.e., JeevanDhara Yojana, JeevanAkshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana.

8. Former Prime Minister A.B.Vajpai was also launch “Annapurna Yojana” for the benefit of aged persons. Under this Yojana unattended aged persons are being given 10kg food for every month.

9. It is proposed to allot 10 percent of the houses constructed under government schemes for the urban and rural lower income segments to the older persons on easy loan.
Despite all these attempts, there is need to impress upon the elderly about the need to adjust to the changing circumstances in life and try to live harmoniously with the younger generation as far as possible.

**STATEMENT OF THE PROBLEM**

The changing demographic profile has thrown many new challenges in the social, economic and political domains. The rapid socio-economic transformation has affected various aspects of Society. Industrialisation, urbanisation, globalization and migration of population have brought the concept of nuclear family, as a result of which a section of the family, primarily the elders, are confronting the problems of financial and physical support. There is an emerging need to pay greater attention to ageing-related issues and to promote holistic policies and programmes for dealing with ageing society.

Aging population in substantial number is the stark reality, at least in Andhra Pradesh. It is an emerging social issue that has to be comprehended and probed in complete detail. The lifestyle, problems, perceptions of the aged population is peculiar to them. Whether the old people live with their family or otherwise have a definite bearing on the quality of life of the elderly.

The literature on ageing population, though is extensive on varied issues pertaining to gerontology, is silent in the context of a comparative study related to home and home for aged in a local setting. In the present study an attempt is made to analyze every spear of the life of elderly living at old age homes and as well as living with their respective families. The study is an effort to elucidate the socio-economic and demographic profile of the respondents; general conditions and morbidity status of the respondents; assessment of quality of life of the respondents; and the life-
satisfaction and social support given by their counterparts to the respondents under study. The prologue and other information in this proposal being the backdrop for this project the specific objectives of the study are as follows:

**OBJECTIVES OF THE STUDY**

The overall aim of the present research topic is to make a comparative study of elderly people living with families and in old age homes. The specific objectives for the present study are:

- To trace the demographic profile of the ageing population across the globe; with special reference to India and Andhra Pradesh;
- To describe the socio-economic and demographic profile of the elderly people living in institutional and non-institutional setting;
- To measure and compare life satisfaction among the elderly people living in institutional and non-institutional setting by use of appropriate scale; and
- To compare and analyze the quality of life of the elderly people living in institutional and non-institutional setting by using a qualitative scale; and
- To assess the general health conditions and morbidity status of the elderly people living in institutional and non-institutional setting.

**METHODOLOGY**

**The Locale and Universe**

The study was conducted in Vijayawada City, Andhra Pradesh. The Universe of the study includes all the elderly people living at old age homes and as well as those living with their respective families. All the elderly male and female who are 60 and above years living at old age homes of Vijayawada City, and the elderly male and
female living with their respective families of Vijayawada City comprises the universe of the study.

Hypothesis for the study

The proposed study is explorative in nature and as such the researcher does not wish to propose any hypothesis. The researcher wishes to go to field with an open mind and not with any predetermined postulation.

Sample for the Study

The proposed study is a Citywide Study. The sample consisting of 300 elderly people were selected in multi stage random sampling. For the selection of the elderly people residing at home; the city divisions, the streets, and houses with old people were considered. For selection of elderly people residing in Aged Homes; all the Old Age Homes in the city, profit-non-profit Old Age Homes and the elderly residents therein were considered.

Data Collected

The proposed study is based on primary as well as secondary data. Primary data was collected from select respondents. A pretested standardized schedule was the tool of data collection. The schedule will be designed to suit analysis by SPSS. A five-point scale formulated by Ed. Diener (2006) was suitably adopted to assess the life-satisfaction among the respondents and the WHOQOL-BREF was used to assess the quality of life of the respondents.

Data Analysis

The collected data was analyzed by use of Statistical Package for Social
Sciences. Different dependent and independent variables for the study were considered for analysis. Suitable statistical and non-statistical tools were used for arriving at meaningful generalizations and conclusions.

**Significance of the study**

Andhra Pradesh has sizable ageing population. As the field-based studies on this topic are scanty, sketchy and in bits and pieces, the proposed study is an attempt to fill the research gap and enrich the topic related knowledge. The proposed research is going to be a scientific and in depth exercise of comprehending and analyzing a relatively neglected area of research. The proposed research is applied in nature and the outcome of the research will definitely be of practical use for evolving interventions, support strategies and policies both at micro and macro level. The expected outcome will help policy makers, Government Organizations, Non Government Organizations; Community based Organizations and other stakeholders.

**Scheme of Presentation**

The research study is presented in eight chapters.

The **first** chapter provides the conceptual frame of reference of the study. This chapter provides an introduction, a brief picture of global scenario of elderly people, Indian context and about Andhra Pradesh. The chapter also provides the Theoretical perspective of Ageing, Statement of the problem and Methodology adopted by the researcher.

The **second** chapter elaborately deals with the review of literature that concerns different dimensions of aged population in a chronological and issue wise narration.

The **third** chapter presents the setting of study area. Area profile of
Vijayawada City, its cultural importance, economy, industrialization, agriculture—important crops, important tourist places, and educational centers. The chapter includes the profile and setting of old age homes under study.

The fourth chapter portrays the socio-economic and demographic profile of the institutionalized and non-institutionalized elderly people under study.

The fifth chapter attempts to document the analysis of life-satisfaction among the institutionalized and non-institutionalized elderly people.

The sixth chapter provides an understanding of different levels of quality of life among the elderly living at institutional and non-institutional settings.

The seventh chapter deals with the morbidity status and general health conditions of the elderly living at institutional and non-institutional settings.

The eighth chapter is a concluding chapter and provides a summary of the findings and suggestions for Policy Interventions of the study.

Over the past century, life expectancy has increased dramatically and the world will soon have more old people than children. This social transformation represents both challenges and opportunities. The theme of World Health Day 2012, “Ageing and Health” is the reflection of population ageing across the globe. The traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people. However, with rapid changes in society and the emergence of nuclear families in India in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. Countries and health care systems will need to find innovative and sustainable ways to cope with the demographic shift. The United Nations World Assembly on Ageing, 1982, recommends “international exchange and research cooperation as well as data collection should be promoted in all the fields
having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross cultural studies in ageing.” The next chapter in the thesis “Review of Literature” makes an attempt to examine the status of various issues pertaining to ageing.