Chapter II

Literature Review
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REVIEW OF THE LITERATURE

II.1. Introduction

The study on ageing have been sporadic, though has gained momentum in the recent past among the demographers, sociologists, psychologists, gerontologist, anthropologists, statisticians etc. The alarming situation is that, the world’s elderly population is increasing monthly by about one million persons (Troisi, 2007). This has alarmed the attention of the scholars and hence several studies in this field have begun. The study of ageing in relation to the quality of life is still an area which has been seldom touched upon. In India, the concern has its recent origin and therefore the emergence of the literatures on ageing is also a recent phenomenon. Now, each government and non-government organizations have taken research and development on ageing in India and Indian states.

II.2. Concept of Quality of Life

Several attempts have been made to define the term quality of life and to identify its indicators. Scholars of different field have tried to define in the perspective of their own discipline. Ben Chieh Liu (1974) admits that the definition on the quality of life can be as heterogeneous as the people are. An expert committee meeting on Quality of life research was held at UNESCO headquarter in Paris (6-9 December, 1976). Meeting stressed that Quality of Life is a concept, which most people seem to recognize, but it is very difficult to define in a manner in which everybody conveys. Lowdon Wingo (1973) has aptly said that “Quality of Life is a term in the public domain, anyone has a right to define it in his/her own way – it is, fundamentally a normative construct like welfare and happiness and presents problem of clarity of definitions.” UNESCO (1983) has defined the quality of life indicating that it is a complex psychic state, composed of the intricate interplay of conscious and sub-conscious as well as emotional and cognitive elements. Similarly, Horst Herlmann (1987) has also agreed that the quality of life depends on personal happiness which might be considered as a state of mind totally independent from material living condition and the social environment that one lives in. Quality of life
or a sense of well-being is a complex psychic state composed of the intricate of conscious and subconscious as well as emotional and cognitive elements.

But not all are agree with this psychological view of the quality of life. Many of the definition have linked the quality of life with the material aspects and its availability. For instance, Paul Del Harwood (1976) defines the quality of life as \textit{"totality of those goods, services, situations and state of affairs which are delineated as constituting the basic needs of human life."} Quality of life sometimes is a function of living condition in the broadest sense: income, housing, work and occupational life, leisure, interpersonal relation, social and political participation etc. (Torpors Mourn; 1983). Dalkey Norman (1973) sees the quality of life in a bit different way adding it with the environmental factors. He says that \textit{"the more usual meaning of term Quality of life is related to the environment and the external circumstances of an individual's life; pollution, quality of housing, aesthetic surroundings, traffic congestion, incidence of crime etc."}

The extent of a person's Quality of Life in the areas of \textit{Being}, \textit{Belonging}, and \textit{Becoming} and their sub-domains is determined by two factors: importance and enjoyment. Thus, Quality of Life consists of the relative importance or meaning attached to each particular dimension and the extent of the person's enjoyment with respect to each dimension. In this way quality of life is adapted to the lives of all humans, at any time, and from their individual perspectives. This sensitivity to the specific life situations of individual people also presents a limitation, namely that people may be highly satisfied with the important possibilities of their lives within an environment that is of poor quality. This may result from people being unaware that better quality is possible, or from people being consciously aware that they have to suppress the importance of some possibilities because of their present circumstances. For example, people living in institutions may consider their quality of life to be good because they have had no opportunities to know other possibilities and have no power to effect change in any case. Thus quality of life needs to include the quality of the environment in which the person lives. Thus, a person's perceptions concerning his/her decision making regarding the important possibilities of his/her life and the extent of his/her potential opportunities in
the areas encompassed by Being, Belonging, and Becoming are indicated by the Control and Opportunities scores (QOL Research Unit, Toronto).  

II.3. Indicators of Quality of Life  

The indicators of the Quality of life are the most important aspect as it is this attribute, which varies according to the scholars and their requirements. Several studies have used different types of indicators to get the quality of life. These are individual status, individual quality, living conditions, agriculture, technology, economic status, education, health and welfare of state and local governments. Drenowski and Scott (1966) developed the 'level of living index', which was defined as the level of satisfaction of the needs of the population as measured by the flow of goods and services enjoyed in a unit time. They use a linear scale system reflecting set levels of basic needs satisfaction. Their indicators were nutrition, clothing, shelter, health, education, leisure, security, social environment and physical environment. They tried both equal weights and a system of sliding weights under which deviation from the normal were given more weight than indices close to the normal. McGranahan (1972) examined 73 indicators, which covered economic and social characteristics and found that there was fairly high inter-correlation between these indicators. Through a process of elimination, he constructed a development index based on 18 core indicators, which included 9 social and 9 economic indicators.

Morris D. Morris (1982) calculated Physical Quality of Life Index (PQLI) using three simple indicators: 1) life expectancy at age one, 2) Infant Mortality Rate and 3) Literacy. For each indicator the performance of each country is placed on the scale of 0-100, where, 0 represents absolutely defined worst performance and 100 represents absolutely defined best performance. Then a composite index is calculated by averaging the three indicators giving equal weights to each of them. The resulting PQLI is thus also scaled between 0-100. Various economic theories and development strategies have at various times expressed six different types of indicators of Quality of life: 1) Per Capita Income, 2) Growth of Per Capita Income, 3) Quality of life Index, 4) basic needs satisfaction, 5) levels of living and 6) Maslowian theory, the hierarchy of needs.

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1 Quality of Life Research Unit, was developed at the Centre for Health Promotion, University of Toronto.
Johnston (1988) has tried for a comprehensive Quality of life index with the set of indicators which are: health, public safety, Education, employment, earnings and income, poverty, housing, family stability and equality.

It is to be noted that most of these studies are in developed countries. The indicators used in these studies and the methodology adopted do not match with the prevailing social system in developing countries like India. Hence, it is felt that a new list of indicators should be explored to study the quality of life at micro level. In accordance with this B. N. Ganguly and Gupta (1976) used the indicators such as nutrition, housing, medical care, education, clothing, leisure, security and environment. UN (1977) has identified the indicators such as food and nutrition, education using literacy and skills, condition of work, employment situation, aggregate consumption and savings, transportation, housing including household facilities, clothing, recreation and entertainment, social security and human freedom.

II.4. Concept of Ageing

The concept of ageing has different connotation for the scholars of different disciplines. For demographers, it is the outcome of the declining birth rate and death rate and rise in the life expectancy of life at birth. Added to this is the migration factor, which also has its role in increasing the population and decreasing the average age of population. For gerontologists, it is a biological process, which is inevitable, irreversible, always progressive and always associated with decline of physical and mental functions (Bagchi, K., 2000). Similarly, sociologists, psychologists, anthropologists take their own view of defining ageing population. The concept, hence, being multifaceted and multidisciplinary, social and behavioral scientific research is imperative for development of comprehensive knowledge about ageing.

The two concepts of ageing and old age are closely related. The old age is the effect, being the result of ageing which is a process of growing old. While the old age is a static motion, ageing is dynamic (Padma, G.Rama, 1994). The measure of old age differs from country to country. In India, it is assumed that persons aged sixty and above are elderly. This benchmark varies from developing to developed countries according to their life expectancy. In the industrialized countries, old age is often determined on the criteria
of retirement from the labour market. United Nations calculates the elderly from age sixty five onwards.

II.5. Theoretical Framework

For understanding the structure and processes of any phenomena, the conceptual framework is of prime importance. There have been, but very few attempts to develop longevity oriented theory. Demographically, the ageing of any region is the processes of combined working of birth rate, death rate and migration.

On the basis of the three basic principles concerning longevity namely, evolutionary theory of ageing which serves as the basis by which adult longevity is initially extended, which then sets the stage for intergenerational transfer and division of labour; a general model of longevity extension has been described by James R. Carey and Debra, S. J., (2001). All the three above factors serve as the foundation for demographic shifts, including mortality reduction in the infants, reduction in number of births, improvement in parental health and increase in offspring quality. All of these factors, both contribute to and interact with longevity.

On the issue of how ageing society should react to ageing process, Maria J. Valente Rosa (1996) describes the concepts of ageing as a natural development which does not necessarily mean that societies where it happens are condemned. Similarly, Ann Robertson (1997) attempts to go beyond the narrow confines of apocalyptic demographic argument that an increasing dependent older population represents fiscal and social catastrophe. His paper argues that the dichotomy between dependence and independence results from the depoliticisation of need, in part the legacy of a radical individualism combined with postmodern therapeutic ethics.

In a study focusing on the state of Kerala, S. Irudaya Rajan has listed the factors that contribute to ageing. These factors are trends in mortality and fertility, infant mortality rates, age specific mortality rates, sex differentials in mortality, life expectancy, age-specific and total fertility rate etc. Similarly, Eric Le Burg (1998), in his study has examined various factors that affect human ageing. Kenneth G. Manton (1999) has studied the dynamic paradigms for human mortality and ageing and has stressed on the use of and development of multivariate stochastic process models. He further examines
the theoretical basis of such models and the biological rationale of their parametric structure. The study of ageing requires taking into account different disciplines, focus and theoretical issues. From the theoretical review emerge some hypothetical issues. It is a dynamic process. Therefore, it is also necessary to study family interrelation has been emphasized.

II.6. Ageing Index and Projections

Few of the scholars have contributed to the work on the methodological development for measuring human ageing. This is an important aspect, as it is concerned with the actual measurement of ageing. Alka Basu and Kaushik Basu (1985) have reviewed some selected concepts and measurements concerning demographic ageing. Illustrations of the measures suggested are presented using data for India and Japan for the period of 1980-2025. Later on, this model was evaluated by P. M. Kulkarni (1988). He suggested some modifications by illustrating the data for Japan and India.

Satya R. Chakravorty and Sunita Chakravorty (1993) have also attempted at the preparations of an index of ageing. They explain that construction of an ageing index requires the undertaking of two distinct exercises:

1. the identification of the set of the older persons in the population; and

2. aggregation of the information available on the ages of the old persons into an indicator that quantifies the extent of oldness.

They also propose a new general index which satisfies all properties along with continuity and monotonocity. They presented a numerical illustration of the general index using age data of Indian population for the year 1981. Calculating the age indices for eight countries, C.Y. Cyrus Chu (1997) points out that when the fertility or mortality rate declines, the age redistribution often manifests a dynamic stochastic-dominance relationship.

On the aspects of human ageing projections, many scholars have attempted to give their methods for ageing population projections. Talwar (1987), for instance, had projected that by the year 2000, India will have the second largest elderly population in the world after China. The growth rate, sex ratio, marital status, labours and literacy
status are predicted to result in a higher dependency ratio by the year 2001. He cautions that socio-economic aspects of this will affect the government policies and also the family unit, which has traditionally provided care to the elderly. The Center for Development Studies of Trivandrum has prepared population projection for the period of 1986-2026 (Bhatt and Rajan; 1988), using which S. Irudaya Rajan (1989), in one of his paper on population ageing on Kerala, has noted that in the course of forty years, the elderly population of Kerala would have increased by four times, which indicated the magnitude of the challenge that the planners and policy makers have to take upon. In a comparative study between China and India, Arjun Adlakha and Judith Banister (1995), concludes that both the countries have young population but China will precede India in the upper part of the population structure during the twenty first century. In another projection, Peter G. Peterson (1999) points out that by 2030s over half of the population of today’s developed and about two-third of their voters will be near or beyond today’s eligibility age for publicly financed retirement. The case is made that the global ageing will become transcendental political and economic issue of 21st century. He, therefore, raises serious questions that if half of the world population will become aged, who will be doing the work, paying and saving for the future and raising the next generation.

II.7. Demographic Aspects

Demographic aspects of Quality of life of the elderly population generally include, the levels of fertility and mortality, life expectancy at birth and at other ages, sex-ratio, stages of demographic transition etc. Demographers assume the ageing to be interplay of all these factors. Sadasivan P. Nair (1987) has attempted to gauge the effect of constantly declining fertility on population ageing in India through the application of an analytical model proposed by Ansley Coale (1972), which employs stable population theory. He assumed a linearly constant decline of fertility in India to obtain NRR=1, by the year 2001. The projected age distribution for the year 2001 shows an increase since 1971 in proportion of males and females of age 65 and above, as well as, an increase in their median age. S. Irudaya Rajan (1989) has examined the different aspects of ageing population of Kerala and has outlined the implications for policy making. In a study commissioned by the United Nations Population division on demographic ageing in
developing countries, L. Gulati (1992) has studied the Indian state of Kerala and illuminated the demographic processes that brought about changes in the age structure of population. Her study also concerns family care systems.

S.P. Sharma and Peter Xenos (1992) have prepared a report on ageing based on the 1991 Census returns of India. They in detail have examined the different aspects of quality of life of the aged population. Emil Valkovics (1996), using data for the Hungarian male population during 1990s worked out the role of demographic dependency ratios. His paper presents, evaluates and compares four recently elaborated quantitative procedures for estimating the immediate determinants of changing mean age of population studied. In another study, Vinod Kumar (1997) discusses ageing trends in India, with a focus on ways of dealing with the resulting dependency burden.

Mortality is also a crucial factor affecting ageing on which some literatures have surfaced. In an article pertaining to the trajectory of the mortality at advanced ages, James W. Vaupel (1997) found that mortality decelerates at older ages. For some species such as med flies' death rate reaches a plateau and then fall dramatically. Why this decelerates is still a puzzle on which many careful studies have been conducted, when fertility or mortality rates declines, the age distribution often manifests a dynamic stochastic-dominance relationship (C. Y. Cyrus Chu, 1997). Sanjay Kumar and A. G. Khan (1997) have examined the age pattern of deaths at older ages in Maharashtra and also examined the major causes of death together with the prevalence of chronic diseases among the older persons. Their major finding was that deaths due to anaemia, heart attack and congestive and other heart diseases were more concentrated in rural areas, where as in urban areas the incidence of the heart disease was highest followed by neoplasm. More aged female die out of the senility where as males died more due to medical causes. General demographic studies of ageing population were undertaken by many scholars by considering different region and time (Nizamuddin Mohammed, 1999, Barry Mirkin and Mary B. Weinberger, 1999 and Kevin Kinsella, 2001). The decline in old age mortality among females was faster than that among the old age males. The rate of decline in the old age mortality of old-olds was higher than the young-olds (P. Ramachandran, K. Rajashekhar and V.S. Purushottaman).
II.8. Socio-Economic Aspects

For providing quality of life to the elderly population, society owes larger responsibility. There are number of social issues pertaining to quality of life of the aged people, e.g., family structure, gender issues particularly widowhood among women, retirement etc. Numbers of papers have come up on the implications of changing family structure on ageing population. For instance, Karen Oppenheim Mason (1992) has discussed the likely impacts of urbanization, industrialization and migration on family structures and care of the elderly. It was concluded that the future changes in Asian countries and areas seem likely to erode traditional family based systems of care for the elderly, even if the overall welfare of the elderly improves because of higher incomes. Problems faced by elderly women are likely to be especially acute. In another study of Wuhan (China), Jersey Liang, Shengzu Gu and Neal Krause (1992) found that the elderly concerned were actively engaged in exchanges of social support with their families and kin. They not only receive assistance but also provide a substantial amount of help to others. Lita J. Domingo and John B. Casterline (1992) found that only small fractions of the Filipino elderly are isolated from close kin. In many cases, the flow of assistance is from the elderly parents to their children. In yet another study on Korean Republic Ik Ki Kim and Ehn Hyun Choe (1992) found that in Korea, co-residence with adult children is the most important pattern of support for the elderly. But, the elderly also contribute support in the form of the financial and material assistance as well as services such as care of grand children. Similarly, in Thailand also it has been found that elderly people co-exist with their adult child (John Knodel et.al. 1992). Thus the studies on East and Southeast Asian countries highlight that majority of the elderly live in households with their children. The elderly also contribute significantly to household activities. The Indian studies on changing kinship and family patterns, reveals that the family and the kinship bonds that provided aged social security system in the past has weakened lately in India (T.M. Dak, 1997). The women suffer more on account of these factors. Yogendra Singh (1994) has also agreed that the glamour of city life and temptation to migrate to urban occupation is causing disruption in the age-old pattern of family relationship between the elderly and the young. Savita Vermani (1997) in the case study of Hisar city of Haryana revealed that the elderly people look after the children of the working mother in spite of
their ill health. Working women perceive the elderly as an attendant of their children. The old persons, who need care, have become caregivers. A.B. Bose (1986) also refers to the changing status of the old people in society and within the family structures. Barry Mirkin and Mary B. Weinberger (1999), while discussing the ageing in a United Nations project have devoted the third part of the paper completely on social aspects. These include family structure where the unitary family system has been exposed as an obstacle in the support of the ageing population. A.M. Shah (1999) recommends that though household organization in India is undergoing stress and strains, the future well being of the multitude of the elderly lies in their remaining in the joint household. For this, a process of adjustment between the older and the younger generation needs to be encouraged so that they arrive at the new understanding of their mutual needs.

Gender is a part of the broader socio-economic context. The impact of gender differences and inequalities in education and employment opportunities increases through every stage of an individual life hitting hardest in old age. As a result, older women are more likely than older men to be poor. “Women comprise the majority of the older persons in all but a few countries and are more likely to face discrimination” (Kofi Annan, 1999). Adjusting to widowhood can be difficult in all societies but more so in the developing countries, particularly in Africa and Asia where women’s inheritance rights are tenuous in many countries. Widows also suffer a loss of status, living them vulnerable to social isolation and depression along with discrimination and even physical violence. UNFPA comments in its ‘State of the World Population, 1998’ widowhood is more than the loss of husband – it may mean loss of a separate identity.

About 10 percent of women in India are widows, compared to only 3 percent of men. According to 1991 census, 54 percent of the women aged sixty and above are widows, where as this is only 12 percent for the people in the group of age 35-39. Remarriage is exception, rather than a rule; only about 10 percent of widows marry again. Widowers, on the other hand don’t suffer the social stigma, restrictions and taboos associated with widows. In this overall background, many scholars have inked their concerns. Leela Gulati (1992), have made a comparative analysis of ageing in India as a whole and in Kerala. She deals her with the implications of the evolving pattern of ageing with regard to the incidence of widowhood phenomena. In another study commissioned
by UN population division, the same author has done the study on Kerala and provided a better understanding of the social and economic implications of such change. Her study also concerns family care, pension and health-care for elderly. In another study jointly done by Leela Gulati and S. Irudaya Rajan (1999) the data on ageing, gender differentials in ageing and widowhood in the state of Kerala have been analyzed. They focused mainly two dimensions: the overwhelming presence of women at the older ages, and the incidence of widowhood, which will have to be faced.

Indranil Chakravorty et.al., (1997) have made a study on aged widow in Calcutta Municipal Corporation to analyze their quality of life. The study concludes that widowhood caused significant dents on the physical and mental well-being of the aged women. The important outcome of the study was that the resident widows by and large follow shastriya dos and don’ts. Authors also reviewed the opinion on the issues of remarriage and finally recommend a set of programme to boost the quality of life of widows in the society.

Retirement is yet another social issue, which has an impact on the quality of life of the elderly population. Retirement brings far reaching changes in a person’s social role as a functioning member of the society and as such carries with it consequential implications of change of status. Orbach (1973) and Bhatia (1983) have made a study on the retired employees of an area of Udaipur and conclude that as a social and economic event most people face retirement without any planning and preparation. The retirees are not very happy about the age of retirement as most of them want to continue in employment, if it is possible. The retirees have stated that income is the greatest deprivation after retirement. Desai and Naik have studied the problems of the retired people in Greater Bombay in a study sponsored by Planning Commission of Government of India. The authors came to the conclusion that their families protect a majority of the retired persons. Renu Malhotra and N. K. Chadha (1997) have attempted to determine the physical activities of the elderly after retirement. The result of their study indicated that non-pensioners have longer history of their ailments. Also, widowers reported difficulties in daily activities. After retirement, an elderly person spends time in his family and with friends. But, health problems may make adjustment to retirement difficult due to physical and mental limitations.
The economic aspects of quality of life are very significant. This aspect is basically related with the implications of ageing. Owing to this, the burden falls on the working groups, society and government. A lot of infrastructural facilities are required to be developed for the quality of life of the old people, which will have its economic implications. Many aged have been found economically active. Leela Gulati (1992) in her study has dealt with the economic implications of the change in the age structure. Peter Liyod Sherlock and Paul Johnson (1996) in a workshop in London School of Economics made a global comparative study on ageing. It identifies the similarities and differences between the countries. These differences prelude the implementation of a single policy formula to meet the economic needs of the aged. Their book particularly paid attention on the roles allotted to public, private and informal sectors in elderly welfare provision. James Estelle (1997) has examined the empirical evidence about pension reforms and its impact of growth. Barry Mirkin and Mary B. Weinberger (1999) while discussing the ageing in three parts have devoted the second parts completely to the economic aspects. They have studied the economic growth, saving and investment, labour markets, pension schemes, health and long term care. Svaran Singh and Prabir Chaudhary (1997) have made a study on the comparison between age structure and dependency ratio of the three tribal populations namely Bathundi, Sounti and Halams from the eastern India. Study found close resemblance in the age structure and dependency ration of their younger and older populations.

Several studies have attempted the socio-economic implications of the ageing population. H. B. Chanana and P. P. Talwar (1986) have attempted to determine the magnitude of the problems of ageing in India and its socio-economic and health implications. K. B. Pathak et.al., (1994) examined the implications of demographic transition on kinship relationship in India during 1971-1988. Improved mortality condition has increased the kins in ancestor generation and the support ratio obviously shows the ageing of population. James W. Vaupel (1998) feels that the rapidly growing population of elderly is putting an unprecedented strain on societies, because new systems of financial support, social support and health care have to be developed and implemented. William A. Jackson (1998) optimistically looks at this issue and its impact on economy. He maintains that conventional economic theory tends to overstate the
effects of population ageing on the economy. James H. Schlutz (1999) suggests that, one need to look at more than promoting saving, which currently dominates most policy discussion. Nizamuddin Mohammed (1999) in an overview on population ageing addresses the major issues produced by ageing process. These issues range from the personal needs and preferences of older persons, themselves to the support of caregivers and agencies and to private and public organizations and findings of the welfare of the persons.

II.9. Health Related Quality of Life of the Elderly

Health in old age is crucial for quality of life, social and economic well being. The health of older persons may be particularly influenced by poverty, lack of education, poor nutrition and increased risk of accidents. Primary health care services are deficient and inefficient and not readily accessible and even when they are accessible; the staff often lacks training in the care of the older people. Optimization of the well being of all elderly people and the achievement of healthy ageing require a life course perspective.

Daniell Callahan et.al., (1995) have examined some problems related to the provision of adequate health care for the growing population of elderly in the developed world. They have focused on the medicine and health care for the elderly, resource allocation and social priorities and families, societies, women and long term care. M.G. Hussain (1997) has also included physiological and psychological aspects of ageing. Yadava et.al., (1996) have made a sample study of four villages of Varanasi. They studied health status of elderly population and found that the health hazards of the aged people are found to depend on the occupation they had during their adulthood and illiteracy and poverty have their own impact on health during their old age. They also found the need for greater requirement of financial support from the government, as the economic condition of the sample was low. A. Nirmala and P. Chengal Reddy (1996) have made an attempt to know the health status, specially the blood pressure and anthropometry of the aged in three different districts of Andhra Pradesh. The study shows that the effect of ageing on blood pressure is due to the changing way of life with respect to the modernization, dietary pattern, physical activity etc. Tulika Sen (1993-94) conducted a study in the rural, urban and metropolitan settings among 800 people over
sixty years of age of West Bengal. The results do not show appreciable variations in the test parameters in the three settings. It is postulated that, the environment may not be a determining factor for the health of aged. In a study of Sujatha Ramamurthi and G. Indra Jyotsana Choudhary (1997), it was found that the nutritional status was further negatively related to their physical activity. A number of intrinsic and extrinsic factors may modify the rate of ageing process. Diet, exercise, stress, temperature, radiation and psychological factors are known to moderate the ageing process. Some of these factors heighten the effect for usual ageing and others play a neutral or positive role in successful ageing (B. K. Patnaik, 1994). In a study by Mizuo Ueno (1997) of elderly from two villages of Japan; one with long life span and the other with shorter life span, it has been suggested that the differences of climate may be one of the important factors of longevity, but more effective factors were found to be the nutritional conditions and socio-economic background. Especially intake of animal protein and salt has a great influence on longevity. In yet another study by T. R. Lakshminarayanan et al., (1997), it has been established that malnourished have more health and emotions problems. Rahul Bansal (2000), has suggested that health promotion in elderly may be summarized as a balanced diet (with less saturated fats and more of vegetables and fruits), which is served in pleasant environment, good personal hygiene, regular physical activity, recreational and stimulating activities, access to health education and health care and avoidance or restriction of taking alcohol and smoking. Similarly, Dr. Vijayalakshmi Rammohan et al. (2000) have studied food consumption behaviour and social nutrition behaviour among the aged. Sawanti Kapoor and A. K. Kapoor (2000) have studied the process of ageing in two environmental situations - Haryana plains, and Himachal - mid to high altitude. They found that environment plays an important role in the life of the elderly. In the present study Himachal elderly were found to be physiologically more active than their Haryana counterparts. However, elderly in Haryana were found to be financially more secure and socially more active. Megha Chopra and Sarita Anand (2001) assessed the quality of life of older women suffering from osteoarthritis staying in old age homes and with families in the community in Delhi. They found that the quality of life was better among the people living in families as compared to those staying in the old age homes. In old age homes, the inmates felt depressed and were anxious because they had limited social
activities. Kalyan Bagchi (2000) has recommended the way to live a healthy quality of life.

II.10. Role of NGOs in Improving Quality of Life of the Elderly

The problem faced by elderly in maintaining their quality of life and their emerging needs is based on the deliberations of the representatives from the different NGOs or voluntary organisations and eminent social workers and also government officials in regional and national workshops and seminars. Indeed the voluntary organisations were one of the firsts to respond to this problem in India. Their intervention has brought to public notice the private hardships of different kinds of this target group.

Dr. Arun P. Bali (1997) has stressed the role of local participation in health care education of the elderly in rural areas. This awareness can also be created by the selfless effort of voluntary organizations. He emphasised that the elder care is a function of collective actions and can be enhanced through the active participation, co-operation of social institutions, government, the Panchayats, the health care professionals and the elderly themselves. Manabendra Mandal (1998) has written on the role of NGOs for care of older persons. He, while describing about the various NGOs working in the different metropolitan cities for elderly, has made number of suggestions and recommendations for strengthening and ensuring the affectivity of NGOs in extending services to the old. P. K. B. Nayyar (2000) points out that while the total dependency ratio will remain more or less same as of today, the service needs of the society will require a radical shift from childcare services to services for the old age care. He has studied an old age home in Kerala, where he concludes that most people enter old age without proper understanding of the problems they will have to face during the last years of their life. Therefore, he suggests that the first requirement for one on old age is to have control over one’s income. The quality of food, sleeping facilities and other amenities even in paid homes need improvement. Sreevals and P. S. Nair (2001) made a study of elderly in old age homes in Kerala with the objective to study the socio-demographic characteristics of the inmates of the old age homes in Trivendram district; the factors that led them join old age homes. They found that majority of the inmates were females in the old age group of 60-75 years. 60 percent of them joined old age homes voluntarily. Forty one percent among
them were illiterate. Twenty one percent of the males and fifty one percent of the females were widowed. The majority of them joined old age home due to the family problems. About half of the elderly in old age homes had no children.

II.11. Policies, Plans and Programmes on Ageing

The problems associated with ageing\(^2\) in India were not as severe as it was experienced in the western society till recent past. This is because of inherent traditional custom in Indian society to pay respect and honour to our elderly people. Apart from the religious and social functions, the aged pass on social values to the next generation. They play a valuable role in socializing young children and transmitting social and cultural heritage. Their help and advice is sought in crisis situations (Choudhary, 1992). But, from the past few decades the social processes particularly, urbanization and modernization have generated an adverse milieu for the healthy and happy development of the life of aged people. However, a few studies indicate that the family and the relations still play an important role in providing economic and social security for the elderly. But, most of these studies relate to the middle and higher socio-economic classes where the elderly own the means of production and have sufficient economic resources not to be affected adversely. Those in the lower levels of the social strata, who constitute a majority, will need social and economic support (Chanana and Talwar, 1987).

On the international platform, United Nations has left no stone unturned for the well being of the elderly. On the national fora, the government of India has prepared several mechanisms for the welfare of elderly population. More recently, a national policy on older ages has been published. The endeavor of several non-governmental organizations in this regard also draws attention.

II.11.1. United Nations Program on Ageing

Though, several nations have formulated and implemented several policies, plans and programmes as per their respective situation and needs, a combined effort to give population ageing a worldwide concern has only become a reality since 14\(^{th}\) Dec 1978,

\(^2\) Particularly socio-economic problems
when the general assembly of the United Nations decided to convene a world assembly on ageing in 1982.³

However, for the first time the question of ageing was taken up by the United Nations, as back as in 1948, when Argentina presented a draft declaration on old-age rights to the general assembly and subsequently, in 1950 a report entitled “Welfare of the Aged: Old Age Rights” was published.

It was then not evident that ageing population in both the developed and developing countries would come to constitute such a substantial proportion of human society. Thus, after an interval of 20 years in 1969, the question of ageing was once more taken up and placed on agenda of the general assembly, this time at the initiative of the Malta. The question of ageing was followed through the 1970's and led, in 1982, to convening in Vienna, the World Assembly on Ageing.

**II.11.1.1. International Plan of Action on Ageing 1982⁴**

The international plan of action on ageing was adopted as the world assembly on ageing in 1982. It is the first policy instrument on ageing at a global level. It was endorsed by the UN general assembly in 1982, having been adopted earlier the same year at the world assembly on the ageing at the Vienna, Austria. It is sometimes known as the “Vienna Plan” in honor of its city of origin. Since the plan’s adoption, CSDHA⁵ (UN Center for Social Development and Humanitarian Affairs) has monitored its implementation and reported on this, each year to the general assembly.

The International Plan of Action on Ageing-1982 aims to strengthen the capacity of governments and civil society to deal effectively with the ageing of population and to address the developmental potential and dependency need of older person. It promotes regional and international cooperation. It includes 62 recommendations for action addressing research, data collection and analysis, training and education as well as the following sectoral areas - health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security, employment and education

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³ In resolution number 33/52 of 1978
⁴ UN, New York, 1983, report of the world assembly on ageing
⁵ CSDHA is the nucleus within the UN secretariat for all ageing related activities. It conducts research and promotes trainings and technical cooperation activities concerning ageing.
II.11.1.2. UN Principles for the Older Persons-1991

The UN principles for the older persons were adopted by the UN general assembly on sixteenth December 1991. The governments were encouraged to incorporate them into their national programmes whenever possible. Some highlights of the principles are:

- **INDEPENDENCE**

  Older person should have:

  - Access to adequate food, water, shelter, clothing and health care through the provisions of income, family and community support and self help.
  - At the opportunity to work or to have access to other income generating opportunities
  - Be able to participate in determining when and at what pace withdrawal from the labor force takes place.
  - Have access to appropriate educational and training programmes.
  - Be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
  - Be able to reside at home for as long as possible.

- **PARTICIPATION**

  Older person should:

  - Remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well being, and share their knowledge and experience with younger generations.
  - Be able to seek and develop opportunities for service to the communities and to serve as volunteers in positions appropriate to their interests and capabilities
  - be able to form movements or associated of older persons.

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6 UN, New York, 1998, International Plan of Action on Ageing and UN Principles for Older Ages

51
CARE

Older person should:

- benefit from family and community care and protection in accordance with each society's system of cultural values;
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- have access to social and legal services to enhance their autonomy protection and care
- be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
- be able to enjoy human rights and fundamental freedom when residing in any shelter

SELF FULFILLMENT

Older person should:

- be able to pursue opportunities for the full development of their potential
- have access to the educational, cultural, spiritual and recreational resources of society

Older Person Should:

- be able to live in dignity and security and be free of exploitation and physical and mental abuse
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Likewise, the growing awareness on population ageing led to the commencement of the international year of older persons of 1999 by UN having the basic theme of towards a society”. This concept remains the main theme of the world assembly on ageing 2002, Madrid.

Marking the 20th anniversary of the first world assembly on the ageing, the second assembly on ageing was held in Madrid from 8th to 12th April 2002. The aim of the event was to advance the global ageing agenda beyond the 1982 plan of action and address the global force of population ageing and its impact on development. Responding to growing concern over the speed and scale of global ageing, the assembly adopted Madrid international plan of action and a political declaration, which committed governments to act to meet the challenges of population ageing and provides the world policy makers with a set of 117 concrete recommendations, covering three main priority directions;

1. Older Person and Development

- This was the first priority which focuses on 8 issues and calls for an urgent action to ensure the continuing integration and empowerment of older person, thus, enabling them to participate actively in society, development and the labor force.

- It sets a target data of 2015 for a 50 % improvement in adult literacy, especially for women, as well as equitable access to basic and continuing education for adults.

- In emergency situation, older persons should have equal access to food, shelter, medical care and other services.

2. Advancing Health and Well Being into Old Ages

- Government should reduce the effects of factors increasing disease and dependence in older age, develop policies to prevent ill health, and provide access to food and adequate nutrition’s.

- Improving assessment of the impact of HIV/ AIDS on older people’s health, particularly in the developing countries, and providing adequate information and training to older persons living with HIV / AIDS and their caregivers.

3. Ensuring Enabling and Supportive Environment

www.un.org/ageing
This third priority urges recommendations for improving housing and living environments of older persons, promoting a positive view of ageing, and enhancing public awareness of the important contribution of older persons.

The final section of the plan of action describes national and international measures aimed at adequate implementation and follow up.

II.11.2. Constitutional and Legal Safeguards in India

In India, unlike other weaker sections of the society such as children, women, scheduled caste and tribes etc. for whom several laws have been enacted, there are few or practically no laws concerning the aged (Choudhary, 1992). More recently government of India has published National Policy on Older Ages. Before that, certain steps were taken for the welfare of the elderly population, with regard to the article 41 of the Indian constitution, which is a directive principle of the state policy. This article enjoys upon the state the responsibility of right to work, to education, to public assistance incase of unemployment, old age, sickness and disablement and case of undeserved want. In pursuance of directive principles of state policy, the old age pension scheme of state governments have been introduced through administrative orders only.

The Hindu Adoption and Maintenance Act, 1956, lay down obligation on a person to maintain his or her aged or infirm parent. Even, section 125 of code of criminal procedure, 1973 (Cr.P.C), makes it incumbent for a person (including daughter according to recent court judgment) with adequate means to maintain his parents who can be awarded maintenance allowance not exceeding Rs. 500 per month.

II.11.3. National Policy on Older Persons (NPOP) – 1999

The government of India adopted the much-awaited national policy for the older persons in January 1999. The policy takes a comprehensive view of the needs of the aged and assures them that their concerns are national concerns and they will not be left unprotected, ignored and marginalized. In keeping with India’s commitment to the basic principals of the international plan of action on ageing, the national policy enjoins the state and the civil society to extend support for financial security, health care, shelter and

8 www.socialjustice.nic.in/social/welcome.htm
other need of older persons, provide protection against abuse and exploitation and empower them. A five-year plan of action from 2002-07 has been drawn up to identify the roll of the state governments and the central governments, in implementing the national policy for older persons and review its implementation every three years.

Besides, drawing up the demographic trends, and implications and mandates, the NPOP makes a National Policy Statements.

II.11.4. National Policy Statement

The national policy assures the older person that their concerns are the national concern and it aims to strengthen a legitimate place to older persons in the society. The policy visualizes that the state will extend support in the areas of:

- Financial security
- Health care and nutrition
- Shelter
- Education
- Welfare
- Protection against abuse and exploitation
- Opportunity for development of older person's potential

The policy also aims to see that special attention is given to older persons in the rural areas, older women. It also emphasizes active and productive involvement of older persons after sixty years of age. The policy recognizes that older person too, is a resource and believes in the empowerment of the older persons.

II.11.4.1 Non-Governmental Organization

The policy recognized NGOs as a very important institutional mechanism to provide affordable services to supplement the endeavor of the state. Therefore, the policy pledges to promote, and support the voluntary efforts in big way and will facilitate networking exchange, of information and interaction among NGOs. Self help groups and pressure groups among older persons are to be encouraged. Volunteers will be provided opportunity for training and orientation on handling problems of older people and keep them abreast of development in the field to promote active ageing.
II.11.4.2. Family Role

Certain family roles have been pinpointed in the policy. They are:

- Programmes to be developed to promote family values
- Younger generations to be sensitized for necessity and desirability of intergenerational bonding in the family
- State policies for children to co-reside with their parents by providing tax relief, rebate for medical expenses and preferences in allotment of houses to be encouraged.
- Short-term stay-in facilities for older persons to be supported
- Counseling services to be strengthened to dissolve interfamilial stress.

II.11.4.3. Research

Universities, medical colleges and research institutions should be assisted to set up centres for gerontological studies and geriatrics. Superannuated scientists should be assisted to utilize their professional knowledge.

Funding support should be provided for academic bodies for research products on ageing. An inter-disciplinary coordinating body on research should be setup.

Professional association of gerontologists should be assisted to strengthen research activities, disseminate research findings and provide a platform for dialogue, discussion, debate and exchange of information.

II.11.4.4. Media

- The policy aims at involving mass media as well as informal and traditional communication channel on ageing issues.
- Participation of media in orientation program on ageing to be facilitated.
- Opportunities to be extended for greater interaction between media personal and persons active in the field of ageing.

II.11.4.5. Implementation

The NPOP is to be implemented among masses with the help of following activities:
• An action plan is to be prepared,
• All matters related to implementation of the policy to be coordinated by the Ministry of Social Justice & Empowerment.
• A separate bureau of older persons to be setup and the status to be encouraged to setup separate directorate of older persons. Progress of the implementation to be monitored by an inter-ministerial committee.
• Five year and annual action plan to be prepared by each ministry to implant aspects, which concern them.
• Budgetary provisions required for the implementation to be facilitated by the planning commission and the finance ministry.
• Every three years, a detailed review as a public document, to be prepared by the nodal ministry on the implementation of national policy.
• An autonomous national council for older persons headed by the ministry of social justice and empowerment to be setup. Five states to be represented on the council by rotation.
• An autonomous, registered national association of older persons (NAOPS) at national, state and district level to be established to mobiles senior citizens, articulates their interest, promote and undertake programs and activities for their well being and to advice the government on all matters relating to older persons.
• Panchayati Raj institution to be encouraged to participate in the implementation the national policy

II.11.5. Old Age Social and Income Security (OASIS)9

Recognizing the financial security as one of the basic needs of, ageing population, the government of India commissioned a national project titled “old age social and income security “(OASIS) in 1999 with an aim to draw up a comprehensive plan for the financial security of workers or retirement and old age in sectors where no formal arrangements for post retirement have been made.

9 www.seniorindia.com
The OASIS as and when adopted for implementation would enable each person to save during his working life for his/her and spouses financial security.

II.11.6. State Government's Initiative for Older People

Major initiative for the welfare of ageing population in India has been taken up by the central government. The state governments on their part have only extended the central schemes to the states. In most of the states particularly Bihar, the gravity of the problem has not yet been experienced and therefore, they are not showing adequate concern for the emerging problems on population ageing.

Several schemes of central government that have been extended in the different state particularly in Bihar include:

➢ Employees' state insurance scheme which provide for
  ▪ medical benefits
  ▪ disablement benefits due to employment injuries
  ▪ widow benefit on the death of an insured workmen
  ▪ workers financial expenses

➢ Retirement pension

➢ Death- cum- retirement gratuity.

➢ Health measures for employees in both organized and non-organized sectors.

➢ Old Age Assistance: Nearly all state governments and UTs are at present implementing old age pension schemes under the state sectors. Bihar is covering more than ten percent of the aged under these schemes giving 70 rupees per month.

II.11.7. Non-Governmental Organization’s Initiative

There are several Non-Governmental voluntary organizations working for the welfare of the aged population. However, the voluntary action is of recent origin. This has been possible because of grant-in-aid from the governments and statement of minimum standards. Some of the voluntary organizations working in Bihar. These
voluntary organizations are engaged in some of the following fields of work in relation to the welfare of elderly (Chowdhary, 1992):

- Homes for the aged
- Day care centers
- Infirmaries
- Counseling services
- Re-engagement- supplementary income
- Leisure time activity
- Social services such as housing, health, nutrition, education etc.
- Senior citizen’s volunteer services
- Social services and community work.

II.12. Summary and Hypotheses

Above attempt has been tried to outline major studies on the quality of life and the elderly population. The survey of the literature confirms the fact that there is a need for the study of quality of life aspect in the field of elderly population. This study is an attempt to fill this gap and bring the concept of the quality of life in the study of elderly population. The literature confirms that there is no unanimity in scholars in defining the terms quality of life and identifying its indicators. The term and indicators of QOL is dynamic and keeps on changing as per the need of the study. The concept of ageing process and definition of the elderly population is however static. Elderly in India is persons over and above age sixty. There are demographic, social, health, and economic aspects of the elderly on which number of study has been undertaken both at the international and the national level. Role of NGOs in reaching to the elderly population to extend a helping hand has been a focus in number of studies. Besides, an attempt has been made to review the United Nations effort in planning and proposing a quality of life of the elderly through its various summit. International Plan of Action on Ageing, 1982, United Nations Principles for the Older Persons- 1991, and the recent Madrid International Plan of Action – 2002 has been a major milestone in advancing the ageing

10 Though it is not static in true sense because when the expectation of life at birth makes a major shift, the definition of the elderly also changes.
agenda globally. It has helped many countries in formulating their own policies and programmes. National policies, plans and programmes on ageing have also been reviewed in order to know the national government approach towards the well-being of the elderly population. National Policies on Older Persons (NPOP) – 1999 has been a welcome step in which government has shown its commitment for the elderly population. Besides, state government policies have also been reviewed to know the initiatives taken by the government.

Based on the review of the literature here certain hypotheses have been constructed. They are –

• That the urban areas have an edge over rural areas in respect to the quality of life.
• That the male elderly have better quality of life in comparison to the female elderly.
• The joint family structure still provides a natural support system for the elderly.
• The young elderly (60-69 years old) are having relatively better quality of life than the old elderly.
• The quality of life of the widow elderly is relatively poorer.
• The education of the elderly has its impact on their quality of life.
• Castewise, the elderly from general category is enjoying better quality of life in comparison to OBC and SC elderly.