Chapter 1
INTRODUCTION

The term 'Ageing' carries a number of different meanings. It encompasses changes that occur at many levels, from the population down to the molecular. Therefore, the challenge of defining ageing is more complex than it might first appear. At the level of population, ageing is seen as the progressive increase in mortality with age, often called a 'mortality pattern'. At the level of the individual, the emphasis is on the pattern of changes that occur during adulthood as the individual matures and grows old. Broadly speaking, the ageing of a population has been defined as an increase in the proportion of the aged vis-à-vis a decrease in the proportion of the young.

The beginning of ageing in an individual is associated with different conditions occurring in one’s life i.e. the onset of greying of hair, failure of the individual to function independently ceasing to be productive and imposition of an arbitrary retirement age by the society. Ageing means physical disability, declining mental ability, the gradual giving up of roles-playing in social activities, and a change in economic status and moving to economic dependence from economic independence. (Soodan, 1975)

Edward J. Stieglitz defines ageing as the element of time in living. According to him "ageing is a part of living. Ageing begins with conception and terminates with death. It cannot be arrested unless we arrest life ......... we may retard ageing or accelerate it, but we cannot arrest it while life goes on, because it is essentially an element in living. Ageing shows as we grow older............ Ageing change is rapid in youth and even more rapid in the period between conception and birth." (Stieglitz, Edward. J., 1962)

In most gerontological literature, people above 60 years of age are considered as ‘Old’ and as constituting the ‘elderly’ segment of the
population. In the traditional Indian culture, a human life span is one hundred years. In ancient India, life span of one hundred years was divided into four stages: life of a student, householder, forest dweller and ascetic. There was a gradual move from personal, social to spiritual preoccupations with age. Manu, the ancient law giver, in his Dharmashastra divided his span of life into four ‘ashramas’ or life stages. The first ‘bramhacharya’ (life of a student) was to be spent at the teacher’s (guru) house. This is the life of a celibate, to be spent in education and training. Once education was complete, the boy (grown into adulthood by now) would be ready to enter the ‘grihasta’ ashram. This was the life of a householder. A man was to marry, have children, and shoulder the responsibilities of an average citizen in the society. He was to discharge the debts he owed to the parents (pitru rina) by betting sons and to the gods (deva rina) by performing yajnas (rituals). This was the stage when a man would fulfill his basic desires for love, marriage, for parenthood, for status, wealth, prestige and other such physical and social needs. When a men’s head turned grey and wrinkles appeared, he was to give up this life of householder and turn to ‘vanaprastha’ which literally means ‘moving to the forest’. A mature and ageing man would gradually give up his worldly pursuits, move away from the mundane routine of householder and turn inward in search of spiritual growth. Finally, when he was spiritually ready, he would renounce the world completely and enter the stage of ‘Samnyasa’ or asceticism.

Ageing can be broadly characterized by time-altered changes in an individual’s biological, psychological and health related capabilities and its implications for the consequent in the individual’s role in the economy and the society.

Ageing, the process by which older individuals come to form a proportionately larger share of the total population, is one of the most distinctive demographic events in the world today. It was there, it is there and it will remain. Today all the countries, developed or
developing, have to face population ageing with varying intensity at different points of time. Ageing population varies with region to region and country to country.

In demographic analysis, age 60 is typically taken as the dividing line between older and younger cohorts of the population. On the other hand, many people, especially in the developed countries, think of 65 as the cut-off points because it is at this age that many people become eligible for full pension and social security benefits for older persons; but such a cut-off point does not apply everywhere else. Old age, then, cannot be defined exactly because the concept does not have the same meaning in all societies. Nor, with the steady expansion of life expectancy, does it correspond to a specific time span. Often people are considered old, not just because they are thought to be nearing the end of their expected lifespan, but also because they undergo certain changes in their social roles and activities. Older persons may become grandparents, may work less or may stop working, or they may undertake different activities and they also tend to be more prone to disease and disability than other adults. However, all of these changes evolve over time and are perceived differently across societies.

Older population all over the world is increasing at an alarming rate due to the rapid decline of fertility, mortality and morbidity rates. Improvement of the Quality of Life can be seen in the increase in older population. Due to this situation 21st century may be called as the 'Era of Population Ageing' (Ponnuswami 2005).

Longevity has increased significantly in the last few decades mainly due to the socio-economic and health care developments. These factors are responsible for the higher numerical presence of elderly people leading to higher dependency ratio. The developed regions of the world being ahead of the developing countries with respect to demographic transition have already experienced its consequences and the developing world is currently facing a similar situation. Although the
proportion of the elderly, defined as consisting of those persons aged 60 and above in a population, seems to be relatively small in some of the developing countries, they have more the elderly persons in absolute terms because of their large population base.

Ageing is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. High fertility and declining mortality are the major factors responsible for population increases in most countries of the world, especially the developing ones. The decline in fertility rates combined by increase in life expectancy of people achieved through medical interventions. Reduction in fertility leads to a decline in the proportion of the young in the population. Reduction in mortality means a longer life span for individuals. Population ageing involves a shift from high mortality/high fertility to low mortality/low fertility and consequently an increased proportion of older population to the total population (Prakash, 1997). We can see it in the following Figure 1.1.

**Figure 1.1**

**Population Ageing - Shift from high mortality/high fertility to low mortality/low fertility**

1. High Fertility  
   High Mortality

2. Low Fertility  
   Low Mortality

3. Reduction of Younger Population  
   Reduction of Working Population

4. Increase of Older Population/Population Ageing
While there have been many discussions around vulnerable groups like women, the schedule castes and tribes, the landless etc, the elderly comprise one very important vulnerable group which needs urgent attention. Economic vulnerability is compounded by physical and to some extent mental vulnerability, making this group easily one of the most important target for welfare programmes.

Today, the average age of the world's population is increasing at an unprecedented rate. The number of people worldwide age 65 and older is estimated 506 million as at mid year 2008; by 2040, that number will hit 1.3 billion. Thus in just over 30 years, the proportion of the older people will double from 7 percent to 14 percent of the total world population. (An Ageing World: 2008)

In Asia, the number of persons aged 60 years or older was 205 million in 1950. Their numbers increased to 606 million in 2000. In 1950, only China, India and United States of America had more than one million aged people but in 2000, Japan and the Russian Federation also joined the list, by 2050, 33 countries are expected to be on the list. In terms of percentage, the aged constituted 8.2 percent of the total population in 1950; this percentage rose to 10 percent of the world’s population in 2000 and projected to rise to 21.1 percent in 2050. (Chakraborti, Rajgopal. D., 2004)

The Indian aged population is currently the second largest in the world, the first being China with 150 million of population. The 1901 census showed there were only 12 million people above the age of 60 years in India. In next fifty years the population of aged increased to 20 million. And in the next fifty years it increased almost three times and reached around 77 million in 2001 (Census, 2001) and 93 million in 2011 (SRS, Statistical Report, 2011). Thus India’s demographic landscape has witnessed unprecedented changes. In particular, the numbers of those living the age of 60 years or older is
increasing rapidly. The age composition of India's population has been altered due to rapid increase in life expectancy as a result of transition from high to low fertility rate and mortality rate. Major improvements in nutrition, sanitation, medicine, health care, education, knowledge and economic well being in general have made it possible for people to live longer. These factors are responsible for driving up the shares of older people in the total population all over the world.

Most of human beings are awfully afraid of becoming old. This is not due to the fear of loosing health in old age but also due to the fact that most of the human societies place a premium on young age and seem to ignore the old people. The youth dominated societies of today do not seem to care for the persons who had been occupying high status and performing significant roles a few years back.

Old age presents its special and unique problems but these have been aggravated due to the unprecedented speed of socio-economic transformation leading to a number of changes in different aspects of living conditions. The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics (Siva Raju, 2002). For elders living with their families – still the dominant living arrangement – their economic security and well-being largely depends on the economic capacity of the family unit (Alam, 2006) Advancing age seems to bring meaningless misery mainly because the elderly have been neglected and by passed by modern society. Aging may be viewed as a biological process, psychological and social development process of individuals including transition in social position, roles, status and attitude. This makes it necessary to look into the various aspects of their problems, social, economic, psychological, health and other allied aspects.

Earlier in the traditional joint families elderly were taken care of by the family members and relatives. The informal support systems of family, including kinship and community are considered strong enough to provide social security to its members, including older people. Older
people enjoyed a sense of honour and authority and had the responsibility in decision making. More over at aggregate level, number of old people were also less. However in recent times, demographic transition, rapid pace of industrialisation, urbanisation, and ongoing phenomenon of globalisation have cast their shadow on traditional values and norms within society. Gradual disintegration of joint family structures into unitary ones, erosion of mortality in economy, changes in value system migration of youth to urban areas for jobs or work and increasing participation of women in the workforce are important factors responsible for the marginalization of older people. The older people become more vulnerable to physical disabilities as a result of social, economic and emotional alienation and isolation. Many facets of the generation gap contribute to marginalisation of the older persons and their wisdom by the young generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse.

Burgess has remarked that the increasing problems of the ageing are: difficulty in finding satisfying and substitute activities, economic security, loss of status, decreasing social participation in organizations and greater unhappiness and maladjustment, loss of health or illness get significance in the urbanized society (Burgess, 1951).

Chambers described the eight conditions of deprivation among the elderly as poverty, social inferiority, social isolation, physical weakness, vulnerability, seasonability, powerlessness and humiliation of the aged. Ageing diminishes the capacity to work and earn. The presence of elderly makes several implications on the production function within the household and thus on overall work effort that reflects in the income and production. (Chambers 1995)

The increasing presence of older persons in the world is making people of all ages aware that we live in a diverse and multigenerational society. It is no longer possible to ignore ageing
regardless of whether one views it positively or negatively as it is appearing as a major issue in present day society.

In a competitive society where usefulness is measured by economic yardstick, the aged are considered useless. The problems of the aged have assumed an alarming proportion in recent decades, due to increase in the number of aged above 60 years. Therefore the old people are today faced with a number of economic, social, health and psychological problems.

The recent emphasis pertaining to the elderly in the developing world is attributed to their increasing numbers and deteriorating conditions. The lives of many older people are affected more frequently by the social and economic insecurity that accompany demographic and development process (World Bank 1994).

It is noteworthy that longevity of population does not ensure health, well-being and prosperity. One of the critical issues which influence the well-being of elderly persons is their economic status and ability to control resources. The old age is generally accompanied by a decline in economic status. A growing and difficult problem in old age is financial problem or difficulty in regard to raising material resources for day-to-day existence. Absence of regular and steady income, debts and absence of primary necessities of life are some of the frequent problems experienced by older persons. This problem has also been experienced by elderly persons both in urban and rural areas of India. It is quite acute in urban areas because it becomes very difficult for a retired person to find satisfying and vital substitute activities for their discontinued occupational role. As such, in the modern industrial society, economic insecurity has greatly increased particularly for the retired person. In rural communities, there is no set pattern of retirement and the old people continue to work as long as their physique allows them. Yet, in rural areas too, after they leave work role, the elderly face the same type of
problems as their urban counterparts (Bhatia, 1983; Sarason and Sarason, 2002).

A social and institutional factor such as those the family size becomes narrow as a result of demographic process, the belief of the children will take care of the parents in the old age is eroding in India. The situation in the urban areas shows of a rejection of the older people by the next generation and is spreading to the rural areas (Desai, 1985). Due to industrialisation and urbanisation and the changing trends in society, it is the urban elderly who are more likely to face the consequences of this transition as the infrastructure often cannot meet their needs. Due to lack of suitable housing conditions, the poor to live in slums which further leads to lack of facilities such as drinking water, sanitation, planned streets, drainage systems and access to affordable healthcare services along with poor physical conditions, low income levels, high proportion of rural migrants, high rates of unemployment and underemployment, rising personal and social problems such as crime, alcoholism, mental illness, etc.

Health is another major problem faced by aged. With a rise in the population of older persons and an improvement in life expectancies, elderly people experience an increase in disabilities and chronic illness. Rapid demographic transition without a concomitant epidemiological transition is to be blamed for dual load of infectious and degenerative diseases among older persons. Although difficulty in physical functioning is more frequent with increasing age, studies have shown that major health problems faced by elderly are like heart problems, joint pains, diabetes, blood pressure etc. Thus elderly people face economic, social and health problems.

As most of the aged do not work, depending instead on their families, religious or communal institutions or the state, it is often stated that the aged are a burden on society, and as resources are
diverted from the young to the old, the whole world may experience intergenerational conflicts and tensions.

There is a dearth of scientific studies with regard to the old age persons, especially in India. Scientific studies with regard to old age persons are urgently required so that there is awareness about their problems and adequate steps can be taken to solve them. The old age people are a significant part of the society and the young generation can gain experience and learn many things from them. This is possible only when the old people are properly adjusted in the society. A country as large and complex as India needs to work out an extensive plan for the care and well-being of the elderly as necessary according to differences in levels of urbanization as well as in cultural and familial systems. Generally, elderly people have to pay a large percentage of their income for even basic healthcare services. As the interrelation of health and economic status continues throughout one’s life, it is of special importance among the elderly whose livelihood depends on their physical ability and who do not have any provision for economic security. Social security pensions, though meager in amount, create a sense of financial security for the elderly, who benefit through schemes such as old age pension, widow’s pension, agricultural pension and pension for informal sector workers. However, the proportion of elderly who benefit from these schemes has to be improved significantly.

Thus it is evident from above that people in the old age suffer from different kinds of eventualities in their old age, which consists of several economic, social and health related problems.

**NEED OF THE STUDY**

It has been observed that majority of the past studies relating to elderly have been done at the international level and only a few scattered efforts have been made at the national level. Whatever efforts have been made, remained confined only to either economic or social or health problems. These problems relating to elderly in Punjab
have not been studied collectively. Thus, it is felt that there is need for such type of study. The present study will be comprehensive in nature as it will consider all the problems (economic, social and health) of elderly for the state of Punjab.

An analysis of the SRS (Sample Registration System) Statistical Report (2011) shows marked variations in the rate of demographic ageing within India ranging from 12.6 percent in Kerala to 6.1 percent in Assam. Other regions with elderly population above 8 percent include Himachal Pradesh (10.4 percent), Punjab (9.5 percent), Maharashtra (9.3 percent), Tamil Nadu (10.5 percent) Orissa (9.3 percent), and Andhra Pradesh (8.8 percent).

Thus the rate of demographic ageing is quite high in Punjab State. The proportion of population 60 and above was only 13.26 lakhs (6.56 percent of the total population) in 1961. It increased to 15.90 lakhs (7.84 percent of total population) in 1991 and further to 21.92 lakhs (9.02 percent of total population) in 2001. According to SRS (Sample Registration System) statistical report, in 2011 it further increased to 9.5 percent of the total population. This rapid increase in population 60 and above will make the task of meeting the needs of the older people more challenging and urgent. Hence the present study will mainly focus on study of socio-economic and health conditions of elderly people in Punjab.

**Objectives of the study**

The objectives of the proposed study are to:

1. study the socio-economic as well as demographic dynamics of elderly people in India.
2. study social conditions of the elderly people in Punjab.
3. assess the nature and dimensions of economic conditions of elderly people in Punjab.
4. examine the health conditions of elderly in Punjab.
5. review the policies and programmes undertaken by the government/NGOs/other institutions for improving socio-economic and health status of elderly.

**METHODOLOGY AND DATA COLLECTION**

The present study is based on empirical work which examines the socio-economic and health conditions of elderly population in Punjab. Both the primary and secondary data have been used to realize the objectives of the study with all its well-known limitations. The secondary data has been collected from published sources like Census reports of India, NSSO Surveys, Human Development Reports, Census reports of Punjab etc. Primary data has been collected for the period 2010-11. For collection of primary data a survey has been conducted in three districts of Punjab through well structured questionnaire. The selection of districts has been done in the following way:

**Selection of Districts:**

For selection of districts, all the districts of the state were ranked on the basis of proportionate share of elderly population to total population of each district (on the basis of Census 2001). On the basis of ranks assigned, all the 17 districts have been divided into three groups viz. districts with high, moderate and low share of elderly population to total population. From each of these three groups one district was selected randomly. These were Hoshiarpur (with high share), Mansa (with moderate share), and Patiala (with low share). Moreover, these three districts represent three agro-climatic zones also.
Table 1.1

Distribution of the Districts of Punjab according to the proportion of elderly population

<table>
<thead>
<tr>
<th>Districts with low share</th>
<th>Proportionate share</th>
<th>Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firozpur</td>
<td>7.90</td>
<td>1</td>
</tr>
<tr>
<td>Ludhiana</td>
<td>8.01</td>
<td>2</td>
</tr>
<tr>
<td>Patiala</td>
<td>8.35</td>
<td>3</td>
</tr>
<tr>
<td>Bathinda</td>
<td>8.70</td>
<td>4</td>
</tr>
<tr>
<td>Amritsar</td>
<td>8.79</td>
<td>5</td>
</tr>
<tr>
<td>Muktsar</td>
<td>9.03</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Districts with medium share</th>
<th>Proportionate share</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jalandhar</td>
<td>9.15</td>
<td>7</td>
</tr>
<tr>
<td>Faridkot</td>
<td>9.16</td>
<td>8</td>
</tr>
<tr>
<td>Fatehgarh sahib</td>
<td>9.17</td>
<td>9</td>
</tr>
<tr>
<td>Mansa</td>
<td>9.30</td>
<td>10</td>
</tr>
<tr>
<td>Rupnagar</td>
<td>9.31</td>
<td>11</td>
</tr>
<tr>
<td>Sangrur</td>
<td>9.34</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Districts with high share</th>
<th>Proportionate share</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kapurthla</td>
<td>9.57</td>
<td>13</td>
</tr>
<tr>
<td>Gurdaspur</td>
<td>9.58</td>
<td>14</td>
</tr>
<tr>
<td>Moga</td>
<td>10.16</td>
<td>15</td>
</tr>
<tr>
<td>Hoshiarpur</td>
<td>10.64</td>
<td>16</td>
</tr>
<tr>
<td>Nawar shahr</td>
<td>10.71</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: Census data 2001

The study has been done in the urban areas of these three districts as the selection of both rural and urban areas will make the study very vast.

Selection of Respondents

A stratified random sample of 450 elderly respondents has been
drawn from the urban areas of three districts selected. From each district 150 respondents (75 male + 75 female) have been taken for the study.

The researcher herself has collected information from the field through discussion with the elderly respondents. The information has been collected through well-structured questionnaire. The respondents were convinced about the purpose of the study and it was also made clear to them that the study was purely academic in nature, thereby clarifying the misconceptions about the investigation, thus ensuring smooth data collection. The information collected has been analysed with the help of simple statistical techniques such as percentage, chi-square test, p-value etc. Tabulation, Graphs, bar diagrams etc. has also been used for presentation of data.

**Chapter Scheme**

The chapter scheme is as follows:

1. Introduction
2. Review of Literature
3. Demography of Elderly Population in India
4. Social Conditions of elderly in Punjab
5. Economic Conditions of Elderly in Punjab
6. Health Conditions of elderly in Punjab
7. National Policies and Programmes for elderly
8. Summary and Conclusions.
CONCEPTS AND DEFINITIONS

Since the same terms can be used in many different senses, it would be necessary to indicate the meanings that have been given to various concepts and definitions.

(a) **Elderly**

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted ‘National Policy on Older Persons’ in January, 1999. The policy defines ‘Senior Citizen’ or ‘Elderly’ as a person who is of age 60 years or above.

(b) **Crude Birth Rate**

Crude Birth Rate (CBR) is the number of live births in a year per 1000 population of the mid-year population.

(c) **Crude Death Rate**

Crude Death Rate (CDR) is the number of deaths in a year per 1000 population of the mid-year population.

(d) **Life Expectancy**

Life expectancy of an individual is the number of years a person is expected to live given the prevailing age-specific mortality rates of the population to which he/she belongs.

(e) **Age-Specific Death Rate**

Age-specific death rate is defined as the number of deaths in specific age-group per thousand populations in the same age-group in a given year.

(f) **Total Fertility Rate**

Total Fertility Rate (TFR) of a population is the average number of children that would be born to a woman over a lifetime if she were to experience the exact current Age-Specific Fertility Rates (ASFRs) through her lifetime, and she were to survive from birth through the end of her reproductive life.
(g) **Sex Ratio**

Sex Ratio is a term used to define number of females per 1000 males.

(h) **Old-Age Dependency Ratio**

In India, generally, persons aged 15 to 59 years are supposed to form the population of working ages and at age 60, people generally retire or withdraw themselves from work. This, the old age dependency ratio is defined as the number of persons in the age-group 60 or more per 100 persons in the age-group 15-59 years.

(i) **Economic Independence**

A person in considered economically independent if he/she does not require to take financial help from others in order to live a normal life.

(j) **Literacy Level**

It refers to the stage of educational attainment. It is the highest level a person has completed successfully.

(k) **Household**

The term household includes all persons normally living together and taking food from common kitchen. It also includes those who are temporarily away because of some work or holiday or illness etc., but excludes those who are living the households temporarily and the guests.

(l) **Head of the Household**

Normally, the eldest male member of the household is the head but where for some reasons he is not in a position to take decisions, on behalf of the household any member of the household who functions as the decision maker has been taken as the head of the household.

(m) **Living Arrangements**

The term ‘living arrangement’ is used to refer to one’s
household structure. Living arrangements refers to whether or not the person lives with another person or persons, and if so, whether or not he or she is related to that person or persons.

\((n)\) **Confinement to Bed**

It referred to state of health where the ailing person is required or compelled to mostly stay in bed at his/her residence/home.

\((o)\) **Physical Disability**

It refers to a physical impairment which has continued from a long time and is expected to continue for an indefinite duration and substantially impedes an individual’s ability to live independently.

\((p)\) **Chronic disease**

Chronic disease in this study means an impairment of bodily structure and/ or function that necessitates a modification of the patient’s normal life and has persisted over an extended period of time.

\((q)\) **Acute disease**

An acute disease (as opposed to chronic disease) is medically defined as an adverse condition that appears suddenly, progresses rapidly, and is of relatively short duration.