GENERAL INTRODUCTION:

➤ Introduction to the Subject
➤ Global Scenario
➤ Magnitude and Speed of aging population.
➤ Indian Scene
➤ Karnataka Scene
➤ Concept of Age, Aging, Ageism
➤ Conceptualization of the Research Theme
➤ Problems of the aged people
➤ Urban and Rural Differences
➤ Life Expectancy and Sex Differentials
➤ Current Scenario and future projections
➤ Importance of the study
INTRODUCTION TO THE SUBJECT

In 1980, the United Nations Organization defined 60 years as the age of transition of people to the elderly segment of the population, also referred to as the “aged” or the “geriatric population”. This has especially become a vital area of study in the last three decades. The importance of the present research study may be measured by the simple fact that the population of persons aged 60 years and above comprises 7.5% of the global population today. It is expected to touch 10.8% by 2025. Although the pace at which the demographic transition develops varies among countries and regions of the world, most of the developed and developing countries are facing an increase in the number of dependent individuals, which include a considerable proportion of geriatric population or “the aged”. This increase is particularly critical in the developing countries where the aged will increase substantially and at a faster pace. According to the WHO, by 2020 A.D, the increase in the number of the aged will be quite substantial in India and
Chapter 1

Introduction

China. It is, therefore important, both demographically and sociologically, to understand that the rate of increase in the aged is faster than that of the total population. The proportion of the aged in all the countries of the world has been rising steadily over the years. The projections foretell steeper still increase making the aged highly visible in the population. This is the reason for the statement that the "World is Graying".

In recent years, sociologists have evinced great interest in studying the problems of the aged. Formerly the problems of the aged were studied on the basis of economic and social service system in our society. But, at present, the proportion of the aged is in between 8 – 10%. When the overall population has grown by 170 percent since 1947, that of the 60+ categories is growing at an alarming rate of 270 percent and the 80+ segments is growing even faster. Since ageing is going to be a major issue, the problems of the aged have to be dealt with in a greater depth and in all seriousness in relation to their health & socio economic aspects of life pattern.
Ageing is the gradual change in structure and function, which occurs with the passage of time and not as a result of disease or trauma. This process increases the probability of death with the advancing age. Ageing merely stands for growing old compared to their younger counterparts, the 'aged' have physiological as well as psychosocial disadvantages. Physical deterioration, decreased vitality and an increased vulnerability to common disease - both acute and chronic - are the characteristics of an advancing age. Research has shown that the prevalence of a number of mental health problems increases with age. As people survive and live longer into later years, the occurrence of non-communicable diseases is likely to aggravate as well. Treatment procedures for these diseases are usually prescribed for long periods of time and, in most instances, for life, adding to the economic burden of the affected individuals. If planning for such eventualities is not initiated immediately the countries facing such a scenario would be pushed into deep crisis.
GLOBAL SCENARIO:

Ageing is becoming an issue of global concern. The demographic and socio-cultural trends have made ageing an issue of grave concern not only at a personal, experiential level but also at national and global levels. Developed countries have already experienced the consequences of ageing. India is one of the developing countries facing a similar situation. The recent emphasis on studying and investigating the conditions of the aged makes it imperative to realize the fact that the Indian society is caught in the process of transition.

The rate of growth of the elderly population is 1.6 times that of the general population. The population aged 60 and above in the various continents is projected to reach 23% in North America, 17% in East Asia, 12% in Latin America and 10% in South Asia. By 2020, the “oldest country” will be Japan with 31% of its total population above the age of 60 years, followed by Italy, Greece and Germany (above 28%). By the year 2010, roughly 2 out of 3 of the
world's 600 million elderly (i.e. those aged 60 years and above) will be living in developing countries. It is projected that, there will be 270 million elderly citizens in India and China alone by 2020.

Demographers point out that if the current trends in ageing continues, a cataclysmic demographic revolution, wherein the proportions of the young and the old will undergo a historic crossover, will be felt in just three generations. The portrait of change in the world’s population alarmingly parallels the magnitude of the industrial revolution-traditionally considered the most significant social and economic breakthrough in the history of humankind since the Neolithic period. It marked the beginning of a sustained movement towards modern economic growth in much the same way as globalization today, marking an unprecedented and sustained movement toward a “global culture”. The demographic revolution, it is envisaged, will at least be as powerful and inevitable as the industrial revolution.

Over the past few years, the world’s population has continued its remarkable transitional path from a state of high birth and death
rates to one characterized by low birth and death rates. At the heart of that transition has been the growth in the number and proportion of older persons. Such a rapid, large and ubiquitous growth has never been seen in the history of civilization. The current demographic revolution is predicted to continue well into the coming centuries. It major features include the following:

✓ One out of every ten persons is now 60 years or above; by 2050, one out of five will be 60 years or older; and by 2150, one out of three persons will be 60 years or older.

✓ The older population itself is ageing. The oldest old (80 years or older) are the fastest growing segment of the older population. They currently make up 11 percent of the 60+ age group and will advance to 19 percent by 2050. The number of centenarians (aged 100 years or older) is projected to increase 15-fold from the approximately 145,000 in 1999 to 2.2 million by 2050.
✓ The majority of the older persons (55 percent) will be women. Among the oldest old, 65 percent will again be women.

✓ Striking differences exist between regions. One out of five Europeans, but one out of twenty Africans, is 60 years or older.

✓ As the tempo of ageing in developing countries is far more rapid than in the developed countries, developing countries will have less time than the developed countries to adapt to and cope with the consequences of population ageing.

✓ The majority of the world’s older persons (51 percent) live in urban areas. By 2025 this is expected to climb to 62 percent, although large differences may exist between the more or the less developed regions. In developed regions, 74 percent of older persons are urban dwellers, while in less developed regions, which remain predominantly rural, 37 percent of the older persons reside in urban areas.
Over the last half of the 20th century, 20 years were added to the average lifespan, bringing global life expectancy to its current level of 66 years. Large differences persist among countries, however, in the least developed regions, men reaching age 60 can expect only 14 more years of life and women 16 more years, while in the more developed regions, life expectancy at age 60 is 18 years for men and 22 years for women.

MAGNITUDE AND SPEED OF AGEING POPULATION:

The number of older persons has tripled over the last 50 years; it will more than triple again over the next 50 years.

In 1950, there were 205 million persons aged 60 or over throughout the world. At that time, only 3 countries had more than 10 million people aged 60 or older: China (42 million), India (20
million), and the United States of America (20 million). Fifty years later, the number of persons aged 60 or over increased about three times to 606 million. In 2000, the number of countries with more than 10 million people aged 60 or over increased to 12, including 5 with more than 20 million older people: China (129 million), India (77 million), the United States of America (46 million), Japan (30 million) and the Russian Federation (27 million). Over the first half of the current century, the global population at 60 or over is projected to expand by more than three times to reach nearly 2 billion by 2050.

By then, 33 countries will be expected to have more than 10 million people at 60 or over, including 5 countries inhabited by more than 50 million older people: China (437 million), India (324 million), the United States of America (107 million), Indonesia (70 million) and Brazil (58 million).

*The older population is growing faster than the total population in practically all the regions of the world and the difference in growth rates is increasing.*
In the period 1950-1955, the global average annual rate of increase in the number of persons aged 60 years or over was only slightly higher than the rate for the total population (both around 1.8 per cent).

Currently, the growth rate of the older population (1.9 per cent) is significantly higher than that of the total population (1.2 per cent). In the near future, the difference between the two rates is expected to swell even larger as the baby boom generation starts reaching older ages in several parts of the world. By 2025-2030, projections indicate that the population over 60 will be growing 3.5 times as rapidly as the total population (2.8 per cent compared to 0.8 per cent).

Even though the growth rate of the 60 or over age group is expected to decline to 1.6 per cent in 2045-2050, it will still be more
than 3 times the growth rate of the total population (0.5 per cent) by the end of the second quarter of this century.

*The proportion of older persons is projected to more than double worldwide over the next half century.*

As the older population has grown faster than the total population, the proportion of older persons in relation to the rest of the population has jumped considerably. At the global level, 1 in every 12 individuals was at least 60 years of age in 1950, and 1 in every 20 was at least 65. By the year 2000, those ratios had shot to 1 in every 10 aged 60 years or older and 1 in every 14 aged 65 or older. By the year 2050, more than 1 in every 5 persons throughout the world is projected to be aged 60 or over, while nearly 1 in every 6 is estimated to be at least 65 years old.
The more developed countries are, in general, in a more advanced stage of the demographic transition; thus, the proportions of older persons there are expected to remain significantly higher than the proportions in the less developed regions. Almost one fifth of the population in the more developed regions, but only 8 per cent in the less developed regions, was aged 60 or older in 2000, up from 12 per cent and 6 per cent respectively in 1950 (figure 10). Although the regional differences in the percentage of older people are expected to decline over the next 50 years, the difference will remain large through the mid-century. By 2050, 1 in every 3 person living in the more developed regions is likely to be 60 or older (figure 10), and about 1 in every 4 is projected to be 65 or older. In the less developed regions, nearly 1 in every 5 is estimated to be over 60, while 1 in every 7 is projected to be over 65.

*High proportions of older persons in Europe; low proportions in Africa.*

Europe is currently the world's major area with the highest proportions of older persons and is projected to remain so for at
least the next 50 years. About 37 per cent of the European population is projected to be 60 or over in 2050, up from 20 per cent in 2000. Almost 30 per cent is projected to be 65 or over, up from 15 per cent in 2000. In contrast, only 10 per cent of the population of Africa is projected to be over 60 in 2050, up from 5 per cent in 2000. The proportion 65 or over is projected to increase from 3 per cent in 2000 to 7 percent in 2050.

More than two in five persons will be 60 or over in some countries.

People aged 60 or over currently constitute one-fifth to nearly one fourth of the population of Austria, Czech Republic, Greece, Italy, Japan, Slovenia and Spain. By 2050, more than two for every five person is projected to be at least 60 years of age in those seven countries. Except for the Czech Republic, more than one in every three people in these countries is projected to be aged 65 or older in 2050. In addition to these countries, persons over 60 will constitute more than one third of the population in another 30 countries, including 6 from the less developed regions, while individuals aged
65 or over will constitute between one fourth and one third of the population of 39 additional countries, including 10 from the less developed regions.

*The older population is growing at a faster rate in the less developed regions.*

In contrast with the slow process of population ageing experienced in the past by most countries in the more developed regions, the ageing process in most of the less developed regions is taking place in a much shorter period of time, and it is occurring on relatively larger population bases. In 1950-1955, the average annual growth rate of persons aged 60 years or over was practically the same in the more and in the less developed regions (near 1.8 per cent).
From that time on, the growth rates have tended to decline in the more developed regions and to increase in the less developed regions. Currently, the average annual growth rate of the population of persons 60 years or over in the less developed regions (2.5 per cent) is almost three times the more developed regions (0.9 per cent). Over the second quarter of this century, the growth rate of people over 60 is expected to decline in both more or less developed regions. Still, in 2045-2050, the growth rate in the less developed regions (2 per cent) is projected to be ten times as high as in the more developed regions (0.2 per cent). In the least developed countries, the growth rate of the older population is projected to continue increasing at least until the end of the coming half-century. In 2045-2050, the population 60 years or older in this group of countries is projected to be climbing at a rate (3.7 per cent) more then eighteen times as high as the corresponding age group in the more developed regions (0.2 per cent).
The older population will be increasingly concentrated in the less developed regions.

Although the percentages of older persons are significantly greater in the more developed regions, the number of older people is increasingly ascending in the less developed regions. Over the last half century, the number of people aged 60 or older increased globally at an average of 8 million persons every year. Of this increase, 66 per cent occurred in the less developed regions and 34 per cent in the more developed regions. As a result, the proportion
of the world's population over 60 living in the less developed regions rose from slightly over half (54 per cent) in 1950 to 62 percent in the year 2000.

Over the next half century, this trend will intensify. In the more developed regions the number of persons aged 60 or over will rise by about 70 per cent, up from 231 million in 2000 to 395 million in 2050. In contrast, in the less developed regions the older populations will more than quadruple during the same period, from 374 million to 1.6 billion. By 2050, nearly four fifths of the world's older population will be living in the less developed regions.

INDIAN SCENE:

India is a vast country occupying an area of about 2,287,263 square kilometers. The Indian subcontinent is physically, geographically, meteorologically and culturally diverse. Though Hindus form the majority, secular India is home to different religions. Sixteen percent of the world's populations live in the country. Some 826 languages and thousands of dialects are spoken.
Different geographical regions of the country—the rivers, valleys, plains, deserts, vast stretches of coast, snow covered mountains, present diverse types of life styles and culture. While 72 percent of the population live in the rural areas, over a million people live in more than 225 cities. Different parts of the country are experiencing varying degrees of socio-economic change. Literacy, employment, health and morbidity rates vary from region to region. Urban and rural environments present contrasting pictures with respect to quality of life at any age.

The aged population in India is the second largest in the world, next only to China. This population, which according to the 2001 census was 77 million (7.4% of the total population), is projected by the UN to ascend to 137 million by 2021. Three-fourth of the elderly population live in rural areas. Their annual growth rate is higher (3%) when compared to the growth rate of the total population (1.9%). Population projections show that, by 2050, the elderly population in India will surpass the population of children below 14 years.
The rate at which aged population has been galloping away is a subject of growing concern for the sociologists. The combination of high fertility and declining mortality during the twentieth century has resulted in a large and rapid increase in the elderly population, as larger cohorts successively step into old age. Further, the sharp decline in fertility experienced in recent times is bound to lead to an increasing proportion of the elderly in the future. And these demographic changes have been accompanied by rapid and profound socio-economic changes as well.

The number of elderly in the developing countries has been growing at a phenomenal rate; in 1990 the population of 60 years and above in the developing countries exceeded that in the developed countries. According to the present indications, most of this growth will take place in developing countries and over half of it will be in Asia, with the two major population giants of Asia, namely India and China contributing significantly to the proportion of this growing elderly.
The 2001 census has shown that the aged population of India accounted for 77 million. While the aged constituted only 24 million in 1961, it shot to 43 million in 1981 and to 57 million in 1991. The population of India rose from 5.63 percent in 1961 to 6.58 percent in 1991 (Irudaya Rajan, Mishra and Sarma, 1999) and to 7.4 percent in 2001. This is true of other older age cohorts too. The elderly population aged 70 and above which was only 8 million in 1961 rose to 21 million in 1991 and to 29 million in 2001. Besides, the proportion of the elderly above 70 in the total population rose from 2.0 percent in 1961 to 2.9 percent in 2001. The Indian population census reported which 99,000 centenarians in 1961 reached the figure of 138,000 in 1991. The growth rate among different cohorts of the 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 favored males as against the trend prevalent in other parts of the world.
Table 1.6
Number and proportion of the elderly in the Indian population by Age Groups, 1961 – 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number (in Millions)</th>
<th>Percent of Elderly to the total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>70+</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>80+</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>90+</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>100+</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Table 1.7
Sex Ratio and Growth rate among the Indian Elderly, 1971-2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sex Ratio of Elderly (males per 1000 females)</th>
<th>Growth of Elderly (percentage )</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>1066</td>
<td>1042</td>
</tr>
<tr>
<td>70+</td>
<td>1030</td>
<td>1026</td>
</tr>
<tr>
<td>80+</td>
<td>950</td>
<td>990</td>
</tr>
<tr>
<td>90+</td>
<td>897</td>
<td>892</td>
</tr>
<tr>
<td>100+</td>
<td>798</td>
<td>844</td>
</tr>
</tbody>
</table>

India is one of the few countries in the world where males out number females. This phenomenon among the elderly is
intriguing because female life expectancy at ages 60 to 70 is slightly higher than that of males. However, at any given age, contrary to what we would normally expect, there are more widows than widowers and reasons for this unusual phenomenon need to be identified. Until the first half of the 1990s, life expectancy at birth among Indian males had been higher than that among females. Apart from this unusual demographic pattern of excess female mortality during infancy and childhood, the phenomenon of age exaggeration among the aged complicates the analysis. Thus, the above observation of more males in old age does not reveal a true picture of the elderly persons. In India, the sex ratio of the aged as well as that of the old-old favors males. Reasons for more males in old age may be attributed to consist of under-reporting of females, especially widows, age exaggeration, low female life expectancy at birth, and excess female mortality among infants, children and adults. Notwithstanding the several analytical and statistical problems indicated above, the preponderance of females in extreme
old age needs to be brought to the attention of planners and policy makers.

Available findings on ageing suggest that fertility has played a predominant role in the ageing process, compared to mortality. In India, there has been a substantial reduction in mortality compared to fertility since 1950. For instance, while the crude birth rate declined from 47.3 during 1951-61 to 22.8 in 1999, the crude death rate fell steeply from 28.5 to 8.4 during the same period. Logically, therefore, India is expected to undergo a faster decline in fertility in the immediate future as compared to mortality, because mortality is already at a low level. The ageing process in India will, therefore, be faster than in other developing countries. Moreover, the transition from high to low fertility is expected to narrow the age structure at its base and broaden the same at the top. In addition, improvement in life expectancy at all ages will allow more old people to survive, thus intensifying the ageing process. In this context, an examination of the increasing life expectancy indicates that the gain will be shared by older people in terms of an increase in their longevity.
In India, the proportion of the elderly (60+) rose from 5.6% in 1960 to 6.5% in 1981 and 7.4% in 2001 which corresponds to a population of 80 million. It is expected to reach 9.5% in 2020 and 13.3% by 2025. India thus will soon qualify as a “GREYING NATION” as per the UN definition.\(^4\)

While studying the demographic dimensions of Asia, Conception M. B.\(^5\) divided the elderly into three groups.

- Young Old – those in the age group 60–69 years.
- Old – Old – those between 70 and 79 years of age
- Oldest Old – those aged 80 years.

Ageing is a universal phenomenon and no society can hope to escape from it. At all stages of our life we have to face social, economic, and psychological and health related problems. But in old age the magnitude and the extent of these problems are much more serious. The social and psychological problems of the aged are very much linked to health and financial status of these individuals. The advent of new technology, life-saving drugs, better knowledge and awareness of health and nutrition as well as effective treatment
of disease have increased life expectancy and has delayed the onset of old age with its attendant health problems and mitigated sufferings.

In India, the aged population according to the 1991 census was put at 56 million. The proportion of the aged in India rose from 5.63% in 1961 to 6.58% in 1991. The Indian population aged 60 and above climbed to 71 million in 2001 and is estimated to have crossed 100 million by now. South India has the higher number of aged (19 million) and is expected to maintain its lead till 2051 (70 million). One-fourth of India's aged is likely to be living in South India indicating low fertility and high expectation of life at birth in the region. The number in the 70+ age group is likely to shoot up more prominently and the oldest old, (80+) will increase six fold from 5.4 million in 2001 to 32.0 in 2051.

Due to increase in literacy rates, economy and health consciousness, the life span of Indians is slowly but steadily showing an uptrend. Improved life expectancy has contributed to an increase in the number of persons of 60+. From 12 million
persons of 60+ in India in 1901, the number crossed 20 million in 1951 and 57 million in 1991. Projections beyond 2016 made by the United Nations (As per 1996 revision) has predicted that India will have 198 million persons of 60+ age in 2030 and 326 million in 2050. The percentage of persons of 60+ in the total population has seen a steady increase from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (as per 1996 revision) have indicated that 21 percent of the Indian population will be 60+ by 2050.

The decade 2001-11 is expected to witness an increase of 25 million persons of 60+, which is equivalent to the total population of persons of 60+ in 1961. The twenty-five year period from 1991 to 2016 will witness an increase of 55.4 million persons 60+, which is nearly the same as the population of persons 60+ in 1991.

State-level analysis of population in age 60 years and above indicates that Kerala with 10.5 percent (9.6 for males and 11.3 for females) is at the top of the list, followed by Himachal Pradesh,
Chapter 1

Introduction

Punjab, Tamil Nadu, Maharashtra, Goa, Pondicherry and Orissa which have almost more than 8 percent of population in age-group 60 years and above. Karnataka has 7.1 percent of the aged population (60+) as per 2001 census. Among the major states, Jharkhand has the lowest percentage (5.9) followed by Bihar. Some of the smaller states and union territories like Dadra and Nagar Haveli, Nagaland, Arunchal Pradesh, Meghalaya & Andaman and Nicobar Islands have less than 5 percent of population in the age group 60+ years.

KARNATAKA SCENE

According to 1991 census the aged population in India was put at 56 million. The proportion of the aged in India rose from 5.63% in 1961 to 6.58% in 1991. The Indian population aged 60 and above climbed to 71 million in 2001 and is suspected to have crossed 100 million by now. South India has the higher number of aged (19 million) and is expected to maintain its lead till 2051 (70 million). One-fourth of India's aged is likely to be living in South
India indicating low fertility and high expectation of life at birth in the region. The number in the 70 + age group is likely to increase more prominently and the oldest old, (80+) will increase six fold from 5.4 million in 2001 to 32.0 in 2051. In terms of rural – urban residence, the 1991 census shows that for every 1000 persons living in the country, only 237 lived in town and cities, while the remaining 743 lived in rural areas. For the aged, the ratio was 781.

The expected number of the aged in population is an important requirement for socio economic planning. The planning commission appointed a technical group on population projection in which the projected figures rise steadily.

The distribution of the aged population into broad age groups is indicative of the concentration of the older people in specific higher ages. Longevity and expectation of life at birth has increased from 49.7 years during 1970-75 to 60.3 years during 1991-95. Considerable improvement in female life expectancy (49.0 to 60.9) is also observed. Old age dependency ratio has increased from 10.9 in 1960 to 12.2 % in 1991. It is higher in rural areas. In terms of
literacy, majority of the aged have a low level of education. Work participation rate for the aged female is much lower compared to male in both urban and rural areas. There were 391 marginal and main workers for 1000 aged persons. Majority were non-workers. 56 percent work as cultivators and 22.9 percent of them are agricultural laborers. Women are concentrated in unorganized and agricultural sector.

**Comparisons between the country and state for 60+ age groups (2001 census)**

<table>
<thead>
<tr>
<th>60 + in the population</th>
<th>India</th>
<th>Karnataka</th>
</tr>
</thead>
<tbody>
<tr>
<td>% in population</td>
<td>7.4</td>
<td>7.1</td>
</tr>
</tbody>
</table>

It is interesting to note that about 77 million people in the country are aged over 60 years and about 75 percent among them reside in the rural areas. From only 12 millions in 1901, the number of persons aged 60 years and above in India ascended to 77 millions in 2001 and will be around 172 millions in 2026 as population projections based on 2001 census disclosed. It is also discernible
that the proportion of the aged is concentrated more in the rural areas than in the urban areas. A similar situation persisted in 1991 also. Their percentage share in the rural areas is 7.8 percent as against 6.7 percent in the urban areas and the figures respectively in 1991 were 7.1 percent and 5.7 percent.

**CONCEPT OF AGE:**

Age is usually defined in demographic literature as the number of completed years, elapsed since the birth of the individual. It is well known that the age structure represents one of the fundamental characteristics of population composition. Age structure is a crucial component in the demographic analysis as it provides a quick and ready tool for mapping the broad contours of demographic history of a population.

Age statistics are important in the sense that most of the socio-demographic analysis is performed according to age variables. Mortality rates fluctuate over a wide range at different ages.
AGEING:

Ageing is an ongoing process and can be defined in chronological terms or in terms of biological, psychological and social factors. Chronological age as a marker of growth and development is imprecise. The process of becoming older is genetically determined and environmentally modulated.

The social/behavioral scientists who study ageing are called gerontologists, derived from the Greek word 'Geron' for 'old man'. Gerontologists define ageing as a continuous, universal, progressive, intrinsic, and deleterious (CUPID) process that decreases an organism's ability to maintain homeostasis in the face of environmental stressors and while therefore, increases the organism's likelihood of dying.

In our society, some positive and negative and biases views on ageing persist. Some people believe that being old is being sick and that we just cannot teach old dogs new tricks. Others believe that being old is having freedom, wisdom, and enjoyment. (Carlsen,
AGEISM

American society has been described as maintaining a stereotypic and often negative perception of older adults (Busse, 1968). This negative and/or stereotypic perception of ageing and aged individuals is obviously apparent in such areas as language, media, and humor. For example, such commonly used phrases as "over the hill" and "don't be an old fuddy-duddy" denote old age as a period of impotency and incompetency (Nuessel, 1982). The term used to describe this stereotypic and often negative bias against older adults is "ageism" (Butler, 1969).

Ageism can be defined as "any attitude, action, or institutional structure, which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age" (Traxler, 1980, p. 4). As an "ism", ageism reflects a prejudice in society against the older adults.
Ageism is a term sociologists use to describe institutional practice of aged prejudice and discrimination. Ageism is structured into the institutional fabric of the society. Perceptions of age are socially constructed. Age stereotypes are preconceived judgments about what different age groups are like. 'Ageism' is treatment of people who, at different stages in the life course are subjected to different rules and expectations. Although ageist assumptions affect all of us, particular age groups suffer more from social marginalization and economic exclusion. Age stereotypes are reinforced by popular culture. We find our attention captured by the fact that the elderly are the targets of a set of stereotyped beliefs, assumptions and expectations. Cultural differences in these stereotyped beliefs are likely to exist and persist.

Ageism, however, is different from other "isms" like sexism, racism etc., for primarily two reasons: First, age classification is not static. An individual's age classification changes as one progresses through the life cycle. Thus, age classification is characterized by continual change, while the other classification systems traditionally
used by society such as race and gender remain constant; second, no one at some point is exempt from achieving the status of old, unless they die at an early age, experiencing ageism. The letter makes an important distinction as ageism can thus affect the individual at two levels; first, the individual may be ageist with respect to others, that is, s/he may stereotype other people on the basis of age; second, the individual may be ageist with respect to self. Thus, ageist attitudes may affect one’s self-concept.

**CONCEPTUALISATION OF THE RESEARCH THEME**

*GERAS* is the Greek word for age, from which the word *geron* is derived and refers to an old man. The discipline of ‘Geriatrics’ and ‘Gerontology’ have derived their meaning from these words. Gerontology is defined as the scientific approach to all aspect of ageing (health, socio-cultural, economic, behavioral, environmental and the like). Geriatrics is defined as a branch of gerontology and medicine that is concerned with the health of the
aged in all its aspects: preventive clinical, remedial, rehabilitative and continuous surveillance\textsuperscript{10} (WHO Technical Report series 1974).

Ageing is a universal process and is regarded as an normal biological phenomenon. According to the \textit{ashrama} theory in the Hindu scriptures the life cycle of man is divided into four phases – \textit{Brahmacharya} (education and celibacy), \textit{Grahastha} (family life & reproduction) \textit{Vanaprastha} (renunciation of material possessions) and \textit{Sanyasa} ( abstaining from worldly affairs and spending time in meditation and prayers ). Each ashrama is provided with a quarter of century, on the assumption that a healthy human lives for about hundred years.

In Greece, Hippocrates (460-370 BC) set the beginning of old age at fifty six years. He compared the stages of human life to nature’s four seasons, with age being winter. Galen (131-201 AD) looked upon old age as a time when the body becomes dehydrated with the humours evaporation. In his \textit{Gerocomica} he mentions measures for the maintenance of the health of the aged.
While the definition of the term “Geriatric Population” varies, in India, people aged 60 years and above are generally considered to belong to the geriatric age group. Other common words used for the persons aged 60 and above are, “the aged” or “senior citizens” (Kalayan Bagachi 2000).

In recent years, studies on geriatric population have become increasingly popular. Academics, Social thinkers, Officials of NGO’s have evinced immense interest in this area of study. Various theoretical perspectives, emerging out of research studies worldwide, have been in vogue to explain and analyze the situation. A glimpse at the major theoretical views is attempted here.

Theories of ageing to study the problem of ageing may be classified as,

- Genetic ageing theories
- Biochemical ageing theories
- Physiological ageing theories
- Psycho-social theories
Chapter 1

Introduction

*Genetic ageing theory* favours a genetically determined, species specific, maximum life span with acquired damage and immunologic events determining how close an individual comes to achieving it. *Biochemical ageing Theory* suggests that highly reactive by products of oxidative metabolism can react with key cellular constituents including proteins, DNA and lipids to generate long living dysfunctional molecules that interfere with cellular function. There is evidence to show that such altered macromolecules accumulate with age. As a result, age dependent alterations have been noted in plasma membrane viscosity, in protein synthesis and degradation rates, in telomere length and in mitochondrial function. *Physiological Ageing Theory* proposes that both ageing and life span are influenced by body temperature, nutrition, exposure to radiation and disease. The loss of performance and reserve capacity because of age may be explained in a large measure by progressive loss of functioning of cells, due partly to increased reduction of certain enzymes within the cells. Psycho-social theory of ageing puts forth the argument that ageing is not merely a physiological or chemical
process among humans but is heavily influenced by psychological, cultural and societal factors. For instance, prejudices, stereotypes, status, felling of security-insecurity, cultural definitions of the aged, etc. can have a major impact on the experience of ageing in a given social environment.

**PROBLEMS OF THE AGED PEOPLE**

From the studies done on the elderly in India, some of the common health, psychological and social problems of the geriatric population include:

1. **HEALTH**

   *Health facilities exclusively for the elderly are negligible. They have to compete with the general population to avail them.*

   People become increasingly susceptible to chronic diseases, physical disabilities and mental incapacities, as they grow older. Not surprisingly, health problems and medical care become major concerns among a majority of the elderly. Yet many refrain from
seeking medical aid due to various impediments. As a rule some refuse medical attention merely because they have never received such treatment. Multiplicity of diseases is normal among the elderly. The majority often suffer from chronic bronchitis, anaemia, blood pressure, chest pain, heart attack, kidney problems, digestive problems, change in vision, diabetes, rheumatism and depression (Siva Raju, 2000). Disability among the elderly mainly implies difficulty in walking and standing, partial or complete blindness, partial deafness, difficulty in moving some joints, indigestion and mild breathlessness.

Factors like age, education, economic status, marital status, perception on living, anxieties and worries, addictions, degree of idleness, type of health centre visited, and whether the person is on some kind of medication, exert a significant influence on both the perceived and actual health status of the elderly (Siva Raju, 2002). Health conditions also vary considerably depending on their gender (Siva Raju, 1997). Joshi (1971) opined that environmental and social factors such as diet, addictions, education, family and professional
life influence both physical and mental aspects of differential ageing phenomena.

Health insurance is limited to only a small section of the people in the organized sector, and covers less than 10% of the total population.

2. PSYCHOLOGICAL

As changes in cognitive and other abilities surface, the elderly face psychological problems. Reasoning becomes slower, memory is impaired, and enthusiasm decreases, and cautiousness increases, and sleep patterns are altered. Mental illness is also much higher among the old people. Some of the common psychological problems of the aged population are:

✓ Sleeplessness
✓ Mood depression
✓ Suicidal ideas
✓ Memory deficit
✓ Disorientation
3. SOCIAL

The elderly were the most respected members of the family in traditional Indian society. Taking care of them was primarily the duty and responsibility of their children. However, the growth of individualism and materialism among the younger generation in modern industrial life led to their alienation and isolation from the family and society. Migration from rural areas also resulted in the growth of more nuclear families in towns and cities. Some of the common social problems of the aged population are:

1. Economic dependency
2. Loss of role & status
3. Loneliness

According to Gurumurthy K. G\textsuperscript{13}, owing to modern education, employment outside the home handling of cash by individual members, the authority of the elders has weakened. In many cases when sons go out for employment or separate, taking their share of property, the aged parents face problems.
Biswas S. K. in his study done on Role of the elderly as family decision makers found that the status of elderly person is determined by

- The ability of the elderly to do work and
- The personal economic security of the elderly

In a study done by Indira Jaiprakash et. al. social interaction is a major source of life satisfaction among the elderly: it also stresses that family plays a crucial role in the social integration of the elderly. It also emphasizes that the health status among the elderly is directly related to life satisfaction.

4. ECONOMIC ISSUES

*Though the young generation takes care of elders in the modern societies, their living conditions and quality of care differ widely from community to community.*

Many problems that confront the elderly can be traced to the loss of income resulting from total or partial withdrawal from occupation, combined with the loss of social status that they enjoyed while occupied. Nearly 90 per cent of the total workforce
in India is from the unorganized sector. As a result of retiring without any financial security like pension or other post-retirement benefits (Siva Raju, 2005), a majority are compelled to pursue and continue in some occupation or the other to maintain their families.

"Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, community and society."

-NPOP, 1999

72.5% of the Indian population live in rural areas. In the changing cultural scenario, the joint family of living is being replaced by nuclear families. It is observed that the younger generations migrate to urban areas in search of better jobs and opportunities and hence, the elderly are left helplessly alone. With an increase in life expectancy, the high incidence of chronic diseases among the elderly the large number of persons aged 60 years and above living in rural areas of India-will pose a grave challenge to the health and social sectors.
Chapter 1
Introduction

URBAN AND RURAL DIFFERENCES:

India is a country of villages, and nearly three quarters of its population is rural. Urban and Rural areas provide striking contrasts in the living conditions, availability of resources and facilities. There are regional variations in the condition of villages but in general, most villages have poor sanitary conditions and less access to education and health facilities. Most rural folks work on their own land or as agricultural labourers. There is neither income security nor any systematic provision for old age is made. Children are perceived as old age security. In most surveys, the urban old are found to have better health and better economic security than those in rural areas.

*Urban areas in India have benefited disproportionately from improvements in housing, sanitation, education and health care.*

Urban males are in the most advantageous position when compared to urban females, rural males and rural females. Urban men are better educated, are likely to work in the organized sector,
Chapter 1

Introduction

retire with a pension and are likely insured. They are also more likely to use health facilities more often and have better health status. Senior citizen clubs are becoming popular in cities. In metropolitan areas, older people organize themselves to fight for better facilities and pressurize the government for tax benefits and user-friendly public services.

In terms of rural – urban residence, the 1991 census shows that for every 1000 persons living in the country, only 257 lived in town/ cities. The remaining 743 lived in rural areas. For the aged, the ratio was 781. The expected number of the aged in population is an important requirement for socio economic planning.

Nearly 78% of the older people live in rural areas. Rural poverty and poor development marginalizes such aged. Literacy level reflects the extent to which older people can be made conscious of their rights. A "literate", according to Indian census, is a person having the ability to read and write with an understanding in any regional languages. The data shows dismally low level of literacy among the aged. The low literacy level of the aged is
understandable as they lived most of their lives prior to independence (1947) and advent of accelerated developmental programs in the country. Older rural people are more disadvantaged. The most vulnerable are the older women. They are the least literates in the country. The shocking statistics is that for 100 aged rural women; there were only eight literates. Except in the state of Kerala, the female literacy rate elsewhere is consistently low.

Marital status makes a difference to the quality of life of the people. A major concern is the increasing number of women who are widowed. The gender disparity in widowhood is due to the cultural practice of men marrying women younger than them. Also, widowed men tend to remarry which is non-normative for women in many Indian societies. Different studies show the rates of widows to widowers to be anywhere around 55 – 60% (female) to 12 – 14% (male). In India the economic and social status of the widows suffer ignominy, is reduced drastically, forcing them to become dependent even for subsistence on family members or relatives.
There is greater degree of economic dependence in old age. Many rural aged continue to work, though the hours of work decrease. Majority of Indians work in agricultural and unorganized sector. They have no economic security in old age. Women, who have not having worked in remunerative jobs during adult life are the worst sufferers. There is no comprehensive social security measure. Only a very small group gets Old Age Pension, which may range from Rs. 60/- to Rs. 100/- from depending on the region.

Implications of the above trends are so obvious that there will be a large group of older people in India who will be vulnerable. Old age dependency will increase. Since families are expected to provide security and care for the older people, changing family system will create problems in long-term care. The demand on health care service will come under grater stress. In the absence of social security measures, serious adjustments have to be made by old people as well as families to provide for the aged. At present, neither the old people nor their families nor the society, nor the
Government is equipped to face the problems that a fast growing number of the aged will pose to the society. The deteriorating condition of the aged is attributable to the fast eroding traditional family system, unchecked urbanization and unplanned industrialization. Projected increase in both relative and absolute rate of the aged in the third world countries has been a cause of growing concern for social policy.

Over the years, due to social and technological changes, the concept of stages of life has disappeared. People have lost their religious and cultural moorings that anchored them firmly regardless of the ravages of time. The self-system and social relations have undergone drastic changes. Problems of old age in the present society are closely linked to changes in ideologies and social structure. The cultural norm of filial piety and the obligatory family security for older people is eroding fast in the absence of state sponsored security measures and personal efforts at maintaining an active life style, older people are perceived as more and more as a burden some.
LIFE EXPECTANCY AND SEX DIFFERENTIALS

In India, life expectancy at birth by 2020 will be close to 70 years. The global average life expectancy at birth is 67 years for women and 63 years for men. Life expectancy at 60 years varies from region to region, it being 19.1 years in Japan and 14.6 years in Hungary for men, while for women it ranges from 23.2 years (Canada) to 18.4 years (Romania). In Asia, life expectancy at 60 years was of the order of 12-14 years, it being generally 2 years more for women than men.

In developed countries, the social status between elderly women and men is more or less equal. In developing countries, elderly women face the same disadvantages as women in all other age groups, suffering the consequences of being at the lower level of social development.

In 1987, the Ministry of Social Welfare, Government of India in its 42nd round of the National Sample survey, attempted to
assess the nature and dimensions of the socio economic problems of the elderly. Findings for Karnataka state included the following:

- The sex ratio was 970 females per 1000 males as a whole. It was 960 females per 1000 males in rural India and 1006 females per 1000 males in urban India. 38.38 million elderly lived in rural India and 10.31 million elderly lived in urban India. 7.31% of the rural elderly and 5.54% of the urban elderly lived alone.

- 6.71% of the rural elderly and 7.72% of the urban elderly did not have any children. 48.9% of the rural elderly and 54.3% of the urban elderly were dependents. 6.68% of the rural elderly and 0.4% of the urban elderly lived in institutions. 4.4% of the rural elderly and 5.4% of the urban elderly were immobile.

- 45.1% of elderly men, 44.8% elderly women in rural area and 44.3% of elderly men, 45.5% of elderly women in urban area were suffering from chronic diseases.
Chapter 1 Introduction

✓ Only less than 1% of elderly persons had financial assets and properties. About 80% of elderly men and 68% of women in both rural and urban areas participated in social, religious and household activities.

For Karnataka, figures are as follows;

✓ The Sex ratio was 963 females per 1000 males in rural Karnataka.

✓ The Sex ratio was 1064 females per 1000 males in urban Karnataka.

✓ 1.96 million elderly lived in rural Karnataka and 0.75 million elderly lived in urban Karnataka.

✓ 5.56% of rural elderly and 4.28% of urban elderly lived alone.

✓ 6.38% of rural elderly and 8.45% of urban elderly did not have children.

✓ 53.7% of rural elderly and 58.5% of urban elderly were dependent.
✓ 0.52% of rural elderly and 0.42% of urban elderly lived in institutions.

✓ It was observed that 4.5% of elderly men and 11.3% of elderly women in rural Karnataka and 4.1% of elderly men and 7% of elderly women in urban area were immobile.

✓ 37.2% men and 34.9% women among the elderly in rural Karnataka had chronic diseases. The figures for urban areas were 35.4% and 40.8% respectively.

✓ Only less than 1% of the elderly in both rural and urban Karnataka owned sufficient financial assets and properties.

✓ About 80% of the elderly men, about 69% of the elderly women in both urban and rural areas participated in social, religious and household activities.

✓ 61.3% of the aged are unemployed. The employed aged worked as labourers (77.6%) and 22.4% were self-employed.
CURRENT SCENARIO AND FUTURE PROJECTIONS

The Indian aged population is currently the second largest in the world. From only 12 millions in 1901, the number of persons aged 60 years and above in India has shot up to 77 millions in 2001 and will be around 172 millions in 2026 as population projections based on 2001 census disclose. From 5.4 percent in 1951, the population of 60+ grew to 6.4 percent in 1981 and 7.4 percent in 2001. The decadal percent growth in the elderly population for the period 1991-2001 was close to 40, more than double the rate of increase in the general population.

Of particular interest is the present tendency of the age pyramid in India to assume a ‘barrel’ shape, which is generally a common feature for a population entering an aging process. India is gradually entering into that domain. If the present trend continues, as is likely, the bulge in the population structure will appear at the top segment by mid 21st century, and the proportion of the aged will future increase.
In India the elderly population according to 2001 census was put at 76 millions. The proportion of elderly in India rose from 5.63% in 1961 to 6.58% in 1991. The Indian population aged 60 and above is expected to rise 137 million in 2021. In fact, it is estimated to have crossed 100 million by the year 2006. South Indian states have the highest number of elderly in terms of percentage. These states are expected to maintain the lead till 2051 (as estimate of 70 million then in these states). One-fourth of India’s elderly is then likely to be living in South-India, indicating low fertility and high life expectation at birth in the region.

**IMPORTANCE OF THE STUDY**

The problems of rural and urban aged populations are different. In rural India land is plentiful, families are extended and it is easier to take care of the elderly with the help of community social systems. In the urban areas however, there is a shortage of housing, high cost of living often requiring that both husband and wife work leading to families that are nuclear. Additionally, migrant
families live in an alien environment are bereft of any social support system.

Planning services for the elderly would require information and an analysis of the existing situation. There is, therefore, a need to study the health and social status of an ageing population in rural and urban places of Bangalore with the ultimate aim of providing some form of service to cater to the needs of this special group. A study of the rural aged should include a health profile assessment and social assessment, since the care of the aged would represent a social responsibility.