CHAPTER 1

ISSUES RELATING TO POPULATION AGING

1.1 INTRODUCTION:

One of the most important trends in the age structural changes of the populations of the countries of the world today, is the 'Aging of population' characterised by the relatively rapid increase in the aged population. Although there could be differences as to which segment of the population should be called as aged population, for the purpose of this study, population aged 60 years and over will be called as aged population. The aging of a population refers to the increase in the proportion of the aged population. This phenomenon which was noticed in the developed countries so far, has now started to emerge on a world wide basis. While the developed countries are already preoccupied with the issues emerging from the aging of their populations, the developing countries must have to start giving immediate consideration to these issues if they have to avoid serious problems later.

In India, although the situation is not yet grim, it may be said that the country is already nearing the threshold of the aging process. With the rising expectancy of life and the prospective decline in fertility, the aging of population is inevitable and the related issues are likely to assume greater proportions in the near future. At present the aging of population is still in its initial stage in India compared to the developed countries of the world. However, although the proportion of the aged population is not very high in India, in absolute numbers involved, the country ranks second next to China among the countries with large number of aged population of the world. In 1981, the census counted 43.2
million aged persons (defined as persons aged 60 years and above). Therefore it is necessary to prepare and plan the policies well in advance so that the problem of aging can be tackled effectively with the limited resources of the country.

The experience of developed countries in addressing the issues relating to the aged could provide good guide lines for India, although the economic, social, cultural and political differences will require changes to some extent (Hauser, 1976). R.Salas (1982) who was the Executive Director of UNFPA has described, "Aging, like other questions of population and development is a question which presents itself in different ways in different countries and for which countries will have to find answers most appropriate to their own situation'.

1.2 ISSUES IN POPULATION AGING:

The major issues (or needs) that arise as a result of rapidly rising number (and less rapidly rising proportion) of the aged persons can be grouped under four broad areas:

1. Living arrangements of the aged which include providing physical support to the aged persons;
2. Employment and economic aspects which emphasise providing of financial security and suitable employment opportunities or other activities for the aged persons to spend time;
3. Health aspects which involve providing of medical care to the aged persons; and
4. Psychological aspects which suggest the providing of emotional support to the aged persons (U.N.O. 1975).

Each one of these is so vital to the aged persons that non-availability of any one of them will make their life miserable and sometimes even impossible. Indeed the degree of satisfaction with life which an aged person derives shall be
dependent on the availability of a proper combination of these supports (Nayar, 1986).

In Indian Society, the traditional values and cultural practices emphasise that the aged members of the family be treated with honour and respect. The families of the aged persons are expected to ensure the needed care and support for the aged. However, with the recent socio-economic changes occurring in the Indian Society due to the impact of the so-called modernisation, the traditional values and cultural practices are being threatened and to some extent are already being eroded. Further, there have been changes in the size and structure of families and consequently the rearrangement of roles and functions of members in the families. These developments in the Indian Society are affecting the life of the aged persons. Hence it is necessary to examine to what extent the traditional support systems and values are still prevailing and whether these would continue to exist for a reasonable period of time to come. It is necessary to analyse, what values have been eroded and what new values, if any, have replaced them and how these new values affect the life of the aged persons. If problems exist in this regard, how to tackle them to ensure the physical and mental well being of the aged persons.

The economic system of India, which is still largely based on agriculture and is dependent on rural economic activities, provides only a subsistence level of living to the rural masses. As such, the families from lower economic section of the society experience economic hardships in providing care and support to their aged members. In India, the system of providing income support to old people in the form of oldage pension, as it exists in the developed countries, covers only a minor part of the population which is generally dependent on employment in the organised sector.
The developed countries which have such a system of providing economic support to the old people are also experiencing the economic burden in the present days. A pension system providing for all the aged appears to be not feasible in India, since India is a developing country with limited resources.

Those who are employed in the organised sectors also suffer due to the following reasons:

1. New labour laws and practices have prescribed a lower age for retirement which will result in the withdrawing of able and healthy persons from employment at an early retirement age.

2. The severe unemployment situation results in the displacement of the aged by the young in the labour market. The old would thus become dependent on the young during their retired life as they would not have adequate income base to support themselves and this dependence will be felt very early in the oldage.

Further, lack of any productive role for the able and healthy aged persons would affect the functional integration of the young adults and the old, while the so called generation gap would affect the emotional integration. There should be meaningful roles which will integrate the aged persons with other members of the family both at the functional level and at the emotional level. Hence for guaranteeing atleast the minimal material security for the aged people with reduced capacities for earning and employment and for creating opportunities for those able and healthy among the aged persons, it is necessary to examine the role, contribution, economic dependence and status and their correlates related to the aged persons, so that suitable
policies and programmes may be planned to provide the needed economic security to the aged persons.

Another major issue with respect to the population aging, is the provision of medical services to the aged persons. For, many years government agencies have focused, primarily on the health care of the young and rapidly growing populations, the treatment and prevention of infectious diseases and health problems associated with poverty and malnutrition. For many years health issues have been characterised by high infant and maternal mortality, diarrhoeal diseases and limited increase in life expectancy. The health issues associated with aging such as the appearance of chronic diseases and disability have only just started to emerge, to which attention is needed. Often the health problems of the aged people are not considered as different from other age groups. But, oldage is be set with all sorts of health problems and many of the diseases at this stage of life are of multiple nature. These are different from diseases appearing in younger ages in both intensity and curability.

Although, the issue of the aged is still not a very priority issue for health planners, providers and policy makers in India, there will soon be growing need in the coming years to pay greater attention to the health consequences associated with population aging in India. If the impact of population aging on health care needs is recognised early, it may help to avoid the mistakes made in some of the developed countries, where there is evidence of over dependence on institutional rather than community solutions for providing support to the aged and where the informal family support has not been given the due importance (Andrews, 1988).
Tapia-Videla (1985) has pointed out the search for solutions to the problems associated with the need to meet the health care requirements of the elderly with efficiency, effectiveness and equity often reveals a need for the collection of basic data that will allow decision makers to use more rational approaches to dealing with the complex public policy questions involved. Valid, timely and relevant research is clearly required now on this issue if future policy and programme directions are to be guided by sound information.

Tapia-Videla (1985) suggests that the range of information relevant to policy makers and administrators dealing with health care of the elderly should include data collected for the purposes of:

(a) Developing a general profile of the elderly population including but not limited to its age composition, sex distribution, levels of education, residence, income and general socio-economic conditions;

(b) Describing the problems and needs affecting the target population with special emphasis on those that influence its health status and general well being;

(c) Securing a comprehensive description of available services (Public and Private) for meeting the problems or needs of the elderly;

(d) Determining the types and levels of unmet needs (these might be produced by problems that are not met by existing programmes);

(e) Devising, from the perspective of the elderly, a priority ranking of both needs and problems which
may balance the views of the decision makers and professionals, who tend to define the needs of the elderly population from the "Supply" perspective - too often with paternalistic overtones; and

(f) Obtaining feedback on the operation, quality and impact of particular policies or programmes pertaining to the elderly population.

In traditional Indian Society elderly people used to play a key role and to hold powerful positions of decision makers and advisors in the family and in the society, because their wisdom, knowledge and experience were considered to be of great value. Thus society provided the aged persons full opportunities for the satisfaction of their various needs. However, with the so called modernisation affecting the Indian society, the roles and status of the aged persons are changing. The knowledge and experience of the aged people has lost much significance. Also, the younger persons are, out of necessity, being forced to be away from their aged kins and thus the aged population is being left in weakened and functionless situation. As a result, the elderly who were until recently the kingpin of authority in the family and society, find it difficult to reconcile to the new situation.

Further, there are divergences of views, values, norms, attitudes and outlook regarding life between younger and older generations. As a result, a lot of tensions, frustrations and consequent emotional problems are developing among the aged people in India. Such a situation will not achieve the integration of old people even when their material needs are taken care of. In such situations, the attitudes, behaviour, perceptions and outlook towards changing social conditions in which they are living, play a significant role in mental happiness, well being and harmonious living of aged persons.
A lot of emotional problems can be resolved by educating them on these problems and needed adjustments in old age. In Western societies there are formal institutions for this purpose e.g. Third age Universities (Nayar, 1986). In India, it could be achieved without any formal agency by community programmes and mass media, especially Radio, T.V. etc. (Nayar, 1986). For planning welfare policies and programmes of social assistance to aged people, for adjustment and harmonious living in their old age, it is necessary to examine the attitudes, behaviour and perceptions of the aged persons and find out the correlates of good adjustments in old age.

It is only in the last few years, that the issues of population aging in India have attracted the attention of the social scientists, the social reformers and the states and the central government. In the context of modernisation of Indian society, there have been several socio-economic changes in the society, which have affected the life of old people adversely. The need for scientific studies on the issues of the aging population, as Bose and Saxena (1964) have said, is increasingly being felt these days because such information is an important pre-requisite to prepare and plan the policies and programmes to tackle these issues effectively. Unlike the other critical components of population growth, such as fertility and mortality and in a more restrictive sense migration, which can be influenced by governmental policies, the basic process of population aging is neither directly amenable to changes nor is easily modifiable. For instance, one cannot directly design policies that will intervene at least in the short run, in changing either the numbers or proportions of older persons. In this sense, governmental policies relating to population aging are, as Myers (1982) puts it "Population responsive rather than population influencing." Thus policies can be designed to deal with problems, arising out of the aging of population, but they are not likely to alter the basic process.
Regarding the collection of information about the aged persons in India, progress has been made to some extent through the decennial censuses in which demographic characteristics like age, sex, marital status and participation in economic activities etc. are collected. But, there seems to be paucity of information regarding the living arrangements of the elderly persons, the family support networks, financial status, contribution, employment, health status and needs and psychological aspects of aged people.

An analysis of these problems in India is complicated by the fact that India's large population lives under diverse conditions. In such situations small studies (i.e. sample surveys or case studies) will provide both qualitative as well as quantitative insights regarding the issues relating to the aged persons.

According to the 1981 census, there were 43.2 million aged persons in India (defined as persons aged 60 years and over at the time of the census). Of these, 36.7 million aged persons were living in rural areas which constituted 85 percent of the total aged population in India. On the other hand the total rural population formed about 76 percent of the total population of India. Further, the proportion of the aged population in the rural areas (7.23 percent) was higher than the national average of 6.5 percent (census of India 1981). This implies that there is higher concentration of the aged population in rural areas. Also there is higher level of aging in rural areas of India. This trend is likely to continue in the future. Therefore, the issues of the aging of population in India must be primarily understood in the context of the rural and agricultural background, although the problems of the aged persons in the urban areas should not be undermined.
1.3 OBJECTIVES AND SCOPE OF THE PRESENT STUDY:

In recent years, there have been some attempts to study issues relating to the elderly population through small sample studies. The majority of these studies are related to the old people living in urban areas. (For instance, Soodan, 1975; Desouza, 1982; Desai and Naik, 1982; Bhatia, 1983; Srivastava, 1983; Mahajan, 1987; Mishra, 1987; Sati, 1988).

A few studies on the aged people living in rural areas were also undertaken especially in North India. The scope of these studies was however much limited. (For instance, Bose and Saxena, 1964; Marulasiddaiah, 1969; Raj and Prasad, 1971; Sharma and Dak, 1987; Punia et al. 1987). While studying the causes for demographic change in Southern India, Caldwell et al. (1988) have examined the support available to aged people in rural Karnataka.

The review of these studies indicates that there is need for indepth examination of the issues discussed in section 1.2.

Accordingly, the present study which can also be considered as exploratory in nature in view of its limited geographic coverage attempts to examine the following issues related to the aged persons living in rural areas of Karnataka (South India).

(a) Living arrangements (Including family support network, differentials in living arrangements and determinants);

(b) Economic status and employment aspects (Including economic contribution of the aged, differentials and determinants);

(c) Health aspects (Including health status, disabilities determinants and the service aspects);
(d) Attitudes, Behaviour and perceptions (Including issues of loneliness, relationship with other family members, perception about their own condition and their opinions regarding solutions).

1.4 THE IMPORTANCE OF THE STUDY:

A sample survey of the aged persons was conducted in four villages of Dharwad District in Karnataka State, which is situated in the southern part of India. A total of 211 aged persons was in these four villages, and the detailed information was collected personally by the author, from these persons for this study. India is a vast country with large population of 844 million persons in 1991. Although its social structure is diverse in different parts of the country, the society has some basic similarities, in that it is influenced by unique institutions such as the family, the caste and the village community. The villages in India are generally characterised as having traditional norms, values and outlook on life and have family oriented agriculture based economy. Of course, these have been influenced to a certain extent by industrialisation, urbanisation and modernisation in the recent years.

The Republic India is made up of 25 states and 7 union territories as at present. The states have been formed on the basis of linguistic and cultural homogeneity of population. The Karnataka state is one of the four states of southern India, where in the present study area is located. The language of the State is Kannada. The villages in Karnataka are similar in traditions and cultural practices and also have family based agricultural economy.

The four Southern States of India - Karnataka, Tamil Nadu, Andhra Pradesh and Kerala, have been to a larger extent
influenced by Dravidian civilisation and the population is of Dravidian racial traits. The major languages of India belong to two great language families: Indo-Aryan and Dravidian. While the languages of Northern India are of the Indo-Aryan family, the languages of Southern India are of Dravidian family. Thus, there is a cultural similarity in the traditions, values and norms in the four Southern States. Further, the rural economy is based on agriculture in all the Indian states. Thus, the situations and problems of the aged persons living in rural areas may be considered to be almost similar in nature to a larger extent, at least in the South Indian States (UNO, 1982a).

The present study attempts to probe into living conditions of aged persons in the rural areas, their problems and their needs. It is hoped that an examination provides valuable information for the governments and even Philanthropic social service organisations to plan the welfare policies and programmes for the aged people.

1.5 PLAN OF THE STUDY:

Having discussed the emerging issues relating to the aging of population, and detailing the objectives and scope of the present study, in chapter 2 the demographic aspects of aging of population in India are examined at an aggregate level, including the aging process in India from 1901 to 1981 and the demographic characteristics of the aged population in India. The research methodology including the questions asked in the present survey is then presented in chapter 3. It covers the method of selection of the sample, description of the collection of data and also the merits and limitations of the data collected. In chapter 4, as a background information, the socio-economic and demographic characteristics of the aged respondents are detailed along with the description of the
location, socio-economic and demographic structure of the villages included in the study.

Chapter 5 then deals with the living arrangements of the aged persons. It covers the types of living arrangements and its association with age, sex, marital status and economic status and caste of aged respondents. Also, the status of the aged persons in the family is examined in this chapter. By applying "discriminant Analysis" the determining factors in the aged persons to be considered as heads of the households have been analysed in this chapter. In chapter 6 the economic aspects relating to the aged respondents are discussed. It covers employment, economic contribution and economic status of the aged persons. "Multiple classification Analysis" is used in this chapter in order to examine the determinants of the economic contributions of aged respondents. Then chapter 7 deals with the health aspects of the aged respondents. It includes health status, functional disability, morbidity and availment of medical services by the aged persons. Here, "Multiple Regression Analysis" is used to investigate the relative importance of the determinants of the health status of the aged respondents.

In chapter 8, the psychological aspects - Attitudes, behaviour and perceptions of the aged persons have been analysed. The attitudinal aspects which have been examined are the desire for living, loneliness, relationship with the family members and care and support provided by their family members. The behavioural aspects which have been considered here are interaction with family members and society. The perceptions which are investigated are: perception about the impact of presence of aged members on the family, perception about problems in old age and their solutions, perception about destitution of aged persons and about the old age homes. We conclude our study with a summary of findings and a discussion of the policy implications.
1.6 CONCLUDING REMARKS:

One of the most important trends in the age structure of population of the world today is the 'Aging of Population' characterised by the increase in the relative proportion of the aged population. The aging of population which was a phenomenon of the developed countries so far, has now started to emerge as world wide problem. In India, although the problem of aging of population is yet at its initial stage, compared to the developed countries of the world, with rising expectancy of life and prospective decline in fertility, it is likely to assume greater significance in the near future.

The present study attempts to throw some light on the important issues related to the aging of the population. The concentration here is on the rural population and necessarily a survey of the aged persons (persons aged 60 years and over) has been conducted taking 4 villages of Karnataka State to provide evidence for our discussion. The issues concerned in this study are:

a) Living arrangements: where are the aged persons living?

b) Economic Aspects: What is the economic situation of the aged?

c) Health Aspects: How is their health condition?

d) Psychological Aspects: How do the aged feel about aging and other connected problems.

In this introductory chapter, we have tried to provide an over view of the emerging issues relating to the aging of population and have specified the objectives and scope of the present study and also have presented outlines of the study.