Chapter – 1

Introduction
INTRODUCTION

Ageing is a universal and life long process in which all living beings participate. Most of the countries face ageing population (60 years and above) in their total populations which is a sorrow figure. Most of the elderly have been linked inextricably to the sources and sentiments of families they have generated, as in most part of human society. As the demographic scenario around the world changes, further studies of the social, economic and health issues related to aged are becoming critical. The world in the 21st century will face a far rapid increase in the aged population much greater than the growth of the normal population and the wellbeing of the elderly would have to form a major part of policies and programmes in the world.

The question then arises who are the elderly, when we speak about the elderly’ living condition and familial support. To present an overstatement of commonly held beliefs, the old are portrayed as dependent individuals, characterized by a lack of social autonomy, unloved and neglected by both their immediate family and friends, and posing a threat to living standards of younger age groups by being a burden that consumes without producing.

The history of ageing issue shows that the International community first debated the issue of ageing at the United Nations, at the initiative of Argentina, in 1948. The issue was next raised only at Malta in 1969. In recognizing that the longevity was becoming one of the major challenges of the 20th century, the United Nations convened the “World Assembly on Ageing” in Vienna in 1982 and endorsed the “International Plan of Action on Ageing”. In 1990, this World Assembly designated October 1st as the International Day for the Elderly, later renamed as the International Day of the Older Persons. The UN General Assembly decided to observe the International Year of Older Persons in 1999 to raise awareness of the fast changing demographic picture of older persons, stimulate debate, promote action strategies, and encourage research and information exchange. The theme of the year was “Towards a Society for All Ages”. All these show that the situation of elderly in society is in a poor state and need attention.
Vulnerable situation of the elderly becomes a problem in society. This urgent social issue is the outcome of emerging realities brought out by social research. The main problem of the elderly is lack of resources, infrastructure, and a sound health delivery mechanism as has been pointed out by many sociologists. It can be argued that if one can have pediatrics for treatment of children, then why not geriatrics for treatment of the elderly? (Saxena, 2006). This gives rise to three major needs of the elderly which are health needs, economic needs and socio-psychological needs which the present study gives importance to. For the health needs the elderly person belonging to rural area and to lower strata of society lives far away from hospital, he may not have immediate needful amount of money to finance himself or get the treatment if at all. And usually the family members do not care for the treatment of the elderly.

The problem of ageing among the senior citizens has a special significance in contemporary societies. In the traditional society of the past in India, old age was no problem at all. The place of honor traditionally assigned to the elderly in India has been spelt out by religion, social values, norms and socio-economic organizations of the society. However, the Indian family system has been considered as a chief source of support and sustenance for the elderly. But it is seen to be changing in structure and functions because of industrialisation, urbanisation and occupational mobility. In the new scenario have risen many forms of institutional support but too inadequate to meet the demand. So the basic hurdles and problems of the elderly are various. Although the elderly have traditionally respected, however, in the Indian social structure and value system undergoing changes, social institutions like joint family, caste and village community shedding some roles, economic pressure and high cost of living confronting the traditional care-givers and weak physical condition of the aged are adversely affecting the aged, ageing posses serious challenges.

Hence, old age has in fact been an important area of sociological research, and a whole new field of specialisation called gerontology has come into existence. Gerontology includes in its scope many aspects (biological, psychological, economic and social) of the ageing process, of these the first is taken care of by medical gerontology,
the second by psychology, third and fourth are areas which belong to the realm of sociology and social work.

Therefore, the sociological perspective of ageing has been given importance in the present study. Emile Durkheim’s (1857-1917) concept of the “Unison with the social bond” furnishes the sociological perspective for the study of ageing problem among the different categories of senior citizens. This sociological perspective being comprehensive in nature encompasses gerontological, social, psychological, economic and cultural factors, and can well explain the ageing problems of the senior citizens. Durkheim opines that so long people of any class, age, gender and creed are closely knitted with social bond, they feel lesser the pinch of ageing. The moment the senior citizens feels isolated and disintegrated from the social bond, they being to experience fast ageing which becomes a problem (Saxena, 2006).

Another theory which signified the elderly or ageing problem as a sociological approach is the theory of stratification outlined by Riley, Johnson and Foner (1972). They consider age as a centrally important characteristic like class, sex or ethnicity, influencing individual behaviour and social structure. The theory assumes that the age located individuals or groups of people are in the social structure. Each age stratum is composed of people in a similar life stage who tend to share capacities, abilities and motivation to their age. Age is thus a basis for structured. There is interdependence – continuing interplay between ageing and social change. This interdependence is inevitable since society and individuals are inseparable. Hence, the right approaches to handle the ageing problems is coordinated, integrated and a comprehensive base which is the unique feature of the sociological perspective approach, to the aging problems in the present study.

The sociological perspective of ageing includes the intrinsic and reactive effects of ageing. Intrinsic effects are due to biological changes with ageing and reactive effects arise from social structures including family structure which is a result of social forces like changes in longevity, age at marriage, economic circumstance and social security etc. and these affect the attitude of elderly.
Ageing is a social problem. The underlying cause is believed to be two things, firstly, the dislocation occurring in society as it is not prepared for having a large number of the aged. Secondly, there is a lag in adopting the social institution to the demand of the elderly without disturbing the machinery of the whole society. These two causes can show the sociological aspect of the problem of elderly. The problems are for instance the feeling of loss of social status in the family, mental torture of the elderly people for being ignored, neglected and misbehaved by their own kith and kins, intergenerational value conflict, feeling unwanted, feeling of isolation, frustration and tensions of different sorts, feeling an insecurity of all sorts etc. These ageing problems are the causes and consequences of personality, family and social disorganization and anomie too. Elderly situation as a social issue brings down to the understanding of the elderly population scenario in India and specifically Puducherry.

1.1 Share of Aged Population in India

In India, by and large, the number of elderly population aged 60 years and above is steadily increasing. Such a trend is more conspicuous after 1961, mainly because of the significant reduction in death rate and consequent improvement in the life expectancy of persons. From Table 1.1, it is evident that the percentage distribution of elderly population (60+ years) noted to be 5.63 during the 1961 census period, which has increased consistently over a period of time and reached a level of 7.44 by the 2001 census period. One may perceive that this percentage share is small at each consecutive census periods, if you take into consideration the actual number of elderly persons, the figures are 24.7 million and 76.6 million during the corresponding census periods (Census of India, 2001).

Table 1.1: Percentage Distribution of Elderly (60+ years) by Gender and Place of Residence in India, 1961 – 2001

<table>
<thead>
<tr>
<th>Census Year</th>
<th>Total</th>
<th>Gender</th>
<th>Place of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1961</td>
<td>5.63</td>
<td>5.46</td>
<td>5.80</td>
</tr>
<tr>
<td>1971</td>
<td>5.97</td>
<td>5.94</td>
<td>5.99</td>
</tr>
<tr>
<td>1981</td>
<td>6.32</td>
<td>6.23</td>
<td>6.41</td>
</tr>
<tr>
<td>1991</td>
<td>6.70</td>
<td>6.69</td>
<td>6.71</td>
</tr>
<tr>
<td>2001</td>
<td>7.44</td>
<td>7.09</td>
<td>7.82</td>
</tr>
</tbody>
</table>

Source: Registrar General & Census Commissioner, India (1996; 2006)
Another point to be noted here is that the share of female elderly persons, on the whole, appears to be larger than their male counterparts over a period of time. Such gender differential in the share of aged population is more striking during the recent census period (2001). This is because of the higher life expectancy of females as against males after 1990s. When such differentials in the share of aged population is examined across their place of residence, it is pertinent to note that on the one side, such share is always higher in rural areas as compared to urban areas; on the other side, the percentage share between the rural-urban is noted to be much higher, mostly decreasing between 1961-1991, whereas such difference has declined by 1.04 percentage points. Such pattern during the recent period as compared to earlier census periods is due to a higher share of elderly population in urban areas than in rural areas.

1.2 Share of Old Age Population in Puducherry

The percentage distribution of elderly population in Puducherry by their gender and place of residence during the last five census decades is presented in Table 1.2. On the whole, there appears to be a consistent increase in the share of elderly population in the Puducherry over a period of time (from 6.86 percent in 1961 to 8.31 percent in 2001). Such a pattern is somewhat higher during the last two census periods (1991 and 2001), which indicates the population in Puducherry has aged more from 1991 onwards. This is the outcome of the demographic transition 1995-96 onwards. When the corresponding figures looked into their gender background, it can be seen that the proportion of female elderly was same or little lower than the male elderly until 1971 and it has become higher than the male elderly between 1981 to 2001. Further, it can be seen that the share of elderly population has increased consistently from a lower level to higher level, but the percentage increase seems to be somewhat higher in the case of urban areas than in rural areas. All these figures highlight that in Puducherry Union Territory, the share of old age population is comparatively higher and consistently increased over a period of time both in rural and urban areas as well as across their gender background.

One of the important consequences of increased aged population is the problem of care and support of the elderly. The case of Puducherry is no exception to it. In
Puducherry culturally and traditionally, family and its members use to take care of the elderly persons during their old age, since joint family system was in existence in many societies. But due to modernisation and westernisation the younger generation has become more materialistic and in that process more and more have started to live apart from their parents. Added to this phenomenon, due to the ongoing fertility transition, the number of children born to a couple has become very less, in a state like Tamil Nadu, which attained the replacement level of fertility. Because of this, many elderly people have very small informal networks and some have no informal care available at all. Moreover, informal care taker are by no means a homogeneous group and different types of carers have different needs. Age, gender, living arrangements and relationship to elderly people all play important roles in the type of informal care given and expected (Ilango, 2002). In fact, there are situations even older people have to work and support the younger ones and older women take care of the family chores in their children’s families.

Table 1.2: Percentage Distribution of Elderly (60+ years) by Gender and Place of Residence in Puducherry, 1961 – 2001

<table>
<thead>
<tr>
<th>Census Year</th>
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<tr>
<td></td>
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<td>Male</td>
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<tr>
<td>1961</td>
<td>6.86</td>
<td>6.88</td>
<td>6.84</td>
</tr>
<tr>
<td>1981</td>
<td>6.71</td>
<td>6.67</td>
<td>6.76</td>
</tr>
<tr>
<td>1991</td>
<td>7.23</td>
<td>6.89</td>
<td>7.59</td>
</tr>
<tr>
<td>2001</td>
<td>8.31</td>
<td>7.49</td>
<td>9.14</td>
</tr>
</tbody>
</table>

Source: Registrar General & Census Commissioner, India (1996; 2006)

Economic implications are the other pertinent implications due to large numbers of elderly populations in almost all countries of the world living for longer time. Generally, large number of elderly persons would become burden to the government in terms of providing social security policies and/or old aged pensions. On the other hand, more number of elderly persons means more expenditure, demand for better services and thereby, less saving and less investment. Another economic implication would be the demand for more jobs for elderly persons. This arises because of longer expectation of life among older persons and meagre/no income for livelihood in the absence of social
security policies and in the case of majority of the elderly, children are not able to support economically.

Health status and disabilities among elderly and their consequences are another domain that needs more attention. While the non-communicable and/or lifestyle diseases as well as chronic morbidity conditions, by and large, would be higher among aged, the prevalence of such diseases is likely to increase with advancing age. It would become difficult for them to go for treatment for such diseases because of physical disability, the lack of monetary resources and physical assistance to accompany them to the health care center cannot be ruled out. The absence of special wards for elderly persons as well as doctors in geriatric medicine would further complicate the situation with regard to their treatment.

According to modernisation theory of ageing, the effects of technological advancement, industrialisation and the spread of modern education (Goode, 1963 and Berquo and Xenos, 1992) on ageing of persons is diversified. This is because the development of health technology and modern education leads to increasing longevity and changes in values and intellectual development across generations respectively.

Therefore it is argued that modernisation process facilitates the transition to conjugal or nuclear family living arrangements (Mba, 2006). Moreover, along with primary ageing changes, factors like infectious diseases, faulty diet, drug effects, psychological stress and other socio-familial factors the rate of ageing in hastened. Therefore, many older persons in their later years of life suffer from different types of disabilities (Jamuna, 2004). And also with the modernisation influences, the high rates of mobility for elderly persons and their families comes the need for providing care from a distance. Long distance care giving can also include visits from adult children to their parents (Kosberg and Garcia, 2004).

The present study gives importance to the support of the elderly. The study gives emphasis to the informal support which can further be distinguished into three types. The emotional support which involves the provision of moral and psychological support
through sympathetic and caring relationships is found to belong to the first type. The second type indicates helping the elderly with the problem-solving and decision-making processes and finally, the instrumental support which takes the form of help with the practical tasks of everyday life (Prakash, 2000).

With regard to elderly support, Burgess (1960) has pointed out that the modern industrial society has shifted the responsibility for the elderly away from family. However, the family is still a major source of primary relationship providing long lasting intimate emotional ties with others which has a great potential impact on the ageing experience. It has also been found that the continued residence in the family home, may facilitate association with children, grand children, relatives and friends which would contribute better social adjustment. With respect to this, the prestige accorded to the old broadly depends on the four components; advisory, contributory, control and residual (Saxena, 2009). The first component comprises the greater experience of the old. The second arises from the participation in cultural, familial and economic activities. The control component arises from their possession of property, practical knowledge and experience what would be called the residual component depends on their previous status in their communities. Acceptance of and consideration for the elderly varies according to cultural differences.

There are two kinds of theories to view individual cases – the Activity theory and the Disengagement theory propounded by Cumming and Henry in 1961 (Saxena, 2006). Activity theory is concerned with the extent to which the old continue their activities of middle age. Disengagement theory can be seen as the opposite of activity theory concerned as it is with the reasons and consequences of disengagement. The present study takes the disengagement theory.

The comprehensiveness and holistic view point of the sociological approach of elderly has been the main idea of the study. It is because the studies on ageing, conducted in the west, on one hand generally emphasize the psychological aspects, whereas, some studies emphasize the economic dimension of the problem. This is a very limited approach towards the problems of the senior citizens. However, the sociological
perspective approach proposed to be followed in the present study will not underrate the economic and psychological approaches. The multi-facet aspects having their close relevance with the living condition and familial support of elderly need to be looked together in this sociological perspective approach which is highly needed for the present study on ageing among the senior citizens. As a sociological perspective, the study also complements other studies on ageing.

1.3 Significance of the study

In the Indian context, with an increase in the ageing process, a variety of consequences emerge. Added to this phenomenon, due to the ongoing fertility traditions, the number of children born to a couple has become very less, in a State like Puducherry, which attained the replacement level of fertility. Further, rapid urbanisation and migration have led to the development of moving outside the family leaving behind their old parents on the one side, and on the other side, it may not be possible for the children were to take care of their parents during old age.

The research focuses on the elderly persons in a country like India, since their percentage is still somewhere lower when compared to other South-East Asian countries as well as Western countries. But at the same time the absolute number of elderly persons is very large in India. In view of this, the research on all those issues discussed earlier in this introduction section becomes important and such research is indeed relevant to understand the problems of elderly, living condition and familial support in a holistic manner and spell out policy implications in the near future.

The significance of this study lies in the fact that the present study depicts whether in an agricultural setting of rural Puducherry elderly persons suffer from lack of familial support. Moreover, it is predicted that in the future era the elderly population will subsequently increase. But the bad news is that they are likely to be more vulnerable due to socio-cultural reasons. Therefore, without the safety, security and dignity of status in the family, the elderly are finding themselves vulnerable. Welfare of the elderly has been
a low priority with the state. Most hospitals do not have a special geriatric facility. At present most elderly patients are still being treated in general medical wards.

It is of concern that the weakening of traditional informal support systems, both communities and families and the marginalization and elimination of the elderly’ social roles is dangerous (Eldermire, 1997). Some researchers have proposed ‘Filial Piety’ and ‘Cultural Script’ as appropriate cultural phenomena influencing the support extended to the old parents (Sung, 1997). Cumming and Henry (1961) in the ‘disengagement theory’ have held decline in commitment to norms and values as one of the three components accounting for decline in support. The present study was designed to examine the support services received from familial setup of the elderly in the dimensions of emotional needs, physical needs and financial needs as well as the extent to which the gendered viewpoint of the sub-cultural group would predict and receive support. The study also shows that in rural Puducherry, how the socio-economic differential backgrounds provide an idea of health and familial support to the elderly. The study mentions about the living condition of the elderly to demonstrate their residential pattern which would provide an idea whether they reside with their kin’s place. The study also shows psychological aspects of the rural elderly by giving importance to the abused behavior and lack of emotional support rendered to them by their family members. Such kind of holistic study about rural elderly will definitely encourage policy makers to make special support policies to tackle the elderly problems.