Chapter 1

Introduction
CHAPTER-1

INTRODUCTION

1.1 Introduction

Aging is a universal experience with diversity in meaning and interpretation. Every society assigns roles, status, expectations, and limitations according to individual’s age. The situation of the aged around the world, in general, and in India, in particular, poses a dilemma. On the one hand, we find that the life expectancy is increasing and on the other hand the proportion of aged in total population is increasing leading to massive demographic transition. Growing old is a complex and gradual process having biological, psychological and social dimensions, which do not fully correspond with one another but also do not exactly coincide with one’s chronological age.

India’s demographic landscape has witnessed unprecedented changes over last 50 years. A rapid and spectacular transition from high to relatively low mortality and fertility has fundamentally altered the age composition of the India’s population. In particular, the numbers of those living beyond the age of 60 is rising rapidly (Chakraborti, 2004).

The images of the elderly in, as we discover in social science researches of Indian society, allude to the myriad social realities. On one hand we get to see the image of a moral authority in a joint or nuclear family, where a family revolves around elderly. On the other hand there is also a dominant imagery of autocrat’s elderly who can be very oppressive in his/her behavior towards the young members of the family. The elderly have also appeared as the torchbearer of conservatism and they have been portrayed as relentlessly resenting any change in customs, value system, being traditionally accepted in society. On the contrary, another image is of the helpless elderly individual precariously dependent on the youth for support and survival can also be found. The helpless image of the elderly is portrayed in newspapers and media almost every day.
Amidst the dominant images of the elderly, we have also noticed a deliberation on aging process, more often than not it is presented in the framework of the ‘rite of passage’ i.e. transition from one stage of life to another. Elderly thereby emerges as a category pertaining to the last stage in the passage of life. It also takes into account the socio-economic and larger social structural arrangements for the aging. The value system that underpins perceptions of the elderly is intricately linked with the social structure and the social milieu within which the elderly live. The perception of the elderly and the process of aging have been subject to the changes in the socio-historical epochs.

Any revolutionary transformation in society brings in its wake both challenges and opportunities. This is true also for globalization. Globalization refers to the fact that we all increasingly live in one world, so that individual groups and nations become interdependent. These changes are taking place in various aspects of people’s personal and social lives, and are manifested through personal attributes, such as individualism and independence. Identity becomes more vulnerable to the influence of the external forces and more difficult to affirm in the era of globalization. In other words, not only the relationship between people and happenings transform, but the identities of people also undergo dramatic changes. All of these changes affect the status and identity of elderly as well. The family is also experiencing the change on the emotional, conjugal, financial and consumerist fronts. The demographic transition has been accompanied by a social and cultural transition that gives rise to many problems to aged.

Specifically, during the contemporary period when the normative social structure i.e. norms, values, language, perception, structure, function and so forth are affected by the socio-cultural and economic changes steered by the process of globalization. It is imperative to develop an understanding of the complexity of the process of aging. The proposed research attempts to study aging in the context of globalization in India.

1.1.1. Relevance of the study

The proposed research helps to understand how globalization as a process and the changing demographic tradition can impact our social institution and network of social
fabric. The demographic transition will lead to the increased elderly dependency ratio, which means the number of dependents i.e. elderly will be higher than wage earner i.e. working younger generation. Growth in the size of the elderly population and increase in the life expectancy have led to population aging i.e. increased proportion of elderly relative to younger people.

A UN study World Population Perspective (2002) suggests that the number of older persons has tripled over the last 50 years and it is projected that it will be more than triple again over the next 50 years in the across the globe. In 1950, there were 205 million persons aged 60 years or over throughout the world. In 2000, it increased up to 606 million. But in India, in 1950 the number of older persons was around 20 million, whereas, in 2000 it became 77 million which is more than the tripled over the last 50 years and it is projected that by 2050 the number of older persons will be 324 million, which is more than four times of the present older population. In India the growth of older population is faster than the total population (UN, 2002).

Apart from demographic transitions, socio-economic and political changes together with increased individualism have altered living conditions of the elderly. The very less understanding of factors influencing their quality of life is largely responsible for the elderly being denied a dignified existence in modern world. However, the growth of individualism and materialism among the younger generation in modern industrial era lead to their alienation and isolation from the family and society. Migration from rural areas also resulted in the growth of more nuclear families in the towns and cities. As Cowgill (1974) put it “Modernization of societies is accompanied by a demographic transition which results in the aging of populations. Yet, modernization also results in a lowered status for older people. The salient aspects of modernization which produce this effect are held to be: (1) the application of modern technology in the fields of health and economics, (2) urbanization and (3) education. Each of these factors sets in motion a chain reaction which tends to undermine the status of the aged. However, there are some signs that this trend is being reversed in the most modernized societies”.

Aging is a universal phenomenon and not any individual or society can get away from it. Old age is the last stage of human life span, accompanied with decreasing energy and body resources. Socially, old age was considered as the sum total of one’s lived experiences. Because of this, the society offered a space of respect to the elderly. In such a society, the aged were the repositories, transmitters, and sole authorities of wisdom and knowledge. All these provided a ‘golden age’ concept to this stage of life i.e. old age. But the present society does not perceive old age with such golden age conceptions. There are many measures that determine the social conceptions of old age. There are many means to provide knowledge and wisdom. Old is not the mere and necessary component for the transmission of knowledge.

Some people believe being old means being sick and worthless. Others believe that being old is having freedom, wisdom and enjoyment. In the traditional Indian culture, people who lived over 60 years were considered as repositories of wisdom and sole authorities to the family and community. The notions of ‘vanaprastha’ and ‘sanyasa’ were the social mechanisms that encouraged the aged to move away from the management of every day concerns.

1.2. Brief perspective on aging

In every society, aging is accompanied by changes in the active roles played by the aged and in the functional categories to which they belong. In the simpler societies and culture oriented to traditions, role and status are usually ascribed rather than achieved. That is, the functions to be performed by the person are determined by characteristics over which one has no control, among the more important of which are family lineage, sex, and age. When roles are age-graded the person acquires the status assigned to his role. One knows precisely what changes of role will be expected of him and what rank will be accorded him as he passes from one stage of life to another. This transition is so gradual and the social conditions under which it takes place are so stable, that it permits the value systems of the culture to be effectively internalized in the character of the next generation. Thus, a fair degree of harmony between the expectations of the person and the requirements of the group is maintained (Jensen, 1958:570).
The last quarter of the 20th century witnessed an upsurge in the process of globalization. The world has noted increasing integration of international market for goods, services, technology, and finance. The new era with the breakdown of national boundaries came closer in terms of culture, economy and politics. Population aging is emerging as a major challenge for the developing countries. Aged people form a vulnerable section of society prone to high level of physical, economic and social insecurity. While there is no sharp and clear definition of an elderly, there is a wide socio-economic variation within the aged population.

For this study we will take 1990s as the beginning of ‘open economy’ in India, and thus would form a cut off period for the sake of convenience and would examine the changing position of the aged population in society. The justification for this would be unearthed in an analysis of the economic changes becoming evident in the decade of eighties. One of the major aspects of the process of globalization has been that the role of the state has diminished substantially in the sector of social security, which was a major aspect of the Welfare State. Globalization has multi-dimensional impact on the elderly (aged 60+ years) which is a fast growing segment in the society.

1.2.1. Present Demographic Scenario of Elderly in India

Undivided India had a population of about 300 millions at the time of independence and life expectancy was about 32 years. In just a span of 5 decades the population has crossed over 1000 million and life expectancy has reached to 63.2 years (UNFPA state of world population, 2003). Table 1.1 depicts the life expectancy at birth and at 60 years of age which is increasing by the passing years and adding more years to the life of elderly. The life expectancy in years 1941-50 was only 32.1 years where as it increased by 34.3 years in the years of 2006-2011 and reached up to 66.43 years.
Table 1.1  Demographic Facts: Longevity

<table>
<thead>
<tr>
<th>Year</th>
<th>Life Expectancy at Birth (Years)</th>
<th>Life Expectancy at 60 (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1941-50</td>
<td>32.1</td>
<td>10.7</td>
</tr>
<tr>
<td>1951-60</td>
<td>41.2</td>
<td>12.4</td>
</tr>
<tr>
<td>1991-95</td>
<td>60.3</td>
<td>16.2</td>
</tr>
<tr>
<td>1996-2001</td>
<td>62.88</td>
<td>NA</td>
</tr>
<tr>
<td>2001-2006</td>
<td>64.77</td>
<td>NA</td>
</tr>
<tr>
<td>2006-2011</td>
<td>66.43</td>
<td>NA</td>
</tr>
</tbody>
</table>

Source: Helpage India, 2011

The population of India, at the turn of the twentieth century, was only around 238.4 million. This has increased by more than four times in a period of one hundred and ten years to reach 1210 million in 2011. Interestingly, the population of India grew by one and half times in the first half of the twentieth century, while in the later half it recorded a phenomenal three-fold increase (Census of India, 2011).

A major emerging demographic issue of the 21st century is the aging of population as an inevitable consequence of the demographic transition experienced by most countries. Across the world, declining fertility and increased longevity have jointly resulted in higher numbers and proportions of older persons i.e. 60 years and above. As estimated this trend will continue, as the population of 737 million older persons in 2009 (United Nations, 2009) is likely to increase by two billion till 2050. At that time the older population (aged 60 years and above) will outnumber children (aged 0-14 years). The oldest-old age segment (80 years and above) is the fastest-growing segment and by 2050, about 20 per cent of older persons will be 80 years and above (Subaiya and Bansod, 2011).

The number of older persons is projected to grow to almost 2 billion by 2050, when the population of older persons will exceed the population of children (0-14 years) for the first time in human history. This problem is grave as India is poised to become home to the second largest number of older persons in the world. The UN defines in 2000 India
have exceeded that proportion to 7.7 per cent and is expected to reach 12.6 per cent in 2025 (United Nations, 2009).

1.2.2 Meaning Of Being Old

The prejudice and discrimination against the aged is reflected in the fact that the term ‘old people’ has itself acquired a derogatory connotation and in the English language, other terms such as ‘aged’, ‘aging’, ‘elderly’ or ‘senior citizens’ are used while making a polite reference to old people. The state of being elderly or old is also determined by the cultural norms prevailing in a particular society. Another approach to the definition of old age is via the concept of the lifecycle or life stage. This is usually conceived as an orderly progression from infancy to old age with biological and socio-cultural factors interacting to govern the sequence of progression. Old or middle age are broad social categories that encompass changes of role (from child to adult), physical changes and other forms of social transition (becoming a grandparent) (Victor, 2005). Old age is characterized by a genuine decline in physical and certain kinds of mental capabilities and social adaptability. It is widely accepted that the chronological age is a poor indicator of functional ability. The Indian census has adopted the age of 60 years for classifying a person as old.

There are a number of different ways, in theory at least, to determine when old age starts and to identify our group of interest. There is no readily agreed biological definition of aging or of the onset of old age. The physiological manifestations of biological aging occur at different rates in different people with the result that the older age groups are very varied in terms of senescence. Hence, the potential for using biological markers or some notion of functional age remains problematic for theoretical, conceptual and technical reasons. Perhaps, the easiest measure of old age is ‘chronological’ or calendar age. Chronological age simply conveys the number of birthdays that an individual has accumulated. Clearly for this measure to be used it requires a society to be sufficiently well organized that its members know their chronological age. Although, this is frequently used to define the onset of old age it is only a very rough guide to the aging of the individual in biological terms because of the variability across individuals in terms of
senescence. In addition, chronological age of itself has no innate ‘meaning’ but is derived from the social and historical context within which it operates. Hence, the interpretation and meaning of specific chronological ages vary both historically and culturally. Because of the ease with which information is presented, chronological age is by far the most accessible definition of old age, but we need to remain alert as to the limitations which this approach poses (Victor, 2005).

Although these life stages are often perceived as a simple universal progression from one well-defined set of social roles to another, it is in reality a highly complex concept. Within the broad term lifecycle it is possible to distinguish between a variety of sub-lifecycles related to different aspects of life such as family or work. The family dimension of the lifecycle involves numerous transitions including courtship, newly married, new parents, parents of teenagers, ‘empty nesters’ and widowhood. Not everyone will experience all these phases of the family cycle, there may also be enormous variations in the age at which individuals experience these transitions. For example, some people marry at the age of 18 years and have three children by the age of 25; others may not marry until well into their thirties, while others have their children in their forties when others are becoming grandparents. Furthermore, this trajectory is based upon notions of monogamy across the life course.

Neugarten (1974) describes how the lifecycle has become increasingly differentiated into smaller segments with the emergence of the subgroups of ‘adolescence’, ‘pre-school’ and ‘middle age’ as distinct phases. It was not until industrialization in the seventeenth and eighteenth centuries that childhood emerged as a specific phase of life with its own special needs and characteristics, while adolescence did not become widely recognized until the early part of the twentieth century. More recently, middle age has become recognized as a distinctive phase and, increasingly, there is a trend to differentiate between the ‘young’ elderly (those aged between 65 and 74 years) and the ‘old’ elderly (those aged over 75 years). There is also the distinction between the ‘third age’ (those aged 50–74) and the ‘fourth age’ (Laslett, 1989, Cited from Victor, 2005).
1.2.3. **Historical perspective**

Looking at old age with pity has never been the part of Indian social ethos. Growing old has been associated with growing respect in traditional societies. In Indian society, since time immemorial, older people have been accorded a place of respect, honour and importance in the family. The traditional culture of India considered old age as one of the stages of human development where in a person attains maturity, wisdom and economic and social stability which would lead to social recognition and emotional fulfillment and ultimately the achievement of salvation which is the supreme aim of human life. Being old is supposed to be the storage of knowledge, experience and wisdom.

The old theory of classification of aging had been directly linked with roles and responsibilities. In Ancient India, elderly were respected and smooth transfer of responsibilities and control from one generation to the next was sanctioned by the system of *ashramas*. They made a vertical classification of the society depending upon age giving us the four ashramas of life *Brahmacharya, Garhasthya, Vanprastha, and Sanyasa*.

In Indian social system after completing all assigned duties and responsibilities the old aged persons devote the rest of their life in pursuit of self-realization and liberation. Death was considered the beginning of new life in itself. The elderly was supposed to be the store-house of wisdom, knowledge and experience. In the rural agricultural society elderly men whether working or non-working continue maintaining the head of the household status in most of the cases. Most of the characteristic qualities of old age are uniquely human. On the contrary, animals abandon their begetters at very young age. It is only the human being who cares for and honors the oldest members of the species, just as only human beings care for and remember their dead (Moody, 2002).

The knowledge that embodied in the old through the long years of survival and experiences is not considering as a big matter. In the present day context the knowledge is not confined among the aged only, but with anyone. One who seeks can attain it. The accumulation of capital/knowledge is considered as an individual’s right that provide him
power. So the power is with the individual who seeks it, whether he is young or old. This thought is able to produce a different concept about old age, to a certain extent, the aged get devalued.

1.3 Impact of Globalization

One of the dilemmas of modern societies is that, while sociological processes have fostered a devaluation of old people, demographic processes have led to increasing numbers and proportions of aged in their populations. Thus, such societies have larger proportions of older people than ever before, while at the same time older people have less value and utility to those societies. These counter trends give rise to two phenomenons within the society, on the one hand society provides greatest comfort and security to their aged members however, on the other hand it also deprive them of useful roles (Galbraith, 1958, p. 338 as cited in Cowgill, 1974).

Globalization is not wholly new phenomenon. The world has far many centuries been an interconnected space (Wallerstein, 1974; Wolf, 1982; Abulughod, 1989). It can be traced back to the late fifteenth or early sixteenth century. It is the fast pace of the process, which is affecting the societal structures and life style. According to a UN estimate World organization Perspective (2014) only 30 per cent of the world’s population lived in urban areas in 1950. In India, the percentage of urban population is going to rise from 28.4 per cent to 45.8 per cent in 2000-2030.

As Ronald Robertson (2011) put it, “Globalization as a concept, refers both to the compression of the world and the intensification of consciousness of the world as a while”. Globalization, Industrialization and modernization besides leading to demographic transition also bring about radical changes in the institutional structure of the society, which affects the mode of adjustment of the aged in the society. The modern industrial society shows a trend of increasing urbanization leading to the migration of people from villages to cities and transnational migration. The socio-economic and cultural implications of the process of Globalization on the elderly are multi-dimensional and varied.
In the industrialized society government takes up the responsibility of old age care as part of its social security mandate. In the developing countries, however, the aged are often left to fend for themselves at a time when their capacity for social adjustment tends to decline. The changing socio-cultural trends and increasing needs and workload on the younger generations is forcing a phenomenal change in the societal structure, values and thinking patterns. This is leading to an increased burden on the elderly population due to uneven industrialization, urbanization, mass scale migration, and the demands of economic competitiveness. It is leaving elderly without any support of younger people of the family when they need care and support from younger generation most. The existing safety net breaks and in the absence of state social and health security system, the aged become more vulnerable.

Rural urban migration of younger generation led to social isolation/alienation of elderly which results in lack of family support and rise of economical dependency. Also, older people in India do not have access to the same level of income security and health care that their counterparts in the industrialized countries enjoy. Now the role of State is limited to being facilitator rather than protector. The social security no longer remains the prime agenda of the government. Against this background the phenomenal growth in the elderly population is hardly matched with the required infrastructure in various sectors, health, and social and so on.

Urbanization as a process is an important force of social change. Younger generation is becoming individualistic and they tend to take decisions of the life on their own. In case of marriage, for example earlier it was the decision of the elderly members of the family, however, youth today prefer to choose their partners themselves. The fast pace of social change accentuates the intergenerational difference in values and life styles. In India, the component of urban population in 1951 was 17.6 per cent which went up in 1991 to 25.7 per cent and in 2011 it further went up to 31.1 per cent (Census of India, 2011). Table 1.2 depicts the difference of 18.1 crore in total population of India. The increase in rural population is 9 crore relative to urban population i.e. 9.1 crore. Census report 2011
12

depicts that for the first time since Independence, the absolute increase in population is more in urban areas that in rural areas with 0.1 crore (Census of India, 2011).

Table 1.2 Census 2011, Population (in Crore)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2011</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>102.9</td>
<td>121</td>
<td>18.1</td>
</tr>
<tr>
<td>Rural</td>
<td>74.3</td>
<td>83.3</td>
<td>9</td>
</tr>
<tr>
<td>Urban</td>
<td>28.6</td>
<td>31.1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Source: Census report 2011

1.3.1 Increasing Economic Burden

Another impact of globalization, urbanization and migration is the increasing economic burden on the elderly. As the old age dependency ratio is increasing the private savings are tumbling and the workforce is declining further. Traditionally, Indian population never used to save enough for the future as the children were expected to take care of the elders in the family. Apart from economic implication, the emotional and medical implications add up to pronounce the effect many folds.

Current interest in aging and gerontology all over the globe has been stimulated by the growing proportion of the aged both in the developed and developing countries and by the public concern with the aged as a social problem. Aging can no longer be viewed as a ‘national problem’ or issues but one that affects transnational agencies and communities. Growing old has itself become relocated within the transnational context with international organization and cross border migration creating new conditions and environments for older people.

The era of globalization has brought a change in the social history of aging. In developing countries the aged was the head of the family and aged were taken care by the family. But, this familial situation is undergoing a drastic changing in developing countries; the traditional system no more able to provide sufficient protection to the aged or
marginalized in the changing socio-economic condition. And the developing countries are not prepared to meet these new needs.

Globalization exerts unequal and highly stratified effects on the lives of older people. Globalization as a process that stimulates population movements and migration may also produce changes that disrupt the lives of older people. In our unceasingly globalised era, the attachment with the people or place been redefined. This has resulted in an increased mobility of the rural people to the urban/industrial sector in search of employment, higher education etc. Indian society, however, has undergone rapid transformation under the impact of several forces. Industrialization is a process wherein production of goods with the use of hand tools is replaced by mass production. It opens that possibility of individual members earning separate and unequal income. Unequal income creates greater opportunities for an individualized expression of one’s likes which becomes a source of disagreement in the family. Adding more to this the social and cultural characteristics of a modern city would not lend support to joint family relationships.

One of the most interesting demographic changes over the past 150 years has been the development of a profound imbalance in the percentage of males and females surviving to old age. Ancient populations were characterized by an approximate balance between the sexes in later life or possibly a slight excess of males. As late as the 1930s the population of India was characterized by approximately equal proportions of elderly men and women. The status of elderly female has additionally been affected due to lesser importance assigned to socio-religious ceremonies in which her knowledge and advice were valued. Also, in case of child-rearing the use of her knowledge and experience is reducing due to greater reliance on modern medicines, technology and information. This is the impact of globalization that elderly women become comparatively more vulnerable in old age compared to their male counterparts. The economic, social and psychological insecurity suffered by the aged women is immense. In 1901 women lived, on average, only two years longer than men did. Now women live, on average, seven years longer
than men. This male-female difference in life expectancy is now accepted by many as being one of the ‘objective facts’ of aging when it is, in fact, a recent phenomenon of almost certain multi-factorial causation (World Health Organization, 2002).

1.3.2. Dependency ratio

The young age dependency ratio reflects the dependency burden from children below 15 years of age. Similarly, old age dependency is the ratio of persons aged 60 years and above to the working age population. In 2001, the total dependency ratio (from both the young and the old age-groups) was significantly high (73 per cent) but is expected to fall to 56 by 2026. The young age dependency ratio is generally much higher than the old age dependency ratio since the population age structure in India has been young. While the young age dependency ratio is expected to decrease by 25 per centage points to 36.3 by 2026, the old age dependency ratio shows an increasing trend and is expected to increase by about 7 per centage points during the same period (Subaiya & Bansod, 2011).

Another way to look at the support for elders from the younger generations is to measure the number of elders in comparison with the number of married adults in the household. Here, we would get a better sense of the number of related elders that a family is likely to support. Data from the National Family Health Survey (NFHS 2005-06) indicates that in India it is more common to find a household with only one elder. About twenty-five per cent of households with one married adult have one person aged 60 years or above and among households with three or more married adults about 45 per cent have one elder and 17 per cent have two (Subaiya & Bansod, 2011).

Another numerical, rather than visual, way of summarizing the structure of a given population is via the use of the dependency ratio. This refers to the measures which express the ‘dependent’ population, defined as those not considered to potentially active in the labour market, as a per centage of the population classed as not being dependent on or in relation to the overall total population. It is customary to calculate two distinct
measures. One is concerned with children and is termed the ‘youth dependency ratio’ and the second is concerned with older people. In each the number in the population aged 0–15 (the age range which approximates to childhood) or 60/65 (the current ages for British women and men to become eligible for retirement pension) is expressed as a ratio (usually per 1000) per centage of those classified as economically active (i.e. 16–59/64) or as a ratio of the total population (Victor, 2005).

1.4. METHODOLOGY

The present study attempts to focus on how globalization as a process and the changing demographic patterns effect social institution and network of social fabric. Apart from demographic transitions, socio-economic and political changes together with increased individualism have altered living conditions of the elderly. Inconsistent understanding of factors that influence their quality of life is largely responsible for the negligence of elderly towards their dignified existence in modern world. The changing socio-cultural trends, increasing needs and workload on the younger generation is forcing a phenomenal change in thinking pattern of younger generations. The immediate family circle of the aged is becoming more and more restricted which gives rise to new problems for the aged. The family is also experiencing the change on the emotional, conjugal, fiscal, and consumerist fronts.

Physical quality of life is important for everyone, but it is crucial for those in the golden age-group. This study seeks to understand how the relationships between elderly and family are negotiated and renegotiated in present transitional state of development. This chapter includes four sections. In the first section a brief history of the universe of the study i.e. Delhi along with that of the colony (i.e. DDA flats, Munirka) has been presented. The second section takes up the much debatable issue of ‘objectivity’ and ‘subjectivity’ in social science research. The third section elaborates the methodology adopted for this study. In the fourth section an attempt has been made to explore my field experiences and tries to inquire into my relationship with the respondents where I try to
find and learn about them and they try to understand me and my research. It is in the process of this interaction that data and findings emerge.

1.4.1 Delhi: A Metropolis

The metropolis is both ancient and modern. It occupied a place of prominence during the reign of Mauryan and Mughal kings and during the British rule, and it remains prominent in modern times. Delhi has been one of the most popular cities in the country since ages and many kings and leaders have ruled the country from Delhi. Delhi has evolved as a metropolitan country and has shown great signs of development. Not only Delhi is the national capital of India, but it is also a center of educational, commercial and industrial activities. In the first half of the twentieth century, the city was small (in terms of population) and had two districts- Delhi and New Delhi. In 1956, Delhi was notified as the ‘National Capital Territory’ comprising three agglomerates: Delhi, New Delhi and Delhi Cantonment (Khan, 1997). The presence of places of national importance and the presence of the governing body in the capital helps the overall development of Delhi as a city (Census report, 2011). Figure 1.1 shows district map of Delhi. The initial nine (9) districts came into existence from January 1997. Prior to that, there used to be only one district for whole of Delhi with district headquarters at Tis-Hazari. In September 2012, two new districts, viz. South East and Shahdara were added to the city's map, taking the total count to 11(delhi.gov.in).
As per details from Census 2011, Delhi has population of 1.68 Crores, an increase from figure of 1.39 Crore in 2001 census. Total population of Delhi as per 2011 census is 16,787,941 comprising 8,987,326 male population and 7,800,615 female population. In 2001, total population was 13,850,507 comprising 7,607,234 male population and 6,243,273 female population (Census report, 2011). The total population growth in the present decade (i.e. 2000-2010) was 21.21 per cent while in previous decade (i.e. 1990-2000) it was 46.31 per cent (Census report, 2011). Population of Delhi was 1.35 per cent of India’s total population in 2001 which increases to 1.39 per cent in 2011.

1.4.2 Delhi Urban Population, 2011

According to the reports of Delhi Economic Survey (2014-15), Total area of the National Capital Territory of Delhi is 1483 square kilometers. With the rapid pace of urbanization and growth of urban population, the rural population and rural area is continuously decreasing as confirmed by successive Census Reports. Delhi's rural population has decreased from 9.49 lakh in 1991, to 4.19 lakh in 2011. Urbanization has reduced Delhi's
rural area. The number of villages has declined from 300 in 1961 to 209 in 1991, to 165 in 2001, and to 112 in 2011 (Delhi Economic Survey, 2015:1). As reflected from the Census Report of 2011, out of total population of Delhi, 97.50 per cent people live in urban regions. The total figure of population living in urban areas is 16,368,899 of which 8,761,005 are males and while remaining 7,607,894 are females (Census report, 2011).

The reports of Delhi Economic Survey (2014-15) reveals that among all the state and Union Territories, Delhi has the highest population density in 2011 at 11,297 per square kilometers despite a decline in the decadal growth rate from 47 per cent during 1991-2001 to 21 per cent during 2001-2011. The city of Delhi is overwhelmingly urban; with 75 per cent of its total area (1483 square kilometers) falling in urban jurisdiction and the population density in urban area is as high as 14698 persons per sq km as per 2011 Census. 16.37 million population i.e. 98 per cent of total population (16.79 million) of Delhi is residing in urban areas. Highly urban character of Delhi exerts tremendous pressure on public delivery of services/ civic infrastructure systems like water supply, sewerage and drainage, solid waste management, affordable housing, health and educational facilities etc. and poses a great challenge for the city government (Delhi Economic Survey, 2015:11). Figure 1.2 depicts the per cent of population divide of rural and urban areas of Delhi.

**Figure 1.2: Population divide of Rural and Urban Delhi**

![Population divide of Rural and Urban Delhi](Source: Census 2011 reports)
A person habitat, neighborhood and city are interconnected and make, in fact, one continuum. It follows that problems and promises which a city offers directly percolate into neighborhood and influence inhabitants including the elderly. In other words, neighborhoods, and hence, inhabitants share the civic amenities and services as well as the social milieu of the city. Inhabitants including the older people benefit from these services (Khan, 1997).

Everyone, elderly in particular, avails the city services according to their need patterns and inclinations. Keeping this in the view, it would be relevant to highlight physical and social condition of Delhi, as also of DDA flats Munirka situated in the area of South Delhi. Figure 1.3 shows the South Zone of Delhi with names of the colonies located in this zone. The locale of the research is situated on no. 166 (i.e. Munirka) in the map below.

**Figure 1.3: Map of South Delhi**
1.4.3 Issues of Objectivity and Subjectivity

The major concern which arises while talking of field work is the issue of objectivity and subjectivity in social science research. Objectivity and subjectivity are often presented as polar opposites by the positivist tradition, and suggests that true objectivity in social science research needs to first eliminate the subjective element in order to be ‘valid’. To achieve objectivity it has often been suggested that distance is required between the observer and the observed (Thapan, 1998). To many sociologists, an objective science of society remains the goal of sociology. ‘Objectivity’ as the term is commonly understood as an outcome of the positivist tradition in social science and is seen as the testing ground for any meaningful research in sociology or social anthropology.

1.5. Objectives of the Study

1. To examine how globalization as a socio-cultural and economic process is leading to massive changes in the network of social relationships, world views, and attitudes of the elderly.

2. To study how globalization impacts the institution of family and its structure and function.

3. To examine how globalization in India has led to a new debate and concerns regarding the social location of the elderly within the society.

1.6 Tools and Techniques

This section includes significance of the research design, details of the sample, sampling technique employed, tools used for data collection, procedure for data collection and methods used for analysis of the collected data.

1.6.1 Significance of the Study

India has the second largest number of elderly in the world, although their proportion is 7.5 per cent of the total population. India’s elderly population has increased from 25
million in 1961 to 76 million in 2001 (Census of India, various years). Their size is expected to increase to 179 million in 2031 and further to 301 million in 2051. According to the expert committee on population projections, the decadal per cent increase in the elderly population for the period 1991-2001 is 38.5 per cent, more than double the rate of increase in general population (17.77 per cent). The challenges faced by elderly in the developing countries like India are more serious. After the reform period, the competitive pressure arising from globalization has slowly marginalized the old age. Absence of regular income, savings and assets made them more vulnerable to economic shocks. Many persons continue to work even in old age. Along with this, in recent years Indian society is experiencing a gradual but definite change in the traditional and conventional family set up. There has been an increase in the nuclear families in rural and urban areas (Niranjan et al. 1998). These changes have notable implications on the status and support of elderly in the family.

1.6.2. Locale

Field work for this study was conducted in DDA Flats of Munirka, South Delhi. The name Munirka is derived from Munir Khan, who was the mansabdar of the area. Its neighborhood consists of the JNU campus, Vasant Vihar and R.K.Puram. Munirka DDA Flats was planned by DDA around 1972, as a high density colony for middle class families. The total area of the colony is 68 acres. Allotment of flats commenced in the year 1974. Most of the flats were owned by the elderly retired Government servants. The flats were built in two phases; in phase I, there are three Resident Welfare Associations, RWA 52-804 flats, RWA 78-240 flats and RWA 91- 88 flats. In phase II, there is only one Association RWA 86-376 flats. The total no of flats in the colony under both the phases is 1508. Besides there are 44 flats for DDA staff in BF and BG blocks.

After 35 years of the establishment of the colony, most of the residents have crossed the age of 60 which implies that every household have one or two retired persons. They have registered Senior Citizen Forum with 550 senior citizens registered. Out of total registered members of the forum 55 per cent is female and 45 per cent is male. Most of them fall within the purview of Government’s income protection scheme. All the retired
persons living in this cosmopolitan colony hail from different parts of India, have
imbibed a cosmopolitan culture and have learned to respect each other’s independence
and socio-religious and cultural way of life. They are all educated and enjoy intellectual
interaction, reading and socializing.

1.6.3. Data Collection

The data has collected from two sources Secondary sources and Primary sources. For the
secondary sources Documentation and sociological interpretation of existing literature,
Census reports and NSSO reports has been consulted. And for the primary source
Purposive sampling was used to select the locality of urban middle class, Munirka DDA
Flats, New Delhi. Having the highest registered elderly in their Senior Citizen
Association, mostly retired from service sector. 220 semi structured interview schedule
were conducted with the help of snowball sampling.

1.6.4. Sample size

Sample for this study has been drawn through the technique of multi stage sampling. In
the first stage, with the help of purposive sampling the urban middle class locality of
Delhi, D.D.A. Flats Munirka has been selected which is a urban locality having
cosmopolitan culture. Having the highest registered elderly in their Senior Citizen
Association, mostly retired from service sector. In the second stage, with the help of
snowball sampling, 450 questionnaires were distributed out of which 278 partially or
fully filled questionnaires were collected from respondents. The response rate of
questionnaire was 62 per cent out of which 79.13 per cent questionnaire were processed
to conduct further research, the rest of the questionnaires were not processed because of
incomplete and missing relevant information. In third stage, the 20 life histories of
elderly people were conducted through detailed informal, interactive interviews in order
to understand their self-image and experience of old age.

1.6.5. Pilot Study

Before going to the field, I felt that it would be appropriate to carry out a short pilot study
that would prepare me for in-depth fieldwork for longer duration. I had the advantage of
being familiar with the area and the senior citizen association of the locality. The outcome of the pilot study helped me to have a better understanding of the field and future course of action. For the pilot study, I spent three months in the field and participated in their forums activity for the senior citizens of the locality. I got the opportunity to participate in International day for Elderly People celebrated at October 1 at India gate and Vigyan Bhawan organized Ministry of Social Justice and Empowerment for 3 years with all the elders.

1.6.6. Field work

I have spent one and half years in the field starting from June, 2014 to December, 2015. I was in constantly in touch with them since my Pilot study was conducted in December 2013 to February 2014. I established a rapport with each respondent from the onset as this is a very important feature of an interview. At the very beginning of the interaction I explained what the interview was about, how it would work. I responded to respondents’ queries and emphasized that all the content of the interview would remain strictly confidential. One of the main advantages of assisting participation observation with semi-structured interviews is that it allowed me to develop a comprehensive picture of the interviewee’s backgrounds, attitudes and actions on their own terms (Schutt 2009; as cited in McGrath, 2012). The most of the respondent enquired about me, such as am I married, where I live, how all are in the family and why I have not married yet, as according to them my age was suitable for marriage. Many of them also suggested me not to delay it further, it can lead to adjustment issues in family and health problems for future. I patiently replied their questions, which further helped me in establishing the rapport with them. Many respondent offered me tea and some of them insisted me for the lunch also.

Secondly, as a researcher I was aware of the wellbeing of the subjects and I didn’t want my research to present any adverse consequences to any of the participants. I ensured that no direct harm to the reputations and feelings of the participants would be caused during conversation or getting information about the course of events. Additionally, I maintained the confidentiality of the research subjects by not disclosing their identities. I was aware
that by conducting qualitative research of this nature, the explanation derived would be based on fewer cases from a limited area, yet, be finely textured and rich in information. I wanted to see the social world from the same perspective as my participants, and I wanted to hear what they had to say in their own words.

I was aware that by conducting participant observation, it would reveal information directly and immediately. Participation observation has the ability to access what the participants themselves are observing and their understandings of what they are doing. It allows for the understanding of social action in which action is taken and opinions are formed (Schutt 2009, as cited in Mcgrath, 2012).

This role was perfectly suited to my investigation as it took place in private spaces i.e. household. As an overt participant, I had the facility to take jottings during my observations which were crucial to me as they are the primary means of recording participant observation. Jottings are “brief notes written in the field” and they usually serve as memory joggers when writing up field notes at a later stage (Schutt 2009:332; as cited from Mcgrath, 2012). Additionally, being an overt participant meant that I will had the capacity to ask questions whilst I was in the setting. This allowed me to investigate the participant’s attitudes and their actions even further (Schutt 2009; as cited in Mcgrath, 2012). The respondents were met individually and were appraised the purpose of the study. The subjects were allowed to complete the questionnaires at leisure. I had to approach them repeatedly to collect the filled-up questionnaires. Being elderly people, I have to assist many respondents in completing the questionnaire, while others completed the questionnaires independently.

The unique feature of my universe of study is that most of them are quite health conscious and go regularly for morning walk every morning religiously. Being in the field and interacting with respondent, such accounts acquired new meanings and brought to forefront other important reasons. It seems that, this not only serves their purpose of staying fit but a very important way of interacting with their friends and acquaintances, a way socializing as most of them can be seen in groups. The topics of conversation have a wide range from politics to daily life or experiences of their service days. Mornings were
something which they look forward to so I had to get up early in the morning and go for stroll to mix around with them, which initially was a bit difficult for me, but gradually it became part of my daily routine and a pleasant experience. This not only proved to be useful in gaining an understanding of the field, but also in furthering rapport building with them.

1.6.7. Field experience

Field work is a personal experience, for it involves close interaction with the subject of one's research. Every field worker has to arrive at his own question with his informants. There can be no clear cut prescribed formula for handling any given field situation, for each situation is unique. As Srinivas (1979) says, in the ultimate analysis, each field worker must face his own challenge and experience, his own triumphs and tribulations. I started with informal chats, telling them about myself, my research topic, my institution etc. Most of them were very thrilled about the research topic. They felt that at least the younger generation is interested to know about the aged and retired person, their lives and experience and assured all possible help with readily giving in their experience. In fact, most of the things which I wanted to know about them and their lives often came up during the course of casual conversation.

Despite this, it took me a long time of almost seven to eight months to get in-depth understanding and relevant data. The earlier first few weeks of conversation made me feel that they were very jovial, balanced and least concerned type of aged. But as I started getting closer, things other than this emerged. It seems that the first impression was a facade. Like Beteille and Madan (1975:9) mention that one of the strongest arguments in favour of intensive fieldwork is that every field worker knows that some of the best data collected in the first week or the first month later turn out to be completely wrong. A coherent picture of the community in which one lives and works does not emerge in a day or week. One arrives at a preliminary understanding, then makes fresh observations which connects ones first impression, and this makes the picture a little different, perhaps
a little more complete. Many of the respondents would talk almost endlessly. It appeared as if they longed to talk to someone about their lives, the daily happenings and routine and how they felt. Most of them seem resigned to destiny. Very few showed contentment with their present living. However, on the whole they were quite co-operative but one could see the emptiness in their lives despite all adjustments.

1.6.8. Life history research

Life history research is one method by which gerontologists have examined the interrelationship between aging, time and social change at the level of the individual. This technique can obviously be used to examine the processes of social change as perceived by the individual with any subgroup of the population and not just with older people. In life history research we are inviting respondents to look back over their lives and evaluate key transitions and changes. By considering a number of life histories collected from different respondents the researcher can then look for patterns of similarities and differences in the experience of aging. A life history approach focuses upon the individual who is providing the history rather than upon the historical or social context, which distinguishes life history from related activities such as oral history, reminiscence (which often has a therapeutic function) and biographical interviewing (Bornat, 2002, cited from victor, 2005).

The development of interest in life history approaches to understanding old age and aging stems from a variety of different sources. These include a desire to ‘reveal’ what is hidden or obscured in large-scale surveys or official records and with a democratic and emancipatory concern to examine the experiences of hidden populations such as working-class women or people with disabilities. Life history approaches also developed in response to broader developments within sociology as manifest by the development of more reflexive forms of data collection which were more responsive to the needs of individual respondents as well as part of a broader concern to develop more egalitarian and collaborative approaches to research (Victor, 2005).
1.7. **Chapterization**

The present work has been structured into six Chapters. The first chapter is an Introduction to the present study. It tries to define aging and see the relevance of the study, besides outlining the scope and objectives of the research problems. It also looks into the emergence of the problem of the aged and how the heterogeneity of the aging population changes the nature of their problems. It deals with methodology and field experiences. It gives the details of the universe of study, the methodology adopted and the field experience; it also take up issues in field work that of objectivity and subjectivity. The second chapter gives brief on the sociological understanding of the aging, highlights some of the main theories which have talked of how to age successfully along with the detailed review of literature of recent research trends. It also deals with the understanding of globalization as a socio-economic and cultural process and how it is affecting the status and position of elderly. The third chapter deals with the demography of aging in India socio economic profile of aged of India. Why the demographic transition is leading a new concern for the developing countries like India.

The fourth chapter is based on the empirical data from the field and focus on the issues on the family life of the aged. It deals with the importance of family for the aged. How their status and network has altered their status in family. It also deals with the inter personnel relations between the respondents and the children. It also tries to emphasize the changing role of social institution and gender and its impact of aged. The fifth chapter is also based on the field data and tries to bring out the changes taken place in the self perception of self as aged and how they manage their free time. How the process of globalization has impacted the age old value system and consumption pattern of the elderly. It also deals with the changing life style of the aged. Finally, the sixth chapter summarizes the finding of the present study along with the major findings. And also deals with scope of future research on the issue of successful aging.
1.8. Limitations of the study

The present study is limited to the study of elderly only from a relatively small area of urban areas of Delhi. Further studies may include subjects from both urban and rural areas. The present study does not cover the lower middle class elderly, poor, underprivileged elderly and elderly living in institutions such as Old Age Homes.

The study is confined to the urban middle class. Families living in housing complex in south Delhi. The study involved respondents from only specific age group, which is the elderly. Thus it unable to capture the perspective of the other age group, particularly the younger generation. The study included all elderly under a single group. It did not incorporate the heterogeneous characters of the elderly such as widowed, separated, and divorced, etc. may be studied as separate groups.