Chapter II

PROCESS OF AGEING
Chapter II

PROCESS OF AGEING

In this chapter an attempt is made to analyze the ageing process and the emergence of geriatrics in India. The urge to live, the fear of death, the desire for youth, the distaste for old age and quest for rejuvenation have always interested mankind. Advances in medical sciences have contributed to increased longevity and we are faced with an increasing ageing population. Ageing is universal, inevitable, social and a scientific challenge confronting mankind. It is a problem of almost every family, involving strains of caring and stresses of intergenerational interactions. This has become an important socio-psychological problem in our society today. Ageing is everybody’s problem as everyone is bound to age and experience its impact. These and many reasons justify the urgency to examine the multifaceted and psycho-social issue of the senior citizens. A thorough look into the studies taken so far on the issues related to old age is a helping hand to understand the depth of the problem effectively.

2.1 Review of Literature

Review of literature helps to understand the problems in its various dimensions, makes the study more detail and suggests
methods of research suitable to study the problem. Most of the works related to ageing issues have been done in the western countries. The Indian literature on ageing indicates that in India the study on ageing have started in South India which were mainly on psychological aspects of ageing. In India Gerontology and Geriatrics is passing through its infancy. To understand effectively the problems of the elderly persons the researcher had reviewed many books and articles related to the subject. A deep understanding of these works pave the way to know much about the topic.

According to Elizabeth B Hurlock, old age is the closing period of life span. It is a period when people move away from previous more desirable periods or times of usefulness. Age sixty is usually considered as the dividing line between middle and old age. Elizabeth B. Hurlock in her book ‘Developmental Psychology’ tries to find out the characteristics of old age. She points out that ‘old age is characterised by the mental and physical decline, and also the elderly have a minority group status. That is a status which excludes them to some extent from interaction with other groups in the population and which gives them little or no power. She states that the minority status is the result of the unfavourable social attitudes towards the aged that have been fostered by the stereo types of them. She also signifies that poor adjustment is a characteristic of old age. The aged
usually develop unfavourable self concepts. This tend to be expressed in maladjustive behaviour of different degrees of security. According to her, the desire for rejuvenation is another characteristic feature of old age. She also points out certain development tasks of old age. Old people are expected to adjust to decreasing strength and failing health. They have to adjust with physical, psychological as well as economic changes. Marulasiddiah, a social anthropologist studied the aged population of a small village in South India. He found that the aged are not treated as an isolated unit of society but due to economic mobility, education and interactions with the nearby town a great change has taken place in the attitude of the young towards the old. Burgess in 1963 and Dubey in 1955 have observed in their studies that the status of the old person is deplorable in modern industrialized and urbanized societies dominated by nuclear families. As per the studies of Davis and Cooms in 1950, Moore in 1950, and Harlan in 1964, it has revealed that in the traditional village societies generally, the old people are used to get more power, prestige, security and authority. But the study of Dak and Sharma in 1987 did not support this commonly held view that the aged in general enjoy power, authority, respect, and security in all rural societies.

Dr. I. Satya Sundaram, in his study 'Elderly need better deal' says, the aged in both developed and developing countries have to face
a number of problems. They suffer from alienation due to changes in value system, the generation gap and the divergence in rural and urban cultures. The improvement in life expectancy and the disintegration of the joint family have created problems for the aged. Respect for the elderly is in decline. Dr. S.P. Gupta in his study The aged parents where will they go? explains the effect of migration on the elderly. In contemporary society, young people tend to be more mobile and become separated from elder members of the family. Large scale migration of the young to the towns to find work or to be educated is depriving the aged of the emotional and material support of the children and in some areas rapid changes are alienating and isolating the old people who find it difficult to adopt themselves to new conditions. Vijayakumar and Suryanarayna attributed the problems of the rural aged to breakdown of joint families, growing individualism and mobility. In 1995 in his study Rao has concluded that the position of the aged who are owning land and assets is better than those who are economically dependent on others. Old individuals staying alone are most unhappy. The aged have expectations that the children would support them in their old age. Non-fulfillment of this leads to bitter feeling. One of the findings of Kripal Singh Soodan in 'Ageing in India' is that more heads of the households are from younger age group and two-third of the aged live in households are rarely consulted by the
family members. According to one half of the aged respondents in his study, their absence from the family would not disrupt the family functioning. Sayid Zafar Hassan, foreward to Kripal Singh Soodan, ‘Ageing in India’ states that the status of the aged varies in different societies and culture. Economic dependency bring about psychological and personality changes in the aged which affect their social status and role. Dr. M. Himabindu through her book ‘Human ageing: study of rural women in Andra Pradesh’ tries to explore the various aspects of human ageing with reference to the aged women in rural areas of Andra Pradesh. An attempt is made to explore the status of the aged rural women, their problems, and coping mechanisms. The book addresses effectively a number of issues that affect aged women namely, ill health, psychological, financial, and social problems.

According to a survey conducted by the Age Care India, most of the aged are a neglected lot and leading a woeful life. In urban areas they have virtually been isolated while the process has also been started in rural areas. In a majority of the cases covered by the survey the elders lacked basic needs including money, proper food and medical care, domiciliary services and recreation. They are regarded as burden on society. According to Mishra in ‘Health status of the urban elderly’, the changing social structure, preponderance of individualistic and materialistic values, negative values of the younger generation
towards the elderly and compulsory retirement of the elderly from economic activities will contribute a great deal in the emergence of old age as a social problem in the country. The book named 'Aged in India' by R.N. Pati and B. Jena is a collection of research studies covering wide range of topics on the problems of ageing in our country. They have taken representative test cases from almost all parts of the country and they have taken care in their selection to touch on each aspect of this problem with particular reference to Indian cultural tradition. The authors are of the view that the problems of the aged are numerous and complex. The book reflects the critical view of doctors, demographers, social scientists, psychologists and social workers working on various issues of the elderly population of the country. There is a humble attempt to generate multidisciplinary approach towards understanding of the problems of the aged and planning for their rehabilitation. What the aged really need is not our sympathy but creating adequate employment, employment opportunities, an adequate pension for decent standard of living, adequate accommodation to live independently and adequate medical care available to them. Chaturbhuj Sahu in his book named 'Problems of ageing among the Indian tribes', views ageing as a process varies from person to person. With the effect of growing age, one starts to suffer from diseases and also socio-psychological problems, not because of
changes in their temperament and attitude, but because of very rapid
cchanges in the today's social attitude towards the aged. No one can
escape from the law of nature. But modernisation, urbanisation,
migration of the younger members, breaking up of the joint family
system etc. have made the condition of the aged vulnerable. Now they
are facing so many problems such as health, physical, economic, socio-
psychological etc. in the changing situations. The system of veneration,
paid to the aged is being neglected. In his book 'Understanding the
greying people of India', Arun. P. Bali points out that the elderly are
more vulnerable than younger persons to social and economic
hardships because in the process of development, poor sections lose
ground in relative and also in absolute terms. A comparative account of
the elderly in India is presented by S. Irudaya Rajan and his colleagues
in another recent publication 'India's elderly: burden or challenge'.
They point out that while the increasing number of the elderly is
attributed to demographic transition, 'their deteriorating condition is
considered as the end result of the fast eroding traditional family
system in the wake of rapid modernisation and urbanisation'.

A rapid increase in the number of the elderly as well as their
proportion in our population, has led us to being more conscious of the
many social, economical, psychological, and health problems of the
elderly in our country. The above review of the earlier studies
conducted on the problems of the elderly clearly reveals that the problems associated with old age and care of the elders are multidimensional: social, psychological, and economical in nature along with health problems. It is necessary that the government and policy makers should be made aware of the manifold implications of population ageing in India, so that they can be stimulated to develop targeted policies to assure today's young people a secure and productive existence when they become old. In the developed countries, governments have special departments and programmes for the old and gerontology and geriatrics have become popular subjects in the academic and professional world. Further, many universities in the West run special courses of study and research on these subjects. In India this subject is totally new at all levels – academic, professional, social and governmental. It is a high time that all concerned should be made aware of both the magnitude of the problem and the need to take appropriate and early steps for its solution.

2.2 Ageing Process

Ageing has been defined variously in different societies. It is a relative concept and has different meanings attributed to it in different contexts. However it is universally accepted that ageing is a process which continues throughout the lives of all human beings. Being old is
the last phase of the human life cycle, which is again true. People are plagued with too many myths about ageing which have blown fears about it out of all proportions and has given it the appearance of something dreadful when it is nothing but a mild and gradual change from one stage of life to another. Ageing is a phase of life and a biological process. Every organism that is born must age with time and decay. It is a natural and irreversible process of human life. It is considered as the second childhood of a person.\textsuperscript{1} It is a continuous unfolding cycle of change that begins to operate even before our birth. In fact, when a child comes into this world, it has already aged by about four months. Another truth about ageing is that the scientists have not been able to understand this highly complex process of ageing. The concept of ageing actually refers to the progressive changes that take place in a cell, in an organ or in the total organism over the passage of an entire lifetime. But the study of ageing is primarily concerned with the changes from maturity until death. The ageing of the population may be attributed to various factors like decrease in the birth and death rates and increase in life expectancy at birth due to improvement in general health and nutritional standards of the population.

\textsuperscript{1} Vikraman R. Sandhya, \textit{Institutionalised Senior Citizens}, A study conducted in Sree Sankara University of Sanskrit, Kalady, 1998, p.11.
Ageing is a natural and universal phenomenon.² It begins from the very birth of an individual and continues till death. In the early years of life, and throughout young adulthood, people tend to view ageing impersonally. It is something that happens to others, not to him. It is only when signs of ageing, such as graying of hair make their appearance that they realize that it is happening to them. Each and every stage of human development comes with certain hopes, aspirations and achievements and attaining to the old age, man tries to find out the last question of his life. No new hopes and aspirations are new for him. Ageing can be considered as the sum of all changes anatomical, physiological, biochemical, and functional that occurs in man with passage of time and leads to functional impairment and eventually death.³

Different scholars have defined ageing in various ways and different scholars measure it in many ways according to the academic background of the person who study them. Some have regarded ageing as period of physiological deterioration, others regard it as simply the advancement of years and still others have emphasized that ageing involves a restriction on cultural roles. The concept of old

age is not the same throughout the world. The important point is that ageing is a complicated concept with biological, psychological, and sociological perspectives. Ageing affects different people differently. People age differently because they have different socio-economic and educational backgrounds and different patterns of living. Since ageing is a process rather than an event, it is not possible to set a point in life when it can be said 'starting today-you are old'.

There are three cut off age for the aged-55 years, 60 years and 65 years. In Indian context, people who have attained 60 years and above are considered old, though in developed countries it begins only at 65. But chronological age are not satisfactory criteria for determining old age because there are individual variations in the rate of physiological ageing. Some persons look and behave young even at the age of 70 years, while others appear quite aged physically at 50 years or even below 50 years. Old age is a vague and ill-defined term as it is difficult to draw a clear cut line to divide middle from old age.

Two prominent theories related to ageing are (1) Activity theory (2) Disengagement theory. According to Activity theory, the maintenance and continuation of activities and attitudes of the middle ages, give satisfaction and thereby lead to adjustment in older ages.

---

Actively participating in family affairs and other social group activities give them a sense of being useful to themselves and others. The basic idea of the activity theory is that there is a positive relationship between activity and life satisfaction, that the greater the role loss, the lower is the life satisfaction. But according to the disengagement theory, as individuals grow older, both individuals and society withdraw from each other. People automatically avoid activities and social participation. This process is natural. Social disengagement involves less involvement with other people, a greater use of mental ability, and less participation in physical activity.

According to Tibbitts (1960),"ageing may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child rearing and years following the completion of these tasks represent an extension of life."6 Becker (1959) defines ageing in the broadest sense and he points out that it brings many changes over in an individual's body and mind. These may be according to him anatomical, psychological, physiological and even social and economical. Tolstyukh (1987) opined categorically "old age is a living grove."7 Physically he has to

---

6 Sahu Chathurbhuj, n.2, p. 8
7 Desai Murali, Siva Raju, Gerontological social Work in India, New Delhi: B.R. Publishing Corporation, 2000, p.26
loses his glamour, mentally his dependency on others become intensified, economically his sound status is going to be disturbed due to their retirement from the permanent services and socially his status comes down and gets degraded. Gradually old age makes man dependent, dull and lonely in spite of what he possess. They develop feelings of inferiority and insecurity within himself.

Biologists and medical scientists have defined the ageing on the basis of deterioration in physiological capabilities. Handler (1960) defines" ageing is the deterioration of a nature organism resulting from the dependent, essentially irreversible changes intrinsic to all members of a species; such that with the passage of time, they become increasingly unable to cope with the stresses of environment, thereby increasing probability of death". Tuckman and Lorgal (1956) mention that both young and old people look upon old age as a stage characterized by economic insecurity, poor health, and loneliness resistance to change and failing physical and mental powers. According to Birren and Renner (1977)"ageing refers to the regular changes that occur in a matured genetically representative environmental conditions, as they advance in chronological age." This definition has the following characteristics. (1) Ageing is a

---

8 Sahu Chathurbhuj, n.2, p. 12
9 Sahu Chathurbhuj, n.2, p. 11
process of regular changes. (2) It occurs in a matured genetically representative organism. (3) It is a result of advancement in chronological and physiological aspects as referred to. The other dimensions that need to be considered are psychological, social, cultural and economic. It has been suggested that the emotional and spiritual aspects should not be neglected. So Ageing is a normal developmental process in which biological, psychological and sociological phenomena interact.¹⁰

2.3 Various Aspects of Ageing Process

In common usage the terms “aged and the ageing” refer to a particular section of the population and the process. According to Bhatia (1983) the term ‘ageing’ is a broad one and one can be studied under 3 types-biological, psychological, and socio-cultural.¹¹ But most of the definitions deal with either these three aspects, generally the biological one.

2.3.1 Biological Ageing

Biological ageing is the most prominent and has figured widely in common expression and even in scientific literature. The

---

¹¹ Sahu Chathurbhuj, n.2, p.13
biological aspect of ageing enquires into the basic biological factors that underlie ageing and general health status i.e., the changes that make a person vulnerable to diseases with the advancement of age. In its simplest terms, biological ageing is characterized by gradual structural changes and slowing down of physiological process resulting in deterioration of some capacities and depletion of energy reserve.\(^\text{12}\) With advancement in chronological age, an individual passes through different stages of life cycle. Everyone attains oldhood at a particular age, which varies from society to society and even from country to country. One may live a happy youthful life even in advanced chronological age by developing appropriate attitude and style of life. According to Soodan (1975) “the beginning of old age in an individual is associated with different conditions or changes occurring in one’s life, viz, the onset of graying of the hair, the advent of bifocals, a serious impairment of vital physical components, failure of the individual to function independently, ceasing to be productive and imposition of an arbitrary retirement age by the society.”\(^\text{13}\) The bio-physiological aspect of ageing enquires into the basic biological factors that underlie ageing and general


\(^{13}\) Loether J Herman. *n.d.*, p 36
health status, i.e., the changes that make a person vulnerable to disease with the advancement of age.

Physiologically and biologically the general appearance and behavior of an individual gives a good idea of one's age. Graying of hair, frontal holding, wrinkling of the skin, and puffiness under the eyes are all the manifestations of old age. By 60 years half the population have their hair gray irrespective of their sex or hair colour. Nearly 60% of this age group has bitemporal recession and some vertical thinning. Failing vision, slowing of dark adoption and decline of hearing also develop. Taste and smell sensitivity also decline. Ageing brings about a decline in the efficiency, a loss of homeostasis, a weakening or damage to structure and eventual breakdown in health. The ageing process can also be observed internally, i.e., in the changes of body composition, structural tissues and tissue cell loss and replacement. The stored body fat and water reserve in the body increase for which weight increases. The ageing effects are clear in tissues where continuous renewal is needed such as intestinal epithelium and blood. A decrease in the number of proliferate cells, decrease in the rate of cell division and decrease in responsiveness to feedback signals are the signs of aging. Consequently, wound healing, ability to focus distant and near objects and blood formation is delayed. The physical basis of
ageing is thus either the cumulative loss or disorganization of important large molecules (protein and nucleic acids) of the body.

2.3.2 Psychological Ageing

Psychological ageing is studied in terms of changes in the nervous system and it consists of general decline in the mental abilities that accompany old age. The most outstanding psychological features of the ageing are the impairment in short-term memory and lengthening of the response time. It also includes the attitude and behavior of others towards them. The older persons face a change in their previous roles or positions due to change in their cognitive, conative and other abilities. He or she has to pass through a series of status passages such as retirement, widowhood and adjustment to death. It is important to understand whether there occurs any change in an individual's set of ideas, their ways of looking at life in general, owing to the change of their status, roles and abilities in their phases of life. As older people become aware of their incompetencies, they begin to revise their ideas about themselves. They also have to start coping with reduced income, change of status, loss of friends and spouse and lastly their waning physical health. Psychological changes accompany the passing of years, slowness of thinking, impairment of memory, decrease in
enthusiasm increase in cautionness and alternation of sleep pattern. Social pressure and inadequate resources create many dysfunctional features of old age.

Reduced health, reduced income and a sudden break with particular kind of professional life results in psychological problems for the retired. Attitude towards old age, degradation of status in the community, problems of isolation, loneliness and generation gap are the prominent thrust areas resulting in psychological frustration among the aged. Anxiety is reported to be at a higher level among the elderly in general and they experience symptoms such as feelings of loneliness and emptiness, economic uncertainty, general distress or general despair and hostility. Majority of the elderly people tend to become more cautious and rigid in their behaviour and so prefer to limit their social contact. Most of the elderly bear a negative self-image and poor self-concept. Changes in looks and likeability and feeling that others alienate the elderly greatly contribute to the negative self-image. Thus psychological aspects of ageing are more prevalent in the life of the elderly.

2.3.3 Economic Aspects of Ageing

Old age usually brings with it-diminished participation in productive and economically gainful work. Many of the problems
confronting the elderly can be traced to the loss of income, which accompanies total or partial withdrawal from occupation, and loss of social status enjoyed while in occupation. A vast majority of the elderly population in our society are poor and need financial support even for meeting their basic necessities. A majority of them are compelled to remain in occupations because they are required to maintain their families. Most of the studies conducted to study the economic conditions of the elderly have found that a majority of the elderly were leading a poor economic life. Retirement is a crucial accompaniment of ageing.\textsuperscript{14}

Retirement can be a time of fulfillment when one is released from toil and is free to enjoy other aspects in life to which he has not been able to devote much time. This is a partial truth and only a few can prove it to be reality. For most of the retired persons, one of the major losses incurred by them is the financial one. Many of them exhaust all their savings within a few years of their retirement and thereafter they are dependent on the charity of their children. Except for people in the Government or semi-Government employment no other person is eligible for pension. The major financial crisis is for the workers in the unorganized sectors. Throughout their lives they earn just to make two ends meet and after retirement, with little or

\textsuperscript{14} Gajendragadkar S.N., n.5, p.87
no savings, their lives become miserable. If such a person becomes a victim of geriatric disease or its complications, the matter becomes worse. A majority of the ageing population have incomplete family responsibilities like education and marriage of children, building a house and so on. The fact that only 10% of the ageing population have means of old age security and that two-thirds of the elderly still need to be economically active indicates the need for income generation programmes. Problems encountered by retired persons are much wide and its impact on the individual is entirely different as compared to those in unorganized sector.

2.3.4 Social Aspects of Ageing

Sociologically, ageing may be said to begin when the individual completes the ideas of the young adulthood or middle age and when social attitudes and other situational factors begin to restrict his behaviour or interfere with the satisfaction of his basic needs for activity, feeling of usefulness, status, companionship, financial security, and emotional outlets.

The traditional Indian value system used to place a heavy emphasis on prestige associated with old age. The elderly were the centers of authority and the most respected members of the family. Among the ancient Hebrews, Greeks and Romans, those who were on
the threshold of the last phase of their life cycles were believed to have mystical power, dominating wisdom, and unquestionable authority. In our society also old age evoked deep respect and honoring. In the joint family system a sort of gerontocracy prevailed. It was customary to obey the direction of the eldest member of the family. His decision was final in all matters. The aged are considered to be the best source of social education, social service and social cohesion. Their experiences and perceptive ideas are valuable assets for the development of the community.

But with the passage of time, the position is gradually undergoing a change. The process of industrialization, urbanization, social mobility, easy communication facilities and individualism are the predominant factors in transforming the traditional way of life in the community. Thus, modernization and technological advances has affected the traditional ties and earlier emotional links. The younger people migrate to urban areas leaving behind their congenital rural habits. Under such predicament, the old who stay behind cannot be taken care of nor do they have the same prestige and honour as they used to enjoy earlier. These changes lead to their greater alienation and isolation from their family members and from society at large. Looking after the elderly was traditionally the concern of their children in the old agricultural society. However, with
industrialization, urbanization, and modernization, the multi-
generation family has become less common, and the male children of
the elderly parents often live separately with their own wives and
children. Then many parents are forced to live by themselves. The
honor accorded to the old, the importance attached to their advice,
the respect with which they were invited to sit in judgment over a
dispute has become a thing of the past, and are considered redundant
in the modern context. The disappearance of these privileges as a
result of the emergence of new values and norms caused a lot of
despair and anguish to the elderly. In the past the structure of society
was such that the ageing process did not put any obstacle in the way
of role of older people. But in recent times, due to changes in the
family structure and value system, the respect, honour, status and
authority that the elderly used to enjoy in the traditional society,
gradually started declining.

2.3.5 Spiritual Aspects of Ageing

No person is free from any sin. However, it is during the later
phase of one’s life when a person starts thinking of his journey back
to his origin and thus starts reflecting on his past life. Every one fears
death except a person who has reached a high level of spirituality. No
one understands the mystery of death. It is because of this that as a
person advances in age he starts worrying about his future and accordingly turns his/her attention to religious activities. They believe that spending their time in religious activities will help them to gain relief from day-to-day problems. The trend towards spiritualism arises out of the socio-religious belief that one is reborn in his next life as human being. It is in this context that as a person advances in age, he starts remembering his past.

During old age or post-retirement period, several elderly persons tend to devote their time and attention in rediscovery of their spiritual values. The preoccupation with prayer, study of religious texts, and active participation in organized religion is a pointer to this aspect of their concern with spiritualism. On the other hand, because of materialistic trends, some elderly who have all comforts of life keep on working hard and hardly devote time towards spiritual activities themselves but they may share their income in the form of donations to spiritual causes and socio-religious institutions or invite spiritual personalities at their residence or community centers and arrange discourses. Thus turning to religious or spiritual way of life become a way to avoid the plenty of psychological problems for the old.
2.4 Geriatrics in India

Geriatrics and Gerontology are relatively new terms. The terms denote a multi-disciplinary study of ageing and all its related aspects from various angles, biological, psychological, social, economic, and others. The term ‘Geriatrics’ was coined by Nascher in 1914 when a book bearing the title was first published by him. Since then geriatrics has gained quick momentum in most advanced countries of the world, but not here. Nevertheless, the care of the elderly has been a natural feature of the eastern cultures since long.” Tenderness towards old age existed already in the primeval consciousness in our people.”15 observes Lin Yutang, the famous modern Chinese philosopher.

The term gerontology—the scientific study of aging—has been derived from Greek words “Geronto-Geron” meaning old man and “Logy” meaning science. The science of gerontology is concerned with situations and changes inherit in increment of time, with particular reference to post malnutrition stages. It is also concerned with the changes that occur between the attainment of maturity and death of the individual. It is related to the problems of the aged male and female in a social group. “Geriatrics” is also a combination of the

15 Desai K.N. Ageing in India, Bombay: Tata Institute of Social Sciences, 1982, p. 43
Greek words namely 'Geron' meaning old man and 'Latrikos' meaning retirement. This term was coined by an American scientist named Ignaz Nascher.

Geriatrics and Gerontology are multidimensional disciplines drawing the attention of both physical and social sciences. It is the science of finitude of life expressed in the three aspects of longevity, ageing and death examined both in evolutionary and individual perspective. Ageing is the sequential or progressive change in an organism that leads to an increased risk of the debility, disease and death. To quote Bromely “study of ageing reaches into the biological and medical sciences, the social and behavioral sciences, and even into technology and natural sciences.”

It was Clarke Tibbette in 1954 who used the word social gerontology to refer that branches of research which deals with the socio-cultural aspects and its effect on the ageing processes. Though ageing has many aspects, but primary bones fall into three main categories. They were firstly the bio-physiological, secondly the psychological, and thirdly the social or economic aspects of ageing. The bio-physiological aspects of ageing enquires into the basic biological factors that underlie ageing and general health status. The psychological aspects of ageing enquires...
mostly into the nature and extent of intellectual functions in the aged including memory, response time, creativity etc. The social and economic aspects include the social and economic problems of the aged. The aim of geriatric studies is to identify the factors influencing the changes which occur with the ageing process. The context is very different in India. In India the subject is new and needs our special attention, due to the increase in the number of the aged which will have impact on the overall development of the people and the country.

Talking about India, even before the arrival of Aryans the original inhabitants Dravidians and others had well advanced civilizations in which the elderly had their place. Care of the elderly has been enjoined in the Hindu scriptures which are amongst the oldest scriptures of the world. In the Vedas Upanishads, Gitas Smritis, and other scriptures, there are unequivocal instructions to younger generations to adore and revere the parents, teachers and aged. Life span of the civilized man was divided into 4 stages each with different duties and ways of living. First stage was for study, next for settled home life, then of retirement and then the last of complete renunciation.

Though hospitals in modern sense have come to India comparatively recently, the old and sick, were not neglected. They were nursed and looked after by their family members and were
treated by physicians trained in Ayurveda, also by knowledgeable elderly of villages and even priests. Temples, maths, dharmashalas, and ashrams, provided shelter to people in need. The greatest contribution to gerontology and geriatrics from the east is the joint family system.

Generations of the family including members – young and old and even dependent relations live under one roof. Isolation, neglect and boredom that is experienced by the elderly in western countries are remedied by this arrangement, and no elderly lives in such isolation without human warmth as is found in the affluent advanced countries. That the burden of care of the elderly-healthy or otherwise should now be entirely by the society or the state is relatively new concept, coming from the west. Considerable amount of the state’s resources and funds are required for their care in these countries. Just to mention, most developed countries have constructed geriatric homes, and even geriatric colonies or villages where the elderly may migrate and pass their remaining days. Special nursing homes for the elderly providing medical and other care at insurance or state expenses are available. At the larger medical centers or at university, special geriatric departments have come up. Geriatrics has obtained a status of eminent discipline of medicine.
It will be unwise for a poor country like India to mimic all such arrangements and set up institutions which even the affluent West finds difficult to afford or maintain. But an increasing interest in this field is being evinced in various places in India. A Gerontology Association was started in Hyderabad by Dr. Subha Reddy to advice members regarding elderly care. An ‘Association of the Retired Persons of India’ was started in 1972 in Bombay, by Shri. P.T. Gohli. The members met and render some assistance to the needy and poor retired persons. Help Age India affiliated to the Help Aged International offers monetary assistance to the several organizations working for the aged. A number of organizations have now extended their activities in geriatric field in modest ways in their areas.

Ptah-Hotep a philosopher and poet in ancient Egypt wrote in 2500 BC, “How hard and painful are the last days of an aged man! He grows weaker everyday, his eyes become dim, his ears become deaf, his strength fades, his heart knows peace no longer, his mouth falls silent, and he speaks no word. The power of his mind lessens and today he cannot remember what yesterday was like. All his bones hurt. Those which not long ago done with pleasure are painful now, and taste vanishes. Old age is the worst of misfortunes that can afflict man”.¹⁷ Like this saying in our society it is evident that due to socio-

economic changes in the wake of urbanisation and increase in the proportion of the aged population, the problems of the aged people have become formidable. To understand these problems in detail and to make the facilities to facilitate and improving the quality of life of them is the urgent need of our times.