Chapter - I

Introduction
"Old age", the very word brings to mind white hair, stooped shoulders, an uncertain gait, and certain isolation. No one knows when old age begins. The process of ageing varies with individuals; some begin to look old at 50, while others look young even at 65 or 70 years. Ageing is a universal process. Human life from conception to death is a complete sequence of events. For convenience of description the whole life cycle has been divided into four distinctive but successive stages. They are juvenile age, young age, middle age and old age. These four main stages in human life have been compared with four main seasons of the year, i.e. spring, summer, autumn and winter. Spring and summer represent the energetic and joyful childhood and warm and vigorous youth respectively. Autumn denotes the middle age of maturity and ripeness. After this comes the winter of human life which is the old age when one's physical strength begins leaving him and youthful vitality starts yielding to a sense of despair (Sinha, 1989). The teeth start falling, the hair turn grey, skin becomes wrinkled, vision becomes poorer, ears need hearing aid and there is decrease in muscle strength. This is the time when many a man becomes three legged (the third leg being the stick). It is from here that the problems of old people start arising.

Most of the people anticipate old age with trepidation. Will it be the "golden years" or "statuary senility"? There is a special and not unrealistic fear, by young and old, that many of the last years of life will be spent in ill health, with some chronic diseases, that will limit activity and possibly even impair reasoning abilities. The elderly are a precious asset for any country. With rich experience and wisdom, they contribute their might for the sustenance and progress of the nation. We must today think of sound old age in society, which has to have a positive attitude towards the aged.
**Global demographic trends in elderly populations**

The twentieth century has seen remarkable increases in the growth of the old population throughout the world. This growth has occurred in developing as well as developed countries. In addition, the old population is itself becoming older: the number of people over 80 years of age—often referred to as the “oldest old”—is growing rapidly in many countries. Current projections indicate that the size of the world’s elderly population will increase considerably in the early part of this century with major effects on social structures, economics and health care systems throughout the world.

**Historical Trends**

Man has lived for a long age as shown by historical studies—in India, there are records of kings reigning for 80 years (King Ashoka). Bhishma and Dronacharya of Mahabharat fame were above 80 years when they fought the Kurukshetra war. It is said by experts on ageing in U.S.A. that human body is built to live almost 120 years. Lord Krishna is said to have lived for 120 years. In the Biblical period, old age was considered the repository of wisdom and a reward of virtuous living—Hippocrates (460-370 BC) regarded innate fire as the crux of life and old age was attributed to the cooling of the innate fire (Ramnik, 1999).

Population ageing in developed countries has resulted from a decline in both mortality and fertility. In some developed countries where these patterns commenced early in the last century, 15% or more of the population are already aged 65 or older, and 3-4% are aged 80 or older. European countries have the highest proportion of elderly people in the world (Kinsella, 1988): about 14% of people in Western Europe are aged 65
years and over. Sweden is the “oldest” country in the world, with 18% of its population being aged 65 years and older (Kinsella, 1988; UNDP, 1990).

Although the percentage of elderly people in the population in developing countries is substantially smaller than in the developed countries, the absolute numbers of old people worldwide are considerable. In China, where people aged 65 and older makeup 5.5% of the population, they number 60 million, and in India, where only 4.07% are 65 and older, there are still 30 million of them. In 1988 there were an estimated 159 million persons aged 65 and older in developing countries compared with 140 million in developed countries, and over 60% of the monthly global net increase in older persons was in developing countries. (UNPA, 1992).

Between 1950 and the early 1970s, the number of people aged 65 years and older grew at about the same rate in developed and developing countries, the annual growth rate increasing from about 2% to about 3% during this period. However, in countries where the total fertility rate remains high, such as those of sub-Saharan Africa, the overall proportion of elderly people in the population has decreased. This trend is likely to be reversed as the younger groups age and as general mortality rates continue to fall (Torrey, et al. 1987; Lopez, 1993).

Projected Trends

There will be differences in annual growth rates in the elderly populations and different parts of the world. According to Kinsella, et al. (1988), from 1990 to 2025 the percentage of the population aged 65 and older is expected to increase to just over 20% in Europe and North America, to double from 5% to 10% in Asia, Latin America and the
Caribbean, but to increase only modestly in the Eastern Mediterranean area, northern Africa and sub-Saharan Africa.

This overall growth in the total number of old people between 1990 and 2025 will be much greater in developing than in developed countries, with the over-65 population doubling in many developing countries. Projections indicate that by the year 2020 there will be 470 million people aged 65 and older in developing countries, more than double the number in developed countries (UNPA, 1992). Three of the four countries projected to have the largest number of old people in the year 2025 are located in the Western Pacific and Southeast Asian Regions: China, India and Indonesia (Siegel, 1982). In contrast, developed countries will have substantially smaller increase in the number of persons aged 65 and older between 1990 and 2025, ranging from 33% in Sweden to 141% in Canada, with all European countries having increase of less than 100%. The growth of the older population in developed countries is a well-known phenomenon. The growth projected for older populations in developing countries is far greater and has considerable implications for health and social policy.

**Trends in Life Expectancy and total Mortality**

Growth in the size of the elderly population results from changes in the size of birth cohorts and increases in life expectancy at birth. The last century has seen remarkable improvements in life expectancy in most countries, although there are still tremendous disparities between developed and developing countries. Life expectancy at birth in most developed countries is 70-75 years for men and 76-81 years for women; it is currently highest in Japan, at 76 years for men and 82 years for women. Life expectancy is lower in eastern European countries than in other parts of the developed world. In
developing countries an average life expectancy is 11 years lesser than in developed countries, but there is great variation. In Asia and Africa, life expectancy at birth ranges from less than 50 years to more than 70 years (WHO, 1995).

Most of the increase in life expectancy in the first half of this century resulted from reduced mortality among young age groups. In the past few decades, there have also been substantial reductions in mortality among older persons in many countries, resulting in large increase in life expectancy at age 65. In most developed countries, life expectancy at age 65 is increasing more rapidly than life expectancy at birth because of the decline in cardiovascular diseases in middle-aged and older persons. In Japan since 1945 life expectancy at the age of 65 has increased by 36% for men and 39% for women, while the percentage increase in life expectancy at birth have been less than 23% and 25%, respectively. Life expectancy for men varies from 11.9 years to 16.9 years at the age of 65 years, and from 5.3 years to 9.2 years at the age of 80 years. In some regions, life expectancy at the age of 65 years shows much less variation between countries than does life expectancy at birth. None the less, region and stage of development can see considerable differences in life expectancy at the age of 65 between countries that are similar. The life expectancy of elderly women is greater than that of men in all developed countries, reflecting more favourable trends in mortality for women as compared with men over the last-half century at least. There was an increase in mortality among older men during the 1950s and 1960s in many developed countries, with a much more recent decline in mortality rates. The reduction in mortality that has taken place in the older population has occurred among both the “young old” and the “old old “, although it
has a tended to be smaller in the later group. These trends have been strongly influenced by decreasing trends in cardiovascular disease mortality (WHO, 1995).

With improvement in health status, quality of life, and falling birth and death rates, the life expectancy is also increasing in India, i.e., 24 years in 1900 to 57 years in 1983 (Vinobha Rao, 1981) and 62 years in 1997 (The Tribune; September 9, 1997) with the resultant increase in number of old age people. In India, the population of people aged 65 years and above has increased from 2.35% in 1911 (Pathak, 1973) to 4.07% as per 1991 census and further it is expected to be 5.9% in the year 2016 (RGI, 1996). With the rise in population of the aged people throughout the world, concern and care of the aged have attracted global attention of the scientists and the administration. As per the decision of the United Nations Organization, the year 1982 was observed as the International Year of the Aged to highlight the problems of ageing. The World Health Day theme for the year 1999 has also been dedicated to old age people "Active Ageing Makes The Difference"

Concept of Ageing

Ageing is a normal inevitable and universal phenomenon. Commonly speaking, it means the various effects or manifestation of old age. While they have been usually perceived as biological, there is also deterioration in mental capabilities and social adaptability. Ageing has thus three aspects, viz., biological, psychological, and social.

The word ageing thus implies a wide variety of processes; these include the biological inevitability of growing old, the psychological reality of growing old, and the social context, which provides a wealth of meanings in which growing old is understood and made sense of. Some aspects of this process are inevitable. There is a disagreement
about how to define old. Should the aged be defined chronologically (how many years one has lived) or functionally (what one is capable of doing in a specific area of functioning) or socially (one’s role activities in society). Generally, chronological definition is taken arbitrarily as it is more convenient and simpler. According to Dr. Malher, Director General, World Health Organization (1982), “Ageing is not simply a physical process but a state of mind and today we are witnessing the beginning of a revolutionary change in that state of mind”.

It would be worth while to cite here some of the definitions given by the researchers:

For biologist and medical scientists ageing refers to deterioration in physiological capabilities. According to Cowdry (1942) the changes found in aged persons as structural alteration due to infections, toxins, traumas, and nutritional disturbances or inadequacies give rise to what are called degenerative changes and impairments. Challam (1982) has stated that generally changes take place in four main spheres- physical, behavioural, biological and intellectual. Empirical studies have indicated that definitions relating the ascription of old age as well as the characteristics associated with the aged vary in different social categories. According to Ahammad and Baltes (1972), Neugesten and Moore (1968) “Biological ageing is most prominent and has figured widely in common expression and even in scientific literature. With advancement in chronological age, an individual passes through different stage of life cycle as described above. Every one attains old hood at a particular age. Nair (1982) has reported that ageing varies from individual to individual. One may lapse old at 50 or still young even as an octogenarian. It is here that physiologists and social scientists have their roles to play. One may live a
happy youthful life even at an advanced chronological age by developing appropriate attitudes and style of life. Growing old is an inevitable phenomenon and none can stop the wrinkles, graying hair and the gnarled hands. Tuckman and Lorgal (1956) mention that both young and old people look upon old age as a stage characterized by economic insecurity, poor health, loneliness, resistance to change and failing physical and mental powers. Ramchandran (1981) has found that the family and living conditions are significant factors affecting the mental health of the elderly subjects. The third important aspect of aging, as mentioned earlier is psychological to which the present research is mainly devoted. Old age has many psychological manifestations.

In this study “the elderly population” will be taken to mean people aged 65 years and older. Although this definition is somewhat arbitrary, it is in line with criteria used in many countries to define eligibility for retirement programs and participation in other social programs. Dakshinamurti (1962) defines sociologically an aged person as the one who has reached arbitrary age limit at which useful work ceases and retirement is often expected and pension provided. The cut off point in the Indian population has usually been taken as 60 years, though in Western countries, it is 65 years (Nair, 1987). Within the aged, the various subgroups on the basis of chronological age have been proposed as under (Venkoba Rao, 1989):

<table>
<thead>
<tr>
<th>Group</th>
<th>Age Range</th>
</tr>
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<tbody>
<tr>
<td>Young – old</td>
<td>60-70 years</td>
</tr>
<tr>
<td>Old – old</td>
<td>70-85 years</td>
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<tr>
<td>Oldest – old</td>
<td>85 years and above</td>
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Gerontology is the term used to describe the systematic study of the aging process. It is an interdisciplinary study. Its major elements are drawn from the physical and social
sciences. Clark Tibbitts (1960) introduced the term social gerontology to describe the study of the impact of social and social-cultural factors on the ageing process. In 1909, a Vienna born physician, IL. Nascher, coined the term geriatrics & described one subfield of gerontological practice, the medical care of aging (Kart, 1995).

According to Ramasubrahmanyam (1974) geriatrics is a branch of medical science, which has to do with age and its diseases. The term ‘geriatrics’ has been derived from the Greek word "geron" meaning old man. The scientific study of human aging is a vast subject. According to Bromley (1974), “it reaches into the biological and medical science, the social and behavioral sciences, and even into technology and natural sciences.”

A new attitude towards old age emerged in the 1930, one that has had enormous impact on the growth of gerontology as a scientific discipline stimulated by changing demographics of modern societies, an increased life expectancy, and an ageing population and perhaps by an economic depression, people began to see old age as social problem (Maddox and Wiley 1976).

The process of growing old begins in adulthood and its repercussion can be seen in terms of biological, psychological and sociological markers. The point at which one can be said to be old, however, is less clear. For most researchers in developmental and health psychology, the cut-off point is normally the age of retirement; thus, the age of 65 years (which is the retirement age in the USA) is arbitrarily designated as the beginning of old age what has more recently been referred to as the ‘Third Age’ (Laslett 1989).

The biology, gerontology literature concerned with human ageing is frustrating, as it is sometimes difficult to find consensus about particular changes with aging. Some of
his is due to methodology chosen. Individual variability is an important aspect whether considering physical health problems or mental health problems; no two individuals will show the same degree of physiological or pathological change. There are people of 80 years and above who are physically as well as mentally fit, 80 years old who are physical strong but who have, say, dementia, and those who have crippling arthritis but are mentally very sharp and able. It is, however, true to say that as the majority of people get older there is some deterioration in physical and mental functioning. Jagger, et al. (1989) in a longitudinal study following people in Melton Mowbray over a 5 year period found individuals who followed the expected or anticipated pattern of declining function but there were also individuals who had improved in both physical and mental functioning or had not changed over the period. It is important to recall that although all people age, not everyone does so at the same rate. Some individuals show symptoms of ageing even before they are chronologically aged.

Problems of Ageing

Old age is associated with many types of problems. They can be studied under such areas as physical, social, economic and psychological. Health problems of the aged are: pains in the bone joints, blindness, deficiency or defective hearing, cough, blood pressure. Diabetes, dysfunctional bladder and difficulty in bowel movements, etc. In order to take medical help the aged have to walk or travel some distance and also spend money. However, in India medicare is socialized and highly subsidized. Government has a policy of providing these medical facilities, as far as possible, nearer home since these are established on the basis of population. Separate queues are formed for the aged to get medical facility since they cannot stand in the general queues for longer hours and their
attendants such as sons, daughters or daughter-in-laws cannot also spend much time on this. Often, the doctors who attend may not treat or consider the problems of the aged who have no income of their own and are now dependent on their sons or daughters-in-law, may not afford to meet their medical expenses. Although the geriatric services in government as well as in private sector are still meager in the country, the Union Territory, Chandigarh, has taken a lead in this direction by starting "Geriatric Clinic" in Government Medical College & Hospital, Chandigarh (GMCH Office Order).

Disease is the chief barrier to extended health and longevity in older people. Yet the orientation of modern medicine and the attitudes and expectations of many old people contribute to the difficulty of maintaining health in later life. The elderly along with health care professionals may be too ready to attribute illness or biological change to "normal aging". Today chronic illnesses, including heart disease, cancer, and stroke, represent the key health problems affecting middle-aged and older adults. The prevalence of chronic conditions varies by age, sex, race, and income. Chronic illness can be burdensome in terms of days spent in bed, hospital stays, and doctor visits.

The socio-cultural problems of the aged are also many. In the prime of age an individual works, earns guides, protects, and feeds his family. His words and actions carry much weight. He is invited to represent the family in community level activities. As people become old they lose these roles and status and become “Guests” in their respective families. They are superficially respected, cared for, and heard. When it comes to respecting their words and actions, the aged are not taken seriously since an elderly person is perceived as senile and orthodox whose ideas are outdated. They become dependent on others for financial matters too. Old age also results in immobility and this
further brings lesser social contacts. The aged need someone to enable them to move about and even to go and meet friends and relatives. Since the aged are relieved of their duties towards the family and kinship they are seldom visited by others for help and consultation. Without work and social life they feel isolated and let down.

The psychological problems faced by the aged are also many and rooted in old age. These are loneliness, dementia, senility, depression, anxiety and worry. Being old, weak, hard of hearing and partially blind and immobile, the aged seldom move out and are hardly approached by others for help and consultation. So they feel very lonely. The adult and active members of the family such as sons, daughter-in-law and grand children are much too busy to give company to them. So it becomes difficult for the aged to pass their time. If the aged are illiterate and there are no such facilities as electricity, TV and Radio, Clubs and associations, it becomes all the more difficult for them to spend time. In every society, apart from ageing and its associated changes in the biological and psychological aspects in a person, there will also be a few changes in the physical appearance of the aging persons. These are greying of hair, wrinkles on the skin, loss of teeth, defective eyesight, hearing loss, etc.

The major sources of income for the elderly are social security (in countries like U.S.A.), earning and asset income. Retirement status, age and race are factors associated with income variation among the elderly (Kart, 1995). Tax advantages received by the elderly would seem to be more help to property owners and those with higher incomes. Inflation has adverse implications for all people.

Senility is another problem. As one grows old the different organs of the body also get old or wear out and result in weakening or loss of strength. They may often
forget that they have eaten food or taken bath. Sometimes they fail to identify people who are their very close kin. A few who had given some money or had promised some thing may be forgotten and this creates problems to the persons or for the aged themselves, or both.

The marital distribution of elderly men differs sharply from that of elderly women. Most elderly men have spouses, whereas over half of all elderly women are widowed. Most older couples are satisfied with their marriages and have adjusted to retirement. Widowhood is a more difficult adjustment. The widowed have high rates of mortality, mental disorders, and suicide. The most serious problems that the widows face are loneliness and a drop in income. Few elderly get the opportunity to remarry, although there is a demographic advantage to men, who are a relatively scarce resource. Aged marriages do seem to be successful.

Labour force participation rates of old people have declined throughout the twentieth century. Currently, less than one-quarter of aged males and about one-tenth of aged females are in the labour force. Factors that have contributed to this decline include the health status of older people, new pension system, changes in the population age structure, change in economy characteristics, and age discrimination in employment. Retirement is a modern industrial creation. According to Atchley (1976) the emergence of retirement as a social institution in a society requires four factors: longevity, economic surplus, pension systems and acceptance of the idea of retirement. Recently, early retirement has become more acceptable, thereby reflecting a changing attitude (increasingly positive) toward retirement on the part of industrial workers.
Nevertheless, adjusting to retirement is seldom easy. Adequate finances, good health and social activities may positively affect adjustment to retirement. Some gerontologists believe that retirement necessarily brings an “identity crisis”, whereas others argue that self-respect can be gained from leisure pursuits.

Many problems of the elderly are due to occurrence of changes in their roles, positions, privileges and status as they get aged. They may take these changes in their personal life negatively and seriously and may begin to think that they have become unwanted dependants. Owing to this the aged may develop a guilty feeling that they are eating away the much-needed resources, which are required by the young and active ones of the society. Further, their dependence on the young brings maladjustment and conflicts in day to day life. The aged face problems also due to the weakening of family and community ties, lack of care and concern by their children who go out of the family, leaving the aged for themselves and alone. So the problems of the aged are not merely or necessarily financial but social and psychological also. A wide range of stressful events have been researched in the context of psychology of old age, such as impact of bereavement, relocation, social isolation, poverty, serious illness, and retirement. During the prime of their age, the aged led an active life leading their family and kin groups and now they have become inactive, dependent and physically sick and weak. Without proper preparation, both financial and psychological, to adjust to the type of changes, which are sometimes sudden and shocking, the aged face a lot of problems. A few even resort to such means as begging or committing suicide to bring an end to their agony. Even when the grown up sons and daughters live with their parents, a change is noticed in the attitude towards treatment of the old persons, since the latter have become old and weak.
physically, mentally and monetarily. No doubt ageing is biological but it has its psychological and sociocultural sides too. Unless the attitude towards ageing, the treatment the aged receive, evaluation of the status of the aged and the roles considered appropriate for them are investigated; the study on ageing would be incomplete.

In Chandigarh, which is sometimes, called the" City of Retired People", the percentage of persons above the age of 65 years is 5.47 (GMC, 1998). Time has come that we realise the gravity of the situation and organise special services for them. The psychosocial and health problems of the aged vary from society to society. Indian cultural and democratic set up demands a special treatment to the issue by social scientists and doctors. This is not possible till we know their psychosocial and health problems by undertaking studies, as the work done on elderly is still scanty in our country. With this situation in mind, the investigator was motivated to plan a community-based study of the elderly of Chandigarh, to study some of their psychosocial and health problems.