

Chapter I

INTRODUCTION



CHAPTER I

Introduction

Ageing is a multi-faceted process that is determined not only by the passage of time, but also by certain physiological, psychological, social, economic, and cultural factors. Hence, the experience of ageing by individuals differs across the countries and regions. Moreover, there are variations in the experience of ageing even among the elderly within a country or region due to factors such as age, gender, marital status, health, place of residence, economic status, attitudes, work and retirement policies, importance given to social security, living arrangements, level of family support and the sexual orientation (Calasanti & Steven, 2001; Virpi, 2008). In general, old age is seen both as a time of decline and fulfillment, depending on the individual and generational resources, and opportunities to which persons have access during their lives.

While in the 1940's some efforts to address the challenges of ageing have begun, the active debate on the economic and social consequences of ageing was initiated by the United Nations (UN) after its inception in the 1970's. In 1978 the UN General Assembly passed a resolution making a decision to convene the first World Assembly devoted to the issues of ageing. The intention was to formulate an International Plan of Action on Ageing to address the needs and demands of the elderly, as well as to analyze the relationship between population ageing and economic development. As a consequence, in 1982 the UN's first World Assembly on Ageing was held at Vienna. The Vienna plan of action was formulated that identified three priority areas: (a) the sustainability of development in a world where the population is increasing in age (b) the maintenance of individuals' health and well-being to an advanced age, and (c) the establishment of an appropriate and supportive environment for all age groups. The plan of action along with its 62 recommendations called for international exchange and research cooperation as well as promotion of data collection in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action.

Subsequently, in 2002 the second World Assembly on Ageing was held at Madrid to review the implementation of the Vienna plan and the recommendations made by the first World Assembly, and to come up with the Madrid International Plan of Action on Ageing. This plan of action called for changes in the attitudes, practices, and policies at all levels and in all sectors, so that the potential of ageing could be harnessed. The recommendations for action are organized according to three priority directions similar to that of the Vienna plan. The focus was to guide policy formulation and implementation towards the specific goal of the successful adjustment to an ageing world, in which success is measured in terms of improvement of the older persons' quality of life and in the sustainability of the various systems- formal and informal that underpin the older persons' well-being throughout the life course (Zeleney, 2008).

In the Indian context, in keeping with the developments at the global level, and the Government of India being a signatory to the initiatives by the UN, a policy for the elderly and several interventions to enhance the quality of life of older persons were initiated. It announced the National Policy on Older Persons (NPOP) in January, 1999. In particular, the policy has identified a number of areas of intervention and envisaged State support to ensure financial and food security, health care, shelter and other needs of the elderly, equitable share in development, protection against abuse and exploitation, and availability of services, to improve the quality of life of the elderly in the country. While recognizing the need for promoting productive ageing, the policy also emphasized the important role of family in providing vital non-formal social security for the elderly (Government of India (NPOP), 1999).

In view of the changing trends in demographic, socio-economic, technological and other relevant spheres in the country, the Ministry constituted a committee under the Chairpersonship of Smt (Dr) V. Mohini Giri in January 2010 to draft a new National Policy for Senior Citizens (NPSC), 2011 based on the NPOP, 1999. The committee constituted for formulating the draft NPSC, 2011 advocated priority to those needs of the senior citizens that impact the quality of life of those who are 80 years and above, elderly women, and the rural poor (Government of India (8th NCOP), 2010).

The focus of the draft NPSC, 2011 would be to promote the concept of 'ageing in place' or 'ageing in own home'. From this angle, housing, income security and home based care services, old age pension, access to healthcare insurance schemes, other programmes and services are needed to facilitate and sustain dignity in old age. This draft policy recognizes the need for intergenerational bonding, so that care of the senior citizens remains vested within the family which may partner with the community, government and the private sector for provision of informal supports. Hence, it emphasizes institutional care as the last resort (Government of India (NPSC Draft), 2011).

One of the most influential factors in peoples' lives is the environment in which they live. For the elderly this is particularly true as they spend most of the time in their home, as compared to other groups in the society (Van Solinge & Esveldt, 1991). Living arrangement is a basic determinant and an indicator of the care and nature of informal supports available to the elderly within the family, and therefore of their quality of life (Domingo & Casterline, 1992). The living arrangements of the elderly emerged as a parameter of great importance for understanding the actual living conditions of the elderly population in the developing countries within the contemporary ageing scenario, affected due to the lack of public institutions and social security nets (Sen & Noon, 2007). Still, in the developing countries the data collection for obtaining the statistical profile of the current living arrangements of the elderly, and an investigation into how they influence their well-being was not examined in depth.

In view of this, exploring the above aspects has important implications for social work practice with the elderly- in improving their living conditions and quality of life within the rapidly changing contexts. Hence, in the current study, an attempt is made mainly to explore and describe the living arrangements of the elderly in the Vadodara city and to assess the relationship between the living arrangements and the quality of life of the elderly. Information regarding the shifts/transitions in their living arrangements, details about the factors in the living arrangements that affect their quality of life and its related variables such as loneliness and adaptation to old age was also obtained through the in-depth interviews.

Organization of the Thesis

The thesis is divided into five chapters as per the following description.

Chapter 1-Introduction: This chapter introduces the background of the study, states the problem and outlines the conceptual frame work along with the conceptual map for the study. In order to have a holistic picture, this chapter includes an overview of the context of ageing and provides the different theoretical perspectives in this field. It also gives a brief demographic profile of the elderly population at the global level as well as in India, followed by information about the national level government programmes for the elderly.

Chapter 2-Review of Literature: This chapter reviews the existing literature pertaining to the living arrangements of the elderly and their quality of life. The review focuses on understanding the scope, meaning, classification, determinants, trends and importance of the living arrangements of the elderly, and about the concept of quality of life and its measurement. It also reviews the studies that indicate the ways in which living arrangements may influence the quality of life of the elderly. An attempt is made here to identify the gaps in research.

Chapter 3- Research Methodology: This chapter describes the research setting, states the objectives of the study and the importance of the study followed by giving information on the nature of the study, sampling plan adopted for the study, and research methods used. It also includes the descriptions of the measures used for the study, and the plan for data collection, data reduction and analysis. Further, the experiences during field work, and strengths and limitations of the study are mentioned.

Chapter 4- Results: This chapter presents the results under the broad heads such as profile of the sample elderly, current living arrangements: types and nature, current living arrangements and quality of life and the related variables i.e., loneliness and adaption to old age, and further analysis. It is followed by a section on case studies developed on the basis of the in-depth interviews conducted by the researcher with nine respondents during the study.

Chapter 5- Major Findings, Discussion and Suggestions: This chapter begins with presenting the major findings from the study (and the case studies), and discusses the broad themes that emerged out of the results such as contextualizing the living arrangements of the elderly, current living arrangements and quality of life of the elderly, beyond current living arrangements- the mediating effects of demographic variables, justifications behind preferential living arrangements, tradition or change?, and way forward. Results are discussed critically in the light of earlier literature. Specific suggestions are provided for advocacy work that can be taken up to bring policy level and legislative change. Implications are drawn and suggestions are given for social work practice with the elderly, and the directions for future research in the area of study are given.

Background of the Problem

What are the types of living arrangements of the elderly, and their determinants? Does the type of living arrangement they are in affect their quality of life, loneliness levels and how they adapt to old age? An exploration of these questions would throw light on the need to study the relationship between living arrangements of the elderly, and their quality of life and the related variables.

Ageing without the family anchorage does not make a pretty picture anywhere in the world. Above all other institutions, the family has provided the elderly with chief essentials for prolonged physical existence and the basic conditions for social security. It has also constituted a central focus around which extra-familial supports for ageing have tended to cluster (Simmons, 1962). In the ancient times and in contemporary India up till the 1900's, the family played an important role in the care of the elderly.

Ancient Indian texts such as the *Vedas*, *Upanishads*, *Puranas*, laws of *Manu*, epics such as *Ramayana*, and *Mahabharata*, and mythological folklore such as *Panchatantra*, *Jataka* tales have represented the elderly as bearers of immense knowledge and wisdom. These treaties have also indicated the attitudes, values and duties possessed by the family and society towards elderly. They are to be treated with respect, compassion and affection by the family. The filial duties on the part of the son such as fulfilling basic needs of the elderly parents, ensuring their care and dignity have been extolled in many ways. Lord Rama in the epic *Ramayana* had undergone the 14 years of exile imposed on him by his father Dasharatha, without uttering a word. Shravana Kumar has attained the glory as an ideal son, as he fulfilled the wishes of his ailing and blind parents' to go on a pilgrimage by carrying them on his shoulders. These examples indicate how filial responsibilities towards old parents were given immense importance in Indian culture. The elderly without a family or those belonging to poor families were taken care of within the neighborhood, as there was presence of extensive kin networks during those times.

In contemporary India, family has been the traditional social institution providing support and care to the elderly. As per the prevailing values and social norms, family members especially the younger generation are expected to take care of the elderly. Hence, the elderly can legitimately, and by tradition depend on the son and other kin relationships for receiving care during old age. However, for a number of reasons, there has been a marked change in the ageing scenario during the 1900's and, not infrequently, these changes have serious consequences for the elderly.

The phenomenon of 'population ageing' is characterized by an increase in the proportion of the elderly in the total population. More specifically, there is an increase in the proportion of the oldest-old and the older widowed women due to the increased life expectancy. In the developing countries like India, since the 1900's it is assumed to have begun at a smaller pace (Mujahid, 2006). As more number of the elderly live longer, they face higher levels of morbidity for longer periods in the later life. This led to increasing demand for care and support of the elderly for extended periods within the family, as the government cannot intervene in this situation due to financial constraints.

About the same time, the social, economic, and technological factors of development leading to increase in women's work participation, changes in the nature of occupation and lifestyle, imitation of the western culture, and the breakdown of traditional values and norms of the Indian society have changed the structure and functioning of the family in India (Indian Planning Commission, 2001; Visaria, 2001; Zachariah, 2001). As a result, there is decline in the joint and extended family systems.

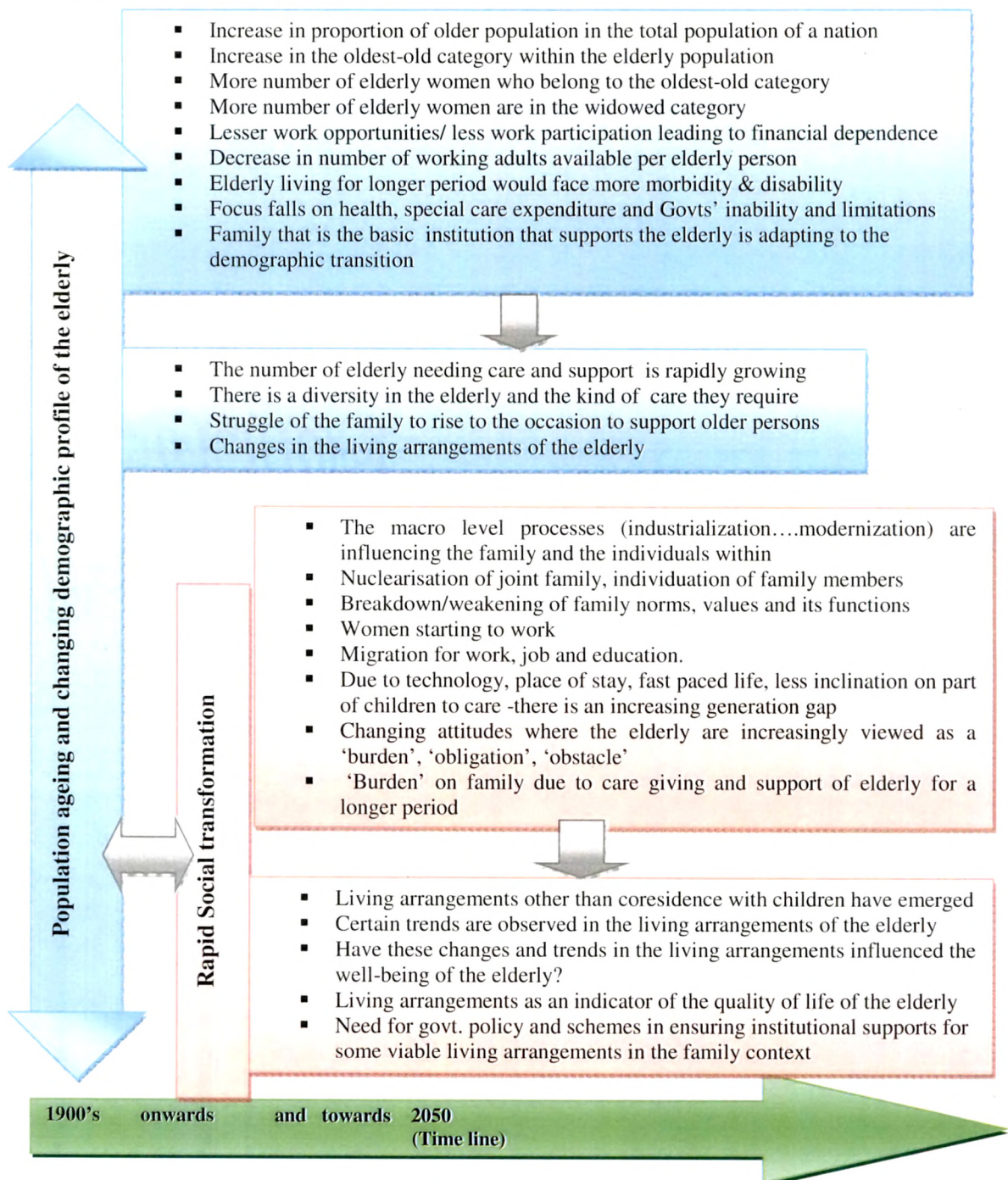
This fragmentation of the traditional family network led to the erosion of the available support systems for the elderly within the immediate and extended family. The position of and roles for the elderly have been reduced to the minimum in the nuclear setting, and they are seen as a burden to the family (Agarwala, 1962; Cohen, 1981; Niranjan, Surender & Rao, 1998). Women going out to work, migration of the younger generation from rural to urban areas and from one urban center to another and even transnational migration in search of employment, resulted in the younger generations' inability to take care of the elderly -leaving them alone to fend for themselves at a time when family support is needed the most. Though the elderly may get monetary support from the child, the relationship is individualistic and intimacy remains only from a distance (V.S. Kumar, 1999).

There is a change in the attitude of the younger generation towards the elderly by their being more individualistic, and their inclination to look after them during the old age has declined (Siva Raju, 2002). The growing generation gap is also contributing to the divide between the youth and the elderly, leading to conflicts and lack of mutual respect. There is evidence of decline in the authority of the elderly and instances of increasing neglect, exploitation and abuse, especially in case of the oldest-old and elderly women (Bagga & Sakurkar, 2011; Devi Prasad & Vijaya Lakshmi, 2008; Latha, 2008; Sanwal & Kumar, 2011; Sebastian & Sekher, 2011).

The elderly expect economic, social and emotional support from the family members, as their productivity and physical strength decline with advancing age. In the absence of a well-developed system for providing social services to the elderly by the Government, they have to rely on caregivers in the family. The impoverishment of the ageing process is further exacerbated by urbanization that has dislodged the tradition of family support for the elderly (Haber, 2009). Thus, while the need for care and protection of the elderly has been increasing due to the demographic trends in the elderly population, the rapid social change has led to the decline of the informal supports for the elderly within the family. Hence, the occurrence of both the phenomenon around the same time in a developing country like India has contributed to a 'crisis in caring' and a debate about who has to care for the elderly (Prakash, 2005).

Figure 1 shows how the broad socio-demographic trends have affected the role of family and its support systems, thus impacting the care received by the elderly. The scenario of ageing in India was transformed and ushered in alterations in the traditional patterns of living arrangements of the elderly by the families, which may be adversely affecting the well-being of the elderly. The concept of living arrangement refers to the family setting and household composition in which the older person lives. A living arrangement also encompasses interactions, kin relationships, facilities, allocation of resources, living environment and the interaction with the outside world of the older person. Therefore, it provides some indication of the level of actual support available to them, and becomes an important constituent of the overall well-being of the elderly (Rajan & Kumar, 2003; Wolf, 1994). Although the living arrangements of older persons have always been an important dimension in the study of ageing, it is only during the past few years that researchers in social gerontology began paying attention to this aspect of ageing (Schafer, 1999).

Figure 1: The double impact of population ageing and rapid social transformation leading to changes in the living arrangements which may influence the quality of life of the elderly



The available informal supports in the family are shrinking, and undergoing stress and strain. Due to paucity of resources, neither the government nor civil society is in a position to ensure safety nets for the large number of the elderly. The emergence of the more independent types of living arrangements among a large number of the elderly is witnessed. At this point, the study of living arrangements of the elderly assumes great significance in our attempt to assess the status of the elderly in the society.

Conceptual Framework

Given this understanding, what factors determine and change the living arrangements of the elderly?, and what should be the framework to study living arrangements and their relationship with the well-being of the elderly? These processes are captured in the conceptual map (see Figure 2) which shows that in the past, the predominant living arrangement of the elderly was coresidence with the son (s) or relative (s) in the joint or extended family. Subsequent changes due to population ageing, social change and other factors led to the widespread adaptation to other types of living arrangements such as living with spouse only, living alone and living with assistance among the elderly. Taken together, these changes have quite profound implications for the relationships and activities in later life.

Although it is difficult to chart why and how these changes in living arrangements have happened, some explanations can be given. For instance, some scholars have put forward reasons for the recent increase in the incidence of living with spouse only. According to Philipson, Bernard, Philips and Ogg (2001), with increased life expectancy, smaller family size and closer spacing of children, the average couple can now expect to live for some 20 years after the last child has moved out. This period linked with the age of retirement and changes in the household composition made it possible for the elderly couple to spend more time with each other during old age. As children become deeply embedded in their careers, in bringing up their children and frequently move away from the places of stay of their old parents, it will lead to decline in coresidence between parents and their adult children.

Thus, over the years, several trends have been observed in the living arrangement patterns of the elderly, as well as transitions to other types of living arrangements during their life course. Moreover, the experiences in their current living arrangement may influence the development of attitudes and preferences for certain types of living arrangements by the elderly- termed as preferred living arrangements. Not many studies have focused on studying the living arrangement preferences among the older persons, though a few studies throw light on the types of living arrangements that the elderly might think would be better for them. The preferred living arrangements may indicate the emergence of alternative options in future that meet the expectations of the elderly. This concept will be discussed in some detail in the next chapter.

Therefore, stated more specifically, (see Figure 3) the main focus of the present study is to examine the relationship between the different types of current living arrangements (CLA) (as the independent variable) and the domains of quality of life (QoL) and its related variables such as loneliness and adaptation to old age (as dependent / outcome variables). It would also be interesting to understand the influence of the socio-demographic characteristics (as the independent variables) on each of the two major variables of the study i.e. current living arrangements and the quality of life, and their mediating effects (as mediating variables) on the relationship between the two. In addition to this, the association of the other aspects in the context of the current living arrangement (i.e. living environment, family relations, social interaction, leisure time activities etc.) with the socio-demographic characteristics, the types of current living arrangements and quality of life & its related variables will also be explored. Also, an attempt would be made to see whether the quality of life and the related variables experienced by the older persons in their current living arrangement may influence which arrangement they would mention as their preferred living arrangement.

Figure 2: Shows the conceptual map of the study

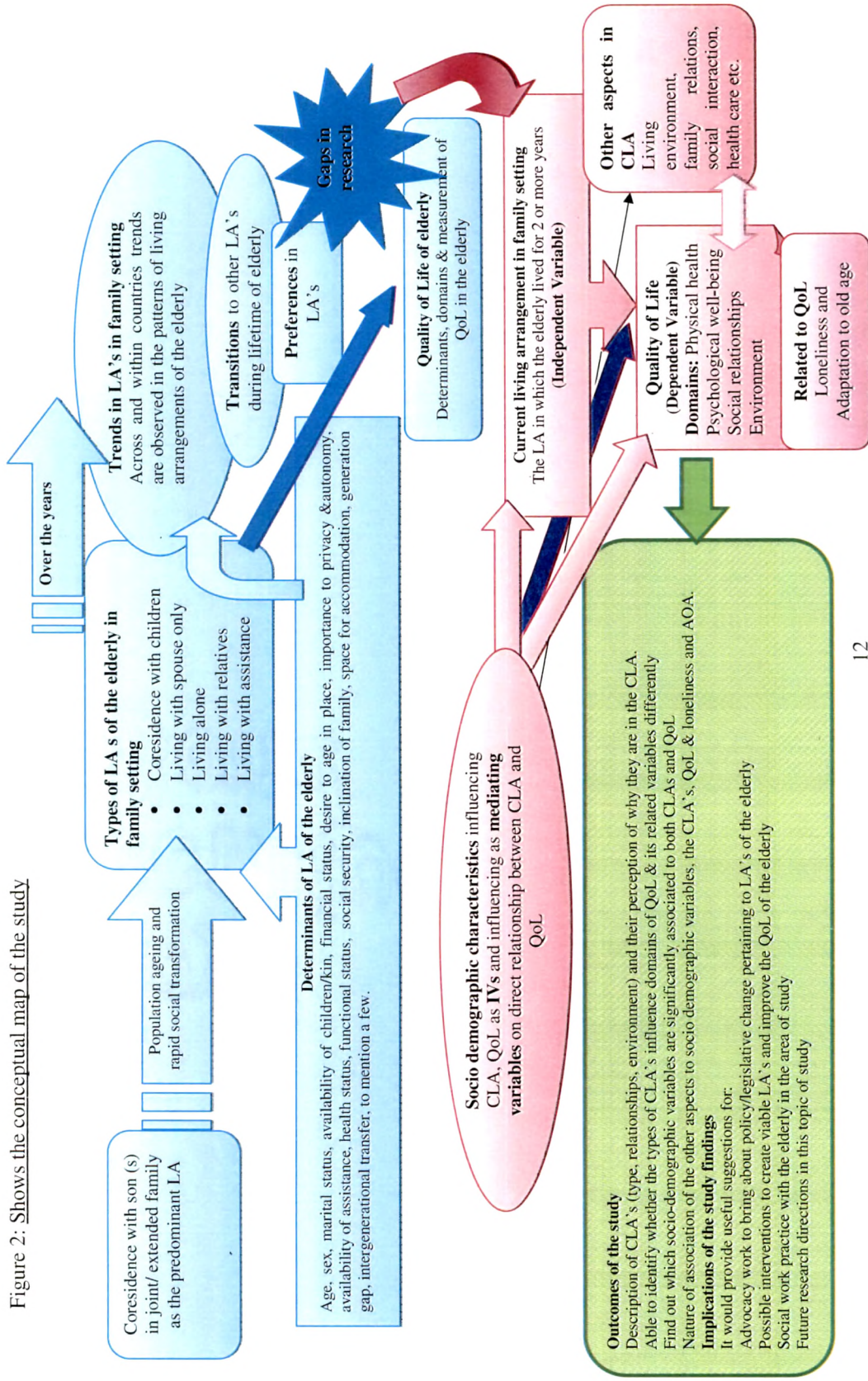
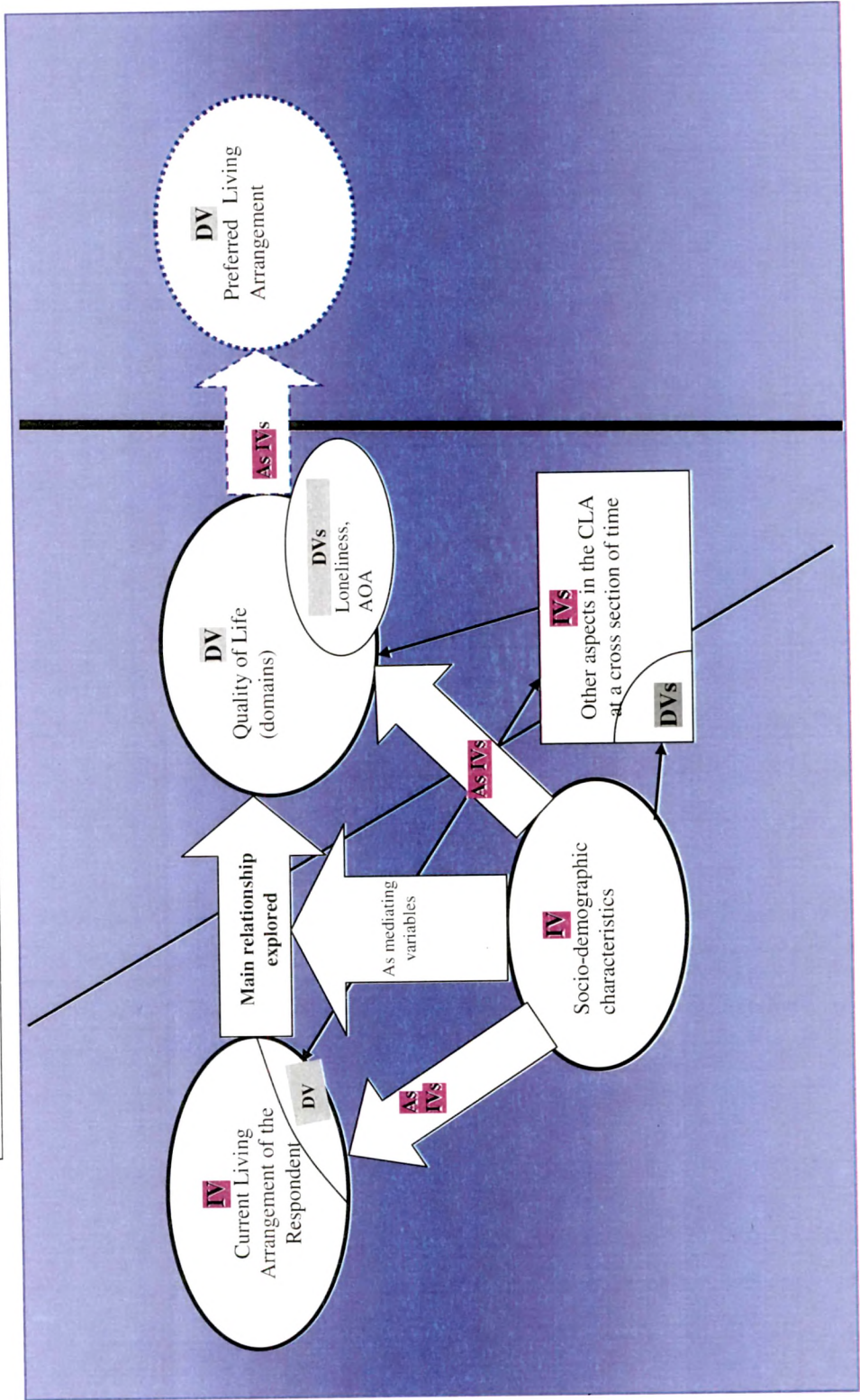


Figure 3: Changing direction of relationships between the variables of the study



Old Age and Ageing: An Overview

Definition of Old Age

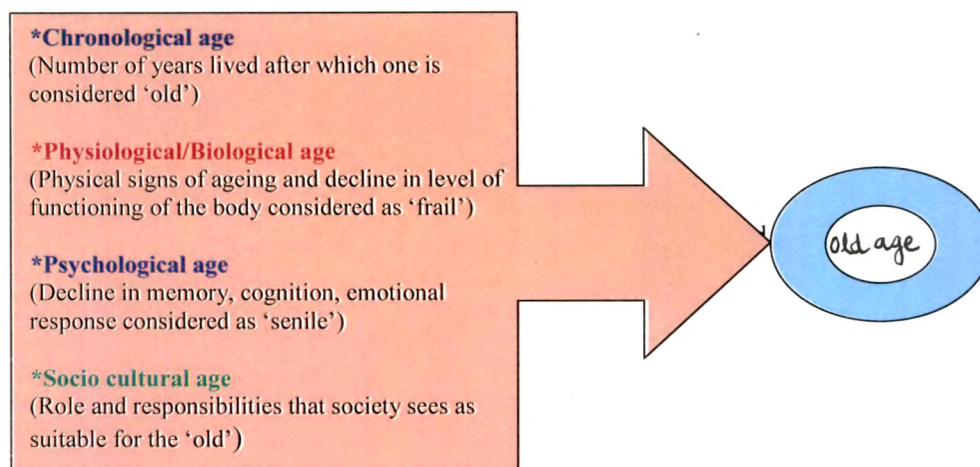
Old age has no uniform definition. But an approach to define old age is by using three viewpoints based on chronological, physiological and social factors that are interrelated.

According to the first view, age is an objective fact and can be defined chronologically by the number of years a person has lived. When this criterion is used, old age is defined as beginning at 60 or 65 years and is often set by the law to categorize 'older adults' or 'senior citizens'. This age threshold is on debate and has changed more than ever in recent years, so it is difficult to set a definite age at which a person is said to be old. Many responsibilities and privileges especially those associated with employment are determined by a persons' chronological age (Arber & Ginn, 1995). In India, persons who have completed 60 years or those who have reached the retirement age have been defined as old or the elderly (Visaria, 2001). However, as the life expectancies are increasing and there are dramatic changes in the quality of life of the elderly across the globe, the conventional definition of old age based on chronological age does not adequately reflect the meaning of the concept (Laz, 1998).

With regard to physiological/biological age, it is determined by the physical ageing process which although linked to chronological age, cannot be equated directly with a person's age as measured in years. This definition of age refers to the functioning of the body and its component parts. Peoples' bodies 'age' at different rates, determined by a complex mix of external and internal factors (Goffaux et al., 2005). Old age is also associated to the term 'frailty' and refers to the physical and/or mental deterioration that occur with the passage of time experienced by people, which prevents them from continuing to lead a normal social and private life, but there is no fixed threshold age (Arber & Ginn, 1995).

Psychological age when used define old age refers to the level of an individual’s memory, intelligence, feelings and motivation. Persons who are much older according to their chronological or biological age might be younger by their psychological age if they are capable of participating in many activities by exercising their psychological faculties.

Figure 4: Diverse markers used for defining old age



Lastly, most descriptive of all definitions of ageing is the one based on the socio-cultural dimensions of an individual. Society imposes certain 'age appropriate' roles (like retirement, grandparenthood, membership in senior citizen club), and 'suitable' patterns of activity or inactivity (going for walks, not going to movies, withdrawing from sexuality, going for pilgrimage, not going to a party) as per the existing age norms (based on chronological age) for those who are 'old'. These social expectations and attitudes shown towards a person by ascribing old age-specific roles or activities often determined by his/her chronological age, may differ from the elderly persons' own.

Social institutions such as the family, media, education, medicine, and religion prescribe and promote such definitions of old age (Virpi, 2008). In the field of ageing, research on care giving (e.g., Abel, 1991), housing and living arrangements (e.g., Margolis, 1990), and nursing homes (e.g., Gubrium, 1977; Hazan, 1994) showed that formal and informal attachments within and to social organizations and networks influence one's feelings about one's age.

Thus, an older person can be defined as a person who is ageing continuously through an irreversible biological process, chronologically with the passage of time, economically by retiring from the workforce, and socially perceived by the members of the society as ageing (Cavanaugh & Whitbourne, 1999). Some researchers use measures of 'functional' or 'social' age to account for the disjuncture between the number of years lived and a person's actual physical functioning, psychological health, and social roles. While such measures do incorporate social factors, the distinction between 'subjective' (functional) age and 'objective' (chronological) age is nonetheless maintained, assuming that chronological age is more unambiguous (Kasterbaum, Valerie, Paul & Steven, 1980; Rose, 1980).

Old Age as a Phase in Life

Both in India and in the West, an individual's age-specific role expectations were outlined for each of the stages or phases across the human life course. Hence, this approach would provide an idea of the social norms, expectations and roles for the persons in the late adulthood phase. In the following pages, a few models under this approach will be presented.

a. The four ashrams. In ancient Indian tradition, the human life span was considered as 84+ years and divided into four *ashrams* or stages of 21 years each (*Brahmacharya*-student, *Grihasta*-householder, *Vanaprastha*-hermitage and *Sanyasa*-renunciation). The assigned purpose to be fulfilled during each *ashram* is mentioned alongside (see Figure 5).

Interestingly, the *Vanaprastha* and *Sanyasa ashram* of life concomitant with old age were characterized by social disengagement, focusing on the inner-self and spirituality. In the former phase they were expected to take on the role of a mentor in the family and in the later as a teacher of spiritual knowledge in the society.

Figure 5: Age designated *ashram* along with the assigned purpose

Ashram	Purpose
Up to 21 Years: <i>Brahmacharya</i>	For the celibate student it is the time for learning the foundation of life. The focus is on healthy and positive training with discipline, and learning about spiritual, community and family life.
21 to 42 Years: <i>Grihasta</i>	The householder stage when one lives with spouse and children, fulfilling worldly interests and duties. It is a time of giving, living, learning, loving the family and community. Religious and spiritual practices are followed in the context of worldly life and in service to others.
42 to 63 Years: <i>Vanaprastha</i>	This is the time for shifting the focus towards the inner spiritual practices of meditation, contemplation and prayer. In relationships with grown up children and community they play the role of a mature mentor. Lifestyle is simpler and the couple may retreat to a quieter place for deeper spiritual contemplation. The phase of social disengagement begins.
63 to 84 + Years: <i>Sanyasa</i>	The older person retreats from active involvement in worldly goals, seeking only spiritual goals in this final phase. No longer having political, professional or social engagements, there is a further shift towards being a teacher of spiritual knowledge.

Source: Website: <http://nurosphere.hubpages.com/hub/ashrams-A-guide-to-India-ancient-culture>.

b. Life span developmental perspective. Originating in the west, the psychosocial development model articulated by Erikson gives the eight stages and psychosocial crisis events that a healthy human being should pass at particular age-ranges across the life span. At each stage the person confronts and hopefully masters new challenges. Each stage builds on the successful completion of the earlier stages (Erikson, 1963/1997). According to this approach, in the age range of 65 – death i.e. old age, the psycho social crisis faced is ego integrity vs. despair, and the task to be fulfilled is reflection on life (see Figure 6). As can be seen, the stages in Erickson’s model have similarities to the ashrams enunciated in the ancient Indian literature.

Figure 6: The eight stages of life span in Erikson's model of psychosocial development

Approximate age	Virtues	Psycho-social crisis	Significant relationship	Existential question	Tasks
0-2 years	Hopes	Basic trust vs. Mistrust	Mother	Can i trust the world?	Feeding, Abandonment
2-4 years	Will	Autonomy vs. Shame and doubt	Parents	Is it ok to be me?	Toilet training, Clothing themselves
4-5 years	Purpose	Initiative vs. Guilt	Family	Is it ok for me to do, move and act?	Exploring, Using tools or Making art
5-12 years	Competence	Industry vs. Inferiority	Neighbors, School	Can i make it in the world of people and things?	School, Sports
13-19 years	Fidelity	Identity vs. Role confusion	Peers, Role Model	Who am i? What can i be?	Social relationships
20-24 years	Love	Intimacy vs. Isolation	Friends, Partners	Can i love?	Romantic relationships
25-64 years	Care	Generativity vs. Stagnation	Household, Workmates	Can i make my life count?	Work, Parenthood
65-Death	Wisdom	Ego integrity vs. Despair	Mankind, My Kind	Is it ok to have been me?	Reflection on life

Source: Morgan and King, 2004.

c. Family life cycle developmental perspective. This approach with its origins in the west focuses upon the developmental stages in the family life cycle. The earlier models were proposed in the late 1940's for studying families to account for regularities in family life over time. The Duvall- Hill model of family life cycle stages (1977) was derived directly by the application of the Erickson's psychosocial development model (1963) with its life span perspective, to families. It describes the journey of families through eight clearly definable sequential stages (Duvall, 1977) and the 9 common transition points that must be achieved (Barnhill & Longo, 1978), and also predicts the approximate time when each stage is reached.

The last developmental stage of the family life cycle in this model relates to the ageing family members in the empty nest, who are in the process of accepting old age by coping with bereavement, living alone, adjusting to retirement and closing the family home (see Figure 7).

Figure 7: Family life cycle developmental stage and common transitions points

Duvall stage	Major transition to be achieved
Married couple	Commitment to each other
Child bearing family	Development of parent roles
Preschool children	Accepting child's personality
School children	Introducing children to institutions (school, religious places, sports' groups)
Teenagers	Accepting adolescence (social and sexual role changes)
Launching children	Experimenting with independence
Middle aged parents	Accepting child's independent adult role
Ageing family members	Letting go- facing each other again
	Accepting old age

Source: Based on Duvall, 1977, and Barnhill and Longo, 1978.

The major criticism of the early family life cycle developmental models was that they were centered on an individual's development and omit the importance of connectedness and relationships. Beginning in the 1980's, Carter and Mc Goldrick broadened the family life cycle concept to include a multi-dimensional, multi-cultural and multi-generational perspective. The concept was further expanded by Carr (2006) to include individual, family and socio-cultural perspectives. Of recent origin is the Gladding family life cycle model (2009) that focuses on growth and development of families and its individual family members. In the final family life cycle stage of 'families in later life', persons are expected to accept shifting generational roles, and age successfully while dealing with senescence and loss (see Figure 8).

Figure 8: The Gladding family life cycle model

Family life cycle stage	Major task	Second-order changes in family status required to proceed developmentally
Leaving home: single young adults	Disconnect & reconnect with one's family while being own person	Differentiation of self in relation to family of origin Development of intimate peer relationships
Joining of families through partnership	Adjustment & adaptation	Formation of a partner system Realignment with family & friends to include partner
Families with young children	Accepting new members into the system	Adjusting system to make space for children Joining in child rearing & realignment with family
Families with adolescents	Flexing boundaries for children's independence & grandparent's frailties	Shifting of relationships for adolescents to move on Refocus on midlife career issues Shift towards caring for elders
Launching children & moving on	Accepting exits from & entries to family system	Renegotiation of partnership as dyad Realignment of relationships Dealing with disability and death
Families in later life	Accepting shifting generational roles	Maintaining functioning while facing senescence Support for more central role of middle generation Dealing with loss

Source: Gladding, 2011.

Stereotypes about the Elderly

Said the little boy, "Sometimes I drop my spoon."
 Said the little old man, "I do that too."
 The little boy whispered, "I wet my pants."
 "I do that too," laughed the little old man.
 Said the little boy, "I often cry."
 The old man nodded, "So do I."
 "But worst of all," said the boy, "it seems
 grown-ups don't pay attention to me."
 And he felt the warmth of the wrinkled old hand.
 "I know what you mean," said the little old man.
 (Silverstein, 1981)

The stereotypes conveyed about older persons in the above children's poem differ from the hostile, aggressive kind that we are used to hearing about. The elderly face complex forms of prejudice due to both negative and positive -beliefs/assumptions held about them, attitudes shown to them and the resultant behavior toward them by the younger generation (Cuddy, Norton & Fiske, 2005). What are the major stereotypes about, attitudes held and behavior with the elderly, which we come across in society?

There are many popular negative stereotypes of the elderly which are reflected in terms like 'puckered' 'fading fast', 'over the hill', and 'out of date', indicating that as the physical and mental faculties during decline old age, the elderly become vulnerable and dependent on others for care. Coming to the positive stereotypes, people speak of looking forward to their 'retirement years' and elderly are described as 'senior citizens' or 'golden agers' indicating them as examples of how to 'age well' or 'age gracefully'. As it is wrong to assume that the elderly are uniformly dependent, it is also wrong to paint an overly bright picture of old age that could lead to overlooking of the genuine need for support of the elderly (Butler, 1975).

Coming to the attitudes held about them, across studies and populations, the older persons have been portrayed as high on warmth and low on competence (Fiske, Cuddy, Glick, & Xu, 2002; Fiske, Xu, Cuddy, & Glick, 1999). Consistently, the group 'elderly persons' ended up next to people who are disabled and retarded. Further, in another study participants predicted the loss of competence-related traits (independent, industrious, intelligent, productive, self-confident, and smart) about nine years earlier (age: 72.3) than warmth-related traits (affectionate, friendly, good natured, kind, and trustworthy (age: 81.3) (Heckhausen, Dixon & Baltes, 1989). Hence, older persons are categorized as senile, rigid in thought and manner, and old-fashioned in morality and skills.

The content of the elderly stereotypes and negative attitudes translate into the kinds of discrimination directed at them. Ageism can be seen as a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplishes this with skin color and gender (Butler, 1975). Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings. Ageism manifests in a wide range of phenomena, on both individual and institutional levels in terms of stereotypes and myths, outright disdain and dislike, simple subtle avoidance of contact, and discriminatory practices in housing, employment, and services of all kinds (Butler, 1989).

Studies were conducted in India with youth and middle aged persons to ascertain their attitudes and behavior towards the elderly, and the causal factors for the same. Poverty, generation gap and lack of coresidence with the elderly figured as important factors for the negative attitudes such as considering them as dependant, burdensome or ridiculous. There is evidence to show that integrating the elderly with family or the social fabric, and bringing the younger generation closer to them would lead to positive attitude towards the elderly (Devi Prasad & Avataramu, 2000; Devi Prasad & Indira Rani, 2007). It was also argued that equipping the youth with knowledge on the ageing process and related problems would allow them to empathize and develop a more tolerant attitude towards the elderly (Adiga, 2011).

Dependency and Family Support in Old Age

Some of the parental protection of the dependent child is attributed to biologically determined factors termed as 'instincts', and believed to be inborn in the parent. However, there is no evidence to support the position that the security of the dependent elderly at the hands of their off springs is insured on similar biological grounds. In general, what do the elderly seem to want out of the rest of their life? According to Simmons (1962) the five fundamental interests of elderly were found to be longer life, release from exhausting physical effort, social prerogatives, some kind of continuing participation, and a timely and honorable closure. These can be further reduced into the two words i.e., influence and fulfillment.

Growing old often entails a gradual shift away from being a productive member of the family and entering a category in which one has undiminished and possibly even enhanced rights of consumption (Dore, 1958). Although the elderly would become dependent with their advancing age, it is expected that they can rely on their children for economic and social support (Contreras de Lehr, 1992).

Thus, the elderly having accumulated social and symbolic capital on the basis of contributions made to family and society over the life course are seen as a group that can legitimately expect protection, and to some degree depend upon others in the later years of life (Hashimoto, 1996). This legitimized dependency is formally expressed within the context of the father-son relationship in kinship organizations that define obligations within the family in terms of parent-child succession and inheritance that reciprocally makes the successor responsible to care for his or her parents (Traphagan, 1997).

On the contrary, avoidance of becoming or causing burden to the family is a central theme in the ways in which older people talk about their ageing process. With the onset of physical and mental decline in the elderly person, the dependent relationship may be increasingly perceived by the care-giving child as burdensome (Devi Prasad & Indira Rani, 2007). The form of dependent behavior which the elderly wish to avoid is the unilateral dependency that arises with functional decline, particularly in conditions like senile dementia or being hospitalized or bedridden (Traphagan, 1998). In such situations though the elderly know it is legitimate to seek assistance, because they do not want to burden the child, they prefer to depend on hospitals, nurses and attenders.

In the past, the family values and norms more freely allowed the elderly and children to legitimately engage in dependent behavior, though this has been changing during the recent times due to the impact of forces such as urbanization and modernization (Rajan, Mishra & Sarma, 1995b; Jatiya, 2002). Now, within the family the elderly keep limits on how much burden they can cause and on how willing they are to burden to others. In future, with children (and the elderly) preferring to live on their own by giving importance to their privacy and autonomy, one expects that the ability of the elderly to depend upon and potentially 'burden' children and others would be greatly limited in contexts that lack well established social bonds.

Elderly Women as a Vulnerable Group

In India, in terms of literacy rates, work participation, health care, property rights, political participation, other rights etc., women still lag behind men. The demographic trends show that in the elderly population, the percentage of elderly women is slightly more than that of men, and they also live longer. In terms of marital status, more per cent of elderly women are unmarried, widowed, separated or deserted and coming to their living arrangements, they may live alone or with the kin in the family (Rajan, 2004; Rajan, Mishra & Sarma, 1995c).

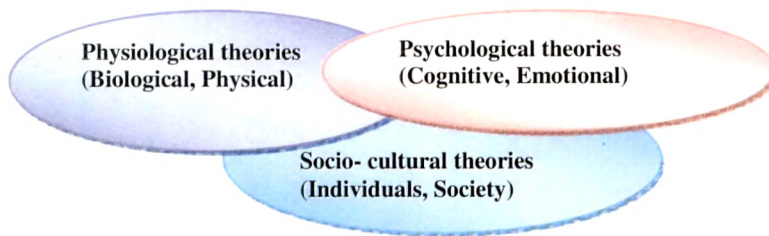
Although social security for the elderly covers a gamut of needs, it is clearly enmeshed in notions of the family where women are dependent on men who are the breadwinners. Women involve in unpaid work at home throughout their life and well into old age, but this is not recognized. Many of the elderly women in productive labor in the unorganized sectors or those who are self-employed hardly have any protection or privileges. As unorganized labor elderly women do receive social security benefits but as destitute, and this is outside the ambit of the family (Neetha, 2006). Hence, due to this discrimination elderly women fare poorly than their male counterparts even in the family, in terms of receiving supports. As a result, elderly women become dependent on other family members, and they are vulnerable to abuse and neglect. Further, the review of state and national initiatives for providing social security to the elderly women points to this serious lack of will to address the concerns of a silent yet vulnerable section (P.V. Kumar, 1999; Meena, 2006).

Due to the above conditions, elderly women are marginalized, experience loneliness, face financial constraints, and this adversely affects their well-being (Arber & Ginn, 1995). This forms the background for advocating change in the attitude of the family members and to step-up efforts of the government in provision of assistance and safety nets to the women in later life.

Theoretical Perspectives on Ageing

Gerontology is the study of the social, psychological and biological aspects of ageing. It is distinguished from geriatrics, which is a branch of medicine that studies the diseases that affect the aged. As ageing is a process, its study falls in the interface of many disciplines such as biology, medicine, sociology, economics, psychology, cultural anthropology and so on. Therefore, gerontology emerged as a multi-disciplinary subject area. Hence, a majority of the theoretical frameworks/approaches discussed in this section are drawn from different disciplinary backgrounds, and they seek to explain the physiological, psychological and social processes related to the phenomenon of ageing.

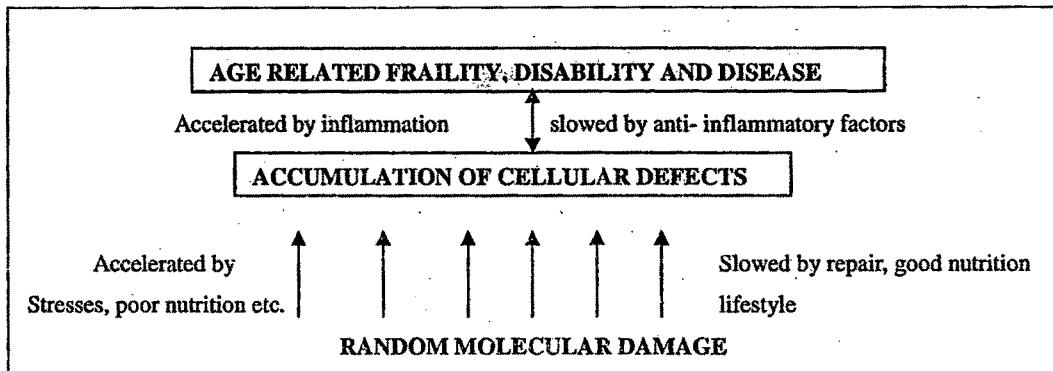
Figure 9: Theoretical perspectives on ageing



i) Physiological Theories

They summarize the physical and biological changes that take place as a person grows older. From a biological perspective, ageing is an extremely complicated process affecting the functions of the body at all levels- from molecules to populations. Ageing is seen as a continuous process starting early and developing gradually, instead of being a distinct phase that begins in middle to late life. Proponents of the disposable soma theory state that the ability of a body to repair and maintain is limited and hence it does not last infinitely. This evolutionary explanation of ageing (Kirkwood, 2005) brings clarity about its life-course nature (see Figure 10). Many adhere to the view that ageing and death are simply the terminal phases of the human growth process driven by genes. However, there is scant evidence of ageing playing such a role (Bond & Coleman, 1993).

Figure 10: The Evolutionary explanation of ageing



Source: Adapted from Kirkwood (2005).

Other physiological theories suggest that ageing happens due to the accumulation of late acting deleterious germ-line mutations (Medawar, 1953). But tests of mutation accumulation have largely proved negative (Kirkwood & Austad, 2000). More theories are being constructed in an attempt to explain the biological basis of the ageing process in human beings.

ii) Psychological Theories

These approaches look at the psychological mechanisms that operate during the later life of an individual, that reflect on the ageing process. Erickson's theory of psychosocial development (1963/1997) identifies late adulthood as the last developmental phase in the human lifespan. It outlines the psychosocial crisis that the elderly face and the developmental tasks that they need to fulfill, to accomplish successful ageing.

Brandtstadter and colleagues (Brandtstadter & Greve, 1994; Brandtstadter & Rothermund, 1994) presented a theory of assimilation and accommodation to describe and explain how the elderly may succeed in maintaining a positive self-concept and outlook on life. There are certain underpinning strategies for both assimilation and accommodation that act as immunizing processes for the mechanisms that influence the process of receiving information about the self. Using these strategies they may be more open to positive messages about themselves rather than the negative inputs.

Baltes, Lindenberger and Staudingers' (1998) model looks at ageing as a change in adaptive capacity. It provides a prototype strategy of both adaptation and successful ageing through the use of selection, optimization and compensation. The processes involved to change adaptive capacity were:

- Growth (behaviors aimed at reaching higher levels of functioning or adaptive capacity)
- Maintenance/recovery (resilience- behaviors aimed at maintaining levels of functioning in the face of challenges, or returning to previous levels after a loss)
- Regulation of loss (behaviors that organize adequate functioning at lower levels when maintenance or recovery is no longer possible)

Thus, the model views ageing as part of the process of development that is always associated with gains and losses.

iii) Sociological Theories

Now, examining and understanding the social context of ageing involves a look at questions related to the adaptation of individuals, and the impact of ageing on the social structure and vice versa (Saxena, 2006). The four major social perspectives on ageing along with the theories proposed under them are discussed here.

1. Functionalist structural perspectives on ageing. To date, it would appear that the most influential approach to theories of ageing in social gerontology is structural-functionalism. They provide a macro-level view of the ageing process in which the elderly are subject to norms requiring them to disengage, to remain active or to cope with reduced status because of modernization, while the larger society remains functional and relatively unaffected by the large numbers of the elderly. Because they emphasize social order, equilibrium and the maintenance of *status quo*, the functional perspectives and the resulting theories of ageing are seen as conservative.

Disengagement theory was the first explicit social theory about ageing (Cumming & Henry, 1961). According to this theory, independent of other factors such as poor health or poverty, ageing involves a gradual but inevitable withdrawal of the individual from his/her social context and this process is mutually beneficial. Thus, disengagement would be seen as functional or useful because it facilitates a smooth transfer of power from the old to the young. The main criticism leveled against this theory is that in its proposal for a universal pattern of disengagement it generalizes too much and it also paints a picture of the elderly as passive actors who have very low expectations of old age.

Diametrically opposed to the notion of disengagement is the Activity theory. Activity theory that was developed by Havighurst (1963) maintains that normal and successful ageing involves preserving for as long as possible the attitudes and activities of the middle age. To compensate for the activities and roles that the individual surrenders with ageing, substitutes must be found. Therefore, it is equally judgmental and prescriptive as the disengagement theory. But the policy implications of this perspective are positive than the disengagement theory, as it argues for the integration of elderly as fully participative members of the society.

The Modernization theory proposed by Cowgill and Holmes (1972) argues that the status of the elderly is inversely related to the level of industrialization and urbanization. In pre-industrial societies the elderly had control over the valued knowledge of tradition, history and rites. Increase in educational opportunities and literacy levels meant there was lesser dependence of the young on the older generation on account of these marketable skills. Modernization improved the healthcare and living standards leading to the increase in the life expectancy. As a result, the number of elderly increased and they are under pressure to retire from active roles to give way to younger people at home and workplace. Economic changes led to new technology driven occupations causing the elderly to lose jobs, income and status. Urbanization led to the breakdown of extended families, and decline of respect and concern for the older family members. The criticism leveled is whether the status of the elderly in all societies was in fact as high in the pre-industrial society as the theory suggests. Moreover, these changes could also be interpreted as growing egalitarianism and individualism rather than declining respect for the elderly.

Continuity theory proposed by Atchley (1999) aims at understanding the later life from the biography and life course of the person and as such is a person centric approach. It suggests that as a person grows old, s/he will strive to preserve the habits, preferences, and lifestyle etc., acquired over a life time and there will be a process of evolution of substitute activities. The decision regarding the roles that are to be discarded or maintained would be determined by individual's past and preferred lifestyle, and by factors such as income and health. The adaptation may occur in several directions according to how the individual perceives her/his changing status. Therefore, continuity theory has the advantage of offering a variety of patterns of successful ageing through which individuals may go through. However, the disadvantage is the inability/difficulty to build a generally applicable theory on the basis of its proponents.

On the other hand, Age stratification theory is concerned with the adaptation of groups, rather than an individual. Thus, it examines social integration from the point of view of age based groups and uses chronological age as the defining and role allocation variable (Riley, 1987). These age norms may originate in tradition, factual regularity or negotiation. Riley argues that each age group can be analyzed in terms of the roles that the members take up and how these are valued within the society. The theory which emphasizes norms, balance, and integration remains essentially functionalist. The critique for the theory is that age grading of roles leads to differences, inequalities, and unequal distribution of power and prestige across the age groups. Even if such roles are designated, there may be variations due to factors such as gender and socio-economic status for the different social groups. Riley also developed the structural lag theory to suggest that social institutions do not respond quickly to the social change on issues concerning the elderly, thus resulting in a gap between change and response to change. For example, retirement and formal completion of education have to be replaced by extended work life and lifelong learning (Riley & Riley, 1994).

2. Conflict theory perspectives on ageing. This perspective offers a sharp contrast to the 'victim blaming' and 'bio-medical' philosophy of old age, and views later life as a time of loss and decline. According to the conflict theory approach, the inequalities that characterize the earlier phases of the life cycle continue into later life. The following two theories elaborate this perspective.

According to Structured dependency theory, society is structured in ways that make the elderly dependent, but in ways that lead some of them to be considerably more dependent than others. Lack of work opportunities, poor pensions and institutional care make the elderly powerless and dependent. Poverty and gender may serve to exacerbate this powerlessness and dependency in the case of the women (Walker, 1980; Townsend, 1981). The Political economy of ageing approach has commonalities with the structured dependency theory as it stresses the way in which political, economic ('capitalism') and in particular social policy structures serve to render the elderly weak and marginalized (Philipson, 1982). For instance, the forced or perceived need to exit from work is portrayed as a major cause for older people's marginalization in society (Walker, 1981; Evans & Williamson, 1984).

Hence, both these approaches integrate the elderly into the society rather than excluding them, and locate the problems faced by elderly as existing within the society and the state. Therefore, the society and state have to accommodate the elderly and respond to the situation with sound policies. A possible criticism of both the theoretical perspectives is that they tend to present older people as powerless victims.

3. Interpretist perspectives on ageing. In contrast to the theories of ageing discussed so far that focused on the macro level i.e. the society, the symbolic interactionism, labeling, and social exchange theories based on the interpretative tradition in social science have a micro level focus i.e. the individual, in explaining the phenomenon of ageing.

Symbolic Interactionism which is a key anthropological theory was developed by Mead (1956). This approach sees ageing as a dynamic process that is responsive to both structural and normative contexts and individual capacities and perceptions. Proponents of this view argue that communication with others is a means of both transmitting and receiving cultural norms and values. Elderly, like other social actors construct their own social reality in a process of interaction with others. According to this theory, an understanding of the impact of ageing requires information about the meaning and interpretation that the elderly give to events which accompany old age.

In a youth and health – conscious society, old age may be labeled as a deviant and stigmatizing condition. Indeed those who work with the elderly may also be attributed this identity because of their association with the ‘stigmatized’ group. The basic assumption of labeling theory is that people derive the concept of self, get their sense of worth and identity from how others in the social environment react and interact with them. Hence, the behavior of the elderly depends on the reactions of significant others, which in turn depend on how they define, classify and value the elderly. If their interactions communicate a stereotypical image of the older person as useless, dependent and marginal, then the older person who accepts this negative label starts acting that way and loses previous skills, confidence and independence. In the same way, adopting a positive labeling could have the opposite effect. However, as of date, attempts to rebadge old age as a positive and rewarding phase of life have met with little success.

The centrality of exchange in the relationships of the elderly with others is well recognized. This theory provides a more detailed explanation of why individuals behave as they do in particular situations. The notion held is that social behavior or interaction is an exchange of material and non-material goods and services. The four key assumptions which underpin this theoretical stance are: 1. Individuals choose interactions which maximize benefit and minimize cost, 2. Individuals use past experiences of exchange to predict the future, 3. Interactions will be sustained only if they are beneficial, and 4. Power is derived from imbalances in social exchange- if an individual becomes dependent upon other, he/she loses power and the other party gains it.

4. Life course perspectives on ageing. It is obvious that many of the theories in social gerontology are still in the formative stage as it is a new field and awaits the accumulation of more rigorous research evidence. However, there is a realization that research concerning ageing should include longitudinal or long term studies of people as they age, to explain the changes in behavior that come with age. In this direction, the life course perspectives have emerged to explain the ageing process.

Age is an important organizing factor within society, used to allocate social roles and to determine entry into these different social activities such as driving, voting, marriage and so on. The 'formal' age related roles that are supplemented by a series of sets of informal social norms and expectations form what Neugarten (1974) termed a 'social clock'. This is now more commonly referred to as the life course. Individuals are aware of such roles and norms in their own timing of life events and make role transitions when they think they have reached the most appropriate age or when they think they ought to. There are however problems in operationalisation of this theory due to variations in cultural and historical definitions of different ages.

Based on this perspective, to describe someone as old, they are to be located within a specific social environment, which expects particular roles and provides differing opportunities, rights, privileges and barriers. A more recent concept is the notion that the later years may be divided between the third age and the fourth age. Third age is the period where older people who are affluent and free from shackles of work and family responsibilities are able to pursue leisure and freedom. In contrast the fourth age is a time of decrepitude, dependence and ill health before death (Laslett, 1976).

Theoretical Perspectives Applicable to the Present Study

The theories under the three approaches i.e. biological, psychological and sociological have provided different angles to understand the experience of the ageing process by the older persons. However, the frameworks used to understand the social context of ageing are more relevant to the present study.

The functionalist approaches that talk of disengagement, continued participation or substitution in activities as paths for successful ageing, and the drastic changes in the lives of the elderly mentioned in the modernization theory actually play out in the lives of the sample elderly. The conflict theory approaches of structured dependency and political economy of ageing are useful to understand the ageing experience of persons from lower income groups, elderly women, the oldest old etc., who have been marginalized by the society and the state. The interpretive perspectives were useful to gain insights on how the elderly perceive the attitudes of others towards them, the labels that are attributed to them based on the nature of interaction with others, and use these in the construction of their reality. The life span approach was useful to understand the age norms for roles played, and the transitions that are to be made in later life and the fact that these norms and roles change with space and time.

Demographic Scenario of the Elderly: Global Level

It is estimated that at the global level, the number of elderly (age 60+) would double from 322 million in 2000 to 705 million in 2025 (UNFPA, 2002). The age distribution has been shifting gradually towards older ages which are reflected in rising median ages of populations, increasing proportions of the elderly and decreasing proportions of children in the total population. All regions of the world are experiencing this change and those most advanced in the process are already facing the challenge of providing for the needs of a growing elderly population.

Changing Age Distributions: Underlying Causes and Implications

Over the past two centuries a gradual transformation pertaining to the aged population has been taking place across the world; there has been a growing trend towards greying of the population due to the on-going decline in fertility coupled with increased longevity. This global phenomenon will continue to dominate the 21st century even though different world regions are undergoing demographic change at different rates. It is predicted that in the developed countries of the world, a third of the population will be aged 60 years and over by 2050, while in less developed regions the older population will make up almost 20 per cent (United Nations, 2002). Gradually, the number of older people will exceed the number of younger people, and amongst the older population there would be an increase in the oldest old.

This is not a recent discovery; the Population Division of the United Nations has reported on this trend over the past 50 years (United Nations, 1990), identifying the important need for recognizing population ageing as an 'unprecedented' and 'pervasive' phenomenon (United Nations, 2002). While population ageing is unique to every country and is characterized by specific cultural experiences to older people occupying particular roles as leaders, experts, and grandparents, the global nature of ageing will also lead to some common experiences of their being exclusively senior citizens. These and other demographic changes will influence different aspects of human life such as family composition, living arrangements, social support, economic activity, employment rates and social security and transfer of resources between generations.

These changes also mask dramatic differences among the regions. The developed world will have gradually gone through population ageing supported by relative socio-economic advantage, while within less developed regions this process would have evolved at a much faster rate and within a far less well developed infrastructure.

Population Ageing in the World: Regional Differences and Commonalities

The growth rate of the elderly population is much faster than that of the total population in practically all regions of the world – and the difference in growth rates is increasing.

Table 1: Absolute and relative numbers of population aged 60 years and over and population aged 80 years and over for the world, major areas and regions, 1950, 2000 and 2050

Major areas	<i>Population aged 60 years or over</i>						<i>Population aged 80 years or over</i>					
	Population(millions)			Proportion over total population. (per cent)			Population (millions)			Proportion over total population. (Per cent)		
	1950	2000	2050	1950	2000	2050	1950	2000	2050	1950	2000	2050
World	205	606	1907	8	10	21	14	69	377	7	11	20
More developed regions	95	232	394	12	19	32	9	37	113	9	6	29
Less developed regions	110	375	1514	6	8	20	5	32	265	5	9	17
Asia	95	322	1191	7	9	23	4	29	224	5	9	19

Source: United Nations (2003).

According to the United Nations estimates in Table 1, by 2050, it is proposed that the proportion of the world's population aged 60 years or over will be 3 times as large as it was in 2000. That means by 2050, the number of persons aged 60 years or over in the more developed regions will be 1.7 times as large as in 2000; in the less developed regions it is projected to be 4 times as large as it was in 2000. By 2050, the proportion of the world population aged 80 years or over is projected to be 5 times as large as it was in 2000. Similarly, the number of persons aged 80 years or over in the more developed regions will be 3 times as large as in 2000; in the less developed regions it is projected to be 8 times as large as it was in 2000.

Coming to the pace of growth in the elderly population across the regions of the world, though currently the more developed regions of the world have relatively high proportions of the elderly, the older population is concentrated in the less developed regions and is growing at a faster rate.

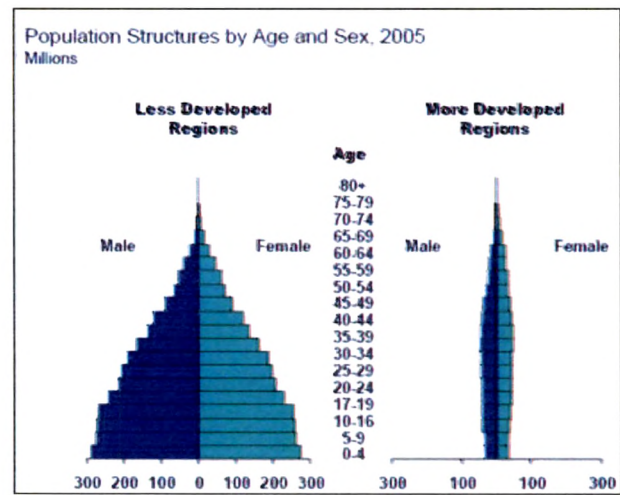
Table 2: Life expectancy at birth (2000- 2005) for elderly in the World and its regions.

World and its regions	Total	Male	Female
World	66.0	63.9	68.1
More developed regions	75.6	71.9	79.3
Less developed regions	64.1	62.5	65.7
Less developed countries	51.4	50.6	52.2

Source: United Nations (2002).

The life expectancy at birth shows that people are living longer in the world but variations remain in the regions of the world that are more, less and least developed (see Table 2). Greater variations in life expectancy exist within the less developed regions. Gains in life expectancy are expected to be higher at older ages i.e. not only are more people surviving to old age, but once there, they tend to live longer.

Figure 11: Distribution of the world’s population by age and sex



Source: United Nations, 2003.

Currently, the age structure in developing countries is generally younger than that of the developed countries. Age-distribution changes in the less developed regions have been slow, but will accelerate over the next 50 years. In more developed regions, the proportions of older persons already exceed that of children and by 2050 it will double.

Further, it is expected that all countries irrespective of developed or developing will undergo substantial ageing of their population in the coming decades, accompanied in most populations by steady declines in the proportions of children aged 0-14 (see Figure 11).

The median age of the world's population is projected to increase from 26 years in 2000 to 36 years in 2050. This will lead to increase in parent support ratio and decrease in potential support ratio in all regions of the world. The parent support ratio is the ratio of number of persons aged 80 years and above per 100 persons aged 50- 59 years and is a measure of the available support for older parents from their family. It means that more and more people in their fifties and sixties are likely to have surviving parents or other very old relatives (United Nations, 2002). Also, the number of working age adults per older person i.e. the potential support ratio is expected to drop globally by more than 50 percent during the period between 2000- 2050. These trends are more evident in the more developed regions where the median age is more than 13 years higher than in the less developed regions and almost 20 years higher than in the less developed countries.

A notable aspect of the global ageing process is the progressive demographic ageing of the older population itself. For most nations, regardless of their geographic location or developmental stage, the 80 or over age group is growing faster than any of the other younger segments of the older population. At the global level, the average annual growth rate of persons aged 80 years or over (growth rate: 3.8 percent) is currently twice as high as the growth rate of the population over 60 years of age (growth rate: 1.9 percent).

Another important feature in the ageing scenario at the global level is the feminization of the elderly population. Women constitute the significant majority of the older population, and the female share increases with age (see Figure 11). Though the sex-ratios (i.e. the number of women per 1000 men in the elderly population) at older ages are significantly lower in the more developed regions than in the less developed regions, they are expected to rise globally over the next half century i.e. there will be more women in the oldest-old age category.

Demographic Scenario of the Elderly: India

During the last two decades, the phenomenon of population ageing has become a major concern for the policy makers all over the world for both developed and developing countries. In India though the ageing of population in terms of proportional increase is not high, due to its population size, the size of the elderly population in terms of its absolute numbers is a huge challenge. The feminization of the elderly population is clearly evident, with women constituting a higher percentage in the elderly population and especially in the older age categories (Registrar General of India (Census), 2001). There may be regional, rural and urban differences, uneven graying of population in different states, and with more elderly women facing critical issues including poverty in old age (Rajan, 2006; Visaria, 2001). In order to study the implications of an ageing population, the changing Indian demographic configuration needs to be highlighted first.

Age and sex. A look at the age distribution of the total population over time shows not only the growing proportion of the aged (60+) (i.e. from 20.1 million in 1950 to the projected number of 324.3 million) at a faster rate, but also the changes in terms of the composition by age-groups (see Table 3).

Table 3: Number and proportion of the children, adults and the elderly (60+ years) in total population in India, 1950- 2050

Indicators	1950	1975	2000	2025	2050
Population (millions)					
Total	357.6	620.7	1008.9	1351.8	1572.1
0-14	139.2	247.1	337.9	314.1	309.0
15-59	198.3	335.1	594.2	869.2	938.7
60+	20.1	38.5	76.9	168.5	324.3
Population (%)					
0-14	38.9	39.8	33.5	23.2	19.7
15-59	55.5	54.0	58.9	64.3	59.7
60+	5.6	6.2	7.6	12.5	20.6
Median age (years)	20.4	20.0	23.7	31.3	38.8
Potential support ratio	17.2	14.7	12.4	8.2	4.4

Source: United Nations (2002).

It can be seen from Table 3 that the proportion of the elderly in the total population has increased from 5.6 per cent in 1950 to 6.2 per cent in 1975, and a further increase is also seen from 7.6 per cent in 2000 to 12.5 per cent by 2025 and to 20.6 per cent by the year 2050. The median age for the total population has increased consistently from 20.4 years in 1950, 23.7 years in 2000 and will be 31.3 years by 2025 and 38.8 years by 2050 indicating that the older age group will overtake the younger age group in the total population. In India, the potential support ratio, i.e. the number of working age persons per older person has been consistently decreasing, and is expected to further decrease to a low of 4.4 by 2050. Thus, with increasing proportion of the elderly in total population, there will be fewer persons of working age to support them during old age.

Table 4: Percentage distribution by sex of the young-old and old-old of the elderly in India in 1991 and 2021

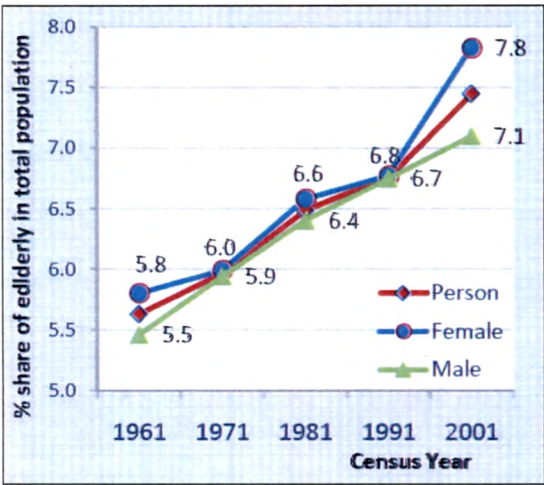
Age Group	Males		Females		Both Sexes	
	1991	2021	1991	2021	1991	2021
60+	26.34 (100.0)	72.59 (100.0)	28.18 (100.0)	76.93 (100.0)	54.51 (100.0)	149.52 (100.0)
60-64	10.13 (38.4)	24.87 (34.3)	10.02 (35.5)	24.21 (31.5)	20.15 (37.0)	49.07 (32.8)
65-69	7.44 (28.2)	18.65 (25.7)	7.70 (27.3)	18.85 (24.5)	15.15 (27.8)	37.50 (25.1)
70-74	4.67 (17.7)	13.16 (18.1)	5.15 (18.3)	13.95 (18.1)	9.82 (18.0)	27.10 (18.1)
75-79	2.53 (9.6)	8.80 (12.1)	3.06 (10.8)	10.03 (13.0)	5.59 (10.2)	18.83 (12.6)
80+	1.57 (6.0)	7.19 (9.9)	2.25 (8.0)	9.90 (12.9)	3.81 (7.0)	17.01 (11.4)

Source: Visaria, 2001.

According to long- term population projection, the process of ageing will gradually lower the share of the young-old (60- 69 years) and raise that of the old-old (70 years and above), over the next 30-year period. The former share will drop from 65 per cent in 1991 to 58 per cent in 2021, while the share of persons aged 70 and over will rise from 35 to 42 per cent, as shown in Table 4. In terms of absolute numbers, the number of the young-old will rise i.e. from 35 to 87 million, whereas the ranks of the old-old will swell more than three-fold from 19 to 63 million. Women would constitute a higher share in the elderly population mainly in the old-old age categories (see Table 4).

The ratio of the dependent population to that of the working age population is defined as the dependency ratio and is an important indicator of the economic burden carried by each worker. The old age dependency ratio in India shows an increasing trend and is expected to increase by about 7 percentage points by 2026. The parent support for India in 2001 was about 5 and is expected to increase to 14 by 2026. The parent support ratio is the ratio of number of persons aged 80 years and above per 100 persons aged 50- 59 years and is a measure of the available support for older parents from their family. An increase in this ratio would mean that those who are reaching later age would have more aged relatives/ parents to care for (Registrar General and Census Commissioner of India, 2006).

Figure 12: Percentage share of the elderly in the total population over the decades by sex

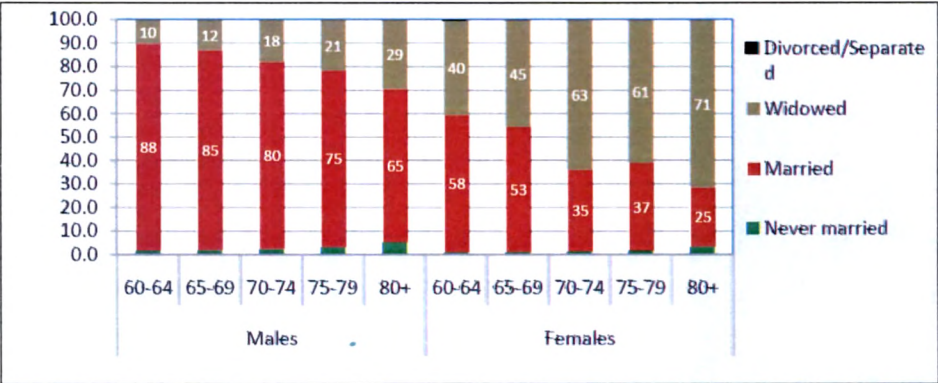


Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Figure 12 shows the decadal increase in the share of the elderly population (aged 60 years or above) in the total population, from 5.6 per cent in 1961 to 7.4 per cent in 2001. For men the rise was more modest from 5.5 to 7.1 per cent, while for women there had been a steep rise from 5.8 to 7.8 per cent during the five decadal censuses from 1961 to 2001.

Marital status. Interesting observations emerge from the data on the marital status of the elderly (Figure 13). In all the age-groups the percentage of elderly women currently married was markedly lower than the percentage of married men. Obviously for both the groups, this is found to decrease with the increasing age. The proportion of widows is much higher compared to widowers. This is due to the prevalent practice of men getting married to women who are much younger and to the fact that women tend to live longer than men.

Figure 13: Marital status of the elderly population

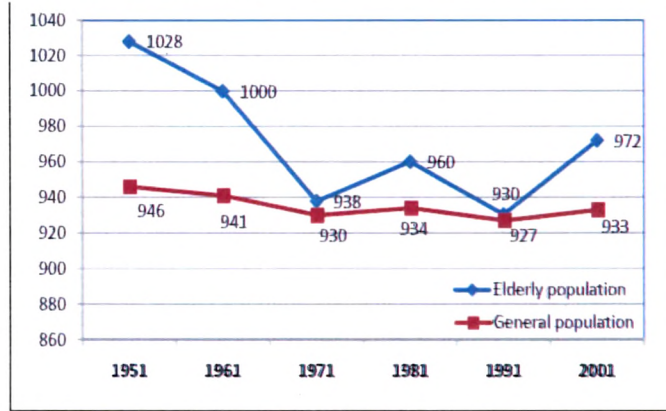


Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Sex- ratio. India is one of the few countries in the world where men outnumber women in 60 + age category. In India, the sex-ratio of the young-old as well as that of the old-old favors men (Rajan, 2006). However, the sex-ratio shows an increasing trend from 940 women per 1000 men in 1991 to 1050 in 2011 (Central Statistics Office, 2011). Generally, the sex-ratio will be higher in the later age cohorts. Among the oldest old, the sex-ratio is expected to be as high as 1360 women per 1000 men by 2026 (Registrar General and Census Commissioner of India, 2006). Hence, the feminization of the elderly is indicated by the growing number of women in older age cohorts compared to men and is an important concern for policy relevant research.

According to Figure 14, the sex-ratio among elderly people (60+) was as high as 1028 in 1951, subsequently dropped to about 938 in 1971, but has finally increased again to about 972 in 2001.

Figure 14: Trends in sex-ratio among the elderly population



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Life expectancy. The life expectancy at birth for men was longer than that of women till 1980 and from then a reverse trend has been observed and this is expected to continue till 2050. The life expectancy at age 60 was longer for women compared to men from 1951 and the same trend is expected to continue till 2050 (see Table 5). This means that in years to come, the elderly women would live longer and much longer than men.

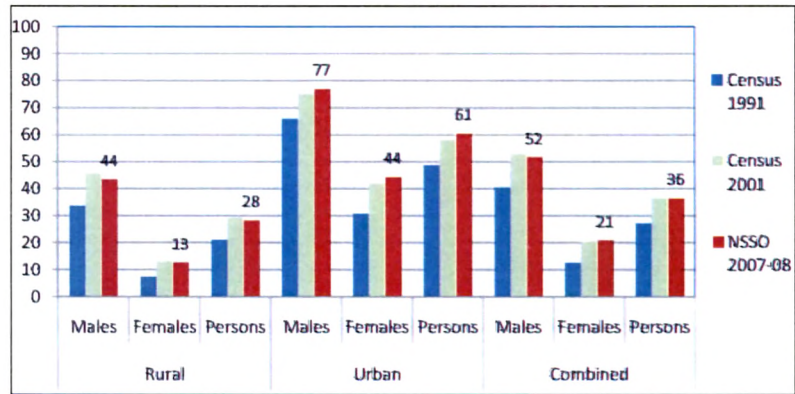
Table 5: Life expectancy at birth and at age 60 for the elderly, India, 1951- 2050

Period	At birth		At age 60	
	Men	Women	Men	Women
1951- 60	41.9	40.6	11.8	13.0
1961- 70	47.1	45.6	13.0	13.4
1970- 75	50.5	49.0	13.4	14.3
1976- 80	52.5	52.1	14.1	15.9
1981-85	55.4	55.7	14.6	16.4
1986- 90	57.7	58.1	14.7	16.1
1991-95	59.7	60.9	15.3	17.1
1996-00	61.0	62.7	-	-
1998-02	61.6	63.3	16.6	18.3
2025-30	69.2	73.4	18.1	20.7
2045-50	73.5	77.4	19.4	22.2

Sources: Registrar General of India (Census for 1951-70); (Sample Registration System for 1970-2002); United Nations (2002).

Literacy levels. As can be seen in Figure 15, the literacy rates among elderly women are lower compared to that of men both in urban and rural areas. On the whole, literacy rates are lower for the elderly (especially women) residing in rural areas. But over the years there is an increase in the literacy rates of the elderly men and women.

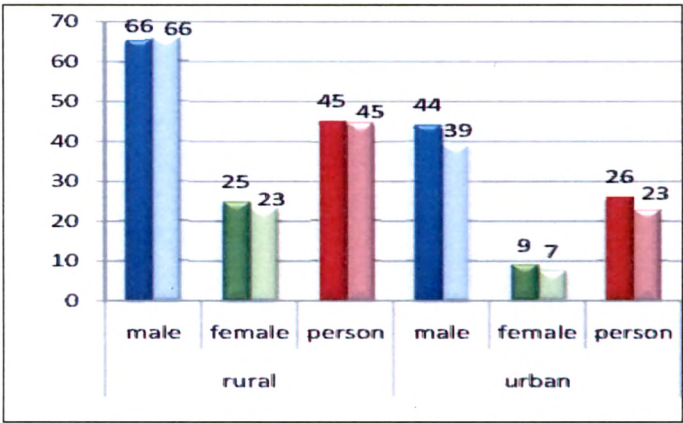
Figure 15: Percentage of literates among the elderly over the years in different surveys



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Work participation rates. What are the work participation rates of the elderly? In India, both Population Census 2001 and NSSO Survey on Employment- Unemployment (2007-2008) revealed that nearly 40 per cent of the persons aged 60 years and above (60 percent men and 19 percent women) were working. In rural areas a higher proportion of men (66 per cent) and women (23 per cent) were reported working as compared to the work participation rates of men (39 per cent) and women (7 per cent) in urban areas after the age of 60 years (see Figure 16).

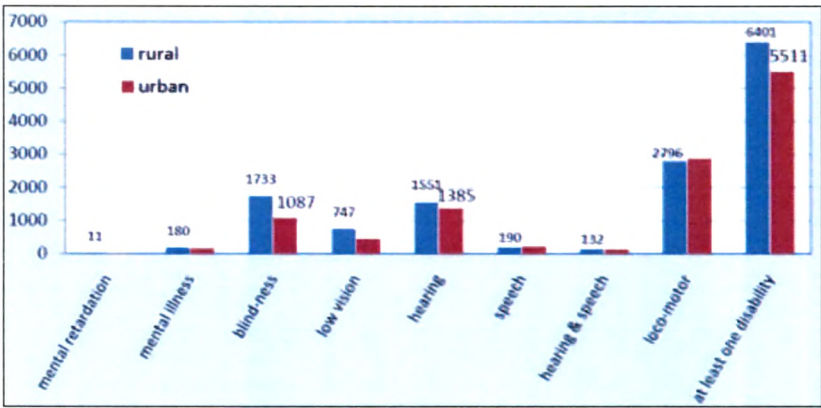
Figure 16: Elderly population who are working



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Disability. Data on the presence of disability among the elderly population show that about 64 per 1000 elderly persons in rural areas and 55 per 1000 elderly persons in urban areas suffer from one or more disabilities. Most common disability reported among the elderly was due to locomotor impairment (3 per cent) followed by loss of hearing (about 1.5 per cent) and blindness (1.7 per cent in rural areas and 1 per cent in urban areas) (see Figure 17).

Figure 17: Types of disability in the elderly population



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Living arrangements. Tables 6 & 7 show the distribution of the elderly by their living arrangement for the period between 1992- 1996, based on two national surveys i.e. NFHS, 1992-93 and NSS, 1995-96 respectively.

Table 6: Percent distribution of the elderly by living arrangements and sex (India) 1992- 93

Living arrangement	Sex		Total
	Male	Female	
Living alone	1.4	3.4	2.4
With spouse only	6.8	4.8	5.8
With spouse, children & grandchildren	70.8	36.3	54.4
With children and grandchildren	18.67	50.6	33.8
With other relatives	2.0	4.5	3.2
With non-relatives	0.4	0.4	0.4
Total	20,115	18,170	38,291

Source: Rajan and Kumar, 2003.

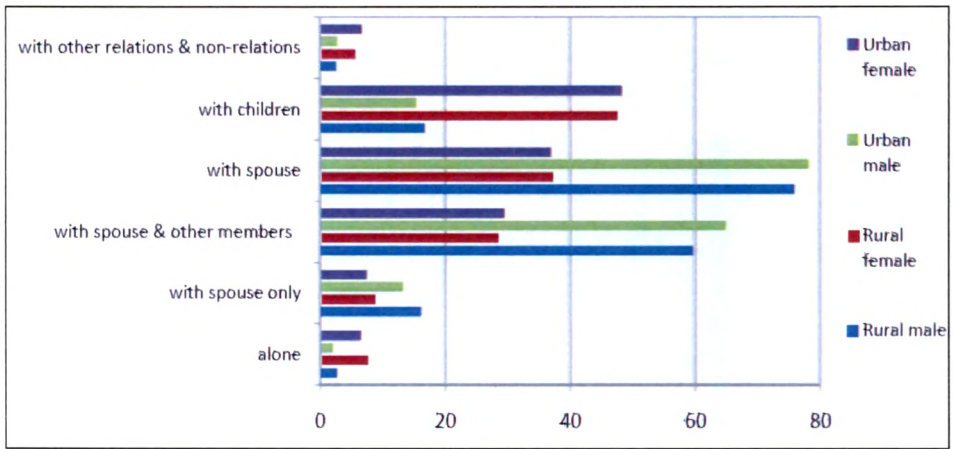
Table 7: Percent distribution of the elderly by living arrangements and residence (India) 1995-96

Living arrangement	Rural India			Urban India		
	Male	Female	Total	Male	Female	Total
Living alone	2	6	4	3	6	4
With spouse only	14	8	11	10	6	8
With spouse, other members	75	39	57	75	35	55
With children	18	48	33	18	51	35
With others	4	6	5	4	6	5

Source: Visaria, 2001.

As seen in Table 7, a higher per cent of elderly men (75 per cent) compared to women (39 per cent in rural and 35 per cent in urban areas) live with spouse and kin. A higher per cent of women (48 per cent in rural and 51 per cent in urban areas) compared to men (18 per cent) live with children and grand children. Higher per cent of men compared to women live with spouse only, more in the rural areas compared to urban areas. More importantly, both the surveys show that a high per cent of elderly women compared to men live alone.

Figure 18: Type of living arrangements of the elderly population



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

More recent information on the living arrangements is provided in Figure 18. More than 75 per cent of elderly men and less than 40 per cent of elderly women live with their spouse. As for women, this reflects the differences in their proportional representation in the marital status. Less than 20 per cent of men and about half of the women live with their children. About 2-3 percent of elderly men live alone while another 3 per cent live with other relations and non-relations. Among elderly women, a slightly higher per cent i.e. 7-8 per cent live alone and another 6-7 per cent reported living with other relations and non-relations. Thus, except for 'living with spouse only' which registered an increase, the other trends seem to be stable over the years.

The demographic data about the elderly population at the global level shows the characteristics and implications of population ageing, its variations across the regions of the world, and what to expect for the developing countries. Closer to home, the discussion of certain demographic trends based on data in India such as increase in life expectancy, widowhood, increasing sex-ratio, increasing disability, changes in living arrangements etc., helps to visualize a holistic picture about the current ageing scenario, and the problem it throws up for families and the Government.

State Initiatives for the Elderly in India

a) Constitutional Provisions and the Designated Ministry

Article 41 of the Constitution provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Further, Article 47 provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.

The Ministry of Social Justice and Empowerment, which is the nodal Ministry for the issues relating to the elderly focuses on policies, acts and schemes for the senior citizens in close collaboration with State governments, Non-Governmental Organizations and civil society.

b) Policy and Legislation

National Policy on Older Persons (NPOP), 1999. The NPOP, 1999 was announced in January 1999 to reaffirm the commitment of the government to ensure the well-being of the elderly. The policy envisages State support to ensure financial and food security, health care, shelter and other needs of elderly, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse's old age
- To encourage families to take care of their older family members
- To enable and support voluntary and non-governmental organizations to supplement the care provided by the family
- To provide care and protection to the vulnerable elderly
- To provide adequate healthcare facility to the elderly

- To promote research and training facilities to train geriatric care givers and organizers of services for the elderly, and
- To create awareness regarding elderly persons to help them lead productive and independent lives

National Council for Older Persons

In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programs for the aged. The Council was re-constituted in 2005 with members comprising of representatives from Central and State governments, NGOs, citizen's groups, retired persons' associations, and experts in the field of law, social welfare, and medicine.

Inter-ministerial committee on older persons

An Inter-Ministerial Committee on older persons comprising twenty-two Ministries/ Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in the implementation of the NPOP. Action Plans on ageing issues for implementation by various Ministries/ Departments concerned are considered from time to time by the committee.

The increasing concern over the issues and needs of the elderly lead to progress in policy initiatives and research, and also to legislation concerning the elderly in India. As the government cannot take on the welfare of this large section of population, and keeping in view the Indian culture and tradition that has considered family and kin on the forefront as providers of support in old age, the State has come up with the following act.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007. It was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. It entitled the family members and adult children as responsible for the care and support of the elderly.

The Act provides for:

- Maintenance of parents/ senior citizens by children/ relatives is made obligatory and justifiable through tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penalty for abandonment of senior citizens
- Establishment of old age homes for indigent senior citizens
- Adequate medical facilities and security for senior citizens

c) Programmes and Schemes by the Ministry of Social Justice and Empowerment

Central sector scheme of Integrated Programme for Older Persons (IPOP). It was implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities. The scheme is flexible enough to meet the diverse needs of elderly including reinforcement and strengthening of the family, awareness generation on issues pertaining to elderly, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc. Under the scheme, financial assistance up to 90 per cent of the project cost is provided to NGO's for establishing and maintaining old age homes, day care centers and mobile Medicare units.

Several innovative projects have also been added for assistance under the scheme. Some of them are:

- Programmes to sensitize children about the elderly particularly in schools and colleges
- Awareness generation programmes for elderly and care givers
- Help-lines and counseling centers for the elderly
- Physiotherapy clinics for the elderly

- Regional resource and training centers of caregivers to the elderly
- Formation of senior citizens associations etc.
- Running of day care centers for Alzheimer's disease/Dementia patients
- Maintenance of respite care homes and continuous care homes
- Old Age Homes - for the destitute elderly

The scheme has been revised recently in the year 2008. During 2007-08, Government has spent more than 16 crore rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

Construction of old age homes. A non-plan scheme of assistance to Panchayati raj institutions/ voluntary organizations/ self-help groups for construction of old age homes and multi service centers for the elderly were started in 1996-97. Grant-in-aid to the extent of 50 per cent of the construction cost subject to a maximum of Rs. 15 lakhs was given under the scheme. However, the scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07).

Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity to accommodate 150 persons in every district in the country. A new scheme for giving assistance for the establishment of old age homes for indigent senior citizens in pursuance of the said provision is under formulation. However, there is a debate around this issue as this may lead to a drift towards institutionalization of the elderly as a residential choice.

International Day of Older persons. It is celebrated every year on 1st October.



d) Schemes provided by other Ministries/ Departments

The Ministry of Health and Family Welfare provides for senior citizens:

- Separate mandatory queues for the elderly in government hospitals
- Two national institutes on ageing have been set up at Delhi and Chennai
- Geriatric departments have been set up in 25 medical colleges

The Ministry of Rural Development has implemented the National Old-age Pension Scheme (NOAPS) – for persons above 65 years belonging to below poverty line households. Central assistance is Rs. 200/- pension per month, which is to be supplemented by at least an equal contribution by the states. The monthly pension amounts in various states between Rs 200 to Rs 700.

The Ministry of Railways provides the following facilities to senior citizens:

- Separate ticket counters for senior citizens of age 60 years and above at various PRS (Passenger Reservation System) centers if the average demand per shift is more than 120 tickets;
- 30per cent and 50per cent concession in rail fare for male and female senior citizens respectively of 60 years and above respectively.

The Ministry of Civil Aviation: The National Carrier, Air India, provides concession up to 50per cent for men who are 65 years and above and women who are 63 years and above in air fares.

The Ministry of Finance extends facilities such as:

- Income tax exemption for senior citizen of 65 years and above up to Rs. 2.40 lakh per annum.
- Deduction of Rs 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizen of 65 years and above.

- An individual is eligible for a deduction of the amount spent or Rs 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen of 65 years and above.

The Department of Pensions and Pensioner Grievances: A pension portal has been set up to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances. The Sixth Pay Commission recommended that additional pensions shall be provided as per details given in Figure 19.

Figure 19: Additional pension to be provided to elderly as per recommendation of the Sixth Pay Commission

Age Group	% Pension to be added
80+	20
85+	30
90+	40
95+	50
100+	100

The Govt. old age pension is for the elderly who fulfill certain age criterion and belong to the BPL category. It differs across the states and the age categories among the elderly, and may range between Rs 200- Rs 700.

Summary

In this chapter, a brief introduction is given followed by outlining the background of the problem and coming up with a conceptual framework for the research study. The impact of socio-demographic changes leading to changes in the residential arrangements for the elderly is covered. In addition, an overview of the situation of ageing, the theoretical perspectives on ageing and a brief demographic description of elderly (both global and in India) is provided to visualize the ageing scenario and probable issues that arise. Further, a brief account of the state's initiatives in India for the elderly is given to provide a constitutional context to the discussion thus far regarding the elderly.