



Ageing and Older People: Problems and Prospects

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Abstract:

Old age is all about surpassing the life expectancy of human beings and the end of the human life cycle. Older people mostly have limited regenerative abilities and are more susceptible to disease, syndromes, and sickness rather than younger adults. They also face other social issues such as retirement, loneliness, and ageism as well. The chronological age is denoted as 'old age' which varies culturally and historically. Out of every 10 couples of older people in India, more than 6 are made forced by their children for leaving their homes. Having no place to resettle and losing all hopes, they have to resort to old age homes that do not guarantee first class treatment. There are certain times when the parents just want to get relaxed and want their children to reciprocate their care. Every parent wishes to see his/her child grew and be successful but no parent wants his/her child to treat them like an unnecessary load on their responsibilities. Every second day, it is seen in news that parents are being beaten up by their children, being forced to do the house hold chores, being adjusted to live in small dungeon like rooms and their property being forcefully taken over by their children. In order to consider the vulnerability of older people, this paper is an attempt to highlight

their problems and suggest ways through which their hardships could be minimised and a hope could touch their last breaths. The paper is divided into seven parts. The first part deals with the introduction and concept of ageing. The second part presents a view on older population in the world and India. The third part focuses upon the health Problems. The fourth part presents the psychological problems. The fifth part deals with the economic problems. The sixth part describes the living arrangements and leisure activities. Finally, the last part presents the policies and programs for older people along with recommendations and conclusion.

Key Words:

Ageing; Older People; Health; Living Arrangements; Problems and Prospects

Introduction:

Over the past two centuries a gradual transformation has taken place across the world, the population has been aging due to the on-going decline in fertility coupled with increasing longevity. This global phenomenon will continue to dominate the twenty first century even though different world regions will experience demographic change at different rates. It is predicted that in the developed regions of the world, including Europe, a third of the population will be aged 60 years or over by 2050, while in the less developed regions the older population will make up almost 20%. These changes will impact upon all aspects of human life from family composition, living arrangements and social support to economic activity, employment rates and social security (Bond & et. al., 2007). Senior citizens, also known as the *Golden Agers*, are the repositories of

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experiences and wisdom in any society. In most traditional societies, they enjoy unparalleled sense of honor, respect and legitimate authority. They are the ones who are vested with the authority for decision making with regard to the economic affairs and social matters, both within the family as well as the community. The moral sanctions laid down by the community also reinforce the responsibility of the family to offer a caring environment for the aged regardless of their productive capacity.

Concept of Aging: Old age has been defined variously in different societies and culture. A complex combination of demographic, economic and social factors affects differentiation in this sphere. On the basis of these contextual variations the term old age can be defined broadly as follows: (a) *Physical Ageing* is defined on the basis of the anatomical and psychological changes that take place in the life of an individual with the passage of time. American Gerontologist, Lassing defined old age as “a process of unfavorable, progressive changes correlated with the passage of time become apparent after maturity and terminating invariably in death of the individual.” (b) *Social and cultural ageing* are interrelated concepts but differ one another on the basis of their emphasis. Social ageing emphasizes the changes in behavioral pattern and the role and status of individuals in the family, while cultural approach on the other hand provides importance to the role of an individual during his/her life span. Ageing is regarded as the cultural progression of an individual through different stages of life. According to the Hindu tradition, the *Vanaprastha Ashram* is considered to be the onset of old age. (c)

Psychological Ageing is related to the state of mind of an individual. It assumes that ageing processes can be accelerated because of the stresses and strains of life; therefore it differs from one individual to another and can vary in different socio-cultural groups (Tandon, 2001).

Ageing Population in World and India:

Ageing is universal and appears to be irreversible in both developed and developing countries. However, it is accounted that the less developed regions are ageing faster than the more developed regions. In the less developed regions, the percentage of aged 60 years and above is projected to increase from 7.7 per cent in 2000 to 19.7 per cent in 2050. In the more developed regions, it is projected to increase from 19.4 per cent in 2000 to 32.3 per cent in 2050. Thus, the less developed countries will have to face a far more difficult situation in having to cope with the fast demographic ageing of populations, especially with little or no social security systems for a very large percentage in countries such as South Asia and Africa. In 2000, the number of persons aged 60 years and above was 375 million in the less developed regions. In 2050, it is projected to increase to 1513 million, four times the number (Bose & Shankardass, 2001). While the total older population in India (60 years of age and above) increased from 24 million in 1961 to 43 million in 1981, to 77 million in 2001, and is expected to rise to 179 million in 2030 and to 301 million in 2050 (http://nhrc.nic.in/Documents/Publications/KYR%20Elderly%20English%20Final.pdf).

Modern society is built by the young for the young. It is a dynamic creation that



does not extend much consideration to the old, sick, handicapped or incapable. In the ancient time, most people did not go so far from their birth place, thus, families usually stayed together. The family unit was strong and practical. Today, the family unit is breaking apart as young men and women travel widely in search for better jobs. So, the chances are that the old folks would be left alone and neglected. Sometimes, they do not want by their children at all. Those who are luckier ones may have a child or two staying with them. The less fortunate ones may have to pine their lives away in an old folk home or in their empty house that once was filled with the sound of children's laughter. This neglect is a very real problem in our society and it is what the old dread the most being unwanted and uncared for in the time of need. There is other problems old folks face but none can be as bad as the indifference and neglect of the young. The young have no time for the old even though the old have virtually no time left (<http://language123.blogspot.in/2009/08/problems-faced-old-people-in-society.html>). Generally, ageing indicates a type of process which is manifested by accumulation of adverse changes that decreases the ability of a person for carrying out various specialized functions. An enduring stereotype of human ageing is one of inevitable ill-health, mental and physical incapacity leading to disability and dependency. It underpins ageism and reflects personal construction of normal ageing. The problems associated with ageing are primarily related to health, economic aspects housing, social security and psychological problems (Bond, et al 2007).

Health Problems:

Health is a state or condition when the functioning of an individual is at a high level of efficiency in all respects. The sociologist view health in three different ways: (a) As being free from disease, (b) Strength to resist illness, and (c) Mental health. World Health Organization (WHO) defines health as "a state of complete physical, mental and social well being and not merely absence of disease or infirmity." For various reasons the health needs of the older adults are very different from those of other age group. Such distinctions underline the distinct identity of geriatrics as a medical specialty. It is generally observed that the state of health of the aged gets usually deteriorated and they are more susceptible to a variety of ailments (Tandon, 2001). Health problems are supposed to be the major concern of a society. It is true that ageing is accompanied by multiple illness and physical ailments. Besides physical illness, the aged are more likely to be victims of poor mental health. The major diseases of the elderly include hypertension, cardiovascular disorders, renal problems, hepatitis and diabetes. In most of the primary surveys, the Indian older people in general and the rural aged in particular are assumed to have some health problems like cough, poor eyesight, anemia, and dental problems. Besides the problems of ill health and disability among the elderly, there is also a lack of the provision of medical aid and proper familial care, in addition while public health services are insufficient to meet the health needs of them. In general, the poor among the older people seldom receive medical treatment and hospitalization except in very grave situations. Ageing is especially a women's problem

because not only women live longer but most of them are widows. They face serious discrimination with respect to their rights and are overburdened with familial responsibilities (Rajan, 2008).

Psychological Problems:

The most of the common psychological problems experienced by the older persons are feeling of powerlessness, feeling of inferiority, depression, feeling of uselessness, isolation and reduced competence. These problems along with social disabilities like widowhood, societal prejudice and segregation aggravate the frustration of older people. Studies report that conditions of poverty, childlessness, disability, in laws conflicts and changing values are some of the major causes for older abuse (yojna.gov.in/problems-of-aged.asp). The perception of mental health is highly influenced by the socio-cultural milieu. The causes could be multiple, complex and complicated. For example, failure in social and personal adaptation, cultural breakdown, losses and bereavements etc. lead to the disintegration of personal lives. Acceptance of old age within the community, attitudes of children and grandchildren, religious beliefs and acceptance of death, as well as diseases all play their roles on the psychological status of the person. Psychological health problems are often divided into two broad groups, organic and functional. Organic diseases have genetic or physical basis, i.e. mental retardation and certain forms of psychosis, whereas functional disorders which are more common, are mostly caused by environmental conditions, behavioral tendencies and the interaction between the two (e.g. neurosis and several psychopathological conditions). The aged are affected by both. The catabolic processes

make inroads on the nervous system and brain tissues whereas the personality maladjustment, stresses and strains give rise to functional disorders. Further, among the aged who are diagnosed for organic disorders, one out of every five suffers from organic brain syndrome and the rest from senile dementia. Studies indicate that depression is found to be more in poor women who have to deal with chronic sources of social stress in the form of low quality housing, dangerous neighborhoods, higher risk of becoming victims of violence and of encountering problems in parenting and child care. Most of the deaths attributable to suicide each year are due to depression, and it affects women two times more in comparison to men. It is observed that gender differences in psychiatric illness in women are due to poverty, domestic isolation, powerlessness resulting from economic dependence or low levels of education and patriarchal oppression (Tandon, 2001).

Economic Problems:

Economic factors definitely play a key role in generating care for older people. Resources of the aged and their need patterns have undergone a considerable change because of their diminished participation in productive and economically gainful work. Retirement has several economic, social and psychological consequences for them. It not only means loss of monthly salary but also loss of work and loss of social relationship at work. For the middle and lower class people who have no substantial savings or investments, loss of monthly salary would also mean the beginning of full or partial dependence on their children. The economic dependence is one of the principal factors that



affect the older persons. There is little research available on economic dependency. It is felt that dependency burden may affect consumption patterns, capital investments and indebtedness etc. In fact, a whole range of lifestyle may get adversely affected. Dependency aspects concern the old age in two ways, firstly large number of aged persons who have dependents on them, and secondly the aged themselves are dependent on others. Older persons tend to spend more of their income on necessities and their expenses on health care are twice as much compared to the younger people. The nursing homes and hospitals which have sprung up on commercial lines are beyond the reach of most of the aged. Even in government dispensaries and hospitals full or part of the cost of the medicines and diet has to be borne by the patient which is hard on most of them. The result is that either medical complaints remain unattended or they are left to their fate. This further aggravates their economic problems (Tandon, 2001).

Rates of poverty vary across age and have been affected by changes in the economic support system. Asset-based systems of support are by definition not redistributive. Family transfer systems may have a redistributive impact, but it is limited to the extent that across family variation in income is a substantial portion of the total variation in individual income. Public transfer systems depending on their design can be highly redistributive. The redistributive impact of public transfer systems depends on both the annual flows and the expected duration of those flows. Disadvantaged groups may receive old-age benefits over a shorter period of time because wealth influences life

expectancy. Hence, programs which have a progressive impact when evaluated at a point in time may be regressive when evaluated from a lifetime perspective (<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/SomeEconomicConsequencesOfGlobalAging.pdf>). Family obligations of children towards their parents are undergoing a change. There is deviation from the norms. Fewer children can imply a larger share of dependency on their shoulders especially in case of a single earning member. The current family environment puts a stress on the amount that can be spared for sending regular amounts to provide food and shelter on a sustained basis, and meet their medical and other expenses some of which entail a heavy financial outgo, especially in view of the increase in life expectancy after 60 and the escalating costs of medical treatment (Bose & Shankardass, 2003).

Living Arrangements and Leisure Activities:

A number of social trends are affecting the lives of the aged in developing and industrializing societies. In the recent past, family was looked upon as the only institution to take care of the older persons and provide both emotional and financial support to them. But changes in the living arrangements and family structure, migration of children for jobs outside and more prominently radical changes in the nature of people from accommodative to an independent, self centered and individualistic outlook with cold-blooded concern for even very near relations have compelled many old people to live alone. Another dimension of the problem is the

manner in which the children are being brought up by the parents. Today, the buzzword is 'my space'. Each one in the family is asking for their own space to grow and zealously guarding their independence and freedom within it. This close personal space can be very restrictive which can deny common space that can encompass the whole family, the community and the whole world at large. On all India bases, the aged living alone in various states reveal that 12 per cent of the men and a little over one per cent of women live alone in rural areas, whereas 9.5 per cent of men and 0.8 per cent of women in the urban areas live by themselves. However, the situation in the western world is that more women live alone than men probably because of their social and emotional conditioning (Tandon, 2001).

Work and leisure normally go hand in hand at every stage of human life. But in old age when one retires from work or employment, times starts hanging on them and this is where hobbies and other leisure time activities help them make meaningful use of their time. It is not the old age which affects work but it is the retirement from work which hastens the onset of old age. The women could not find leisure time because of their pre-occupation in work or on account of their sickness and invalidity. The most common leisure time activity among the rural aged is playing cards followed by talks and discussions. Therefore, most of them spend their leisure time in gossiping with family members, friends or neighbors and watch television. Such activities are not popular among the older females because they are mostly occupied in domestic chores and usually lead a sedentary life. The factors

affecting leisure activity participation patterns of elders are numerous and complex. According to a research, on the determinants of leisure behavior of elders, leisure attitude is the most important factor influencing leisure behavior. Those with more positive attitudes toward leisure are more likely to participate in leisure activities. Leisure activities that are perceived as being fun but without purpose would be scorned by elders who hold the work ethic idea. The older females are twice as likely as males to be poor. This disadvantaged economic status, combined with other trends such as tending to have more household and family obligations, can cause older women to have less free time than older men have. For example, women, more often than men, find themselves in a caregiver role in later life for their spouse (<http://www.sagamorepub.com/files/lookinside/224/6757li.pdf>).

Policies and Programs for Older People:

The last two decades have witnessed considerable discussion and debate on the impact of demographic transition and changes in society and economy on the situation of older persons. The United Nations proposed a draft declaration on Old Age Rights in 1948. In 1982 the World Assembly on Ageing adopted the Vienna International Plan of Action on Ageing. The Plan concerns the issues of health and nutrition, economic security, social participation, housing and environment, consumer protection, research and education. The United Nations General Assembly in 1990 designated October 5, as the International Day of Older Persons. In 1991 the United Nations General Assembly adopted its 46th session, the UN Principle for



Older Persons and agreed on a set of principles that older people should have the following facilities: (a) Access to adequate food, water, shelter, clothing social and legal services and health care through the provision of income, self help family and community support. (b) Environment that is safe and adaptable to changing capacities. They should involve in the formulation and implementation of policies affecting their well being. (c) Opportunity and scope to share their knowledge with younger generations and to work as volunteers in community service according to their skills and interests. (d) They live in dignity and security, free from exploitation, physical and mental abuse and to be treated fairly regardless of age, gender, race, ethnicity, disability or economic status.

This Proclamation recognized the increasing contribution of older persons to economic, social and cultural development and emphasized that ageing is a life-long process. In addition the General Assembly has adopted eight Global Targets on Ageing for the year 2001 to promote an age integrated society that encourages the talents and participation of older persons while meeting their care needs. Wellbeing of older persons has been mandated in the Constitution of India. List (iii) of Schedule (vii) of the Constitution says that social security is the concurrent responsibility of the central and state governments. Item 9 of the State List and Items 20, 23 and 24 of the Concurrent List relate to provision of old age pension, social security, social insurance, economic and social planning and relief to the disabled and the unemployed. The National Policy on Older Persons in India aims at the well being of the aged by strengthening their legitimate place in

society so that they could live their last phase of life with purpose, dignity and peace. The policy visualizes state support for financial security, health care and nutrition, shelter, welfare and other needs of the senior citizens and provides for protection against abuse and exploitation (Tandon, 2001).

Recommendations and Conclusion:

The above discussion mugs up that a large number of factors are responsible for various problems of the aged people. The problems of the older people are largely related to loss of employment and income, family health and nutritional deficiencies, increase in expenditure on health, feeling of neglect in the family, loneliness, difficulty in adjusting to their changing roles and status, and isolation from developmental tasks etc. Ageing is universal in scope and extremely varied in experience. There are no perfect or permanent solutions to ageing because of diverse cultural patterns which are neither stable nor static. Hence, the solutions to the problems of the older persons are to be worked out in consonance with the relevant cultures of the time and the place. A positive attitude and good health are recommended as the pre-requisites of ageing with grace. Old age should be accepted as a developmental process not as a problem like a disease or liability. Thus, the problem of the aged people should be approached from humanitarian/welfare approach as well as from developmental point of view that is by utilizing skills and experiences of the aged persons who are fit and capable so that they would continue to contribute to the economic and social development of the society. To sum up, it can be said that the priorities are needed

to be fixed for the care and welfare of senior citizens, especially the destitute older people. The problems of the older persons vary with age, sex, social status, economic position, their health and economic background. As the older people face multi-dimensional problems, it becomes imperative and essential to involve planners, administrators, medical and paramedical professionals, social workers, voluntary organizations and researchers to determine, evaluate, analyze and find solutions to their problems. Educational and audio-visual media is to be used to sensitize and make awareness among the general public regarding the needs and problems of the older persons.

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