Ageing - An Inevitable Consequence of Demographic Transition

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ABSTRACT

Ageing -inevitable consequence of demographic transition, becoming an important social issue not only before the government but also before the society. Here an attempt is made to understand the problems and diseases suffered by the aged during their old ages. For the study purpose 60 aged persons belongs to New Mahe panchayath is selected. Sample consists of both male and females. The collected information is analysed and presented by using adequate statistical tools like tables, diagrams etc. The objectives of the study are: to study whether any gender discrimination exist among older people in the study area, to examine the differences in the problems of old women and men, to know the social and health problems faced by aged group, to know the security problem faced by aged in their old age.

Key Words: Ageing, deplorable, confront, chronic bronchitis, anaemia.

INTRODUCTION

The worldwide demographic trend indicates that the population of the countries has been ageing over time. The percentage of senior people in a nation's population has risen. The population's death rate has significantly decreased as a result of economic prosperity, improved healthcare, effective medications, etc. Fertility has also decreased as a result of lower mortality. The number of elderly people in the population has increased as a result of these variables taken together. Population ageing is a dynamic global demographic trend.

The ageing of the population, which began in industrialised nations over the previous century, is increasingly affecting developing nations as well. India is by no means an exception to this rule. The demographic structure has evolved over time and will continue to evolve in the future. The percentage of the population that is elderly will rise.A nation's population ageing has significant social, economic, and political ramifications. The nation's health and social care services are under stress due to the growing number of elderly people. Many illnesses and disorders accompany ageing. The nation requires an increasing quantity of health and medical services, facilities, and resources due to the high number of old people in the population. The need for hospitals, physicians, and nurses is growing. As the average age of the population rises, so does government spending on health care. Due to their limited mobility and crippling disabilities, very old people require assistance from others. The care of elderly family members becomes more challenging when nuclear families become more prevalent in society and have fewer children. An increasing number of nurses with the necessary abilities are needed to meet the care demands of elderly people. As the number of elderly people rises, so does government spending on social security. Pension costs rise as people live longer. When thinking about social programs for the ageing population, women's issues are especially crucial. Women outlive males because they have a higher life expectancy. Women are more vulnerable in old age due to increased dangers throughout their lives. It is crucial to provide them with the proper attention and assistance.

The ageing of the population is a worldwide issue. It is seen as the end of a person's life. Numerous alterations in physiological processes are linked to ageing. Numerous changes were seen in old age due to biological, environmental, socioeconomic, and cultural factors. Both physically and psychologically, it is linked to numerous health issues and challenges. They must rely on others since they are too weak to work.Ageing as a demographic problem, with all its far-reaching consequences, has affected practically all walks of life. The number of senior citizens and their ratio to the total population have been increasing rapidly in both developed

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and developing countries. Advances in medical science, better nourishment and improved standards of public health have all contributed to increased longevity. The developed world has been taking effective measures to cope with the problems of looking after its growing numbers of senior citizens. The developed world has so far failed to take sufficient notice of this problem. Plans to support the elderly are generally inadequate. Thousands of them continue to be neglected by society.

The process of urbanization, modernization and globalization changed the economic structure and weakened the social values. The traditional view of performing duty and obligation of the younger generation towards older generation was not found in the modern society. The traditional joint family system changed to modern nuclear family due to modernization. The physical and mental ability of older people declined and they need to support and care from their younger generation. The migration of children in search of jobs worsened the situation of elder people.

In 1980s the UN recommended 60 years as the age of transition for the elderly segment of the population, and has been categorized as follows: [Shakuntala and C Shettar, 2013]

1. Young old-between the ages of 60-75 years.

2. Old-old-between the ages of 75-85 years.

3. Very old-85 years and above.

A common problem found among elder people is depression. Low energy, sad feelings, loneliness etc. are part of it. It is due to their health problems within family, loss of spouse etc. the elderly lack control over their family and they feel loss of respect and importance in their family. Older women are facing with different problems in most of the countries. Due to social and technological changes, loss of joint family, changing values, dual career families etc, and the position of elderly women has become deplorable. Illiteracy, absence of steady dependable income, lack of employment opportunities, irregular and inadequate pension system and inadequate social security programmes aggravates the problems of older women in India.

As per the analysis of 2011 census data and projections, for total Indian population sex ratio is in favour of male in ratio 940/1000, but for elderly at (60+) population it is in favour of women by 1022/1000. The population of older women is increasing remarkably. At the age of 65, 70, 75 and 80 there are 1310, 1590, 1758 and 1980 elderly women respectively per 1000 elderly men [Agewell Foundation, 2011]

According to the report on the status of the elderly in selected states of India, 2011 by the UNPF India had 90 million elder persons above 60 years in 2011. By 2026, this number will increase to 173 million and by 2050 to 315 million. While only 8.2 percent of the Indian population was above 60 years in 2011, as much as 20 percent of the population is expected to be above 60 years in 2050 [Misra and Puri, 2014].

In India old people are not aware of their human rights due to illiteracy, and lack of awareness. They need extra care and attention due to loss of sensory system and weakening of physical strength etc. older women have to face age related discrimination, mistreatment, harassment and elder abuse in their life due to lack of awareness about their rights and support system available for them in old age. Human rights of older women are violated from time to time. Majority of these cases of Human Rights violation are due to poverty of older women.

In traditional Indian society, the elderly were highly respected, and their care was mainly the responsibility of their children. However, modern individualism and materialism among younger generations have led to the elderly becoming alienated and isolated from family and society. Migration from rural to urban areas has increased the number of nuclear families in towns and cities. Many problems faced by the elderly stem from loss of income due to retirement or reduced work, along with the loss of social status they once enjoyed.

The idea that old age is an age of ailments and physical infirmities is deeply rooted in the Indian psyche. People become increasingly susceptible to chronic diseases, physical disabilities and mental incapacities, as they grow older. Not surprisingly, health problems and medical care become major concerns among a majority of the

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elderly. Yet many refrain from seeking medical aid due to various impediments. Some refuse medical attention merely because they have never received such treatment as a rule. Multiplicity of diseases is normal among the elderly. The majority often suffer from chronic bronchitis, anemia, blood pressure, chest pain, heart attack, kidney problems, digestive problems, change in vision, diabetes, rheumatism and depression. Disability among the elderly mainly implied difficulty in walking and standing, partial or complete blindness, partial deafness, difficulty in moving some joints and mild breathlessness.

Definition Of Key Terms

Ageing

Ageing is the inevitable consequence of demographic transition because it is the last and final stage of human life. Biologically ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. Addition to biological changes, ageing is often associated with other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners.

Chronic Bronchitis

It is a long-term inflammatory condition. The victim has to experience persistent productive cough without identifying causes, which last for three months per year for two consecutive years

Anemia

People become anaemic when they have low levels of healthy red blood cells to carry oxygen within the human body. Symptoms of this situation include weakness, fatigue and feeling short of breath. This can be mild or severe.

MATERIALS AND METHODS

Review of Literature

Several studies were conducted to understand the problem of aged groups in different countries of the world. Problem of ageing become an inevitable consequence of demographic transition. Some of the important studies conducted in this field are presented in the following section.

Marty Chen, and Jean Dreze (1995) through their article explains an Indian woman who survives to old age is almost certain to became widow. The high incidence of widowhood among women particularly in the old age groups sharply contrasts with the corresponding patterns for male. In old age groups a small minority of men are widowed, while a large majority of women experience that predicament. The main reason for this gender gap in the incidence of widowhood is a much higher rate of remarriage among widowhood men, compared with widowed women.

Leela Gulati and S Irudaya Rajan (1999) analyses the gender difference is apparent only when we look at the marital status of the elderly. The incidence of widowhood increases rather sharply for women with advancing age. With improvement in life expectancy, the proportion of the aged, and among them that of the female aged will go up.

Maithreyi Krishnaraj (1999), express the view that, to women it is a question of unequal gender relation where ‘caring’ functions are left to women but without corresponding compensation. The gender difference comes out clearly in health statistics. The divorced women face more health problems and those who have only state health insurance have a higher incidence of illness. The changes in pensions, survivor benefits and employment related insurance all of which impact on women unequally.

Malini Karkal (1999) explains that majority of Indian women are undernourished, increasing life span means so many additional years of suffering. They are attending household duties. Men are likely to be cared for by their spouse the same cannot be said for women.

Pravin Visaria (2001) observes that the simultaneous urbanization and the spread of individualism have led to a wide spread concern about the living conditions of the aged population. With a decline in the size of the family as well as the increase in the frequency of mobility or migration among the urban population, the aged certainly face a difficult situation. The high incidence of chronic disease and disability among the aged, their health needs are not easy to take care of, and the financial as well as the psychic costs of decision to allocate the necessary funds for the purpose will be quite high.

Sarsakumari, R.S (2001) examines that, the end of the life span of many elderly women are spent as widows due to existing socio-cultural factors in the country and this condition is characterized by economic dependence on others or complete destitution. The result of this will be physiological, psychological as well as social morbidity.

Sen et. al (2002) have analysed India's National Sample Survey data for 1986-1987 and1995-1996 to study the change in health inequality by gender and have found that gender inequality, particularly in untreated morbidity and health care cost, continued to be severe.

Meena Gopal (2006) found that older people and in particular, older women are an extremely marginalized group of people, who hardly merit the attention of state protection. As women, they occupy a position which is more disadvantaged than older men, and as the older people the additional vulnerability of dependency and support from others. In both instances, their contribution both economically and socially to the household and community is hardly recognized.

Prakash Tyagi's (2008) study points out that the miseries of older people in India are often compounded by poverty, geographic displacement, environmental disasters or destruction of social structures. The socio-economic situation of the elderly population is, undoubtedly, weak and poor. A vast majority of older people in the underserved areas of the country are malnourished, live with a weak immunity and are prone to a wide range of infectious and chronic diseases.

The study conducted by Mehrotra.N and Batish.S (2009) in Ludhiana city reveals the problems faced by elderly females. The technological changes changed the attitude of younger generation towards older people. The problems of elder people especially women are increasing. Their problems are more acute as they depend on others. They face physical, financial and psychological. The problem of reduction in vision is more than problem of hearing. The common problems found among elder women are dental decay, body weakness and pain, and other serious diseases such as diabetes, heart problem, gastro-disorders, indigestion and sleeplessness. Lack of food and proper treatment is one of the reasons for this. They also face socio-psychological problems like stress lack of respect from family, loneliness etc.

Khanna.P.K (2009) through her article says that in most parts of the world, women live longer than men. Generally, in Indian joint families aged ladies compromise with their family members for maintaining tranquility and the process become of pleasing everyone in the family and keeping them, happy aged ladies suffer silence. At the old age of their life the need to be taken care of and made to feel special.

The study made by Aruna Dubey et.al (2011) has analysed the living condition of elderly living in old age homes and within family in Jammu. The study emphasized the changing economic structure and shift from joint family to nuclear family. The traditional sense of caring older people by younger people was changed. The older generations need care from their family members. At present many elder people are living not with their family but in institutions. The burden on elderly especially elder females is increasing. They have non-existent property rights and other social security measures. Both in institution and family aged people face the problem of finance. The problems of elder people are less in joint family. The change in the traditional structure of family and institutionalization decreased the obligation of the younger generation towards elder generation.

The study made by Aruna Dubey et.al (2011) analyzed the living condition of elderly in old age home and within family. The problems of aged vary from society to society and have many dimensions in our country. The general feelings of the elderly women living in the families had better position than that of elderly women of the institution. The existing condition of elderly women living in the institution was that they felt lonelier, depressive and had a lower level of satisfaction with life.

Deepa.M.S et. al (2012) says that depression among elderly is more common. It includes anxiety, sadness, lack of interest, lack of good mood etc. depression if not diagnosed or treated, decreases the persons quality of life and could lead to fatal consequences such as suicide. The depression is not a part of the normal ageing.

Sumanth S.Hiremath (2012) reveals the socio-economic status and health status of elderly women in rural areas. The dependency of elderly women increases with their vulnerability. Physical incapacity is common for elderly women. The study shows that most of the elderly women are poorer, received lowest income per person, have lowest consumption expenditure and least health insurance coverage. They are not working, dependent on others and suffering from health problems. They need proper health care, financial help to remove their problems.

Rasil, R.A and Sudhir, M.A (2012) shows that there is a sentimental attachment to the place where elderly have raised a family and developed ties to the community over many years of residence. But under particular conditions, where it is no longer safe for them to live in their homes due to physical frailty or cognitive disorders, older people are forced to move out. In such situation service of institutional care such as old age homes and villages is stated as last resort in kerala.

Lakshmi Devi S and Roopa K.S (2013) the quality of life which each individual possess is very important in all aspects be it physical, psychological, social, emotional, spiritual or environmental. Only if they have fulfillment in all these aspects in life they have high quality of life. In institutional settings a higher percentage of elderly showed high quality of life as compared to non-institutional settings where none of the elderly men and women respondents showed high level of quality of life. There is a significant difference between the institutional and non –institutional elderly men and women in all the dimensions of quality of life.

Shakuntala and C.Shettar (2013) says about the issues related to the problem of old age. The number of old people is large and is increasing. The better health standards and longer life span of life increased the proportion of aged people. The replacement of joint family by nuclear family leads to the problem of loneliness and lack of care among elder people. When age increases, health decrease and they depend on others. The problem of ageing is more in women. They live longer and most of them are widows. They face discrimination and they have burden of responsibility of their family. The discrimination and over burden cause health problems, mental depression in aged women. The tradition of women marrying men who are older than them, disapproval of remarriage of widows, unemployment, the increasing life expectancy of women all these create problems among elder women.

Barasharani Maharana and Laishram Ladusingh (2014) points out that male and female elderly in households have increased over time. Gender disparity exists in households among elderly in health as well as food expenditure. Gender differences exist among the elderly in expenditure on different health items like medicines, X-ray, ECG, doctor fee, hospital and nursing home charges and other medical expenses. As the composition of female population has increased, food expenditure has also increased, but the amount spent on health has increased.

Yatish Kumar and Anita Bhargava (2014) through their study investigated the degree and nature of abuse experienced by the elderly in India. The issue of elderly abuse is an alarm rise in the country. The abusive behaviour towards elderly by their own family members found very common which insights the depletion of human values among modern and new generations. The absence of timely policies and imperative measures to overcome the concern create a great loss of human resource.

Thimanna and Chandra Kumar. Sedamkar.B (2014) through their article shows the pathetic situation of elderly women in their family as well as society. Majority of the elderly women in rural and slum areas are illiterate and

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depends on others for their basic needs as they have no economic security. The elderly women are suffering from different problems such as economic insecurity, lack of care from younger, psychological problems such as anxiety, mention tensions, etc and physical health problems such as arthritis, asthma etc.

Thimanna (2014) designed her study to identify the problems and challenges of elderly women in slum area. Living condition of elderly women living in slum areas faces serious challenges in their effort to survive. Severe inadequacies in access to water, sanitation shelter, health and education have deprived slum dwellers of some most basic amenities. And problem associated with elderly women in slum areas the absence of the facilities are well as the lack of various securities such as lack of social, familial, economical, health and spiritual or emotional securities. They suffer from poverty, isolation and social exclusion. Elderly widowed women are often denied even basic rights such as food, health- care and are thrown out of their homes by their families.

Sarita Sood, Arti Bakhshi (2014) points that physical health was significantly higher for the male aged Kashmiri migrants were higher than their female counter parts on psychological health. The males have better physical health attributed to their education and they do more work outside home result in greater physical activity and mobility. Females were dependent on their spouse or if widowed depended on their children and suffered more emotional setbacks due to financial dependence.

Lalitha Vadrevu et.al (2015) says that multi-morbidity, poverty and gender are strong predictors of self rated health indicator of quality of life. Self rated health is a predictor of mortality, as multi-morbidities advance with age there is a higher risk of morality. Poorer self rated health among the poor, elderly women points at many physical and psychosocial distress factors that come with morbidity in an ageing population, again underlining the need for responsive strategies for the elderly, women and the economically vulnerable.

Based on these different studies the present study develops with the statement of the problem as presented in the next section.

Statement of the Problem

Ageing of society has become a worldwide phenomenon. In India population of the aged is fast growing. Population growth in India since independence has been accompanied by an increase in the number as well as the proportion of persons aged 60 and above. India will move from being young country to an old country over the next few decades. A demographic burden is awaiting India. India is still very much a developing country and is endowed with the world's second largest population; it is in a much more difficult position. The main objective of the study is to find out the gender disparities in aged population. The study focuses on to understand aged population and living conditions of old people in the study area.

Old age is a natural part of the life cycle. The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the ageing population. The growth of the aged population which is either depended on the young or unemployed or working for food during the evening years of their life is a challenge to the social security systems in the country.

Among all the states in India, Kerala achieved a tremendous demographic transition well recognized all over the world. In Kerala females outnumber males. This aggravates the plight of the elderly women. Women above the age of 60, the marginalized group have high life expectancy and low income which needs greater attention concern and care.

Ageing in Kerala is disproportionately a female phenomenon and this gender dimension of ageing is a significant aspect. The demand for medical facilities in old age is rising. The high cost of medicine could impose pressure on government. The focus point of the study is to find the differences in the problems of old women and old men.

Objectives

- To study whether any gender discrimination exist among elderly

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- To examine the differences in the problems of old women and men.
- To knowthe social, security and health problems faced by the aged group.

METHODOLOGY

The study is based on both primary as well as secondary data.

Sample Design:

Study Area: The primary data required for the study has been collected from one panchayath-The area of the study was New Mahe grama panchyath of Kannur district, Kerala.

Method of data Collection: Both primary and secondary methods were used for collecting data

Sampling Method: Convenience sampling method was adopted for selecting the sample size.

Sample size: During the period 2012 to 2013 the panchayath had a population of 19754, of them10479 are females and 9275 are males. As per 2001 census the population is 17732, of them 8264 are males and 9468 are females (Official records, Panchayath) The primary data required for the study was collected from 60 samples selected purposively. The panchayath is giving old age pension to 887 aged people at the time of data collection. But the respondents are not able to answer the question because of their age and disinterest and illiteracy. Therefore, the sample were to be limited to 60.

Period of Study: The primary data required for the study has been collected during the period December 2015 using a well-designed questionnaire.

Data Collection procedure: The data are collected by using a well-designed questionnaire prepared as per the objectives of the study.Source of Secondary Data: The secondary data required for the study has been collected from different sources which include the official data as well as available literature on the subject. Journals, books articles, newspapers are also referred to collect the required information.

Statistical Tools Used: For the analysis and interpretation of the data collected, various statistical tools like percentages, bar diagrams, pie charts etc has been used.

LIMITATIONS

- The short time period allotted for this work is the main limitation. This limitation has put constrain on the number of households that could be surveyed.
- Lack of proper secondary sources in certain aspects of the study area creates problems for collecting elaborate information about the study.
- Respondents are reluctant to provide proper information.
- Due to hearing problems of aged, the information provided by some of the respondents are not clear.

RESULTS AND DISCUSSIONS

The discussion related to the present study begins by presenting the secondary information related to the elderly population in India. The data related are based on 2011 census. After discussing the matters related to Indian economy move directly to the tabular presentation of details collected from samples from the study area.

Table 1 Elderly Population (aged 60 years and above) in India (in millions)

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Source	Total			Rural	Urban
	Person	Female	Male		
Census 1961	24.7	12.4	12.4	21.0	3.7
Census 1971	32.7	15.8	16.9	27.3	5.4
Census 1981*	43.2	21.1	22.0	34.7	8.5
Census 1991**	56.7	27.3	29.4	44.3	12.4
Census 2001***	76.6	38.9	37.8	57.4	19.2
Census 2011***	103.8	52.8	51.1	73.3	30.6

Source: population census data, 1961-2011

*The 1981 census could not be held in Assam owing to distributed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

**The 1991 census could not be held in Jammu & Kashmir. The population figures for 1991 of Jammu & Kashmir were worked out by 'interpolation'.

***The figures include the estimated population of Mao Maram, Paomata and Pural sub-divisions of Senapathi district of Manipur.

According to the 2011 Population Census (Table 1), there are around 104 million elderly people in India—51 million men and 53 million women. Interestingly, there were more older men than women up to the 1991 population census. However, the tendency has reversed over the past 20 years, with more senior women than older men. Policymakers are particularly concerned about this because older women are more susceptible than older men in every way. In terms of rural and urban areas, over 73 million people, or 71% of the old population, live in rural areas, whereas 31 million people, or 29% of the elderly population, live in urban areas.

Table 2 Decadal growth in elderly population vis-a vis that of general population (% change)

Period	In general population	In elderly population
1951-61	21.6	23.9
1961-71	24.8	33.7
1971-81*	24.7	33.0
1981*-91**	23.9	29.7
1991**-2001***	21.5	25.2
2001***-2011***	17.7	35.5

Source: population census data, 1951-2011

*The 1981 census could not be held in Assam owing to distributed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

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The growth in elderly population is due to the longevity of life achieved because of economic well-being, better medicines and medical facilities and reduction in fertility rates (Table 2). In India, the decadal growth in general population has shown a decreasing trend since 1961 and so is the growth in elderly population till 2001. In the last one decade, however, that is between 2001 and 2011; the growth in elderly population has shot up to 36 per cent (Table 2) while the same was 25 per cent in the earlier decade. The general population has grown by merely 18 per cent vis-à-vis 22 per cent in earlier decade. It is observed that in India, the growth in elderly population has always been more than the growth in general population. Very high growth rate in elderly population vis-à-vis of general population was observed earlier also in the two decades between 1961 and 1981.

Table :3 Percentage share of elderly population in total population

Source	Person	Female	Male	Rural	Urban
Census 1961	5.6	5.8	5.5	5.8	4.7
Census 1971	6.0	6.0	5.9	6.2	5.0
Census 1981*	6.5	6.6	6.4	6.8	5.4
Census 1991**	6.8	6.8	6.7	7.1	5.7
Census 2001***	7.4	7.8	7.1	7.7	6.7
Census 2011***	8.6	9.0	8.2	8.8	8.1

Source: population census data, 1961-2011

*The 1981 census could not be held in Assam owing to distributed conditions. The population figures for 1981 of Assam were worked out by 'interpolation'.

**The 1991 census could not be held in Jammu & Kashmir. The population figures for 1991 of Jammu & Kashmir were worked out by 'interpolation'.

***The figures include the estimated population of Mao Maram, Paomata and Pural sub-divisions of Senapathi district of Manipur.

Percentage share of elderly persons in the population of India is ever increasing since 1961. While in 1961, 5.6 per cent (Table 3) population was in the age bracket of 60 years or more, the proportion has increased to 8.6 per cent in 2011. The trend is same in rural as well as in the urban areas. In rural areas while the proportion of elderly persons has increased from 5.8 per cent to 8.8 per cent, in urban areas it has increased from 4.7 per cent to 8.1 per cent during 1961 to 2011. It is observed that the difference of percentage share of elderly population in whole population in rural and urban areas is narrowing.

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The study was conducted in New Mahe panchayath in Thalassery taluk of Kannur District, Kerala. New Mahe panchayath was formed in 1979. The eastern part of New Mahe is called Kodiyeri. The village is sharing Arabian Sea in the West border, Mahe (Pudhuchery state) in south side, at north Thalassery municipality. The panchayath has a total land area of 111493 cents. The required information for the study was collected from aged people-males and females. For the study a sample of 60 aged people are selected by using convenient sampling method. A structured questionnaire was prepared to collect the required information from the sample respondents. Collected information are analysed and presented in the following section by using statistical tools like tables and diagrams etc.

Table No. 4 Age Wise Distribution

Sl. No	Age	Male	Female	Total
1	Young-old	17(48.6)	18(51.4)	35(58.3)
2	Old-old	4(16)	21(84)	25(41.7)
	Total	21(35)	39(65)	60(100)

Source: Sample survey

Figures in the parentheses are percentage to total.

Table (4) shows out of 60 samples selected 35 sample respondents belongs to the young-old category and the remaining 25 sample respondents belongs to old-old category. The young-old category represents people belongs to the age group of 60-74 years and those belongs to the age group of 75 and above are termed as old-old. Out of the total young-old people 51.4 percent are females and 48.6 percent are males. About 16 percent of the old-old categories are males and 84 percent are females. Out of 60 samples selected 65 percent are female aged people and 35 percent are male aged people. The sample contains more female than male. Out of the 65 percent of females (96.3 percent) are widows. 88.3 percent of the aged people are Hindus and 10 percent are Muslims. The sample constitutes only 1.7 percent Christians. The sample contains large proportion of Hindus than Muslims and Christians.

Table 5 Marital Status

Sl. No	Category	Male	Female	Total
1	Married	20(66.7)	10(33.3)	30(50)
2	Unmarried	0	3(100)	3(5)
3	Widow/Widower	1(3.7)	26(96.3)	27(45)
	Total	21(35)	39(65)	60(100)

Source: Sample survey

Figures in the parentheses are percentage to total

Table (5) shows the marital status of the aged people. It shows that 30 sample respondents are married. Out of these 66.7 percent are male aged people and 33.3 percent are female aged people. Only 3 (5 percent) persons are unmarried, and all of them are females. Out of the 27 respondents who lost their spouse, 96.3 percent are females and only 3.7 percent are males.

Table 6 Educational Status of Aged People

Sl. No	Educational Status	Male	Female	Total Number of Persons
1	Illiterates	0	2(100)	2(3.3)

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2	Lower Primary	1(33.3)	2(66.7)	3(5)
3	Upper Primary	0(0)	2(100)	2(3.3)
4	Higher Secondary	18(36)	32(64)	50(83.4)
5	Pre- Degree	2(66.7)	1(33.3)	3(5)
	Total	21(35)	39(65)	60(100)

Source: Sample survey

Figures in the parentheses are percentage to total

Table (6) shows the educational status of the aged people. It shows that 3.3 percent of the sample populations are illiterates. All of the illiterates are female aged people. About 3 sample respondents received only lower primary education, out of them 66.7 percent is females and 33.3 percent are males. Out of the total sample population 2 respondents received only upper primary education and all of them are females. 50 sample respondents received secondary education, out of them 64 percent are females and 36 percent are males. Only 3 respondents received pre-degree education, out of these 66.7 percent are males and only 33.3 percent are females.

Table 7 Previous Occupations of the Aged People

Sl. No	Previous Occupation	M ale	Female	Total
1	Casual Workers	6(37.5)	10(62.5)	16(26.7)
2	Skilled Workers	5(71.4)	2(28.6)	7(11.7)
3	Government Employees	3(100)	0	3(5)
4	Business/NRI's	6(100)	0	6(10)
5	Not Employed	1(3.6)	27(96.4)	28(46.6)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total

The table (7) shows the status of previous occupation of the aged people. The table shows that 16 sample respondents worked as casual workers earlier. Out of them 62.5 percent are females and 37.5 percent are males. About 7 sample respondents worked as skilled workers. Among them 28.6 percent of these skilled workers are females and 71.4 percent are females. Only 3 sample respondents are government employees and all of them are males. The only 6 sample respondents who worked abroad or engaged in business are male aged people. Out of the 60 samples selected, 28 sample respondents are unemployed earlier and 96.4 percent of these are females and only 3.6percent are males.

Most of the females are housewives earlier. They engaged in household work. The current employment status of the aged population. The table shows that 21 sample respondents are employed at present and 39 sample respondents are not employed at present. Out of the 21 employed aged people 76.1 percent are male and only 23.9 percent are females. This shows a higher proportion of male aged people are still employed than female aged people. Out of the 39 aged people who are not employed at present, 87.1 percent are women and 23.9 are men. These provide an explanation to the problem of financial independency among old women. Aged women are physically weak to do work than males. To meet their financial needs in old age they depend on their spouse, children and others.

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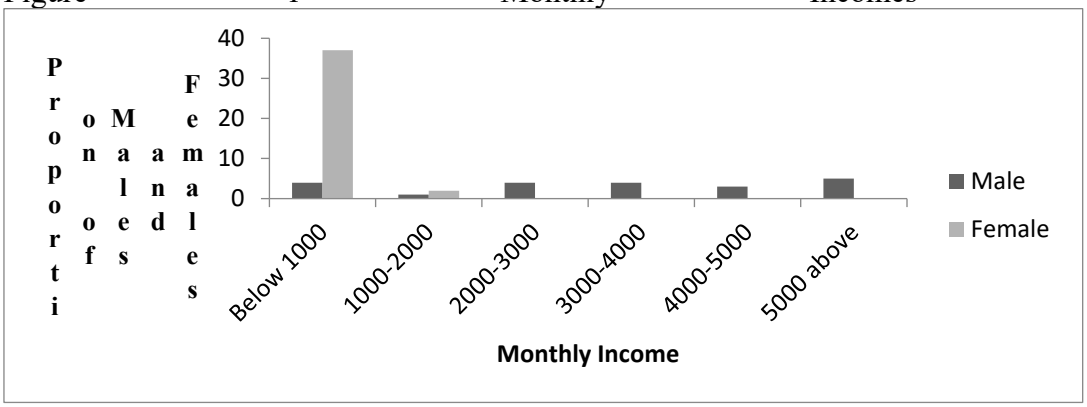
Figure 1 Monthly Incomes of elderly



Source: Sample survey

The figure 1 shows that 41 sample respondents have an income below 1000. Out of them 90.2 percent are female aged people and only 9.8 percent are male aged people. About 3 sample respondents have an income in between 1000 to 2000 per month. Out of them 66.7 percent are females and 33.3 percent are males. 4 sample respondents receive monthly income between 2000 to 3000 and the other 4 sample respondents receive an income between 3000 to 4000 per month. Only 3 sample respondents receive an income between 4000 to 5000. All of them are male aged people who are still working and receiving pension after retirement. Only 5 sample respondents receive income above 5000. All of them comes under this group are male aged people. This group receives this much of higher income monthly from different sources such as profits from business, rent and also income received through pension. The total female aged people of the sample selected receive only income below 2000 per month. The main sources of their income include pensions such as widow pension, old age pension etc., and also income comes from various self-employment activities etc. Male aged people are still employed. They are either doing business or doing daily wage work and their income is higher than that of females. Because of these reasons females depend more on their children than males. 39 sample respondents belong to Above Poverty Line. Out of them 43.6 percent are males and 56.4 are females. 21 sample respondents belong to Below Poverty Line. Among them 80.9 percent are female aged people and 19.1 percent are male aged people. Under BPL category proportion of females exceeds than that of males. Those who are suffering from poverty have to lead an unpleasant life in their old age.

The figure (2) shows the type of family in which the aged people live. Out of the total sample population 23 sample respondents belong to joint family and 37 sample respondents live in nuclear family. Out of the 23 aged people living in joint family 47.8 percent are females and 52.2 percent are male category. Females living in nuclear family (75.7 percent) are more than male living in nuclear family (24.3 percent). Based on the surveyed information majority (61.7 percent) of the aged people are living in nuclear families

The aged people become the victims of this transition. Because with more family members within the joint family aged people get more care and protection. The transfer from joint family to nuclear family the care and protection upon aged will reduce. This also leads to another problem i.e. the emergence of old age homes. The rehabilitation of aged becomes a serious question before the government. Sometimes son and daughters are capturing all property and leave their parents in old age homes or outside.

The total family monthly income of the aged people. Among the 60 aged people 38.3 percent belongs to below 10000 income level. Another 38.3 percent belongs to family income between10000 to 20000, 21.7 percent belongs to the category of income in between 20000 to 30000; the remaining 1.7 belongs to income in between 30000 to 40000. Family income includes income of son, daughters and the pension and other income (wage, profit received from present job by aged people) are also included.

Figure 2 Aged People Depended on Others

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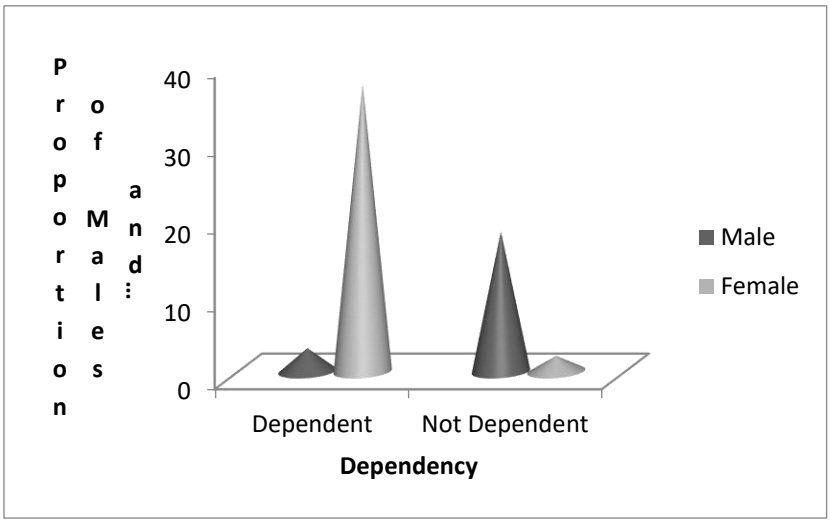

Source: Sample survey

The figure (2) shows the dependency of aged people. Out of the 60 samples selected 40 sample respondents depend on others. Out of them 92.5 percent are females and only 7.5 percent are males. The proportion of female aged people is higher than that of male aged people. The period of old age is a period of dependency. The aged people depend on others not only for financial needs but also for care and adequate protection. 20 sample respondents are not depending on others in their family. Out of them 90 percent are males and only 10 percent are females. They are either employed or meeting expenses through past saving. Some of the respondents rented their house and the rent becomes a source of their income.

Table 8 Caring from Family

Sl. No	Category	Male	Female	Total Number of persons
1	Receiving care	20(64.5)	11(35.5)	31(51.7)
2	Not receiving care*	1(3.4)	28(96.6)	29(48.3)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total

*Not receiving care here shows the attitudes of other family members towards the aged people. Table 8 shows that 31 sample respondents receive care and 29 sample respondents are not receiving care from their family. Out of the 31 people who receives care 64.5 percent are males and 35.5 percent are females. Out of the 29 aged people not receiving care 96.6 percent are females and 3.4 percent are males. In this modern days care from family members is decreasing. The shift from joint family to nuclear family is one of the main reasons for this.

Table 9 Role of Aged in Family Decision Making

SL.NO	Category	Male	Female	Total number of persons
1	Important role	20(87)	3(13)	23(38.3)
2	No role	1(2.7)	36(97.3)	37(61.7)
	Total	21(35)	39(65)	60(100)

Source: Sample survey

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Figures in the parentheses are percentage to total

From the table (9) it can be found that 23 sample respondents have important position in taking decisions in their family matters. Out of them 87 percent are female aged people and 13 percent are male aged people. They have chance to express their ideas and suggestions in their family matters. About 37 sample respondents have no power to make decisions regarding family matters. Out of them 97.3 percent are females and 2.7 percent are males. In early days among joint family's father or uncle will be the head of the family and they are taking important decisions related to the family. But now days the role of aged people in family decision making is comparatively lower. Sometimes they are considerably neglected by others within the family. 96.7 percent of the people receive pension from the government. But only 3.3 percent of the people do not have any pension. Based on the surveyed information the pensions availed by the aged in this locality include old age pension, widow pension, retirement pension. This data shows that above 90 percent of the aged receive a financial help from the government. In old age people are not able to do work and they depend on others to meet their expenses. Their expenses are high due to increased medical cost. By considering the vulnerable situation of the old people government is providing old age pension to the aged.

Table 10 Proportion of Neglected Aged People

Sl. No	Category	Male	Female	Total number of aged
1	Neglected	1(3.1)	31(96.9)	32(53.3)
2	Not neglected	20(71.4)	8(28.6)	28(46.7)
	Total	21(35)	39(65)	60(100)

Source: Sample survey

Figures in the parentheses are percentage to total

The table (10) shows that the proportion of neglected aged people from the sample selected. The period of old age is a serious situation that every people have to face and the chance of neglect is a part of old age. 32 sample respondents feel as neglected; out of them 96.9 percent are females and only 3.1 percent are males. This shows that the female aged people face more negligence than males. 28 sample respondents are not neglected in their old age. Out of them 28.6 percent are females and 71.4 percent are males. This also shows that female face the problem of negligence more. In this modern era shifting of joint family to nuclear family reduce the time available to take care of the old people by family members. This also increases the chance of negligenceTable No 11 People Facing Loneliness

Sl. No.	Category	Male	Female	Total number of persons
1	Facing loneliness	4(11.4)	31(88.6)	35(58.3)
2	Not facing loneliness	17(68)	8(32)	25(41.7)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to tota The table (11) shows the status of people facing loneliness. Loneliness is an important feature of old age of people lost their spouse and those who are facing serious problems both psychological and health wise. There is generation gap between the younger generation and the old people. The changes in the attitude of younger generation towards old people create problems and tensions in old people and create loneliness. 35 sample respondents are facing loneliness. Out of them 88.6 percent are females and 11.4 percent are males. This shows that females face loneliness more than that of males. 25 sample respondents are not facing loneliness and 32 percent of them are females and 68 percent are males. The male aged have the opportunity to go outside and engage with their friends and also most of them engage in working even when they are retired. These reduce the problem of loneliness among aged people among male aged people. On the other side women aged people are always living within their house engaged in household works and they have no outside contact. The aged women lost their spouse face serious psychological problem due to loneliness. 31.7 percent aged people have children working abroad and 68.3 percent of the people have no children working abroad. Aged people with their children working outside get more remittance than others. But they have to face some sort of emotional problems. Their mind will be full

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of tensions and fear by thinking about their children. They do not get proper care and support from their children. They are able to see their children only after a long gap. These types of separation create certain problems in old age. The presence of their children with them creates some pleasant feeling in their mind.

Table No 12 Property Ownership

SL. NO	Category	Male	Female	Total
1	Possess	21(44.7)	26(55.3)	47(78.3)
2	Not possess	0	13(100)	13(21.7)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to toThe table (12) provides the details regarding the property ownership of the aged. 78 sample respondents possess their own property. The total male (35 percent) in the sample population has property ownership. 13 sample respondents have no property ownership and all of them are female aged people. If there is no property ownership, they become more dependable on their family members. Children give more care and protection if the old one has their own property. The property of 27 sample respondents became useful to them, out of them 77.8 percent are males and 22.2 percent are females. About 33 sample respondents feels that their property is not availing to them and all such people are female aged people.

Table No 13 Savings of Aged People

SL. NO	Category	Male	Female	Total
1	Savings	20(90.9)	2(9.1)	22(36.7)
2	No savings	1(2.6)	37(97.4)	38(63.3)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total

The table (13) shows the savings of the old people. 22 sample respondents have savings and 38 sample respondents have no savings. Out of the total people who have savings in their old age (36.7) 90.9 percent are male aged people and only 9.1 percent are females. Out of the total people who have no savings (63.3) 97.4 percent are females and only 2.6 percent are females. The amount of savings has more importance in the old age. In old age people depend their children for meeting their huge medical expenses and other expenses in their old age. In this situation previous savings will help them more to reduce their dependency on others. The heavy burden of old age can be reduced through the savings. But around 98 percent of females in the study have no savings, because most of them are unemployed earlier. They are only doing their household work which is not recorded. They do not get payment for their own household work. The lack of savings among the female aged people make them more depended on others. Due to heavy financial burden (medical expenses) they are considered as a burden to their children.

Table No 14 Hearing and Sight Problem

SL. NO	Category	Male	Female	Total
1	Have problems	14(31.8)	30(68.9)	44(73.3)
2	No problems	7(43.8)	9(56.2)	16(26.7)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total

The table (14) shows the hearing and sight problem of aged. The table shows that 44 of the aged people are suffering from different types of health problems such as sight problem, hearing problem etc. and 16 aged people have no such problem. Among the suffering category 68.9 percent are females and 31.8 percent are males. Out of 16 aged people who have no such health problems 56.2 percent are females and 43.8 percent are males. Many

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health problems occur during the old age. The body functions became slow in the old age. 46 aged people feel discrimination in old age. Out of these 84.8 percent are females and 15.2 percent are males. All the 14 aged people not facing any discrimination in their old age are males. This shows that the females are facing more discrimination than males in their old age.

Table No 15 Distribution of elderly diabetic disease

Sl. No	Diabetes	Male	Female	Total
1	Having	7(25)	21(75)	28(46.7)
2	Not having	14(43.8)	18(56.2)	32(53.3)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total The table (15) shows the percentage of people suffering from diabetes or not suffering from it. As age increases health problems also increases. Diabetes is one of the chronic health problems suffering not only by the aged but the majority of the people of Kerala. Based on surveyed information 28 aged people are suffering from diabetes. Among them 75 percent are females and 25 percent are males. 32 persons are not suffering from diabetes; out of them 56.2 percent are females and 43.8 percent are males. 54 sample respondents have easy access to medical care. Out of them 61.1 percent are females and 38.9 percent are males. Only 6 sample respondents have no access to medicine. They are all females. People who have no savings with their huge medical expenses face severe problems in old age.

Table No 16 Distribution of samples based on heart diseases

Sl. No	Heart disease	Male	Female	Total
1	Suffering	3(33.3)	6(66.7)	9(15)
2	Not suffering	18(35.3)	33(64.7)	51(85)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total

The table (16) shows the percentage of people suffering from heart problem. As age increases the chance of heart problem is more. 9 aged people are suffering from heart problem, out of these 66.7 percent are females and 33.3 percent are males. 51 aged people are not suffering from heart problem, out of them 64.7 percent are females and 35.3 percent are males.

As age increases bones lose calcium and other minerals. Bones become more brittle and many break easily. The joints become stiffer and less flexible. 39 aged people suffer from body ache, out of these 79.5 percent are females and 20.5 percent are males. 21 aged people are not suffering body ache, out of them 38 percent are females and 62 percent are males.

Table No 17 Cholesterol

Sl. No	Cholesterol	Male	Female	Total
1	Having	7(19.4)	19(52.8)	36(60)
2	Not having	14(58.3)	10(41.7)	24(40)
	Total	21(35)	39(65)	60(100)

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Source: Sample survey Figures in the parentheses are percentage to total

The table (17) shows the proportion of aged suffering from cholesterol. Out of the total sample population 36 aged people suffer cholesterol, among them 52.8 are females and 19.4 are males. But 24 persons are not having cholesterol, out of them 41.7 percent are females and 58.3 percent are males.

Table No 18 Asthma

Sl. No	Asthma	Male	Female	Total
1	Suffering	3(16.7)	15(83.3)	18(30)
2	Not suffering	18(42.9)	24(57.1)	42(70)
	Total	21(35)	39(65)	60(100)

Source: Sample survey Figures in the parentheses are percentage to total

The table (18) shows the status of aged people suffering from asthma. About 18 aged people suffer from asthma, out of them 83.3 percent are females and only 16.7 percent constitute males. About 42 aged people have no asthma. Under this 57.1 percent are females and 42.9 percent are males. The other health problems include skin problems, arthritis, cancer, BP, etc. 22 aged people suffer from other health problems, out of these 63.6 percent are females and 36.4 are males. 38 aged people have no such problems. Out of them 65.8 percent are females and 34.2 percent are males.

The collected information through primary sources is presented in the previous section. Old age is a problem period in the evolutionary stages of human beings. Based on the collected information aged are suffering from different types of problems and diseases. Problems include loneliness, lack of confidence, financial problems, lack of care, gender discrimination sight problem, hearing problem etc. They are also suffering from different types of diseases like diabetes**,** asthma, heart diseases, body ache, blood pressure, cholesterol etc. Lack of adequate protection from children is a big issue related to aged people. Children left their parents in the old age homes after taking the properties and belongings of their parents. This creates an issue to the government. The government has to take proper measures for the rehabilitation of the aged. The Palliative care movement should be strengthened and also create awareness among children regarding the importance of protecting their parents in their old ages. Legal action should be taken against such unobeyed and criminal children.

CONCLUSION

The demographic ageing in our country has a series of socio-economic problems as well as health problem. Along with the growing number of aged, traditional family support system is fast disappearing from our society. The aged are one of the most vulnerable and high-risk groups in terms of health and socio-economic status in the society today. In our country women live longer than men. In old age disparity among old men and female can be found in case of roles, responsibilities, opportunities, access to medicines etc. in case of status and power men dominate women. In old age women are treated as inefficient and incapable of taking risky decisions at the time of crisis. The researcher collected a lot of valuable information about aged people belong to New Mahe panchyath and provided a detailed description about the collected information. The aged are suffering from different type of health as well as mental problems in their old age. The family members should take adequate interest to protect them in their old ages. The government should deal as an important social problem.

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