

CHAPTER ONE

INTRODUCTION

A Society should be judged by how it treats three groups of people in the population, those in the dawn of life – the children, those in the twilight of life – the elderly and those in the shadows of life – the disabled.

The emerging situation of the aging in the modern world displays two prominent features: the proportion of the aging in the population is increasing and the mode of adjustment of the aging in the society is radically changing. Whereas in the pre-modern setting, the aging, 60 years and above, constituted barely five percent of the population, in some of the developed societies they are around 20 percent. So also whereas in the pre-modern societies the aging were accorded high status and were fully integrated in their families and communities, in modern societies they tend to lose their status and security, and feel alienated from their families and communities. In modern societies, the elderly are treated as dependents, and becoming old is increasingly perceived as a problem. The aging are finding it more and more difficult to adapt themselves to their changing situation (D'Souza, 1993:333).

The 21st century is witnessing a gradual transition to an ageing society all over the world. The process which started first in the low fertility western societies like in Japan is spreading over also to the developing countries of Asia, Africa and Latin America. Countries like China and India will not only be in the forefront in terms of absolute number of total population but also in terms of absolute number of elderly (60+) population. The enhancement of life span has become possible due to improved systems of health care, both public and private; better medical and diagnostics facilities, better

spread of education, particularly of women; improved knowledge of preventive and curative health care; a higher standard of living of people with improved housing and sanitation facilities, higher levels of earnings which give the economic means to secure preventive, curative and rehabilitative health care; new financing systems of health care; an improved public health management and delivery systems and greater awareness and knowledge of health care. Simultaneously, the fertility rate has been going down. This has been the outcome of several factors: higher age of marriage, better child survival, improved levels of education, women's own efforts at seeking economic independence and improved social security standards (Bose, 2006:1). In other words, the long term impact of decline in fertility and reduction in the size of family will lead to a decrease in the population of children (0-14) which in turn will push up the population in the working age group and this after a time lag, depending on the decline in fertility and mortality rates and the increase in the expectation of life, will lead to an increasing proportion of the elderly. The developed societies of the world have already experienced its consequences, while the developing world is facing a similar scene.

In view of the global dimension of this problem the United Nations organized the World Assembly on Aging in Vienna in 1982, as a forum to launch an international action programme aimed at guaranteeing economic and social security to older persons, as well as providing them with opportunities to contribute to national development.

Therefore, one must understand the implications of this so that we will be prepared to face a world converging on the elderly. The challenge now is not only to add years to life but also life to the added years.

Before we look at the demographic situation in India, it is important to look at the emerging trends in the greying of populations in other parts of the world. This would give an idea of the demographic transformations India could face in the coming decades, and the magnitude of efforts needed to resolve the implications of such a transition

1.1 GLOBAL SCENARIO OF THE AGED

The United Nations has given demographic projections up to 2050. It gives the changing demographic scenario between the more developed and the less developed countries. The less developed countries are projected to increase their share of the total global population. For instance, in 1950, 32.3 per cent of the total population (all ages) lived in the more developed regions and 66.7 per cent in the less developed regions (Table 1.1). In 2000, the percentages were 19.7 and 80.3 respectively. In 2050, the projected percentage would be 13.7 in the more developed regions and 86.3 in the less developed regions. Between 1950 and 2050, the total population (all ages) is projected to increase in the more developed regions by 50.1 per cent, while in the less developed regions it would increase by 351 per cent (Bose, 2006:2).

The most populous region in the world would increasingly be the less developed region. Table 1.1 also shows that out of the total population aged 60 years and above in the world in 1950, 46.4 per cent were in the more developed regions and 53.6 per cent in the less developed regions. In 2000, the percentages were 38.2 and 61.8 respectively. In 2050, the percentages would be 20.6 in the more developed regions and 79.4 in the less developed regions, which would be about four times the number in more developed regions. Putting it differently, in the more developed regions, between 1950 and 2050, the

population aged 60 years and above is projected to increase by a factor of 4.13 times, and in the less developed regions by a factor of 13.76 times (Bose, 2006:2).

Another interesting feature is the trend in the gap between the percentages of persons aged 60 years and above in more developed regions and in less developed regions given in Figure 1.1. In 1950, the gap was 5.3. In 2000, it increased to 11.7. In 2050, the projected gap is 12.6 (Bose, 2006:2-3).

In both the more developed and the less developed regions, ageing is universal and appears to be irreversible. However, the less developed regions are ageing faster than the more developed regions. This will be evident from the percentage of population aged 60 years and above. In the less developed regions, the percentage aged 60 years and above is projected to increase from 7.7 per cent in 2000 to 19.7 per cent in 2050, a factor of 2.6. In the more developed regions, it is projected to increase from 19.4 per cent in 2000 to 32.3 per cent in 2050, a factor of 1.7. The less developed countries will thus 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. More significant than the percentage are the numbers involved. 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.

Table 1.1: Population in more developed and less developed regions, 1950 to 2050

<i>Percentage</i>	<i>Year</i>	<i>More developed regions</i>	<i>Less developed regions</i>	<i>World</i>
Percentage (all ages)	1950	32.3	66.7	100.0
	1960	30.3	69.7	100.0
	1970	27.3	72.7	100.0
	1975	25.7	74.3	100.0
	1980	24.4	75.6	100.0
	1990	21.8	78.2	100.0
	2000	19.7	80.3	100.0
	2010	17.9	82.1	100.0
	2020	16.4	83.6	100.0
	2025	15.8	84.2	100.0
	2030	15.3	84.7	100.0
	2040	14.4	85.6	100.0
	2050	13.7	86.3	100.0
	Percentage 60+	1950	46.4	53.6
1960		47.0	53.0	100.0
1970		47.4	52.6	100.0
1975		46.3	53.7	100.0
1980		43.8	56.2	100.0
1990		41.8	58.2	100.0
2000		38.2	61.8	100.0
2010		35.1	64.9	100.0
2020		31.2	68.8	100.0
2025		29.1	70.9	100.0
2030		26.8	73.2	100.0
2040		23.5	76.5	100.0
2050		20.6	79.4	100.0
Percentage 60+		1950	11.7	6.4
	1960	12.6	6.2	8.1
	1970	14.5	6.1	8.4
	1975	15.4	6.2	8.6
	1980	15.5	6.4	8.6
	1990	17.6	6.9	9.2
	2000	19.4	7.7	10.0
	2010	21.8	8.8	11.1
	2020	25.8	11.2	13.6
	2025	27.7	12.7	15.0
	2030	29.1	14.3	16.6
	2040	31.0	17.0	19.0
	2050	32.3	19.7	21.4

Source: Taken from A.B. Bose, *Social Security for the old: Myth & Reality*, Concept Publication Company, New Delhi

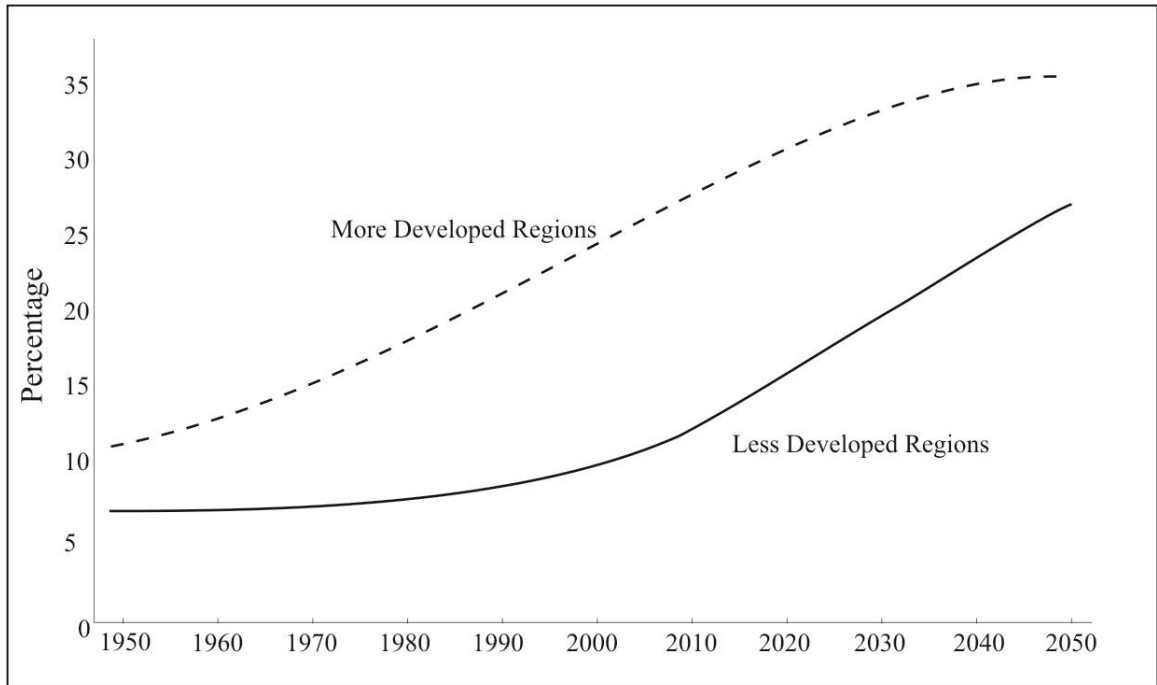


Figure 1.1: Percentage of persons aged 60 years and above in more developed and less developed regions, 1950 to 2050

With demographic transition, the age composition of the population also undergoes a change as will be evident from table 1.2 which gives the percentage of population in the age group 0-14 years, 15-34 years, 35-39 years, and 60 years and above from 1950 to 2050. The data show that the percentage of population less than 15 years has been coming down, while the percentage of population aged 60 years and above have been increasing in both the regions. The percentage aged 60 years and above in the less developed regions projected for 2050 approximates that of the more developed regions in 2000. The population aged less than 15 years in the less developed regions projected for 2050 approximates that in the more developed regions, the percentage aged 60 years and above in 2050 is projected to be twice the percentage in the age group 0-14 years and 60 years and above will be about the same (Bose, 2006: 8).

Table 1.2: Percentage distribution of population by age group in more developed and less developed regions, 1950 to 2050

Year	More developed regions				Less developed regions			
	0-14	15-34	35-59	60+	0-14	15-34	35-59	60+
1950	27.4	31.0	29.9	11.7	37.6	33.2	22.8	6.4
1960	28.1	30.1	29.2	12.6	40.6	31.7	21.5	6.2
1970	26.0	30.3	29.2	8.4	41.6	31.5	20.8	6.1
1980	22.4	31.2	29.9	15.5	39.2	33.9	20.5	6.4
1990	20.5	30.4	31.4	17.6	35.7	35.7	21.7	6.9
2000	18.3	28.2	34.1	19.4	33.0	34.9	24.4	7.7
2010	16.3	26.6	35.3	21.8	29.4	34.0	27.8	8.8
2020	15.8	24.3	34.2	25.8	27.0	32.7	29.1	11.2
2030	15.5	22.5	32.9	29.1	24.5	31.0	30.2	14.3
2040	15.5	22.3	31.2	31.0	22.4	29.8	30.9	17.0
2050	15.7	22.4	29.6	32.3	20.8	28.2	31.3	19.7

Source: Taken from A.B. Bose, *Social Security for the old: Myth & Reality*, Concept Publication Company, New Delhi

Changes in composition of population over a period of time should not be seen only in terms of numbers and percentages which indicate the magnitude. Changes in characteristics are also important. Populations currently in the younger age groups, when they cross 60 years of age, will have more diverse socio-economic characteristics. They will have better education, more diverse employment experience, a better standard of living and resources, and different expectations of life in old age. They will look forward to active roles in different spheres for a more creative, productive and satisfactory life. Their aspirations for the post-60 stage of the life cycle will be different from those of the current generation.

The population aged 60 years and above is not a homogenous group. Demographers often classify them into three age groups (60-69 years, 70-79 years, and 80 years & above), depending on their expected capacity for active ageing. The data in Table 1.3 shows that in the more developed regions, the percentage in the age group 60-69 years has decreased from 59.3 in 1950 to 48.7 in 2000. It is expected to decline further

to 38.7 per cent in 2050. In the age group 80 years and above, it has increased from 8.9 per cent in 1950 to 15.8 per cent in 2000, and is projected to be 28.6 per cent in 2050. In the less developed regions, too, the percentage in the age group 60-69 years has decreased from 67.7 in 1950 to 60.5 in 2000, and is projected to decline to 49.8 per cent in 2050. In the age group 80 years and above, it has increased from 4.8 per cent in 1950 to 8.6 per cent in 2000 and is projected to rise to 17.5 per cent in 2050. There is a much higher percentage of persons aged 80 years and above in the more developed regions compared to the less developed regions. In both the more developed and the less developed regions, the percentage in the age group 80 years and above is projected to be about twice that in 2000. In figures, the numbers are quite staggering. In the more developed regions, the projected number for 2050 is 113 million as compared to 37 million in 2000. In the less developed regions, the number of persons aged 80 years and above is projected to increase to about 265 million persons as compared to 32 million in 2000, indicating a heavy load on family finances and the need for tertiary healthcare and welfare services, both institutional and non-institutional (Bose, 2006, 10-11).

The relative percentages of persons aged 80 years and above residing in the more developed regions and the less developed regions show a variation between 1950 and 2050. In the more developed regions, the upward surge starts quite early, while in the less developed regions, the upward trend begins from 2030.

Table1.3: Age distribution of population aged 60 years and above in more developed And less developed regions, 1950 to 2050

Year	More developed regions				Less developed regions			
	60-69	70-79	80+	Total	60-69	70-79	80+	Total
1950	59.3	31.7	8.9	100.0	67.7	27.5	4.8	100.0
1960	57.6	32.2	10.1	100.0	64.8	29.7	5.5	100.0
1970	57.9	31.2	10.9	100.0	64.9	28.6	6.5	100.0
1980	50.9	36.0	13.1	100.0	63.2	30.3	6.5	100.0
1990	53.4	31.4	15.2	100.0	62.7	29.6	7.7	100.0
2000	48.7	35.4	15.8	100.0	60.5	30.8	8.6	100.0
2010	47.6	33.0	19.5	100.0	58.3	31.4	10.4	100.0
2020	48.2	32.2	19.7	100.0	60.2	29.1	10.7	100.0
2030	43.5	34.7	21.8	100.0	57.2	31.7	11.1	100.0
2040	39.7	34.1	26.2	100.0	51.2	34.5	14.3	100.0
2050	38.7	32.6	28.6	100.0	49.8	32.7	17.5	100.0

Source: Taken from A.B. Bose, *Social Security for the old: Myth & Reality*, Concept Publication Company, New Delhi

Ageing in selected Countries

In the previous pages, countries have been classified on the basis of more developed and less developed regions to indicate the trends in the ageing of populations. We now give the demographic trends for some countries in both these groups. The data given in Table 1.4 shows that by 2050, most countries in both the regions are projected to have more than 20 per cent of persons aged 60 years and above in the total population. In the world as a whole, almost one-third of the population is projected to be 60 years of age and above in 2050. Among different continents, Africa will have the lowest percentage (10.1 per cent) and Europe the highest percentage (35.1) in 2050, which is almost three and a half times. Asia is projected to have (22.8 per cent) of persons aged 60 years and above in 2050. Japan, Korea, Thailand and Singapore are projected to have more than (37 per cent) persons aged 60 years and above. In 2050, Japan will rank the highest (42.4 per cent), followed by Italy (40.6 per cent). India is projected to have one-fifth of the

population aged 60 years and above in 2050. This will be lower than the percentage in Japan in 1995 (Bose, 2006: 15).

Among different continents, Asia will occupy the center stage in providing residence to more than half the global population aged 60 years and above. In 2000, Asia had 53.1 per cent of the world's total population aged 60 years and above. In 2050, it is projected to have 62.4 per cent of the global population.

In 2000, India had 12.7 per cent of the world's population aged 60 years and above. Projections for 2050 indicate that India is likely to have 16.2 per cent of the world's population aged 60 years and above. China, in 2000, had 21.2 per cent of the world's population aged 60 years and above. Projections for 2050 indicate that China will be inhabited by 21.9 per cent of the global population aged 60 years and above. These two countries, together, in 2050 are projected to have 38.1 per cent of the global population aged 60 years and above. In numbers it will mean about 1.84 times the population aged 60 years and above in the more developed regions. Figure 1.2 gives the relative situation in India, China, Japan, Asia and the world (Bose, 2006:15-16).

Table 1.4: Percentage of population aged 60years and above in India, China, Japan, Asia and the world, 2000 to 2050

Region/Country	2000	2010	2020	2025	2030	2040	2050
World	19.4	21.8	25.8	27.7	29.1	31.0	32.3
Europe	20.2	22.1	26.2	28.4	30.2	33.0	35.1
North America	16.2	18.3	22.4	24.1	25.0	25.4	26.1
South America	8.3	9.9	13.0	14.9	16.7	20.4	24.1
Asia	8.8	10.1	12.9	14.7	16.8	19.9	22.8
Africa	5.0	5.3	6.0	6.4	6.7	8.0	10.1
Japan	23.3	30.2	34.0	35.5	37.3	41.6	42.4
Italy	24.1	27.2	30.8	33.7	36.9	41.0	40.6
Korea	11.0	14.7	21.1	25.0	28.8	34.5	38.9
Thailand	8.4	10.6	14.7	17.2	19.8	24.6	37.6
Singapore	10.5	15.7	26.0	31.1	34.7	36.8	37.4
Germany	23.2	25.7	28.3	32.1	34.5	34.4	34.5
Sweden	22.3	26.3	28.9	30.4	31.9	32.9	33.6
France	20.5	22.8	26.6	28.4	29.9	31.6	32.3
Canada	16.7	20.4	26.0	28.7	30.1	31.4	32.2
Denmark	20.0	23.8	27.2	29.0	30.7	31.7	30.6
Bangladesh	5.0	5.5	7.3	8.5	9.8	12.7	16.6
China	10.1	12.3	16.8	19.8	23.6	27.6	30.0
Australia	16.4	19.4	23.5	25.4	26.7	28.7	29.9
UK	20.7	22.5	24.5	26.2	27.6	28.8	29.8
Sri Lanka	9.8	12.1	16.3	18.9	21.2	25.3	29.3
USA	16.1	18.1	22.0	23.6	24.4	24.8	25.5
Indonesia	7.8	8.8	11.2	12.8	14.9	19.2	23.1
Malaysia	6.5	8.1	11.5	13.2	14.8	17.9	21.1
India	7.5	8.6	10.8	12.2	13.8	16.7	20.1
Philippines	5.5	6.7	8.9	10.2	11.8	15.4	19.8
Pakistan	5.7	5.9	6.8	7.3	7.8	9.5	12.6

Note: For Countries, a descending order has been followed as per the projected percentage in 2050

Source: Taken from A.B. Bose, *Social Security for the old: Myth & Reality*, Concept Publication Company, New Delhi

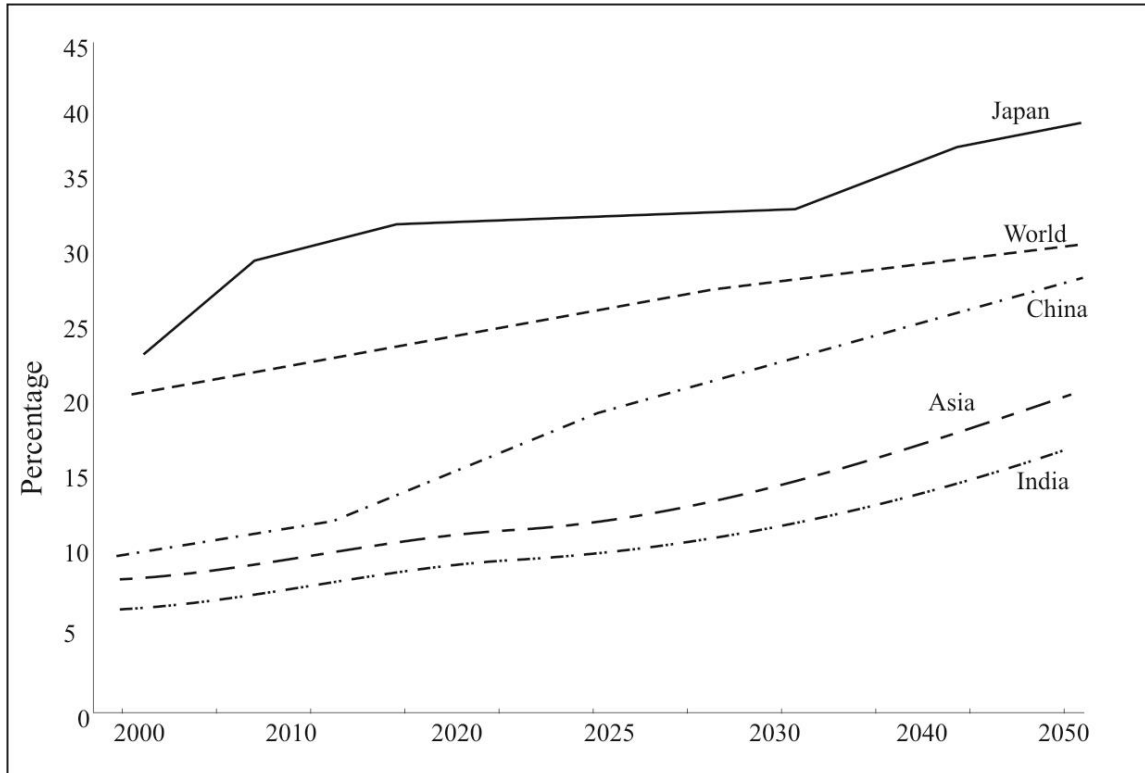


Figure 1.2: Percentage of persons aged 60 years and above in Asia, Japan, China, India and the World, 2000 to 2050

Thus, from a ‘world of children’, the status a century back, it is rapidly becoming a ‘world of old people’. It is in this context that one has to view the International Plan of Action on Ageing which was adopted by UN member states in Vienna in 1982 and the UN Declaration of the International Year of Older Persons, from October 1, 1998 to December 3, 1999 and the unifying theme “Towards a Society for all Ages”. This International Plan of Action on Ageing and the UN Declaration of the International Year of Older Persons is a sign of the international community’s concern. It envisages the idea of a society, where the population is engaged in preparing for old age and also where the old and young alike co-operate to create a healthy social order. This idea brings forth the awareness of a wide range of issues ranging from ensuring the basic necessities to old people and their integration in society (Thankamoni 1999:60). Therefore one thing is

clear that the coming decades are characterized by ageing of the aged. This will have significant implications for the older persons themselves, as well as the families and societies they live in. This recognition has also resulted in the World Assembly on Ageing held in 2002 with 159 countries adopting the Madrid Plan of Action on ageing which focuses on how the needs of older persons can be mainstreamed into development.

While population ageing is certainly a challenge for healthcare and social security systems in developed countries, developing countries remain largely unprepared for the ageing of their population. In essence it should be said that industrialized countries became rich before they became old, while developing countries will become old before they become rich (Johnson 2005:37).

Hence, the welfare and care for the elderly are becoming an issue of great concern in the developed as well as in developing countries. This is due to the demographic transition and socio-cultural transformation. It is pointed out that while the increasing numbers of the Elderly is attributed to demographic transition, their deteriorating condition is considered as the end result of the eroding traditional family system in the wake of modernization and urbanization (Rajan *et al* 1999:20).

1.2 INDIAN SCENARIO OF THE AGED

Along with the rest of the world, the population of India is also ageing. With the proportion of people over 60 years crossing 7.5 percent of India's population (Census 2001), India is qualified to be an ageing country as defined by the United Nations. A country is said to be ageing when at least 7 percent of the population are elderly (Gosh and Guha 2005:38). Hence, India in general has already become ageing societies but given the socio-economic structure and being the second most populous country in the world, the process of demographic transition in India would be different from that of the developed world. With around 72 percent people living in rural areas, it is all probable that ageing in India would predominantly be a rural phenomenon.

According to the 2001 Census, India had an elderly population of 76.622 million. In 1901, there were only 12,060 million persons aged 60 years and above. In 1951, the number of the elderly population rose to 19,612 million, an increase of 62.6 percent. In next fifty years, i.e. in 2001, the elderly population increased further to 76.622 million, an increase of 290.7 percent. The proportion of elderly persons in India has risen from 5.08% in 1901 to 5.50% in 1951 and to 7.47% in 2001. The percentage of population aged 60 years and above was in the range of 5 percent in the first three decades. In the next two decades, it was in the range of 6 percent. The percentage began to rise from 2001 (Bose, 2006:17). Figure 1.3 gives the trend in graphic form.

Table 1.5: Number and percentage of persons aged 60 years and above, India 1951-2001

Year	No. in millions	Percentage
1951	19612	5.50
1961	24712	5.63
1971	32700	5.97
1981	44348	6.49
1991	57544	6.80
2001	76622	7.47

Source: Census of India

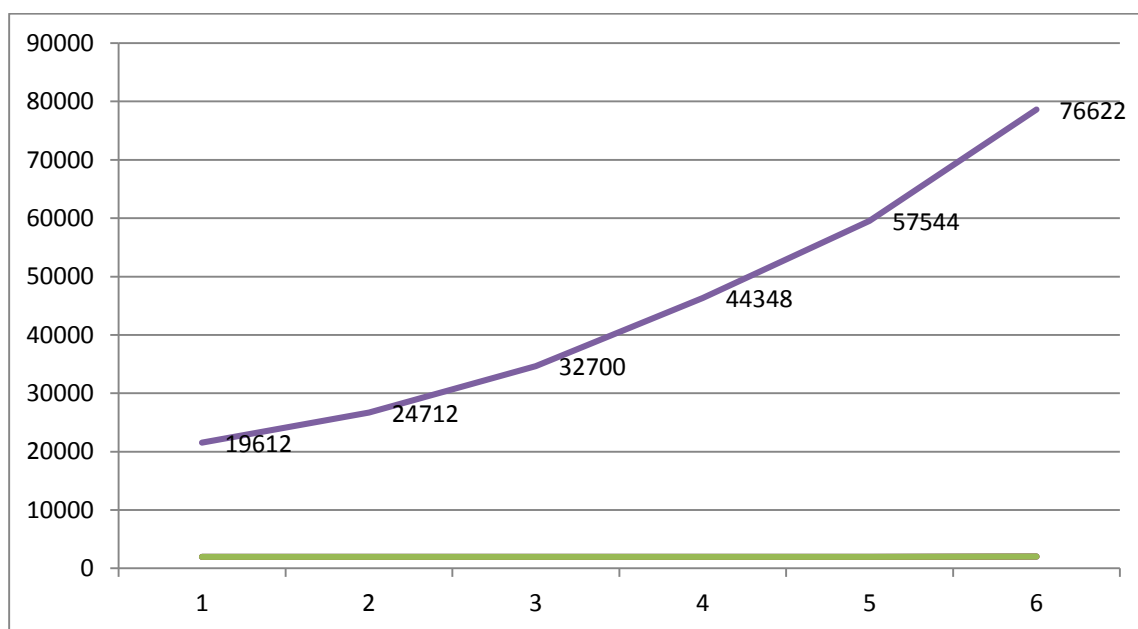


Figure.1.3: Number of persons aged 60 years and above, India 1951 – 2001

This is also true of other older age groups. The elderly population aged 70 years and above which had counted just 8 million in 1961 rose to 21 million in 1991 and to 29 million in 2001. The proportion of the elderly above 70 to total population has increased from just 2.0 in 1961 to 2.9 in 2001. In 1961, the Indian Census reported 99000 centenarians. In the corresponding period it has gone up to 138000. The growth rate among different groups of the elderly namely 60 plus, 70 plus and 80 plus during decade

1991-2001 was much higher than general population growth rate of 2% per annum. In this age group the physical capacity of these people's declines and therefore the higher age groups will generate greater demands on family, community and State resources, both institutional and non-institutional. The needs for tertiary healthcare and welfare services also will be higher for these older age groups.

With a fast increasing trend India's elderly population aged 60 and above is expected to increase from 77 million in 2001 to 179 million in 2031 and further to 301 million in 2051. The number of elderly persons above 70 years of age (old-old) is likely to increase more sharply than of the elderly above 60 years and above. The old-old are projected to increase fivefold from 29 million in 2001 to 132 million in 2051. Their proportion is expected to rise from 2.9 to 7.9 percent. The oldest old (80+) among the old in India is expected to grow faster than any other age group in the population. In absolute terms, it is likely to increase four-fold from 8 million in 2001 to 32 million in 2051 (Mohankumar 2010:15-16).

With demographic transition, different age segments of population also undergo a change. Table 1.6 gives the percentage distribution in broad age segments from 1951 to 2001.

Table 1.6: Percentage of population in age groups 0-14 years, 15-34 years, 35-59 years, 60 years and above, India 1951 to 2001.

Age (in years)	1951	1961	1971	1981	1991	2001
0-14	38.41	41.05	42.01	39.57	37.45	35.45
15-34	33.15	32.05	30.58	32.27	33.72	33.89
35-59	22.94	21.27	21.43	21.67	22.03	23.20
60+	5.50	5.63	5.97	6.49	6.80	7.46

Source: Census of India

The data from the table 1.6 shows that in the second half of the twentieth century, population in the age group 0-14 years has decreased from 38,41 percent in 1951 to 35.45 percent in 2001 where as in age group 60 years and above, the percentage has increased from 5.50 in 1951 to 7.46 in the same period. In 1951, the number of old persons (age 60 years and above) was 151 per 1000 children (age 0-14 years). In 2001, it was 211 per 1000 children. In 2050, the number of old persons is projected to exceed children (1083 old persons per 1000 children). Percentage in the age group 15-59 years (working age population) has increased moderately during the same period. From 1981, the percentage of population in the age group 0-14 years shows a decline. In the age group 60 years and above it has increased. (Bose 2006:24). In short, India is dooming towards a graying future.

Comparison of the percentage distribution in age segments 0-14 years (children) and 60 years and above (older persons) shows that in 1951, the percentage of children was seven times the percentage of older persons. In 2001, the ratio was 4.75 times. Figure 1.4 gives the trend.

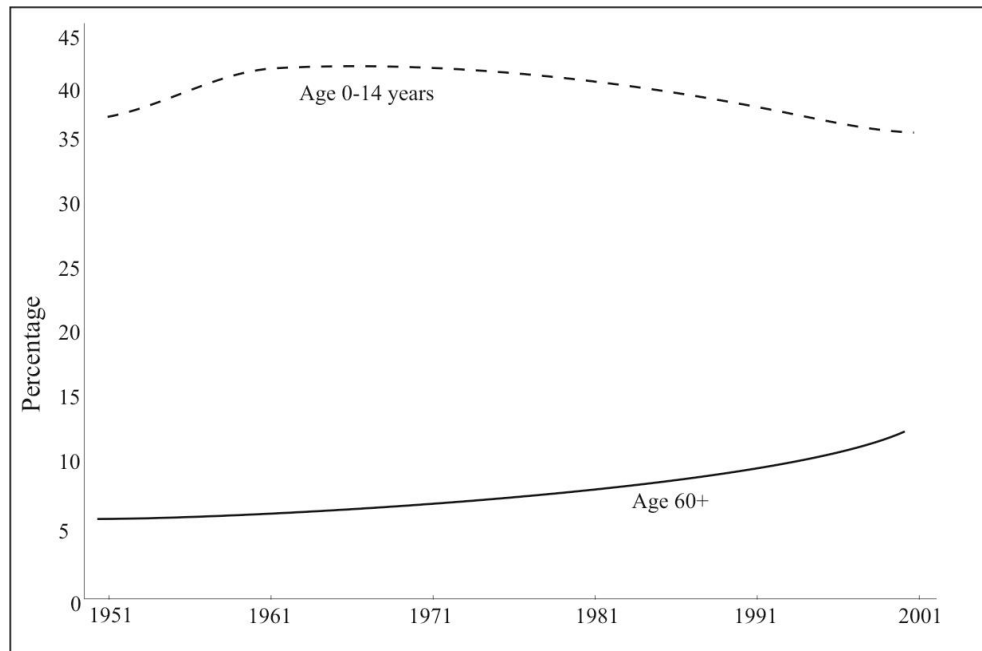


Figure 1.4 Number of persons aged 60 years and above, India 1951 – 2001

Persons aged 60 years and above are not a homogeneous group. It would be necessary to disaggregate this age group into three categories, viz. age 60-69 years, age 70-79 years, and age 80 years and above as the physical capacity for active aging declines with age. Therefore, the needs for healthcare and welfare services are greater in the older age groups. Globally, there has been a rise in the percentage of people aged 80 years and above due to the presence of more favorable factors which increase life expectancy after age 60 years. In India, however, there has been only a small increase in the percentage of persons between 1961 to 2001 as indicated by the data in Table 1.7

Table 1.7: Age Distribution of persons aged 60 years and above, India 1961 to 2001

Year	Age in Years			Total
	60-69	70-79	80+	
1961	65.11	24.83	10.06	100.00
1971	65.37	24.84	9.79	100.00
1981	64.1	26.35	9.55	100.00
1991	62.79	25.88	11.32	100.00
2001	61.76	27.75	10.49	100.00

Source: Census of India

The small rate of increase in percentage of persons of age 80 years and above could be due to lower access to health care facilities, and a generally low standard of living of the bulk of the population aged 60 years and above. It could also be due to wrong age returns of a largely illiterate population at this stage of the lifecycle. In numerical terms, however, the numbers have shown a rise. Between 1961 and 2001, the number of persons aged 60-69 years has increased by 194 percent, the number of persons aged 70-79 years increased by 247 percent, and the number of persons aged 80 years and above by 223 percent (Bose, 2006:27-28).

It is pertinent to note here the words of Alexandre Kache, Head of the World Health Organizations Aging and Health Divisions. He said that the great demographic issue in the coming decades would no longer be the rate of increase in population but the growing number of the old people. Paul Wallace a popular writer dramatically describes this phenomenon as “age quake” (Bose and Shankardass 2004:3).

1.3 GOAN SCENARIO OF THE AGED

The 2001 Census has shown that the elderly population of Goa accounted for 12,273. Table 1.8 shows that in 1961, the elderly population was only 50566; it increased to 73742 in 1981, to 82507 in 1991 and to 112273 in 2001. This is also true of other older age groups. The elderly population aged 70 years and above which had counted just 18768 in 1961 rose to 41711 in 2001 (Table 1.9).

Table 1.8: Numbers and Percentage of persons aged 60 years and Above in Goa

Year	Trends in absolute number Goa	Trends in the proportion (%) Goa
1961	50566	6.06
1971	56823	6.62
1981	73742	6.79
1991	82507	7.05
2001	112273	8.33

Source: Census of India

Table 1.9: Numbers and Percentage of persons aged 70 years And above in Goa

Year	Trends in absolute number Goa	Trends in the proportion (%) Goa
1961	18768	2.99
1971	18689	2.18
1981	25865	2.38
1991	26546	2.27
2001	41711	3.23

Source: Census of India

Goa is the smallest State in India but has better health and development indices than most of other Indian States. Goa has made a tremendous achievement by reducing the birth rate from 31.99 per 1000 in 1961 to 14.3 in 2001. The birth rate has gone down to 14.3 per 1000 as against the all India figure of 23.8. Similarly the death rate has slipped to 7.2 per 1000 whereas the corresponding figure at the national level is 7.6 per 1000. Infant mortality rate also went down substantially from 69.77 in 1961 to 11.67 in 2001. The decline in infant mortality in Goa is consistent with declining trends of birth and death rates.

1.4 GOAN SCENARIO OF THE AGED AMONG OTHER STATES

There is considerable variation in the percentage of persons aged 60 years and above in different states because of difference in their size of population. Table 1.10 gives the percentages in 2001. Assam had the lowest percentage (5.9 percent) and Kerala the highest (10.5 percent). Goa falls in between the two.

Several states, which are economically backward, have a large number of persons aged 60 years and above who need financial security, health and other services. For instance, Uttar Pradesh, Bihar, Madhya Pradesh, Orissa and Rajasthan have nearly 37 percent of the total population in India aged 60 years and above. Poor fiscal health of these states makes it difficult for them to cope with the needs of older persons. Goa being one of the smallest states in India and having better health indicators than most of other Indian states; will the Government & the public ensure a better quality of life for the elderly?

Table 1.10: Percentage of persons aged 60 years and above in states, 2001

Less than 7%	7.0 to 8.0 percent	8% and more
Assam (5.9)	U.P (7.0)	Orissa (8.3)
Jharkhand (5.9)	M.P (7.1)	Goa (8.3)
Bihar (6.6)	West Bengal (7.1)	Maharashtra (8.8)
Jammu & Kashmir (6.7)	Chhattisgarh (7.2)	Tamil Nadu (8.8)
Rajasthan (6.7)	Haryana (7.5)	Himachal Pradesh (9.0)
Gujarat (6.9)	Andhra Pradesh (7.6)	Punjab (9.0)
	Uttaranchal (7.7)	Kerala (10.5)
	Karnataka (7.7)	

Source: Census of India, 2001.

1.5 DEMOGRAPHIC TRANSITION IN INDIA AND GOA

An important component of the demographic transition in Goa is the increasing number of the people in the age group of 60 and above. The percentage of the population in the age group of 60 and above is higher in Goa than the all-India percentage for this age group due to such factors as low fertility and mortality rates, higher life expectancy, large-scale inter-state and international migration of the Goan youth, and the tendency of the Goans abroad or away from home to return in old age to settle down in their native place (Patil, 1999:10). Depending on equations of fertility decline, decrease of mortality and the higher expectation of life at birth, the proportion of persons aged 60 years and above has been increasing in Goa and so today Goa is an ageing State.

Table 1.11: Number and percentage of persons aged 60 years and Above in Goa and India

Year	Trends in absolute number		Trends in the proportion (%)	
	Goa	India	Goa	India
1961	50566	24699125	6.06	5.63
1971	56823	32680995	6.62	5.97
1981	73742	41537602	6.79	6.28
1991	82507	55605593	7.05	6.58
2001	112273	76622321	8.33	7.44

Source: Census of India

Table 1.12: Number and percentage of persons aged 70 years and Above in Goa and India Elderly

Year	Trends in absolute number		Trends in the proportion (%)	
	Goa	India	Goa	India
1961	18768	8,605,408	2.99	1.96
1971	18689	11,329,929	2.18	2.08
1981	25865	15,299,938	2.38	2.31
1991	26546	20,252,219	2.27	2.40
2001	41711	29,298,587	3.23	2.83

Source: Census of India

The trends in absolute number of the aged indicate slow and steady growth till 1991 and faster growth in 2001. While there has been a gradual increase of the elderly population from 6.06 in 1961 to 6.79 in 1981, the percentage in the Table 1.11 shows the higher trends for the future decades. This is more so in the case of those aged 70+ as shown in Table 1.12.

Table 1.13: Percentage of Overall Growth Rate (OGR) of Total Population and Growth Rate of the Elderly (GRE) in Goa and India.

Year	Goa		India	
	OGR	GRE	OGR	GRE
1961-71	3.70	1.24	2.17	3.23
1971-81	2.65	2.98	2.83	2.71
1981-91	0.08	0.08	2.55	3.39
1991-2001	0.96	4.09	2.02	2.89

Source: Census of India

Comparing the overall growth rate of total population and growth rate of the elderly for Goa and India, at least during the decades to come, Goa will be greying faster than India as a whole. There is a fall in the overall growth rate of total population and rapid increase in growth rate of the elderly (Table 1.13).

All this shows that Goa is much ahead in the process of demographic transition. In other words, the Goan society is graying at a faster rate than that of the Indian society. Seeing from the other side, it will mean that proportionally fewer young people will be available to take care of the older population. Thus it can lead to the social security and welfare problems for the elderly.

1.6 SOCIO – CULTURAL CHANGES AND THE AGED

Besides demographic transition, the situation of aging is also affected by the events of the historical time in which the individual is growing old, which makes for qualitative differences in the situations of aging in different epochs of history. One such landmark in history having far-reaching consequences for the situation of the aging is the transformation of the economy from the pre-industrial into industrial form, with all the

concomitant changes in the socio-cultural system, which we call modernization. Industrialization and modernization brought about radical changes in the institutional structure of the society which affected the mode of social adjustment of the aging. In the emerging situation, the aging are rendered more and more isolated, segregated and dependent upon society; from being in control of their own destiny, they are reduced to a condition of helplessness.

It may be recalled that, in old age, individuals, by virtue of their diminishing biological, psychological and social resources, run the risk of experiencing a decline in their status and security as well as in their ability to adjust in society. But in pre-modern society such a risk is covered by socio-cultural arrangements which weigh in favour of the aging. The key to the satisfactory adjustment of the aging in the pre-modern society is the widely prevalent institution of the extended family in these societies, which enables the aging to be integrated in their family and the immediate community till the end of their lives (D'Souza, 1993:336).

In the pre-industrial economy the family is both a unit of production and of consumption. The family household consists of a wider network of relatives including several married couples and their progeny, although the core members usually belong to the same lineage. When it functions as a unit of production, the productive assets of the family are controlled by the elders, and its junior members are rendered economically subordinate to the senior ones, which ensured the status and security of the aging. Moreover, the aging always play some useful role in the extended family. Their knowledge and experience is relevant in the pre-modern economy and society, so they can continue to play the leading and directing roles in the family. They are the custodians

of culture and mediators for conflict resolution. Because of the wide diversity of roles in the family enterprise, the aging can always participate in some useful activity consistent with their declining bodily resources, as long as they choose without precipitating a sudden break in their activity pattern and social status (D'Souza, 1993: 336-7).

Thus by virtue of their leadership roles and participation in useful activity, the aging in the pre-industrial societies enjoyed status and security and were fully integrated in their family throughout their life time; and the family was well equipped to take care of them. Thus it provided for the elderly a safe haven fulfilling their financial, instrumental and emotional needs. The situation of the elderly in the modern industrial societies became different from that of in pre-industrial societies. The major causes of this difference are the far-reaching changes in the structure and function of the family which are triggered by the loss of the production function of the family in the modern economy. In the modern economy, family enterprises are yielding to formal economic organisations and the family workers are becoming employees of larger enterprises outside the household. With the disruption of the economic interdependence of members within the household, which is cementing bond of the larger family system, the extended family is disintegrating. The elderly persons have no authority over the economic roles and resources of the younger relatives who often set up separate households, and so the elderly have to fall back upon their individual resources at a time when such resources are declining (D'Souza, 1993: 337).

The difficulty is aggravated by the fact that in the modern economy the elderly are involuntarily retired from their occupations at a given point of their lifetime irrespective of the strength of their abilities, and counter to the logic of the aging process which is not

uniform in all cases. In the modern society there is a clear cut demarcation between education, work and leisure which coincide with the early, middle and the later of one's life cycle. And that is why the withdrawal from gainful activity is so abrupt in old age. In modern societies not only do the aging get marginalized and cease to play useful roles in their community but even their families tend to lose the capacity to take care of them. More often than not their households do not include younger relatives; even when they are present, traditional care-givers such as daughters-in-law would be more involved in the outdoor economic role than be available for the domestic duties of care giving. Thus both economically and in terms of personal care, the aging become a burden upon the larger society (D'Souza, 1993: 337).

It may be pointed out that, although, even in the pre-modern societies the elderly have to rely upon the families in old age, they are not looked upon as dependents or a burden, therefore unlike the elderly in modern societies, they are able to age with dignity and security. In the pre-industrial society, in which the group is the unit of social organization, it is the cohesive interdependence among the members which is stressed and so no member including the aged is treated as a dependent. On the other hand in modern societies, in which the individual is the unit of social organization, individualism and independence become basic values, and so when persons experience diminution in their individual resources, as in old age, they are regarded as dependents (D'Souza, 1993: 338).

It is clear from the above discussion that both in the pre-modern and modern societies, the elderly are faced with the problems of diminishing resources. But whereas in the pre-modern societies, they are aided by the socio-cultural factors in coping with the

problems of old age, in the modern societies, socio-cultural factors, instead of favoring the aged, compound their problems. The above-mentioned transitions and transformations are not only present in the developed societies but to some extent it was also conspicuous in Goa.

Therefore what strategies should the elderly adopts in the modern societies, to cope with their problems so as to age satisfactorily and successfully, turns out to be an important question. Against this background the present study makes an attempt to examine the problems of elderly, current interventions and policy with reference to Goa. To begin with, we will look into some theoretical perspectives that will offer insights into how society shapes the lives of the elderly.

1.7 SOCIOLOGICAL THEORIES OF AGEING

The problems of the elderly population vary from society to society. While in some societies old age is regarded as passive and futile period of life, in other societies, it is dynamic and rewarding. Some societies however deal with old age somewhere between these two extremes.

Cross cultural studies show that though the elderly population in the developed western countries like USA, UK, Germany, Canada etc. enjoy better health care and formal security provisions, they experience higher degree of social isolation, exclusion and loneliness. These societies view the elderly as “culturally irrelevant”. In contrast within the traditional societies of eastern countries like India, Japan etc. the elderly are respected and they live a dignified life, failure to which is viewed with a strong social disapproval. Strong patrilineal traditions and parents son co-residence and financial support for elderly parents is the important feature of the society. A common cultural

norm in this region is high value based on family integration and consensus in social relations to maintain harmony among members.

Theory development in the biological and behavioral sciences seems to have been a less difficult process than it has been for social gerontology. Theoretical progress has been more challenging for social gerontology, in part because social phenomena are considerably more complex and fluid, and researchers approach their topics with different epistemological assumptions. Nevertheless, some theories could be exploited in developing explanations and understandings of empirical phenomena. Scholars in gerontology have invested much intellectual effort in theory building. Early researchers on ageing integrated empirical findings into theoretical insights and established the foundations of gerontology (Johnson: 2005, 8-13).

Out of these pioneering efforts grew some sociological theories: Modernization theory (Cowgill and Holmes, 1972), Disengagement theory (Cumming and Henry, 1961), and Activity theory (Lemon *et al*, 1972).

Modernization theory

According to Modernization theory, the status of the elderly declines as societies becomes more modern. Factors such as urbanization and social mobility tend to disperse families, and technological change tends to devalue the wisdom or life experiences of elders, leading to a loss of status and power. This theory strikes a responsive chord because it echoes the ‘golden age’ picture, which depicts the old as honored in pre-industrial societies (Cowgill and Holmes 1974: 305-23).

Modernization thus brought radical changes in the institutional structure of the society which affected the mode of social adjustment of the aging. The aging are

rendered more and more isolated and dependent upon society; from being in control of their own destiny, they are reduced to a condition of helplessness.

Disengagement theory

The Disengagement theory is one of the earliest comprehensive attempts to explain the position of old age in modern society. The theory draws ideas from Talcott Parsons – an architect of the structural-functional paradigm. Elaine Cumming and William Henry (1961) laid ground work for this approach, explaining that aging threatens to disrupt society as physical strength declines and death take their toll. In response, society disengages the elderly – gradually transferring statuses and roles from the old to the young so that tasks are performed with minimal interruption. This theory submits that as people grow older, their frequency of social relations reduces, their interaction with the people around them becomes thinner and restricted, and they restructure goals of their life. Not only do the aged want to disengage them but others expect the older people just do that.

Disengagement is thus a strategy that ensures the orderly operation of society by removing aging people from productive roles while they are still able to perform them. In other words, this theory looks at old age as a time when both the older persons and society engage in mutual separation as in the case of retirement (Macionis 2009: 396-397). It implies that the aged should withdraw them from the society, and the society should also disengage itself from the aged for their successful aging during their retired life. In other words, the disengagement theory advocates that the aging, consistent with their declining resources, should gradually withdraw themselves from their activities and concerns in their communities.

This process of disengagement is understood to be a natural and normal tendency reflecting a basic biological rhythm of life.

Activity theory

At the opposite pole from disengagement theory is the Activity theory of aging, which argues that the more active people are, the more likely they are to be satisfied with life. This theory draws heavily on the symbolic-interaction paradigm. It assumes that how we think of ourselves is based on the roles or activities in which we engage. We are what we do, it might be said. What elderly need, is not to be pushed out of roles but to have a wide range of productive or recreational possibilities. Activity theory does not reject the notion of job disengagement; it simply says that people need to find new roles to replace those they leave behind. Activity theory also recognizes that the elderly are diverse, with highly variable interests, needs and physical abilities. Therefore, the activities that people pursue and the pace at which they pursue them are always an individual matter (Macionis 2009: 397).

If old people continue to work, remain preoccupied with activities, they will have greater satisfaction, will not suffer from role loss, will have something to look forward to and will remain integrated in society, both vertically and horizontally. It implies that by remaining active and keeping themselves engaged in various social roles in the family and in the community, the individuals will be able to ward off many of the limitations of old age and be able to adjust better in their old age. In other words, activity theory advocates that the aging person should continue to remain active by readjusting his or her activities to the changing circumstances; if one is involuntarily retired from employment,

one should switch over to voluntary activities, and if one's strength is declining, one should apply oneself to lighter tasks.

These sociological theories have emerged with the influence of the western societies. These societies were highly industrialized and modernized. But the Indian setting with diversities of culture and societies and traditionalism, no single theory which is mentioned above can be applicable to Indian society as a whole. It seems clear that neither of the approaches can be regarded as a basic or fundamental approach. There are a number of interrelated factors which influence the success or failure of being active or passive in old age.

On the other hand, successful aging is a matter of a dynamic relationship between the aged and his social environment. The adjustment could be successful only when both individual and his social environment fulfill mutual expectation and responsibilities. In any case the so called activity and disengagement theories are not logical formulations and are no more than prescriptions based on commonsense. Above all, these theories do not take into account the historical changes that have taken place in the situation of the aging.

The Goan society has a combination of Modernization, Disengagement and Activity. Although aging is negative for some people, for others it opens the door to meaningful new roles and activities. The goal will be to move from an age – differentiated society to an age – integrated society, where opportunities in education, work & leisure are open to people of every age. The 'Successful aging' has to be the goal. Human beings are among the longest living mammals on earth. But the challenge is not just to discover why we live so long – or even how to allow people live longer. It is to

understand how we can make the final phase of the life course more satisfying – for our elders and eventually for our future selves.is of age 60 years or above (Das 2011: 1).

1.8 REVIEW OF LITERATURE

While reviewing the literature on the problems of the elderly, a practical difficulty was faced and that was the lack of gerontological literature in India. This is because the research interest in the subject has gained importance only very recently. Since last two decades, the explicit interest in human aging and in the aged has increased among the social scientists. But there are not enough studies to cover all the dimensions of aging. Most of the Literature available at present provides demographic data analysis and review of existent provisions and programs for older persons in society. And when you think about the studies done on the elderly in Goa, it is almost non-existent.

Public curiosity about aspects of the human life cycle is quite old but systematic study of aging is quite new. All that is born must age and decay is the law of the nature that applies to plants, animals and equally to human beings. To this extent aging is a normal and mundane process. Hence it is a subject of lesser importance. Recent decades have registered a widespread attention and research interest because of the unprecedented growth in the size in the number of aged in the world.

Early Research on Ageing

The words – gerontology and geriatrics, were both coined in the first decade of the twentieth century, but neither field attracted much interest among scientific investigators. In fact the Oxford English Dictionary, published in 1933, did not list either geriatrics or gerontology anywhere in its 12 volumes. The first to stress the importance of special studies of disease in old age was the French physician Jean-Martin Charcot in 1881, but

few from the medical and scientific community undertook those studies until the early 20th century, when it became apparent that with the increasing proportion of the people older than 60 in developed countries specialized physicians dedicated to treating the diseases associated with old age were needed. The goal of research in gerontology as it developed was to learn more about the ageing process – and for the purpose of extending the life span but for the purpose of possibly minimizing the disabilities and handicaps of old age (Bose and Shankardass 2004:14-15).

In America, gerontology as a field gained momentum in the 1940s. Over the years it grew more scientific but has not yet developed as a specialty. In Britain and rest of the Europe geriatrics as a field gained importance mainly because of personal interests of internists in treating geriatric patients after World War II and it resulted in improved training in geriatric medicine (Achenbaum, 1995)

Research on old age in the social sciences in India picked up only in recent times. It was in the 1950's for the first time that a few articles on aging appeared in journals, followed by a few scientific studies in the early 1960's. The early doctoral thesis in psychosocial gerontology also appeared in the late 1960s and 1970s. The 1970's also saw a wider range of articles covering the fields of biology and the various social sciences such as psychology, sociology, anthropology and social work. This constitutes the pre-1982 era. (Liebig and Rajan 2005:34).

The United nation's "Vienna Declaration" of the International Year of the Elderly in 1982 spurred research activity in aging in India. The founding of the Association of Gerontology (India) in December 1981 with its headquarters at the Department of Zoology, Banaras Hindu University, Varanasi and the Geriatric Society of India in New

Delhi already established in 1979, brought Gerontologists in India together. The teaching of aging as part of the Master's Course was first started in the Department of Psychology at the Sri Venkateswara University, Tirupati in 1978 and later raised to the level of Masters specialization in 1989. A Center of Research on Aging was started in the same University in 1983. Soon a string of conferences, seminars, and research projects was organized that heralded a general awareness in aging that gradually built up research interest country wide.

First Museum of Gerontology

The World's first Museum of Gerontology has been opened in Abkhazia, an autonomous republic of the Soviet Union. This republic is well known for its long – liveders. This unusual museum of long-lived people is situated in Mokva village, 60 km, south of Sukhumi, capital of the republic, where according to 1970 census, out of five lakh Abkhazian population there were more than 3000 long lived people. The secret of longevity of these people is an active way of life. It is certainly, the main secret of 'eternal youth', and the people who visit this museum will learn this lesson. An active way of life means everyday work which gives one the sense of completeness. Another secret is merry-making. When work is done, one should have a good rest. In short, if you want to live long, learn how to work hard and enjoy yourself after work (Malhan, 1986: 33-34).

The Trends

Increase in research on ageing, has also led to critical thinking about services for the older persons and policy responses in improving their quality of life. In India, the focus on the ageing of the population and government's concern for the elderly as a priority

issue began with India's participation in the World Assembly on Ageing at Vienna in 1982, where India along with other nations adopted the United Nations International Plan of Action on Ageing. International perspectives on ageing form an integral part of national planning for the welfare of older persons. The Government in stressing its intention for the welfare of the elderly brought out a National Policy for Older Persons (NPOP) in January 1999. The goal of NPOP is to strengthen the legitimate place of older persons in society and help them to live their last years with purpose, dignity and peace (Bose and Shankardass 2004:20).

Biomedical Research

Biological Research in the area of aging in India started with the work of Kanungo and his team at the Biochemistry laboratory, Department of Zoology, Benaras Hindu University in the 1960s (Kanungo & Singh,1965:454-459). These studies mostly pertained to aging changes at the molecular level and the role of genes. Later other universities also contributed in the area of aging. The research covered areas such as gene aging, DNA repair, nutrition and aging, the role of neurotoxins etc.

Basic medical research in India in the area of aging is very recent. No special efforts were made to carry out in-depth research by any institution concerned with geriatric conditions. However, the Indian Council of Medical Research (ICMR) constituted a task force to investigate morbidity in the aged. A geriatric outpatient service and geriatric ward were created at the Government General Hospital, Madras. Recently, a course in geriatrics was started at the Madras Medical College for the first time in the country (Natarajan, 1997:63-70). A geriatric counseling center was also started in the All

India Institute of Medical Sciences., Delhi. However, a survey of medical research in the area of aging in India gives impression that it is still in an embryonic stage.

Behavioral and Social Sciences

The research output in the areas of behavioral and social sciences in India has outweighed that of the biological and medical research. But still there are not enough studies to cover all dimensions of aging. The areas fairly well or moderately covered are problems of adjustment and coping, retirement, life satisfaction, the elderly in the family, social supports, attitudes, intergenerational interactions, impact of demographic changes, quality of life, widowhood problems etc (Liebig and Rajan 2005:35-37).

Age of Ageing

The classical division of human living into continuous staged or ashramas of studentship or brahmacharya, householder ship or grahastha, social retirement or vanaprastha and renunciation or sannayassa, incorporated aging as an ongoing continuous process. Hence the traditional Hindu system treats old age as an extension of earlier stages of life. As various characteristics related to old age have a different on-set in different individuals.

When a person does become old? Who may be considered to be old? Such questions are difficult to answer as various characteristics related to old age have a different on-set in different individuals. Chronological age is an inadequate index of functional abilities since some persons of eighty years or more exhibit functioning capacity and ability of an individual of forty years or still of younger person (Dutt 1986:8).

Due to the availability of modern medicines and facilities, a person did not really become old even after the age of sixty or sixty five years. The unutilized potential and

skills could be put to use and channelized in the larger interest of the country (Behere and Belavadi 1990:21).

While there is no definite criterion fixed by biologists to consider a person old, however, for administrative purposes each country has fixed an age limit which defines a person as old. For purposes other than official age, in case of women, it is said to set in soon after the marriage of the eldest son or daughter. This warrants change in the status and cultural roles within the family (Gangrade 1989:151-69).

It is true that chronological age is an index of the growing and developmental process that goes on in the biological, psychological and social spheres, and therefore the chronological definition of what constitutes old age is a useful heuristic device. In this sense age is only an index of events which occur at different points of time, and can be defined as the cumulation of developmental events at a particular point of time in the life of an individual (Bengtson, 1973:16).

Social Position: Past and Present

A person's activities, his attitudes towards life, his relationships to his family or to his work, his biological capacities and his physical fitness are all conditioned by his position in the age-structure of the particular society in which he lives.

The Hindu approach to aging is both positive and optimistic (Sharma and Tiwari 1983: 19-24). The institution of 'Vanaprastha' or retiring to forests in advanced years of life minimized the problem of the aged in society. The aged were to remain engaged in cultivating, detachment towards the illusory world and recite the name of God (Roychaudhary 1969:14-15).

The process of aging is gradual withdrawal of elderly from the twin processes of earning and accumulating wealth, emotional distancing from family members and aspiring for advancement in spiritual life. Old age is regarded not as a stage associated with sickness, decay and disintegration. On the contrary, it is preparatory for higher stages of life centered on socialized socialistic human being (Pal and Sharma 1985:36-40).

The family is the singular institution for providing care, protection and happiness to the aged. A study was conducted on 30 aged women in a village in Ulloor Panchayat, a place in the outskirts of Trivandrum city which accommodates a big housing colony. The objective was to assess the different dimensions of family care of the aged women in the low income and higher income groups. The population of the study constitutes the original residents of the area and the residents of the housing colony. In this study, the sample of respondents from outside the housing colony constitutes the low income group and those from the housing colony, the higher income groups. An equal number of aged women i.e. 15 each were selected by simple random sampling procedures. The study reveals that the major problems of the elderly people are centered on the basic necessities of life and health care. This is particularly true of lower income group which include poor living conditions, not having basic amenities, over work and lack of rest and leisure. Amidst all this, they still want to be in their families. Among the higher income group respondents the major issue was that most of them felt a state of what is called as the “Empty nest Syndrome”. (Thankamoni 1999:60 -69).

In almost all the tribal societies, indigenous leadership has emerged, but outside, ideological links have also been maintained. The leader is often looked upon as a great

soul by the villagers. Among the Muthuvan and Mannaw, (two tribal communities mainly settled in Western Ghats and are spread out in Idukki, Ernakulam and Thrissur in the districts of Kerala), the senior members of society are considered to hold wisdom and perform various functions. They are considered to be rich in knowledge regarding ethno medicine, midwifery, folk tales and others (Kattakayam 1990:9-13). In the earlier decades, the aged were treated by these communities with much reverence. Seniority in age was believed to be commensurate with the knowledge and wisdom. The advice of elderly was sought and adhered to.

Though household organization in India is undergoing stresses and strains, the future well-being of the multitudes of the elderly lies in their remaining in the joint household. For this a process of adjustment between the older and the younger generation needs to be encouraged so that they arrive at a new understanding of their mutual needs. Hence, the older and the younger generation need a new socialization. While individual freedom should be valued, uncontrolled and mindless individualism which is often spread by the media in the younger generation these days is not likely to be conducive to well-being of the elderly and the creation of a healthy society (Shah, 1999: 1182).

Chadha, Aggarwal, and Mangla (1990) in a study entitled “social network and aging”, tried to locate the problem areas of the older people using network approach. The study was conducted on 500 persons (277 males and 223 females) who were of the age of 60 years and over and residing in the National Capital Region (NCR) of Delhi, India. They analyzed the number of network members and reached the following conclusions: (1) Size of social network is larger for married as compared to their widowed counterparts. (2) Social network is more for males as compared to their female

counterparts. (3) Friendship support is one of the most important factors associated with positive changes among the both married and widowed older persons. (4) Two third of the network is consisted of family members. This is more applicable for females than for males in general, (5) one of the most significant factors for the support is same sex friends. The results found that male gender having more male-male relationships and more female-female relationships in the case of the female gender. The cross section relations were found to be among kin (Chadha, Aggarwal and Mangala 1990:15-22).

Era of Modernisation

The study was conducted in Dindugal town in Tamil nadu. Out of 30 wards in this town, 5 wards were selected randomly and a list of persons 60 years old and above was prepared. Out of 948 old age persons enumerated, 100 were randomly selected and using interview schedule the data was collected. Chi-square test was applied in the analysis. It was proved from the study that old age people who are modernized do not live with children. They are at the same time not ready to go to old age home. They are prepared to live alone. Even though they have poor relationship with children they have psychological adjustments. They mentally prepare themselves to solve their problems. Hence, modernity helps reducing the problems of old age people, and they adapt themselves for the changing situations (Saraswathy 1999:16-21).

In rural India the elderly are respected by all. The members belonging to young generation in rural Punjab are attitudinally well disposed towards old members. This is in contrast to those in urban areas of Punjab where trends of employment, demography, economic and family development increasingly lay stress on isolation and separateness of old people. This has made elderly feel powerless and deprived (Deb 1988:24-31).

The patriarchal, patrilocal and patrilineal group is adjusting itself to the changes brought about by development, modernization and westernization. Though they are taking a satellite type form of domestic household unit physically separated from each other, yet emotionally, ritually and politically united into a basic group of large joint family. These can be spatial and demographic dispersal of a joint family into different household groups, but the groups themselves are included into bigger group of the joint family. The joint family resists fragmentation and has therefore evolved structural adjustments by allowing the households as a 'safety valves' to exist side by side (Gangrade, 1985).

In a sociological study of two generations in crisis of values held by the old and the young, it has been found that about 98 percent students approve of their obligations including financial help to their parents. This favourable attitude is not nearly as strong on the question of giving assistance to other relatives which has been approved by only 64 percent students (Gangrade, 1978).

Changing social structure, preponderance of individualistic and materialistic values, negative values of younger generation towards the old and compulsory retirement of the old from economic activities contribute a great deal in emergence of old age as a social problem in the country (Mishra 1991:7).

In view of the industrialization and modernization the plight of the aged is being deteriorating in terms of their caring and affection. There are many acts and court judgments available in the country suggesting severe action on the children who deserted and not caring their parents but the outcome is very negligible, because many parents are

not willing to sue or proceed legally against their own children and cannot bare the pains and strains (Prasad, 2010:11).

Problems of the Aged

A study of 100 males and females in Patna has revealed that social isolation appears to have gripped the elderly males more than the elderly females. Further the study reveals that the main contributing factor to these problems is withdrawal from the mainstream of society and the rigid and conservative attitudes of old (Ranjan 1986:18-22).

A study to find out the cause of the problems of the aged was attempted by administering a problem check-list for the aged to 50 males and 30 females above the age of 60 years selected from Coimbatore, Tamilnadu reveals that the main problems of the aged irrespective of their sex and economic status are identified as general weakness, sleeplessness, poor eyesight and sickness. On the other hand, some specific problems of the economically dependent aged are lack of respect, loneliness, financial difficulties and inability to find a suitable job. The study further shows that economically dependent aged significant greater number of problems than economically independent. Interestingly there does not appear to be any true difference in the mean number of problems experienced by the aged male and female members (Natesan 1980: 23).

A study has been conducted on 140 elderly living in Visakhapatnam city who were subjected to abuse and/or neglect by their family members. The results indicate that the most likely victims of elder abuse are widowed women, elderly with poor economic background, and dependent. As regards the forms of abuse, verbal abuse of the elderly was reported more frequently followed by material abuse and neglect. A sizeable portion of the respondents have reported physical abuse. It was also found that abuse has

negative implications – social, psychological and behavioural for the elderly. Further, the data indicated that the son, the daughter-in-law and the spouse in that order are the frequently reported abusers. It is recommended that programmes should be designed to provide adequate opportunities for the participation of the elderly, to reduce social isolation and to provide support services to families caring for the elderly to help reduce stress of the caregivers (Srinivas and Vijayalakshmi, 2001:464-479).

About 104 women of 60 years and above were interviewed in a village of Haryana to study the problems faced by aged women. The conclusion of the study has been that the problems faced by the respondents are: social psychological, economic and health related. It has been also found that with the exception of the few, the general tendency prevailing in the rural areas has been to discard the aged (Singh and Sharma 1987:134-44).

A study has been undertaken in village Khara in Haryana on 60 elderly males. The study revealed that in spite of their advancing age half of the aged have been still earning for the family. About two-thirds reported are facing loneliness. Interestingly, in spite of the problems faced by the aged, majority of them are satisfied with their life. Those who are dissatisfied cited the inability of their children to come up to their expectations as the main reason for their dissatisfaction (Kaur, 1987:76-81).

An assessment was conducted on the problems of aging in rural Bengal with the help of census figures. The study points out that as the number of non-workers in the age group of 60 and above is increasing; a feeling of frustration and sorrow gets creeping in the aged people. Also along with this the medical care available is also inadequate and expensive (Majumdar 1984:63-69).

A study was conducted on aged males in district Hissar of Haryana. The sample size was 130 urban and 230 rural aged males. The study found that the condition of the aged in labour households was very bad, as after 45 years of age the labour market did not value them and there was no other provision for their upkeep other than their families. Another vulnerable section the study revealed was that of the illiterate and traditional-oriented fathers of the educated rural youth employed in cities. The aged fathers could not adjust in the urban environment with the educated sons. Neither they nor their children tried to understand each other's problems to adjust with each other. Health was found to be one of the major problems of the aged. Compounded with this were the problems of health services in rural areas whereas in the urban areas the services were available but the aged were unable to utilize them because of the increasing cost (Punia, Malik and Punia 1987: 55-66).

A study of 100 retired government servants of Rajasthan (50 gazetted and 50 non-gazetted) between the ages of 55 to 84 was undertaken. This study revealed that this category of people encountered reduced income, failing health, socio-psychological problems of adjustment and difficulty in passing time. It also revealed a feeling of loneliness among the respondents (Raghani, Viday and Singhi 1970:34-37).

A study was conducted to assess the problems of retired army persons from Rohtak district in Haryana State. The sample size was 120 retired army officers. The study observed that a sudden loss of authority creates problems of adjustment among army officers. It also revealed that they are not able to shed off their previous authoritarian attitudes and identity which make their adjustment with even their own children and neighbours extremely difficult (Sangwan 1987: 161-169).

A survey on Elder abuse in India conducted in 2012 details that 44 percent elderly identified disrespect as the foremost form of abuse, followed by 26 percent as verbal abuse and 20 percent said that they were neglected. 75 percent of the elderly subjected to abuse live with their families and 69 percent own the house where they face abuse. Almost half of the abused said that they knew about social protection mechanisms but dared not to utilize them for lack of faith in the system's ability to solve their problems (Arti, 2013:36).

A study was conducted on 120 senior citizens residing in the rehabilitative institutes of Union Territory Chandigarh and State Uttar Pradesh. It was found that majority of male and female senior citizens suffer from depression, lose their social status and become economically poor after retirement. Health wise males were poor or good in their health status, while greater percentage of female senior citizens was good in their health status (Paswan, Sumeeta, 2005:255-56).

Aged Care: Shifting of Responsibilities

The Indian society to a great extent is gradually changing from the agrarian to the industrialized one, from small town to metropolis. This has caused growth and redistribution of the population, with changing proportions of the young and old because of increase in longevity. All these have brought tremendous impact on social institutions in regard to the care of aged. In the immediate past the care of the elderly has been the responsibility of the families or a few philanthropic institutions, but in recent decades it has also come to be regarded as one of the responsibilities of Government.

In India very few researchers have tried to analyze this aspect. An attempt has been made in this direction and is of the opinion that the five year plan documents do not

show consistency in recognizing the old people as a target group needing welfare services. Further elaborating on this he says that the first and second five year plans covered the social security measures for industrial workers only. The third five year plan did recognize the needs of the old without providing any means of livelihood and support for them. It has left it to the voluntary organizations and local bodies to provide the assistance. It has suggested the setting up of a relief and assistance fund. Although from the fourth plan onwards no schemes have been specifically identified for services of the aged. Working groups have been set up from time to time to advice on the preparation of a five year plan. These groups have advocated programmes for old people – both of public assistance in the form of cash payments every month based on certain criteria and welfare services through grants-in-aid to voluntary organization. The sixth plan document recognized the aged as ‘vulnerable group’ for whom programmes were required to be developed to meet their needs. However, the responsibility for allocating funds was given to the States. The seventh plan fails to recognize the aging as a target group. In the eight plan the coverage of elderly persons without any means of support will be expanded through the schemes of old age pensions of the State Governments. Bose further tries to outline the reasons for the low priority and says that it is because the Government considers the aged as non-contributing and non-productive. Thus, the expenditure on them is considered as non-developmental. Moreover, there has been a strong belief that the family continue to take care of its old members (Bose 1988:58-85).

Help Age India, a third Sector service organization, through its various projects and policies, has made and still makes a case to give elderly an important place in society, rather than being treated as a burden. The organization enhances the status of the

aged by aiding and encouraging them to continue to be productive members of the society in which they once played active roles. Help Age India has also provided the Government with a set of recommendations for providing better services to the elderly. Help Age India also has paved the way for other organizations like Alzheimer's and Related Disorders Society of India, Age Care India and Age well etc. to work for the cause of India's senior citizens. Thus NGOs like Help Age India with the support of the Government are trying to make Indian society friendlier for its senior citizens (Sawhney, 2005: 190)

Social Security

Those who are outside the organized sector of employment, whether self-employed or casual or regular employees have no retirement benefits. They have to fall back on their savings or depend on their children to look after them in their old age. He further says that for them there is no age of retirement. This does not mean that work is to their advantage as most employees prefer to appoint younger workers for their agility opposed to older ones. And those who are self-employed work as long as their health can permit. The poorer worker suffers the most and often acquires a total dependency status. These categories of workers avail old age pension financed by the States. The basic philosophy that continues is that the primary responsibility of the family is to take care of the aged in the family. It is only when this fails that the State should step in to assist the old through pensions (Bose, 1998).

There is a feeling that the old age security schemes of the same nature as has been sanctioned for the workers engaged in the organized sector should also be applied to

individuals who are engaged in the unorganized sectors like agricultural workers, domestic servants and contract labourers (Suri 1962:308-16).

The old age pension scheme in Karnataka was examined and it was observed that the pension amount is very meagre. The age of eligibility (70 years plus) is also very high. It was suggested that the Government should encourage voluntary agencies to take up the problem of the aged by giving them financial assistance (Nagesh 1987:4-8).

The basic concept of social security is not new in India. Traditionally, a sort of moral economy existed to provide security to older destitute and other vulnerable groups in society. However, gradually, traditional support systems are disappearing, and state-based social security systems have come into existence. Under standardized economic security policies, government is covering retirement benefits for those in the organized sector; economic security benefits for those in the unorganized sector; and old-age pension for the rural elderly. These are contributory as well as non-contributory programs. Besides life insurance approaches, savings-linked insurance and Annapurna (food security) are other important programs. However, terms of coverage, program quality and effectiveness have been largely criticized by social security experts, suggesting immediate reforms to old age programs (Kumar, 2003:45-65).

Kumar, (2000) in “Economic Security for the Elderly in India: An Overview,” stresses the lack of any widespread social insurance mechanism for elders, 40% of whom live below the poverty line. Existing pensions cover former public employees and industrial workers, about 10% of the work force. State old-age assistance and a similar recent national program targeting poor elders without family support provide inadequate income. He recommends that policies be developed for rural elders who need income

support beyond what their families can provide, a difficult task given India's current economic capacity (Liebig and I Rajan, 2005).

Homes for Old Age

Though co-residence is an important criterion for the well-being of the elderly, it may not always ensure a healthy relationship between successive generations. The economic, emotional and social support from the younger generation may be provided even without co-residence. However, given the level of socio-economic development and the absence of an institutional support system for the elderly, has expressed satisfaction with their stay compared with their own homes. This gives an impression that old-age homes are serving as alternative care givers to those who are unable to obtain familial care (Liebig and Rajan 2005:138).

Although generational co-residence continues to be the dominant form of housing and care for Indian elders and only 1% lives in old-age homes, the numbers and types of these are growing. This article describes a study of 48 old age homes in different parts of India. They included the more traditional free homes for the aged poor who have no family to care for them and more recent for-pay homes for the middle-class. Free homes tend to be bigger and older, serve non-aged clients, have less privacy and emphasize occupational therapy and income generating activities, and are more like board-and-care homes. For-pay homes have more privacy and western-style amenities, focus on local community outreach and provide fewer meals. The gradual increase of old age homes has given rise to debates about their appropriate roles in Indian society and about their quality. Government grants to NGOs for homes are limited. With the National Policy on older persons looking to NGOs and village councils to be primary sources of non-familial

aged care, India should avoid some of the mistakes of western nations in housing for the elderly and forge policies that reflect and are deeply rooted in the values of Indian society (Liebig, 2003:159-178).

A study was conducted on the homes for the aged in Delhi and was observed that nearly all of them are spouseless. It highlighted adjustment, accommodation and loneliness as reasons for joining old age homes. In some cases all grown up children are living abroad, and have left the parents, here. Sometimes, even though the children are around, parents do not want to live with them. Most Indian parents do not like the idea of living with their daughters, especially if they happen to be married. And there are several other small reasons that precipitate into people wanting to leave house – the kids are too noisy, the food is too spicy, and the maid is too dirty. Unfortunately, often children do not want their old parents to live with them and find ways of conveying the message. Most of the sons feel their parents are a burden, an encroachment on their privacy and a drain on their finance (Mishra 1994:7).

A comparative study of non-institutionalized and institutionalized old people in Lucknow and Kanpur has elaborated on services which need to be provided in the old age homes such as counseling services, suitable employment guidance, financial support, medical assistance, facilities for learning crafts and vocational guidance as well as to give knowledge and information about old age pension schemes (Mirza1991-92).

A study on the inmates of old-age homes in Kerala and Tamilnadu found lack of care at their homes to be the prominent reason for their preference to stay in old – age homes. Besides economic reasons, family quarrels were found to have induced the elderly to move into old-age homes (Rajan, 1995).

The State of Goa has around 80000-90000 senior citizens of which nearly 15 percent live in 31 old age homes as many Goans migrate to other countries for jobs and better prospects and have nobody to take care of their aged parents, which forces them to shift their parents to old age homes. The old age homes run by Institute of Public Assistance (Provedoria) in the State lack basic facilities for developing capabilities of the inmates and have simply been performing the task of provider of food and shelter (Sousa , 2010:6).

A recent survey revealed that tedious entry procedures and poor quality of care at old age homes managed by Government are making the elderly prefer old age homes run by religious and charitable institutions (*ibid*:6).

Housing Needs

Elaborating on the kind of housing the aged need, some designs for consideration are put forth. They include among other things compact living spaces, for easy maintenance, compact kitchen with convenient heights for easy handling of cooking activities and for easy maintenance (RajenderLal 1987:241-42).

The urban development authorities should set aside some dwelling units for the retired and retiring persons and those voluntary organizations should be given land either free or at nominal cost to provide domiciliary services like day care and recreation center's to elderly (Bose 1988: 58-85).

Health Care

Reviewing the health services for the aged in an international perspective, it was pointed out that the Government is spending proportionately more money over the years on health services. It is recommended that the health policy should include health services

for the aged as an integral part of the services, since the aged is an integral part of the society. The elderly are not to be neglected (Sahni 1982:54-67).

At the instance of the Council for Tribal and Rural Development, Pati and Jena based on the feasibility study have made a recommendation to set up a mobile clinic for the aged in the tribal block of Phulbani which is located 211 kilometers from Bhubaneswar, the capital of Odisha. The clinic is aimed to promote voluntary acceptance of health care programme for the aged and to provide health care services at the door step in the villages of the tribal block (Pati and Jena 1989: 279-86).

There is growing awareness across the countries that adequate attention has not been paid to the different types of care available to people as they move along their own life course through the health care and welfare systems. The growing role of non-government and voluntary organizations in this context is noteworthy. In India today, a variety of Non-organizations have established a positive track record in the development work supported by various international and national donors. Today, there are about 700 agencies working for the welfare of the elderly in India. Reference here, in particular, can be made of 5 voluntary organizations functioning at national level – Bharat Pensioners' Samaj established in 1960 is an all India Federation of Pensioners' Association seeking relief for pensioners from various quarters, Caritas India started in 1962 aims to promote care to the sick, crippled, handicapped, destitute and the aged, Indian Association of Retired Persons founded in 1973 undertakes a number of programmes for the welfare of retired persons and Help Age India initiated in 1978 and Age – Care India established in 1980 assiduously working to ensure that the elderly lead a better life – a life of dignity (Bose and Shankardass 2004: 21-22).

Self-Support to maintain self-respect

Before retirement it was solely the prerogative of the breadwinner to take decisions and play an advisory role in the family but after retirement it is more a matter between son and wife and does extend to them. The study reveals that married daughters are increasingly playing an important role in taking care of their old parents. He also mentions that the elderly did not like the idea of accepting financial help from children. Many of them saw self-support as important for maintaining self-respect (Kishore Smita, 2000).

Children as vital source of welfare for the Aged

The paper focuses on how children are valued in the family in three Asian Countries – India, Bangladesh and Thailand. It discusses the role of children as a vital source of welfare for the aged. Evidence from Thailand suggests that in respect of that crucial aspect of the care of the aged by their children, co-residence, and the role of children as sources of old age care and security is not diminished when fertility falls. The pattern is corroborated also by evidence from India. A central feature of the Thai experience is that it is predicated on strong cultural expectations that children will support elderly parents, and this typically is expected to involve co-residence. The scenario has strong echoes in the Indian setting, with the difference that elderly Thais tend to be flexible in the matter of the sex of the child with whom they reside. The prominence of the son is by comparison a central feature of the family in India (Balakrishan, 1996:83).

A study in Bhopal found that 40 percent of deserted elderly persons were driven out of their homes by sons while their daughters cared and helped them out at the time of

illness and other problems as compared to their sons. 50 percent of the respondents felt proud of their daughters for taking care of them instead of their sons (Arti, 2013:36).

Importance of Social Networks for the welfare of the elderly

This article presents a comparative analysis of the available research on the social networks of older persons in India. Most of the research has been done in North Indian cities. Because the research demonstrates that social networks are important for the welfare of older Indians, one can conclude that social policy that encouraged the maintenance of robust networks throughout the life course may be worth pursuing (Willigen & Chadha, 2003: 109-124).

This study has been undertaken to find out the gender differences with regard to social life of elderly in family, neighborhood and society in Amritsar in the State of Punjab. 300 male and female elderly from upper, middle and lower classes have been interviewed and the data has been analyzed to bring out gender differences. Analysis reveals that in the family, females have lower status and they participate less in the decision making process of the household but, still they are well-adjusted as compared to the male elderly. Elderly males spend most of their time in the public sphere and females in the domestic sphere. In the neighborhood, females participate slightly more than the male elderly, but at the societal level males participate more than their counterparts. So elderly in Amritsar city are not isolated individuals but having good social life by participating in the household activities, neighborhood activities and societal activities and maintain good relations with family members though some gender differences in the social are also visible (Arora, 2005:83-95).

Collective Responsibility to create caring society

Demographic transition, gradual disappearance of traditional family support system, changing priorities of younger generation, increasing trend of women's participation in work force, replacement of 'We' concept by 'I' concept all these factors are challenging the 'future' of graying population and posing a fundamental question: who has to shoulder the social security of the elderly population of today and tomorrow? Is it the responsibility of the family, or community or the State? The assumption is that no single institution would be able to shoulder the sole responsibility of the elderly in coming decades, as providing social security to the elderly is not an independent phenomenon. The changing socio-demographic scenario increases the collective responsibility of the State, community and family. It is important to create the 'caring society' together with State, social action groups, community, family and the person in need through 'cost sharing' basis (Kumar, 1999:8).

Active ageing to be fostered

Twenty first century can witness a drastic increase in the number of old people in all countries of the world and India is no exception. The average life span of people is steadily on the increase and it has become a social obligation of the Government to take care of the welfare of old people. Several schemes have been initiated including the starting of a number of old people's homes and help age organisations. More important than these welfare programmes of old people, an awareness of the importance of physical fitness is the need of the hour. Old people can keep themselves healthy if they are aware of the significance of physical fitness even in an advanced stage and act accordingly. In

such a circumstance they can be on their own and need not depend on the younger generations in the future (George, 1999:41)

Quality of care depends on age, economic status and Health

This is a study conducted on older persons in the Indian State of Kerala to find out the extent of care currently available and needed in future. Kerala has the highest proportion of older persons in India. Also, the population of the older persons is growing at a faster rate than its general population and the 80 plus population is growing at an even faster rate than 60-80 groups. As a result, by the next quarter of the century, Kerala will have to take care of two generations of older persons at a time when the families in the state do not have adequate number of kins to take care of even one generation of the old. Here, the 60 plus may have to take care of their parents who are in the 80 plus age group. A sample of 600 persons, 60 plus in age was selected for interview, with equal samples for 60-80 and 80 plus. Equal number of women in each group was taken. The findings revealed that the quality of care was related to three factors – age: as age increased, the burden of care increased and there was tendency by care givers to escape it. Economic status: as income of the family or of the old increased, better care was given. However, there were several exceptions. Health: as long as the old was healthy, care was not a problem but the unhealthy, especially those with additional limitations found care not up to requirement. There were significant difference in the care received by the young-old and old-old as also between men and women. The old-old and women received inadequate care compared to their counterparts. In many cases, the 80 plus was being taken care of by their children who themselves were 60 plus. Compared to the care given

by younger age groups, that by the 60 plus was admitted to be better as it was based on empathy (Nayar:2006:36-40).

Preserve household based services

Elderly are the resources of values and traditions of our great country. In the developed countries such as in USA, Canada and other countries the 'old age security programs' plays crucial role in helping the elderly. Pragmatically speaking, India lives and grows in its cultural traditions. One of such cultural traditions of India is, giving importance towards 'family', especially to joint family which still predominates in many parts of the country. The joint family system is the backbone of 'old age care', as the elderly need some 'socio-psychological and emotional support' and certainly family can give this without doubt, even better than the old age home (Amareswaran and Koteewari, 2010:109-120).

1.9 OBJECTIVES OF THE STUDY

The demographic transition in India and Goa notices that the Goan society is greying at a faster rate than the Indian society. What will be the fate of such a large number of old people in the coming years? The picture of the ageing scenario in India being painted by the gerontologists is rather gloomy. Dependent nature of older group, uneven sex ratio, poverty and declining joint family relations are some reasons behind pessimism. Some others feel that there is a glimmer a hope. The optimism is due to various reasons. The emancipatory potential of gerontology as an academic discipline, the liberating role of technology, the burgeoning voluntary organisations on the one hand and voluntarism among the elderly on the other are a few reasons that lead to better future for the elderly (Prakash, 2001:5).

Hence the question arises as whether the public, the Government or the elderly of Goa have taken note of this demographic transition? If so, what preparations are made to ensure a better quality of life for the elderly? The literature review that has been done to find answers, could not give the researcher satisfactory answers and hence this study has been taken with the following objectives.

The objectives of the study are as follows:

1. To study the demographic transition with respect to the elderly in Goa
2. To study the implications of the socio-cultural transformation of the elderly in Goa
3. To study institutionalized care for the elderly in Goa in historical perspective.
4. To examine the socio-economic characteristics of the elderly in Goa.
5. To examine the social relationships of the elderly people with their family members and community at large.
6. To assess the impact of Government social security and welfare measures on the elderly people in Goa.
7. To suggest some policy measures for the improvement of the conditions of elderly in Goa.

1.10 CONCEPTUAL FRAMEWORK AND METHODS OF STUDY

Definitions of the term 'aged' vary greatly. Many individuals of pensionable age do not feel themselves old or regard themselves as aged, since they exhibit functioning capacity and ability of a younger person. However, in the absence of an agreed aggregated index based upon assessment of general physical and mental condition as well as chronological age, it is necessary to express data about the aged population purely in terms of

chronological age indicator. For administrative purpose each country has fixed an age limit, which defines a person as old. The Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above (Das 2011: 1). References to age in this study refer also to the people who have attained 60 years of age and above, both men and women.

The analysis in the thesis is made both at the macro and micro levels. The macro level analysis covers the State as a whole. It is based on the information collected from secondary sources like various census reports, books on elderly, articles in journals and media etc. Besides, data were also collected from various government offices like Provedaria and Social Welfare Department. This documentary evidence has not only contributed towards an historical understanding of the subject under study but also helped the researcher to relate it in right perspective. It also helped to locate the ground reality in Goa within the global perspectives on aging, and the plural and multi socio-cultural character of the subcontinent. An overview of different perspectives on aging provides an important backdrop to assess and analyze the aging scenario in Goa. A historical exploration into institutionalized care of the aged in the pre-colonial and in the colonial Goa beginning with the Portuguese arrival into Goa, down to the time of liberation and postliberation unfolding of events throws light on the trends and patterns existed in terms of care to the elderly.

The next three objectives were achieved by examining primary data collected during the fieldwork interviewing elderly using structured interview schedule in and around Goa, especially, in the three talukas selected for the purpose. Direct observational

evidence provided additional information on the topics studied. Elderly who are residing with their family members and in old age homes in the state of Goa comprised the universe of the study. The Directorate of Social Welfare, a department under the Government of Goa provided the names of all the registered old age homes in Goa. The old age homes were arranged according to two districts, North and South and eleven talukas, namely Tiswadi, Bardez, Pernem, Bicholim, Sattari, Ponda, Darbhadora belonging to the North district and Salcete, Mormugao, Sanguem, Quepem and Canacona belonging to the South district.

Besides this, Goa has another significant division: New Conquest (Pernem, Sattari, Bicholim, Ponda, Sanguem, Quepem, Darbhadora and Canacona) and Old Conquest (Tiswadi, Salcete, Mormugao and Bardez). The Old Conquest territories were conquered in the 16th century and were subjected to the longest period of Portuguese colonial rule in the Indian subcontinent, while the New Conquest areas were conquered in the 18th century. Having suffered the brunt of Portuguese state sponsored conversion policies and Inquisition; the Old Conquests are more Catholic than the New, which were annexed at a time when the Portuguese were not as zealous and arduous for souls as they were earlier. Thus the New Conquest is predominantly a Hindu dominated area. The Old Conquest, being more catholic, received more attention and was favoured by the Portuguese.

The most favoured status did not change even in the postliberation era. The Old Conquests are invariably the most developed areas as the bulk of industry is located here and it certainly surpasses the educational, medical, banking and other facilities available in the New Conquests. The Old Conquests are also more fertile with a more pleasant

climate and are more densely populated with over 50 percent of the population in Goa living in these areas. The profound difference both in ecology and history have contributed to differential development of the two areas.

The empirical element of the study was limited to three talukas which were purposively selected. Bardez and Tiswadi belonging to the North and Salcete belonging to the south. All the three talukas belong to the Old Conquest has significant proportion of Christians in comparison with other talukas of Goa. Moreover about 97% of old age homes are present in these three talukas.

Having selected the talukas, the old age homes were then selected from these three talukas. Ten old age homes managed by Christian Religious organization were selected, since out of thirty one old age homes twenty one are managed by Christian organization. The other nine old age homes are run by Institute of Public Assistance with no fees and their inmates are negligible and includes destitute too. The last one is run by Hindu organization.

Out of the twenty one old age homes run by Christian Religious organization, four are situated in Salcete, four in Tiswadi and thirteen in Bardez taluka respectively. For the study the researcher took two from four old age homes in salcete, two from four in Tiswadi and six from thirteen in Bardez taluka respectively. These old age homes were selected in a random manner. From each old age home ten inmates were interviewed. These ten inmates from each old age home were given by the Superior of the home considering their health of mind and body. Thus, the total number of elderly persons interviewed who are residing in old age homes were 100 from 532 inmates.

In order to understand the problems of the elderly better, the researcher also took another one hundred elderly persons who were staying with their respective families. These one hundred elderly persons were also taken from Salcete, Tiswadi and Bardez talukas comprising of 23700 elderly population respectively keeping in mind the same proportion used for the selection of the old age homes. Hence, twenty elderly persons from Salcete were chosen for the interview, another twenty from Tiswadi and sixty from Bardez taluka respectively. They all belonged to middle class families. Since the researcher is a priest and also teacher in the college, he could contact the family of the elderly persons through students and through other priests working in different churches in the respective talukas. Though it was difficult to go to different families residing in different talukas, many a times not known to you but the end result was much more satisfying as they would respond with least amount of encumbrances. The collected data were tabulated and some simple statistical tools were applied to get proper results.

**Map 1.1 Map of Goa
Old conquest and new conquest Talukas**



Map 1.2: Selected Old Age homes in Bardez & Tiswadi Taluka



Map 1.3: Selected Old Age homes in Salcete Taluka



1.11 ORGANIZATION OF THE THESIS

The study has been written thematically in five chapters. The first chapter first of all examines the global and Indian scenario of elderly and then compares the demographic transition in India with Goa and notices that the Goan society is graying at a faster rate than the Indian society. It also provides an understanding of the implications of demographic transition and social transformation for the category of elderly in Goa. This became a prelude before stating the objectives. Further, the methodology adopted in realizing the various objectives is discussed. The sociological theories of aging and the review of literature are also incorporated in this chapter.

The status and respect enjoyed by the elderly in the families and the institutionalized care of the elderly is explored from the historical perspective in the second chapter.

The third and fourth chapter is primarily based on primary data generated through interviews with elderly residing in the families and old age homes. In the third chapter the socio-economic characteristics of the elderly who are staying in their homes and in the aged institutions in Goa is discussed.

The fourth chapter focuses on the social and familial relations of the elderly who are residing at home and in the old aged home in Goa. It also focuses the general perception of ageing.

The fifth chapter describes the existing social security system and welfare schemes adopted by the Government of Goa to provide comfort for the elderly in Goa. It also attempts a social scientific critic.

The final chapter summarizes the insights gained and suggests to the policymakers, planners and administrators to bring out policies that will help to add life to the years.

Conclusion

The world is undergoing a major demographic change which is affecting society and economy. The process of ageing is universal though the rate of transition varies from one country to another. Population in the age group 60 years and above represents the fastest growing segment of the population. Within this age group, the percentage of population aged 80 years and above is increasing at a faster rate. There is a larger female presence as the age increases, particularly in the age group 80 years and above.

Demographic ageing in India is akin to the trends in developing countries. India in general and Goa in particular have already become ageing societies. The percentage of the population in the age group of 60 and above is higher in Goa than the all-India percentage for this age group due to low birth and death rates and increase in the longevity of life. This also implies that proportionally fewer young people in the State will be available to take care of the older population. Besides demographic transition, there are also transformations and changes that are taking place in the Goan society which can add to the problems of giving care and support to the elderly population.

The Modernization, Disengagement and Activity theory have been developed keeping the experiences of the western society. A single theory by itself cannot be applied to the situation of the elderly in Goa. It is the combination of all three theories that can be made applicable to the Goan society. The respect for the elderly is still present in their respective families and in the community as a whole. Some elderly remains active even after 60 years of age and continue to give services at home and in the society at

large. Many elderly disengage themselves from work after retirement but do not want to disengage themselves from their family and community relationships at behavioral level even though they may relish the idea of being free from all the bondages of social life, as enunciated in the asrama scheme of Hindu social philosophy. Nevertheless, the balance is slightly tilting in favour of the activity theory.

The research interest in aging in India is only a few decades old. The research output in the areas of behavioral and social sciences in India has outweighed that of the biological and medical research. But still there are not enough studies to cover all the dimensions of aging. And when you think about the studies done on the elderly in Goa, it is almost non-existent. Hence this study apart from adding to the knowledge in gerontological literature will provide valuable information that may help in the proper functioning of the Government and social service organizations in the interest of the aged people.

The usefulness of the present study lies in the fact that the relevant data gathered will enable the State Governments to adopt an informed approach and people oriented welfare policies so as to meet the challenges of aging. The findings of the study will contribute to the knowledge in the area concerned