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A Study of Socioeconomic Factors and Behavioural Problems of the Aged Persons in Rural Northern India

Introduction

POPULATION ageing, a natural process, has emerged as a major issue in both the developed and the developing countries. Whether the indicator of ageing used is mean age, median age, or the number of people over 65 years of age, it is observed that, in most countries of world, the populations are growing older. For the developing countries, in particular, this trend towards ageing poses important questions regarding dependency ratio, psycho-social attitudes and expectations of the families and societies involved, and the policies to be formulated and implemented by the government.

At present, Chinese cities, for instance, are facing numerous serious health care problems due to a shortage of younger persons to care for their ageing population. Ironically, most of these problems arose owing to the fact that China's one-child policy has achieved a much higher success rate in cities than in rural areas. As a result now the problems of ageing are becoming clearly visible in china's Population. Various studies in recent years have attempted to investigate and resolve the problems associated with ageing of populations (Benjamin, 1987; Martin, 1989; Marcil *et al.*, 1987; Thompson, 1987; Basu and Basu, 1987; Gulati, 1989; Rajan, 1989; Shayam, 1988). These studies have found a wide variety of differentials, determinants, and treatment patterns of the aged in different societies.

Cox (1993) has rightly asked an interesting question: "Biologists, psychologists, sociologists, and other behavioural researchers usually work independently to explain the ageing process. Do you think it would be possible to combine these disparate perspectives into one single theory of ageing?" The proceedings of the United Nations Round Table on the 'Ageing of Asian Population' has also noted a changing scenario of elderly in the region and they took into consideration the demographic, social, and economic factors that influenced the

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size and structure of families as well as the relationships between the generations. According to experts, the most acute problems faced by the elderly in developing countries of Asia are a shortage of specific medical care and prevalence of income insecurity (United Nations, 1985).

In India, the current demographic scenario indicates that mortality has declined significantly and continues to show signs of further decline. This reduction in mortality, a desirable goal, is contributing to an increase in the growth rates implying that ageing in India is likely to have a number of social and economic consequences to be dealt with. Thus, although ageing is not a major problem in India yet, information on the elderly population may provide a useful tool for designing a long-term policy to effectively deal with the imminent problems of ageing in the near future. An indication of 'graying' of India is that in 1941 the life expectancy at birth was 32.1 years for males and 31.0 years for females, while at the present time, the corresponding figures are 60.8 and 61.7 years, respectively (Census of India, 1991). According to some projections, the average life expectancy in India could reach 65 years by year 2000.

An increase in life expectancy is indicative of an improvement in health condition and living standard on the one hand, but on the other hand a prevalence of poverty, illiteracy, and a general lack of basic amenities may constitute a major problem for elderly population in rural areas. Life becomes increasingly stressful due to the ageing process and quite possibly the aged persons, especially the ones in the developing countries, may become a liability, rather than an asset, to the families and communities involved, leading to a number of demographic, social, psychological, economic, environmental, and epidemiological problems faced by the elderly persons (Vishwanathan, 1969).

The problems and facts mentioned above regarding the elderly are conspicuous in India's villages, particularly due to dependence of aged persons on younger members of their families. Quite often, the problems are exacerbated due to a lack, or absence, of influence that the elderly need to have in the functioning of household. Thus, the ageing patterns and problems are crucial, deserving of a further more detailed investigation. This paper sketches the profile of aged persons in rural northern India and identifies some of the problems they face. The attitude and behaviour of the family members towards the elderly have also been discussed with respect to some socio-economic and cultural factors. The study is based on a random sample survey of 267 elderly (those more than 60 years old) persons conducted in rural areas of eastern Uttar Pradesh. The details of the survey are provided in the following section. The current routine activity and work of the elderly along with their occupation prior to reaching age 60 are discussed. This paper also throws some light on the needs and desires of elderly people and their expectations from the family members, villagers, and government. Appropriate statistical techniques are applied to test the variability, if any, among various socio-economic groups of the elderly.

Data and Methodology

Our investigation is based on the data collected from rural areas of Varanasi district of Uttar Pradesh through a survey entitled "Aging and Health Condition in Rural Areas—A

Sample Survey 1990" conducted under the auspices of the Centre of Population Studies, Banaras Hindu University, Varanasi, India. Four villages were randomly sampled from a pool of 19 villages in Varanasi district that were also studied previously in another sample survey entitled "Rural Development and Population Growth (RDPG) 1978." Along with a detailed information about the socio-economic factors of household, data were also collected about the aged persons. In our study, a household is defined as a group of persons who live together and normally take food from a common kitchen. This definition includes migrants who normally stay outside but claim the household to be their own. The basic instrument of data collection was a personal interview method.

A Survey of households to investigate the socio-demographic characteristics, old age problems, health problems, attitude of family members, and the level of support from the community was also conducted. In this survey, there were 309 elderly persons, where an elderly or aged person is defined as a person who is at least 60 years old. The terms 'elderly' and 'aged' are used interchangeably in this paper. The elderly were interviewed through a structured questionnaire. Due to the inaccuracy and/or unreliability of information, 42 of the 309 cases were excluded from the analysis, thus reducing the valid sample size to 267. It should be pointed out that the meaning and interpretation of the concept of *old age* vary from one society to the other. In India, for instance, the retirement age from a government job is 58 years, while in the United States, it is 60 years, with a possibility of extension. Since agriculture is their main occupation, most rural people in India are self-employed and, unlike regular labour force, they are not subject to any age of retirement.

The region of study, Varanasi District, lies between parallels of 24° 56' and 25° 35' north longitude and 82° 14' and 83° 24' east meridian of longitude. Geographically, the region is mostly Gangetic plain, quite fertile, and densely populated with a very low per capita income. Compared to the country as a whole, the illiteracy rate is very high in this region with about 61 percent of the females and 40 percent of the males are illiterate (Census of India, 1991).

Due to a shortage of industries, factories and other employment sources, the region of study is a labour-dispensing area, sending migrant labour force to larger cities, like Bombay and Calcutta, through a chain-type migration. Most of the migrants return to their native villages after retirement or completion of their contracts. Due to a lack of subsidies for the aged people in the non-organized sector, the elderly usually get jobs in organized sector. Many of the aged persons continue in the same caste-oriented occupations, such as barber, blacksmith, and cobbler, they used to engage in prior to reaching age sixty. Some of them are even engaged in hard and labour intensive work such as pulling rickshaw, digging canals and constructing roads.

The *extended family* system is the dominant form of family, especially among the upper castes, in most rural areas including the one under study. Under the extended family system the tangible property is divided among the male siblings only. The earning members of the family are accorded a higher status and given greater power in family matters due to their earning capacity and economic contribution to the family. When a family is divided, older members stay with one of the sons, usually the youngest or the oldest (Singh, 1988).

A changing social structure is also visible in the study area. The service sector has diminished while the manual labour sector, where most elderly find jobs, has expanded. The

caste-based occupations are disappearing and there is no elaborate system for helping the elderly find suitable alternative employment. Many of the elderly are self-employed. They own small businesses and cottage industries by mainly relying on raw material such as tobacco, leather, and beetle nuts for making products for general consumption by rural as well as urban masses (Chang, 1992; Singh, 1988).

The eastern Uttar Pradesh area is transforming due to an impact of surrounding urban areas. This transformation has created problems for the elderly, particularly the ones not in very good health. Most of the development programmes in this region are geared toward young adults and there are no voluntary organizations for the elderly persons to join. The *welfare* agencies and programmes are non-existent. There is no integrated universal health care system and the health facilities are usually provided by the government or private agencies and charities. The elderly need certain amenities such as health care, nutrition, and a sense of belonging, but the type and amount of treatment they receive mainly depends on the 'culture' of the family. The elderly are usually neglected by the family members unless they are well-to-do, or still earning, members (Singh, 1988; Yadava, 1992).

Demographic Ageing

According to a 1991 Census of India report there is an increasing trend in the population that is either below 15 or above 60 years of age, and a decreasing trend in the population the ages of 15 and 60 years. Such a population composition leads to an increased dependency ratio. The age dependency ratio and the life expectancy at birth have been gradually increasing in India. The area of study exhibits similar patterns (Table 1).

TABLE 1: PATTERN OF LIFE EXPECTANCY AT BIRTH AND THE AGED DEPENDENCY RATIO IN INDIA

	<i>Census Year</i>							
	1941.	1951	1961	1978*	1981	1991	1992*	2006
Life expectancy at birth:								
male	32.1	32.5	41.9	—	54.8	60.8	—	65.8
female	31.0	31.7	40.6	—	52.0	61.7	—	67.2
Aged dependency ratio:								
ADR=($P_{\geq 60} / P_{15-59}$)*100:								
male	8.6	9.6	10.3	21.3	11.8	13.4	24.6	—
female	8.6	10.3	10.3	19.3	12.3	13.3	22.3	—

* Based on sample data of the area under study.

Source: Census of India, 1991: Provisional Population Totals. Series I.

A low mortality and a stagnant high fertility in India reduce the proportion of working age population. Therefore, the total dependency burden is projected to increase in the near future. The number of older widows is likely to significantly affect the social structure, marital

status, living arrangements, income, and pattern of social interaction of the elderly persons. Also, the overall size of the elderly population in rural India has always been larger than in urban areas. Mahadevan *et al.* (1992) report that during the preceding three censuses, the proportion of rural aged population has approximately been 4 to 5 times higher than the urban aged population. Consistent with this observation, the dependency ratio in the region under study is found to be much higher than the national level due, in part, to the fact that a large number of rural out-migrants from this region are adults.

The distribution of the elderly population according to different age and sex groups is shown in Table 2. About 62 percent of the aged persons were in the group 60-69 years, 24 percent in the group 70-79 years, and 14 percent in the age group 80 year or more. The sex differential was observed during the demographic ageing, with a decreasing number of female survivors after age 70, due to the return migration of males after retirement.

TABLE 2: AGE DISTRIBUTION OF AGED ACCORDING TO SEX AND CURRENT HEALTH STATUS

Age group (in years)	Health status						Combined
	Male			Female			
	Good	Bad	Total	Good	Bad	Total	
60-69	54 (66.7)	27 (33.3)	81 (100)	25 (29.7)	59 (70.3)	84 (100)	165 (61.8)
70-79	23 (58.9)	16 (41.1)	39 (100)	9 (36.0)	16 (64.0)	25 (100)	64 (24.0)
≥80	19 (59.4)	13 (40.6)	32 (100)	1 (16.7)	5 (83.3)	6 (100)	38 (14.2)
Total	96 (63.2)	56 (36.8)	152 (100)	35 (30.5)	80 (69.5)	115 (100)	267 (100)

Mole: Figures in Parentheses show the percentages.

a. $\chi^2 = 26.96$; $df = 1$ [between sex (M,F) and health status (good or bad)]

b. $\chi^2 = 0.17$; $df = 2$ [between age group (three age groups) and health status]

Health Status of Elderly

Detailed information about the problems related to health during ageing was collected. Using these data, the elderly were divided into two groups: (i) unhealthy group, and (ii) healthy group. The 'unhealthy', group consisted of those who were either suffering, or had suffered, from diseases or problems related to one or more of the following: (a) chest, (b) cardiovascular, Neurological and psychiatric, (c) gastro-intestinal, (d) eye and ENT, (e) urinary tract, and (f) miscellaneous such as skin, dental, and joint pain. The 'healthy' category included those with no physical or mental ailment or problem. If an aged person reported his/her health condition to be good (that is, not suffering from any of the above-mentioned ailments) at the time of survey, his/her health condition was termed as 'good', otherwise the health condition was termed as 'bad'.

Table 2 shows that the health status of the aged is highly dependent on gender ($\chi^2 = 26.96$, d.f. = 1 $p < .05$). Further, there is an increasing trend towards 'bad health' condition for the elderly, in general and females in particular, with increasing age.

Present Routine of Work of Elderly

The information about the nature of routine work done by elderly is given in Table 3. Only 26% were doing the same work they did prior to reaching age 60, while 45% reported doing nothing, which may be an overestimate due to obvious reasons (for example, tending the house, looking after children may not be reported as 'work'). The elderly do not form a significant portion of the total work force even though the work participation rate in the area under study is about 70% for males and 22% for females which are still lower than those for the entire state of Uttar Pradesh (Devi, 1992). A majority of elderly are found to be engaged in agriculture-related activities due to the fact that agricultural jobs have no age restriction for entry or withdrawal. It is seen that, in the general population too, there has been a declining trend in the labour force participation rates over time due to an occupational diversification (Mahadevan *et al.* 1992).

TABLE 3: DISTRIBUTION OF AGED ACCORDING TO THEIR ROUTINE WORK AND SEX

<i>Routine work</i>	<i>Sex</i>		<i>Total (%)</i>
	<i>No. of male (%)</i>	<i>No. of female (%)</i>	
Same as pre-sixty	48(31.6)	21(18.3)	69(25.9)
Less physical labour but more responsibility	43(28.3)	35(30.4)	78(29.2)
Only sitting idle and doing nothing	61(40.1)	59(51.3)	120(44.9)
Total	152(100)	115(100)	267(100)

$\chi^2 = 6.388$, d.f. = 2

Attitude of Household Members Towards Elderly

The issue of transition in the attitudes of family members during demographic ageing is of special interest to policy makers. A change in such attitudes must be placed in proper context. Significant changes in the familial relations may take place with an increasing age, deteriorating health, the diminishing job opportunities, especially when an economic loss is involved (Martin, 1989). The family members and the society may feel the burden of the elderly when the elderly are unable to participate in economic activities but need an increasing amount of medical and health care. This phenomenon is even more prevalent in individualistic societies of the West where the cost of living is higher and the families are nuclear. Thus, a spread of Western culture and its ways may be pernicious to the elderly of the 'Eastern World'.

An analysis of family behaviour towards the elderly people has also been done on the basis of their caste, prior-occupation, present routine of work, literacy level, and economic

contribution. Table 4 shows the pattern of changing familial relations in terms of aged persons' feelings about their family's behaviour toward them as it relates to their current work status. About 68% of the elderly people enjoyed the same, or even better, treatment from their families as they did before reaching age 60. That is, they were being well cared for by their family members with respect, dignity, and pride before reaching age 60 and continued to be treated that way after age 60. About 28% experienced an adverse behaviour, irrespective of their present routine of work, and 4% had no comment. About 38% of the elderly, who were not engaged in any work, faced an inferior behaviour toward them during the old age. It is found that there is a significant association between the changing scenario of present routine of

TABLE 4: DISTRIBUTION OF AGED ACCORDING TO VARIABLES SUCH AS ROUTINE WORK, CASTE, OCCUPATION, AND ECONOMIC CONTRIBUTION AND BEHAVIOUR OF FAMILY MEMBERS

<i>variable</i>	<i>Family behaviour</i>			<i>Total</i>	<i>Chi-square between Col 2 & 3</i>
	<i>Worse than pre-sixty</i>	<i>Can't say</i>			
<i>Same or better than pre-sixty</i>					
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	
Routine Work:					
Same as in past	48 (68.6)	19 (27.1)	3 (4.3)	70 (26.2)	15.58*,
Less physical work more responsibility	66 (85.7)	11 (14.3)	—	77 (28.8)	df=2
Only sitting idle doing nothing	67 (55.8)	45 (37.5)	8 (6.7)	120 (44.9)	
Caste					
Upper	81 (70.4)	34 (29.6)	—	115 (43.0)	0.91;
Middle	75 (65.2)	29 (25.2)	11 (9.6)	115 (43.0)	df=2
Lower	25 (67.6)	12 (32.4)	—	37 (13.8)	
Occupation					
Agriculture based	53 (70.7)	14 (18.7)	8 (10.7)	75 (28.0)	13.25*;
Service, Business and Cottage industry	56 (81.2)	13 (18.8)	—	69 (25.8)	df=2
Housewife and other	72 (58.5)	48 (39.0)	3 (2.4)	123 (46.0)	
Education					
Illiterate	117 (61.9)	64 (33.9)	8 (4.2)	189 (70.8)	10.95*;
Literate	64 (82.0)	11 (14.1)	3 (3.8)	78 (29.2)	df=1
Economic Contribution					
Contributing	152 (73.8)	48 (23.3)	6 (2.9)	206 (77.2)	12.17*;
Non-contributing	29 (47.5)	27 (44.3)	5 (8.2)	61 (22.8)	df= 1
Total	181 (67.8)	75 (28.1)	11 (4.1)	267	

* Significant at 5% level of significance.

work of the elderly and the attitude of family members towards them ($\chi^2 = 15.85$, $df = 2$, $P < .05$). The attitudes of family members have also been found to depend on education, prior occupation, and economic contribution of elderly (Table 4). However, the family behaviour has been noted to be the same among various caste groups in the society ($r^2 = 0.91$, $d.f. = 2$, $P < 10$).

Composition of Elderly

Caste plays an important role in the socio-economic and cultural stratification of society in India by classifying people in endogamous groups with each group having a common surname. Caste is a hereditary trait and it largely determines the function, status, opportunities available for advancement in life, and the handicaps and obstacles towards greater vertical mobility. It also determines the differences in cultural patterns and practices.

In the present study, about 95% of the households were Hindu and the rest Muslims. The Hindu households consisted of about thirty different castes. For comparing the differential characteristics of the elderly, households have been grouped into three groups based on homogeneity in the living patterns and their relative positions in the society. These groups are namely: the upper caste, including landlords and well-to-do joint families; the middle caste, including mostly farmers, and the lower caste, including groups such as blacksmiths, barbers, and cobblers.

The caste system in India still dominates her cultural life, particularly in the rural areas. Compared to the lower caste families, the family behaviour of the upper castes toward their elderly persons is similar to (or even better than) their past behaviour. Among the lower castes, about 32% of the aged persons reported a worsening family behaviour toward them. It is also suspected that due to an increased dependency of the aged on their younger family members, there is a potential for an under-reporting of elderly persons' feelings of a worsening family relations. From Table 4, it is seen that there is no statistically significant relationship between the family attitudes towards elderly and the caste groups.

Prior Occupation of Elderly

Family members' behaviour was found to be associated with the earlier occupation (prior to reaching age 60) of their elderly due, perhaps, to the fact that an involvement in certain types of occupations in younger years directly affected the present economic and social status (Table 4). Among those who reported 'bad' family relations, 39% were housewives. A reason for these 'bad' family relations between the family and the aged housewives may be the male dominance in society and the economic matters since females are usually not included in economic activities of the family. Moreover, illiteracy among females in the rural areas of India is much higher than males.

Experience shows that educated females, who work outside the home, command more respect from their families than those who are housewives (Benjamin, 1989). This pattern may not be clearly visible in rural areas because rural literacy rate is very low, and women's involvement in 'non-economic' or 'non-salaried' activities, such as cooking and washing, is not given due importance. However, a vast majority of the aged (81%), whose occupation

during younger years was service or business, maintained the same or better relationship with the family members. This may be so due to the fact that these elderly persons participated in the economic activities of the family even after age 60 through remuneration such as pension and/or other retirement benefits. The prior occupations of elderly and the attitudes of family members are found to be statistically significantly related ($\chi^2 = 13.25$, $df = 2$).

Education of Elderly

Impact of education cannot be ignored in assessing and measuring the attitudes of the family members toward their elderly because an adequate educational attainment is related to an 'acceptable' social behaviour. About 71 percent of the aged in our study were illiterate. An analysis of the family behaviour in the two groups (literate versus illiterate) shows that among the literates about 82 percent enjoyed the same, or better, attitude from the family, while about 14 percent experienced a 'bad' attitude. Among the illiterates, the corresponding percentages of good and bad attitudes of family were about 62 and 34, respectively. These figures were found statistically significant ($\chi^2 = 10.95$, $df = 1$).

Economic Contribution of Elderly of the Family

To a large extent, the attitude of family members towards their elderly is dependent on the economic contribution elderly make to the family, particularly in poor families. Table 4 indicated that about 74 percent of the aged persons who were making economic contributions to the family were enjoying the same, or better, family behaviour, while about 44 percent of the aged, whose routine work was of a non-contributing type, were facing 'bad' family behaviour, compared to their past experiences. The figures are statistically significant ($\chi^2 = 12.17$, $df = 1$).

Views of Young People toward Elderly

Though an increasing longevity reflects the quality and standard of living in a society, is also creates some problems at the same time. A younger family member may view an elderly as an asset or a liability to the family depending on factors such as prevailing cost of living, health conditions, and socioeconomic factors. To study this aspect, the question "whether an aged persons is an 'asset' or 'liability' for the family?" was asked of all members of the family younger than 60 years of age. The responses are classified into three groups: (i) 'asset', that is, the members who think the aged persons in the family are profitable because they give good advice due to their long experience of life, and that they look after the household members and property, (ii) 'equivocal', that is, those who are unable to say whether the presence of an elderly in the family is good or bad; and (iii) 'liability', that is, those who think the old style of living of the aged persons affects the modern way of living by creating conflict with other members and interfering in day-to-day work of the family.

Due to a sensitive nature of the question, some younger members refused to answer it, while in some of the families there were no young persons. Thus, only 146 of the 267 respondents answered the question (a response rate of about 55 percent). The responses are analyzed with

respect to sex, occupation, and caste. It was found that the percentage, of 'asset' category answers was higher for aged males than females (58% versus 53%). A reason for this may be "that the social as well as economic activities of a family depend mostly on the status of males, especially in societies where literacy level is low. However, the responses in terms of 'asset' and 'liability' given by younger members did not depend on sex ($X^2 = 1.17$, $df = 2$).

TABLE 5: DISTRIBUTION OF FAMILY MEMBERS' (< 60) VIEWS TOWARD AGED AS 'ASSET AND
•LIABILITY' ACCORDING TO SEX, OCCUPATION, AND CASTE

variable	Number of Cases		Response given		Total	Chi-Square
			Asset	Equivocal		
(1)	(2)	(3)	(4)	(5)	(6)	
Sex						
Male	73 (57.5)	123	56 (26.2)	35 (16.4)	214 (54.32)	1.7 df=2
Female	73 (53.3)	96	58 (32.2)	26 (14.4)	180 (44.68)	
Occupation						
Agriculture	29 (61.9)	52	23 (27.4)	9 (10.7)	84 (21.32)	5.6 df=4
Service	44 (55.0)	71	32 (24.8)	26 (20.2)	129 (32.74)	
Household	96 (53.0)	59	59 (32.6)	26 (14.4)	181 (45.94)	
Caste						
Upper	70 (56.6)	99	45 (25.7)	31 (17.7)	175 (44.42)	3.7 df=4
Middle	58 (55.4)	87	47 (29.9)	23 (14.6)	157 (39.85)	
Lower	18 (53.2)	33	22 (35.5)	7 (11.3)	62 (15.73)	
Total	146	219	114	61	394	

Note: Figures in parentheses are the percentages.

The prior occupation (occupation held before reaching age 60) of an aged person affects his or her present status in the family and society. If the prior occupation was pensionable, providing some retirement benefits, the status may not be 'bad' compared to a non-pensionable occupation. It is found that about 62% of the aged, whose occupation was based on agriculture

their pre-sixty years, fall into the 'asset' category compared to the aged in other occupations. This may be due to the fact that an aged person whose occupation during the pre-sixty years was agriculture-related continues to remain engaged in the same occupation after sixty, thus making some economic contribution to the family. On the other hand, the aged whose occupations were service or business type take very little interest in the manual work of the household after retirement. If their occupations were not pensionable, they are more likely to be thought of as 'liability' by their family members.

The Indian caste system significantly affects the thoughts and expectations of younger persons with regard to their elders. This is mainly due to social, economic, educational, and demographic variations among different caste groups in rural areas. For example, people of upper castes belong to a higher stratum of the society. They have larger land holdings, better education, joint families, and a different culture of thinking towards their elderly. In contrast, people of lower caste groups mostly possess low socio-economic and educational levels and therefore have a different mode of thinking towards their elderly.

It is seen from Table 5 that in the upper castes, about 57% of the younger members considered the aged as an 'asset'. The corresponding figures for the middle and lower castes were 55% and 53%, respectively. It is interesting to note that only about 11% of the younger members of lower castes think the aged persons are a 'liability' to them. This is mainly due to the fact that people of lower castes usually engage in manual agricultural jobs which are very likely to continue after reaching age sixty. However, the responses on the 'asset' and 'liability' categories are not statistically according to caste groups ($x^2 = 3.77$, $df = 4$).

Expectations of the Elderly

Table 6 shows the distribution of aged persons according to their expectations from various sources and types of aids required by the aged (see Appendix). About 62% reported that they need nothing from the family and that whatever resources were available were sufficient for an adequate lifestyle. This high percentage may be due to the fact that many of the aged persons hesitate to make any unfavourable statement about the family and family members due to their dependency on, and a fear of retaliation from, family members. About 4% stated that all of the family members must cooperate for peace, development, and unity of the family because 'unity is strength'.

About 13% reported they need care and help from their family members with regard to food and clothing. Many were found to be worried about the attitudes of the new generation and a break up of the extended family into nuclear families, which is seen as unfavourable to development and progress. The elderly in nuclear families think of themselves as a burden more often than their counterparts in joint families. For example, one elderly stated that: "...due to an increased cost of living, low wages, and a lack of proper jobs and businesses, new generations are unable to provide all the necessities to their own families of procreation, let alone their elderly and other kin. . ."

There is some evidence suggesting that members of new generations do not 'obey' their elders. Only about 20% think the views and advice of the elderly are beneficial and functional for the family. When asked "what type of help and aids do you expect from villagers?" some

of elderly became angry and responded: "We need nothing from the villagers. What can they do for us? They are all selfish." One aged person stated "How can I expect help from the villagers. The 'big fish' eat the 'smaller fish' and the more prosperous members of community create problems for the less prosperous, poor, and weaker members." Thus, about 25% of the elderly reported they expect nothing from the villagers. About 9% stated that all the villagers must live with cooperation in an organized and helpful way. Most stated that the aid given by governmental or private sources is usually 'pocketed' by the powerful persons of the village. About 42% of the elderly reported that they have about the same relations with the villagers as in the past, while 24% indicated that the villagers must help each other for the development of entire village. About 10% expressed pessimism saying that no help from the government could help the aged people. However, about 10% also desired employment for their sons and daughters.

TABLE 6: DISTRIBUTION OF AGED ACCORDING TO THEIR EXPECTATIONS OF AID FROM VARIOUS SOURCES

<i>Source of aid</i>	<i>Type of aid*</i>				<i>Total**</i>
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	
Family	155 (62.2)	11 (4.4)	32 (12.9)	51 (20.5)	249
Villagers	63 (25.3)	23 (9.2)	59 (23.7)	104 (41.8)	249
Government	26 (10.4)	186 (73.5)	16 (6.4)	24 (9.7)	24)

Figures in parentheses are percentages.

* For each source type of aid, I, II, III, IV have different meaning (see appendix),

** 18 aged persons were unable to say anything.

A strong demand for an old-age pension was made by the aged people. About 74% reported that such a pension must be given to every person over the age of 60 years who is not receiving any remuneration from any other sources. Such a demand is indicative of the problems faced by the elderly in their struggle for subsistence.

Conclusion and Recommendations

Obviously, the dismissal of people from life follows a positively skewed distribution in the sense that the lower limit of age is 0 but there is no set upper limit and there may be found some aged persons who live significantly longer thus making them 'outliers' and causing the age distribution to be positively skewed. With an increasing life expectancy, the absolute number of elderly people is increasing in India at a faster rate. The socio-economic status of the households has been found to have a significant effect on the health condition of elderly persons. A statistically significant variation in the attitudes of family members toward elderly is also noted with respect to sex, occupation, caste, education, and routine work of the elderly persons.

In the rural area under study, most of the elderly females were illiterate and are not engaged in economic activities before reaching age sixty. Therefore, at the present time they do not receive any financial support from any source. The aged women are found to be relatively more dependent on younger persons than their male counterparts. Due to this dependence, the attitudes of family members toward their elderly become unfavourable, consequently leading to a stressful life for the elderly. Whether the younger persons view their elderly as 'asset' or 'liability' varies according to caste, occupation, and sex of the elderly.

An old age pension is strongly recommended for uplifting the status of the aged. Special attention must be given to raising the status of women. Such information may be a useful tool for improving the overall condition of the older section of the society.

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Appendix

Type of Aid and Thoughts of Elderly Persons:

I. From household/family members:

Code

Type

- I. Nothing, that is available, suffices.
- II. Mutual cooperation for peace and development of household.
- III. Requirements for their right care by providing necessary room, board, etc.
- IV. Household members should obey their orders and follow advice.

2. From Villagers:

Code

Type

- I. Villagers cannot do anything for aged people.
- II. Villagers should live with mutual cooperation and in an organized way.
- III. Everyone in the village must help each other for development of the village.
- IV. Behaviour of villagers should remain what it was in their pre-sixties years.

3. From Government:

Code

Type

- I. No expectation of help from the government.
- II. An old age pension should be provided.
- III. There should be control over corruption in the government machineries.
- IV. Government should provide employment opportunities for their sons and daughters.