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VOLUME 6

AGEING IN MEGHALAYA

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FOREWORD

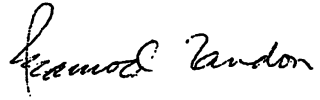
I am pleased to write a foreword to this book on Ageing in Meghalaya. Ageing is a natural and universal phenomenon as it is experienced by all the societies in all generations and all countries but its magnitude and manifestations are not the same everywhere. Governments all over the world are taking special effort to alleviate problems of the aged in their respective states.

The present report on Ageing in Meghalaya has been carried out by the Indian Council of Social Science Research, North Eastern Regional Centre, Shillong, with the financial assistance from the Department of Social Welfare, Government of Meghalaya. The study appraises the magnitude of the problems of the elders in the state of Meghalaya and suggests some policy recommendations to alleviate such problems.

I wish that this book will be used to improve planning and implementation of programmes and services for the welfare of the aged in the state of Meghalaya and I

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compliment the ICSSR-NERC team and the Department of Social Welfare, Government of Meghalaya for this commendable work.

A handwritten signature in black ink, appearing to read 'Pramod Tandon', written in a cursive style.

Pramod Tandon



PREFACE

This book, *Ageing in Meghalaya*, is an outcome of a small sample survey carried out by the Indian Council of Social Science Research, North Eastern Regional Center (ICSSR-NERC). It was sponsored by the Department of Social Welfare, Government of Meghalaya, Shillong.

The objective of this sample survey was to assess the general profile of the elderly in the State, their socio-economic status as well as health and age-related issues. Through this exercise, it is hoped, the department will be able to formulate appropriate policy for the elderly in Meghalaya.

Data for the survey was obtained mainly through a broad questionnaire (Annexure -1) that was circulated among 231 randomly selected elderly respondents, covering seven district headquarters of Meghalaya. This was supplemented by observations, interviews and informal discussions with the respondents as well as selected Key Informants, comprising headmen, social/community workers, NGOs and State officials concerned.

Apart from these, we have reviewed all available research, documents and articles on Ageing and issues related to the elderly population in India. We also ran through some reports published in newspapers, magazines and journals to have a better understanding of the issues.

The book, therefore, is not an exhaustive study on Ageing and the elderly population, but it clearly outlines the basic profiles of the elderly population in Meghalaya and some of its main concerns and how these may be addressed by the various stakeholders.

It is generally viewed that being a matrilineal society, in which traditional customs and values are deeply entrenched, the elderly are well looked after in Meghalaya, and so until recently, there has been little focus on the quality of life of the elderly population in Meghalaya.

This sample survey, even if it has been done on a small scale, indicates that with changing time certain problems are affecting the elderly population in Meghalaya, too, which deserve attention and mitigation.

Though Ageing is a natural phenomenon across the world, the magnitude of the problems of the elderly varies from place to place and culture to culture. Apart from concerns over deteriorating performance of the body due to the natural process of ageing, the elderly suffer from socio-psychological trauma. This is not because of changes in their temperament and attitude, but often due to society's changing attitudes towards the elderly.

The book is divided into seven brief chapters. The first chapter offers a general overview of the issues related to ageing and the elderly population and introduces the objectives and methodology of the study; the second chapter describes the State profile and the current scenario of the elderly, while the third chapter deals with the status of the State's elderly population. The fourth chapter discusses about the informal care givers and the types of the welfare schemes as well as the issue of financial dependency. The fifth chapter outlines the health problems and the status of the health care services available to the elderly. The sixth chapter articulates the social concerns for the elderly. It examines the existing state programmes for the elderly and sums up the views and suggestions of the key informants as well as the elderly respondents. The final chapter is the wrap up of the report with conclusions and recommendations for various stakeholders. For the sake of clarity we have changed the title of the report to Ageing in Meghalaya.

We sincerely believe this brief book will help stakeholders, especially the department concerned, improve their understanding of the issues concerning the elderly and formulate suitable interventions to redress them.

September 2008
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The Report, *The Magnitude of the Problem of Elderly Person in Meghalaya* was sponsored by the Department of Social Welfare, Government of Meghalaya, Shillong. We are thankful to Shri Y Tsering, IAS, Commissioner and Secretary, Ms L Diengdoh, IAS, former Director and Shri C C M Mihsil, MCS, the present Director, Department of Social Welfare, Government of Meghalaya, for initiating and extending all help required for the project.

There are many people who contributed immensely directly and indirectly in the course of the preparation of the report, and they all deserve special thanks. We are grateful to various officials from the Census Office (Shillong), District Social Welfare (DSC), Deputy Commissioner's (DC) Office, District Rural Development Agencies (DRDA) and Block Development Office (BDO) for providing all the relevant data. The various Non-Governmental organizations (NGOs),

Headmen, Charitable organizations, prominent Community/Social workers and particularly the officials at Mercy Home deserve appreciation for the valuable information provided by them in the course of the fieldwork. Due acknowledgement is given to Prof. B S Mipun, Department of Geography, NEHU, for the support in making provision for maps. We are grateful to Dr N P Goel, Centre for Adult Education, NEHU, for his help in tabulation and interpretation of the data.

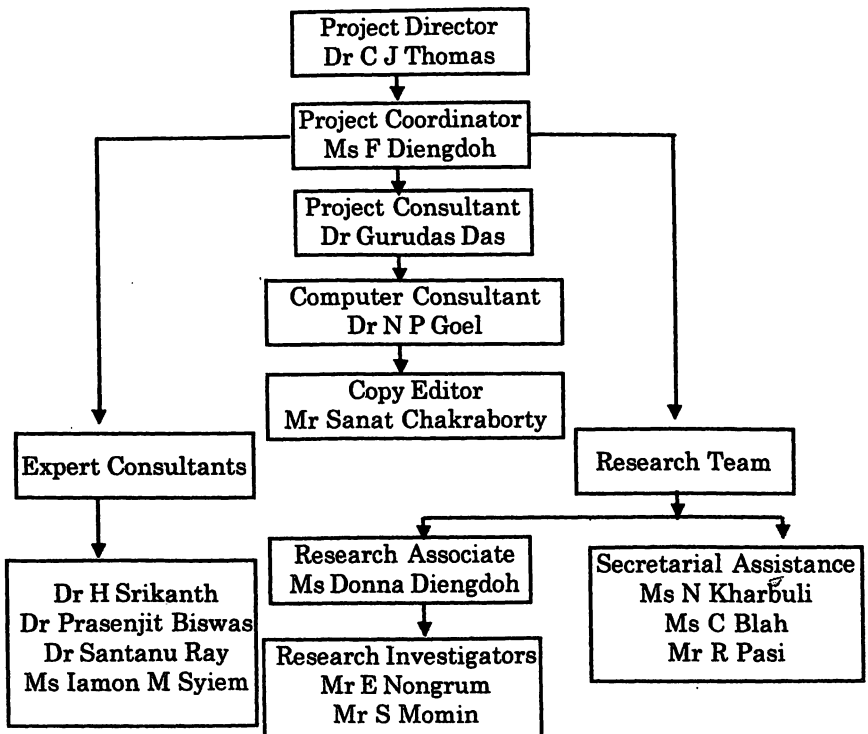
Dr Gurudas Das, Head, Department of Humanities & Social Sciences, NIT, Silchar deserves special appreciation for making necessary changes and analyzing the whole report and also assisting in the project as Consultant. We put on record the following scholars who had gone through the draft report and given their valuable comments: Dr H Srikanth, Dr Prasanjit Biswas and Dr Santanu Ray of NEHU and Ms I M Syiem of St Edmunds College. This report would not have been possible without the help and sincerity of our Research Associate Ms Donna Diengdoh and the Research Investigators, Mr Eric Nongrum and Mr Suffice Momin. We appreciate much for their ungrudging support throughout the field work.

Shri Sanat Chakraborty, Editor, *Grassroot Options*, Shillong deserves special appreciation for giving final touch to the book as the Copy Editor.

We are grateful to all our colleagues at the Centre for their cooperation and assistance. Lastly, the respondents of the present study deserve special appreciation for their kind cooperation during the interview to our investigators.



PROJECT TEAM





EXECUTIVE SUMMARY

1. Background

Old age is the penultimate stage of life, when all the biological organs of human body gradually tend to lose their vitality, leading to ill-health and death. However, with the advances in medical sciences, better nourishment and improved standards of public health, now people live longer. As a result, the number of elderly population is increasing world-wide, giving rise to global concern over the welfare, social security and sustenance of the elderly population, as it has a bearing on country's economy and national security.

In 1991, Meghalaya had a population of 1,774,778 with 51.14 percent male and 48.58 percent female. The elderly constituted 4.5 per cent of the total population. Their absolute number was 78,742. Of the total elderly, 55.1 per cent were males and 44.9 per cent were females. While in the rural areas, proportion of the elderly males

was higher than the females, in the urban areas their proportion was almost the same.

In 2001, while the population of Meghalaya went up to 2,318,822, with 50.72 per cent male and 49.28 per cent female, the total number of elderly was 1,05,726. Of the total elderly, 51.09 per cent were males and 48.91 per cent were females. A comparison between the 1991 and 2001 population census reveals that while the decadal growth rate of population in Meghalaya has been 30.65 per cent, the same for the elderly population stands at 34.27 per cent. This clearly indicates that the elderly population in Meghalaya is growing at a faster rate than the decadal growth rate of the overall population. Thus, as far as the change in age-composition of population is concerned, Meghalaya exhibits a similar trend as has been observed elsewhere. Therefore, public authorities in Meghalaya have reasons to be concerned about the problems of the elderly. This trend calls for appropriate public interventions in order to ensure the welfare of the elderly in the State.

Among the traditional tribal societies of Meghalaya where the family and kinship ties are still strong, the elderly are not considered a problem. The elderly also do not find it difficult to spend their last days since their family and kin groups need their advice and guidance. An attitude of reverence towards the aged/elderly is considered a virtue and nothing important could take place in the family without the sanction and blessings of the old. The elderly have been assigned a place of honour and respect and are well integrated in the society. The responsibility of looking after the old people

is taken for granted. So the elderly too don't feel that they are useless and unwanted.

This scenario is, however, gradually changing with the deepening of forces of modernization. Traditional values are giving way to the predicaments of modern living. The informal care taking system built-in traditional social and family structures is slowly fading away. The change in social family structures is resulting in declining role and status of the elderly in the society. In this changing situation the old persons feel depressed, insecure and deprived in their family and community.

Therefore, as in other societies, the elderly population in Meghalaya too is experiencing deterioration in their status. They are probably unable to articulate their grievances, but they seem to say they are not cared. The evidences show that slowly and steadily, the elderly people in this part of the country, too, are facing major problems, which need immediate attention.

2. Key Findings

Trends in growth of elderly population

- Elderly population in Meghalaya is growing at a faster rate than the overall growth of population.
- While the decadal growth rate of population has been 30.65 per cent during 1991-2001, the same for the elderly population stands at 34.97 per cent.
- Growth of the elderly population is not evenly distributed across the state.

- Growth of the elderly population is concentrated in three districts, viz., Jaintia Hills, West Khasi Hills and East Garo Hills.
- Rural Meghalaya bears much of the burden of the elderly population than its urban counterparts.
- While in 1991, longevity at age of 60 of the females was higher than the males, this gap has been reduced in 2001.

Trends in old age financial security

- About 56 percent of the respondents have reported that they are facing financial problem.
- Elderly people face more financial problem during the early years of their retirement from active life. It is perhaps because a time lag is needed to adjust their consumption and spending habits with their reduced financial status. Financial problem is less pronounced among the people of very old age (above 75 years of age).
- In Meghalaya, the elderly males face relatively more financial problem than the females. Matrilineal social formation may be the reason for this inter-sex disparity.
- The problem of old age financial security is acute among the Garos, moderate among the Khasis and less among the Jaintias.
- It has been found that the problem of old age financial security bears some inverse relationship with the educational qualifications of the respondents. The lesser the educational

qualification, the higher is the magnitude of the problem of old age security and vice versa. It is evident that education instills skills in individual. The higher the level of education, the better is the prospect of formal jobs which fetch higher income. With formal sector jobs come old age security provisions. Moreover, higher income enables individuals to save more for the old age and thereby reduces financial dependency.

- Occupations of the elderly in their active life largely determine their status of old age security. It has been noted that 84 per cent of the elderly who were/are associated with farming face financial problem. About 56 per cent of the elderly who were/are associated with non-farming activities reported to have financial problem. The elderly females, who were/are housewife, also face considerable amount of old age financial insecurity.
- Education, occupation, income and old age financial security are all related. Better education enables an individual to find better jobs and earn higher income. The higher the level of income, the better is the financial position of an individual at old age. It has been noted that less number of respondents having higher income reported to have financial problem.
- It has, thus, been observed that the illiterates, self-employed, low-income groups are more vulnerable to old age financial insecurity than the literate and formal sector employees group of people. Old age

security measures have to be focused on this vulnerable section of the elderly.

Trends in status of health of the elderly

- About 50 per cent of the respondents reported to have health problems. It has been observed that with age health problem increases. While 44 per cent of the elderly of the age group of 60-65 have reported health problems, this percentage rises with the age and about 85 per cent of the elderly of the age group of 80 plus reported to have health problems. Thus, problem of health bears a positive relation with age. This is a general trend and Meghalaya sample shows no exception.
- Contrary to the general believe that male elderly suffer from more health problems than the female elderly maybe due to greater exposure of the former towards stress related activities and unhealthy habits like drinking, smoking, etc., higher percentage of female elderly in Meghalaya reported to have health problems than their male counterparts. While 57 per cent of male elderly reported to have health problems, 65 per cent of the female elderly have reported the same. This contradictory finding calls for deeper investigation of the phenomenon.
- Health condition of an individual has something to do with his/her lifestyle. The life style of people is, to some extent, influenced by the religious faith they follow. But practice of a particular religious faith may not explain the health problems of an

individual fully. People's access to health care services, availability of quality health care providers and economic condition of the people – all these need to be taken into consideration.

- However, this trend is also consistent with facts that majority of the Jaintia elderly (51.35 per cent) reported to have health problems. Next to the Jaintias, 50 per cent of the elderly of Garo origin reported to have health problems. Least number of the Khasi elderly (38.46 per cent) reported to have health problems.
- Contrary to conventional wisdom, sample data exhibits a negative relationship between educational level and income on the one hand and health condition of the respondents on the other. It has been observed that the higher the educational and income level, the more is the health problems. One probable explanation may be that higher level of education is associated with higher level of income and higher level of income is, in turn, associated with greater profligacy. Extravagance leads to health hazards. Surprisingly, this trend is not reflected while health problems are seen against occupation. For the trend to be consistent, we would expect that higher educational achievements would lead individuals to get formal sector jobs and higher income. Hence, more formal sector employees should also report health problems. But sample data does not exhibit this pattern. In contrast, higher percentage of people engaged in farming

reported to have more health problems than people engaged in formal sector (Government employees) reported. A further study is needed to look into this apparent contradiction.

- Out of 181 elderly who have specified the diseases which they suffer from, it has been observed that about 91 per cent of them suffer from age-related diseases. The old adults associated with agricultural activities suffer less than those peers associated with non-agricultural activities. Moreover, old female adults suffer less from age-related diseases than their male counterparts.
- Age-related diseases like heart problems, blood pressure, blood sugar, asthma, rheumatism, etc., are most common among the elderly. Public health policy needs to be thoroughly informed of this trend so that public health care services can focus on the health problems of the elderly. Adequate infrastructure in terms of both men and materials need to be created in public health centers in order to cater to the needs of the elderly.
- About 40 per cent of the elderly suffering from health problems has complaints about the quality of health care services provided by public health care providers.
- It has been observed that the elderly of high income group prefer health care services from the private health care providers, whereas elderly of low income group access the same from the public health care providers. As majority of the elderly

in our sample belongs to low income group, deterioration of public health care services directly impinge upon their welfare.

Trends in psychological status of the elderly

- It has been found that more number of elderly suffer from psychological adjustment problems particularly during the early years of their retirement from active life. This primarily happens due to the role erosion, as the elderly, immediately after their retirement, are stripped of the various roles and duties, both at home and workplace. It is difficult for an individual to reconcile with this change in his roles. As time passes, he gradually adjusts himself/herself with the facts of life and hence experiences lesser psychological problems. It has been found that these problems decline with the age of the elderly.
- It has been observed that the old male adults suffer more from psychological adjustment problems than their female counterparts. Probably, for the women, the role erosion is much less at old age.
- As educated and well off people can better plan and manage their old age, they face less psychological adjustment problems than those who are illiterate and poor. The percentage of people facing psychological adjustment problems declines with higher educational achievements. People with formal sector employment also exhibit less psychological adjustment problems at old age than people with informal occupations.

Trends in informal care giving to the elderly

- The matrilineal social system, which is prevalent among the Khasis, the Garos and the Jaintias in Meghalaya, vests the responsibility of care giving to the elderly with the daughter in a family. Due to this, daughters play a crucial role in providing informal care to the elderly.
- Informal care givers are the prime source of support for the elderly. Out of 231 respondents, nine have not mentioned as to with whom they are staying. As a result, our sample size in this case reduces to 222. About 97 per cent of the elderly respondents said they stay with their family members and relatives. Only two elderly stay alone. Out of 222, only four elderly were found staying at Mercy Home, a city care center. Thus, elderly in Meghalaya do not suffer much from familial and social isolation.
- It has been noted that the average family size in Meghalaya is large. On an average, an elderly is having more than five children. We find hardly any relation between the informal care giving and the number of children a person is having. That is, having more children does not guarantee higher level of informal care. Moreover, we do not find any discrimination in informal care giving to the elderly across the sex of the children – male or female.
- It has been observed that instead of number of children, the income level of children is positively

correlated with the level of informal care giving to the elderly. The level of informal care giving is interpreted in terms of the attitude of the children towards the elderly. If the needs of the elderly are attended to, it is interpreted as sympathetic attitude. It has been observed that the higher the level of income of the children, more sympathetically the elderly is treated and vice versa.

Trends in financial dependency of the elderly

- Majority of the elderly are financially dependent. This dependency rises through age. As the elderly grow older, and with no stable inflow of income, they go on drawing whatever they could amass for the old age.
- It has been observed that the elderly females are more dependent than their male counterparts. Out of 120 respondents who revealed that they are financially dependent, 62 per cent of the females and 38 per cent of the male old adults have reported financial dependency.
- It has been observed that about 80 per cent of the elderly associated with agricultural activities suffers from financial dependency. Only 39 per cent of the elderly associated with non-agricultural activities has reported financial dependency.
- Among the informal care givers, daughters play the most crucial role. In matrilineal social system, the responsibility of taking care of the elderly

members vests with the daughter in a family. About 56 per cent of the elderly in our sample fully depends on their daughter for financial support. Another 26 per cent depends on their daughters partially.

- As age progresses, more and more old adults retire from active life. This is obvious as ageing incapacitates individuals from doing physical work. Surprisingly, about 72 per cent of the elderly in the age group of 60-65 is still active. About 51 per cent of the elderly in the age group of 65-70 also remains active.

6. Recommendations and Suggestions

Old Age Security

1. It is difficult for any government to provide adequate and full proof old age security in view of the enormous cost involved in supporting a growing population of the elderly. However, the Government can provide a bare minimum financial support. It can create market and non-market instruments, and through these, encourage people to plan and save more for the old age. Government may explore various options, which will encourage people to save more during their active and working life.
2. Eligibility conditions for the old age pension need revision. Amount of pension should be considered keeping inflation and purchasing power in mind. The base amount needs upward revision.

3. The transaction cost of pension needs to be reduced.
4. Old age pension amount should be decided based on the basic need principle.
5. The delivery mechanism needs to be simplified and accessibility of the elderly needs to be improved.
6. Awareness campaign needs to be strengthened so that elderly in remote areas can avail the assistance.
7. Whatever limited old age assistance programmes are available, their distribution should focus on the self-employed, illiterate and rural elderly who are most vulnerable to old age insecurity.

Health Care Services

8. Health care services offered by both public and private health care providers need to be improved. Not that all elderly depend on public health facilities. For example, many elderly in the Jaintia Hills face less financial problem and often access private health care services. The government should encourage the private health care providers to cater medical services to the elderly at subsidized rates as part of a social commitment of the corporate entity.
9. Public health care providers need to be sensitized and made more accountable to the needs of the elderly.

10. Public health care services need to be strengthened and improved for the elderly with special units in hospitals and assured supply of medicine. It is also important to examine various models of health care so that the system can be improved.
11. Health centers exclusively for the elderly can also be considered. Health check ups and other related services need to be provided at the doorsteps to those who are immobile. Mobile medical services can go a long way in this regard.
12. Primary health centers need to be revitalized.
13. Health awareness programmes need to be organized and NGOs need to be vigorously involved in this effort.
14. Public health care institutions need to be provided with adequate infrastructure – in terms of professionals, equipments and medicines – so the elderly are better looked after.

Psychological Support

15. Informal care givers provide the psychological support to the elderly. Society needs to be sensitized about the problems of the elderly. This may be done through both formal system of education and informal socialization process. Government may launch public awareness campaigns about the need for better care of the elderly through school curriculum and also encourage community organizations and NGOs to disseminate the same.

16. Government may take initiative to introduce social service as part of school curriculum and encourage the younger generation to help and serve the elderly in surrounding areas of a school.
17. Government may declare a day for the elderly population and encourage various social institutions and civil society organizations to observe the same. Popular community leaders, officials, intellectuals and local celebrities may be involved to sensitize people on that day about care, respect and support that the elderly need.
18. On the other hand, the community too may encourage the elderly to participate in various social and community works as they are the store house of experience and knowledge. This will give them a purpose and help reduce the shocks of role erosion from which they suffer during the post-retirement life.
19. Involvement of the local community like the *Durbar Shnongs* to organize regular check up programmes may be of immense benefit.
20. As the educated elderly can better manage the retired life and suffer less from psychological adjustment problems, government may vigorously campaign for adult literacy.

Institutional and Policy Support

21. In order to achieve transparency and full implementation of the old-age pension and other schemes for the elderly, the State government may consider the following: a) create a data base

of the elderly population (village wise), identify the BPL families and enlist those elderly who are entitled to the existing two schemes, old-age pension and one-time medical grant. A village-wise household list has already been computerized by the C&RD, which is available online; b) the identified BPL elderly in each village may form an SHGs, which will ensure that the money reaches the identified beneficiaries and records/books are maintained properly; c) Another option may be the use of tiny cards, a no-frill account scheme aimed at facilitating micro-credit to poor farmers, which is being promoted by the SBI to fulfill its mandate of financial inclusion. The tiny card, just like the ATM/debit card, contains the biometric information, a digital picture of the account holder and his/her thumb impression, which authenticates the identity of the individual account holder. The same kind of no-frill accounts can be made available to the identified elderly. The government may just transfer the old-pension amount to their account, which the elderly can access through the tiny cards at their convenience. A method may be worked out to update the list of surviving elderly NOAP beneficiaries once in a year or half-yearly basis.

22. Besides, a reliable database on the health status, morbidity and disability in terms of sex, locality and socio-economic status needs to be developed.
23. An in-depth review of the existing pattern of care

for the elderly at the state, community and family levels should be initiated.

24. Institutional care like Old Age Homes and Nursing Homes for the elderly need to be promoted and strengthened.
25. As income, and not the number of children, is positively correlated with the level of elderly care, society needs to be sensitized to restrict the family size so that parents can invest more on their children. More investment on children will make them better educated. Better education will enable them to get better jobs and higher income. This will enhance the family capacity to better look after their old adults.
26. Government may consider upward revision of the retirement age of the employees, as the elderly remain active even till the mid-sixties and seventies of their life, because of advanced medicine and improved care services.
27. Finally, but not the least, media can play an important role in sensitizing the society about the problems of elderly and need for elderly care.

New Initiatives

In recent times, the society is witnessing a gradual but definite withering of joint family system. As a result, a large number of parents is not being maintained by their children as was the normal social practice. They face many problems in the absence of adequate social security. Therefore, the Ministry of Social Justice and

Empowerment has proposed law for promoting the maintenance, care and protection of older persons. The proposed legislation envisages setting up of Tribunal headed by Sub divisional magistrate in each district to deal with the maintenance claims of the parents. It has also mooted through legislation to lay down directions to the State governments/UT administrations to provide adequate medical facilities to older persons and take steps to ensure protection of their life and property.

The Ministry is also interacting with the State governments to bring about a uniformity of age for both male and female for the purpose of distribution of old age pension. Some States like Goa, Tripura and Karnataka have prepared State Policy and plan of action for the elderly people.



1

INTRODUCTION

1.1 Generalities

Ageing is a natural process that affects all human beings. Generally, it means a state of decay—a gradual deterioration of the functioning of various organs in the body and mind. It's the penultimate phase in human life before death, which is mostly marked by ill-health and associated physical and psychological problems. And because of these, ageing has serious implications on a country's economy and national security. However, advances in medical science, better nourishment and improved standards of public health have all contributed to prolonging human life. The application of science and technology, spread of medical knowledge and extension of health facilities to a wider population have brought down the birth rate and reduced the death rate especially of the elderly population.

Global scenario

The ageing of the world population is a matter of concern for everyone in all generations and in all countries. The older population is expected to quadruple over the next 50 years. This transformation in the population will change various aspects of life for individual and societies (Kapoor and Kapoor: 2004). For example, *in 1950, there were about 200 million persons aged 60 and above in the world; this figure now stands at 550 million, and is expected to reach 1 billion mark by the year 2020. Even more dramatic is the expected increase in the number of very old people (aged 80+ years); that group is projected to grow by a factor of 8 to 10 times... between 1950 and 2025* (Atal : 2001). In the same way, many studies have indicated the growth of elderly population. A view of this growing literature is presented in the succeeding paragraphs.

According to a study by Desjarlais et al (1999), the population of the elderly in the world has been growing rapidly from the middle of the 20th century. It projected that *the number of aged in the world population will be more than double from 500 million in 1990 to over one billion by 2025*. The rapid increase in the population of the elderly in the world has caught the attention and concern of the United Nations and in its *World Population Prospect, Estimates and Projections*, the aged/elderly population (over 60 years of age) was estimated at 5.3 percent in 1980 and is expected to jump to 7.7 percent in the year 2000 and 13.3 percent by the year 2025. According to the United Nations (1988), the most dominant trend from the mid-Eighties to the middle of the 21st century is likely to be the ageing of the population in the developed as well as the developing world. The

number of the elderly may increase to one billion by the year 2030 and about 50 percent of these would be from Asia, with major contributions from India and China (Thakur: 2002).

The rise in the population of the elderly was thought to be a concern only of the developed countries but it has now become an equally important issue even in the developing countries as well. One of the reasons why the social scientists from the developing countries did not show much interest in the problem of ageing is that the proportion of the old age people is comparatively small and the longevity is still shorter in the developing countries compared to the developed world. Unlike the West where the nuclear families and individualization of personalities are the norm, it is quite natural that the developed world has taken the lead in raising the debate regarding the problem of the elderly. In 1990, the developing countries had only 6.9 percent of the population, which is 60 years and above as compared to 17.1 percent in the developed nations. However, changes are taking place the other way round. It has been projected that compared to the 1990 figures, the developing countries like India, China and Mexico will witness 200-280 per cent increase in the population of the elderly by 2025, while in the developed nations, there will be only an increase of 33.65 percent (Legare: 1993).

The developed countries are in a position to meet the challenges but the developing countries are facing a resource crunch on the one hand and rising unemployment, urban migration and population overgrowth etc. on the other. Hence, it is not going to be an easy task to provide proper health care services and fulfill other needs of the growing number of elderly,

unless strategies and approaches are evolved that are cost effective and sustainable.

The United Nations Principles for Older Persons were evolved in recognition of the fact that *in all countries, individuals are reaching an advanced age in greater numbers and in better health than ever before*. They emphasized the need *for a variety of policy responses because of tremendous diversity in the situation of older persons not only between countries but within countries, and between individuals*. They also recommended that *“opportunities must be provided for willing and capable older persons to participate in, and contribute to the ongoing activities of society”*. The 18 principles enunciated by the United Nations fall into five clusters, namely, independence, participation, care, self-fulfillment, and dignity (Modi: 2001)

Recognizing the importance of this particular age group, in 1990, the UN General Assembly designated October 1 as the *International Day of Older Persons* for celebrating and acknowledging the contribution of older people to society. The United Nations Principles for Older Persons, adopted in 1991, are best summed up in the logo: *To add life to the years that have been added to life*. A conceptual framework for International Year of Older Person (IYOP), which is based on the International Plan of Action on Ageing (1982) and the Principles for Older Persons (1991), was formulated and submitted by the Secretary General to the 50th session of the General Assembly in 1995. The 1997 Operational Framework also assisted in setting the scene for the International Year of Older Persons, 1999. The overall theme for IYOP was *Towards a Society for All Ages*,

which reflects a growing concern for ensuring age-integration and multi-generational relationship (Modi: 2001).

Since the time the United Nations dedicated the year 1999 to the aged/elderly as the International Year for Older Persons, a large number of literature has flooded the global print market focusing on a wide range of issues and concerns related to the elderly population of the world. India for its part has not been lagging behind in its approach to its elderly.

National scenario: India

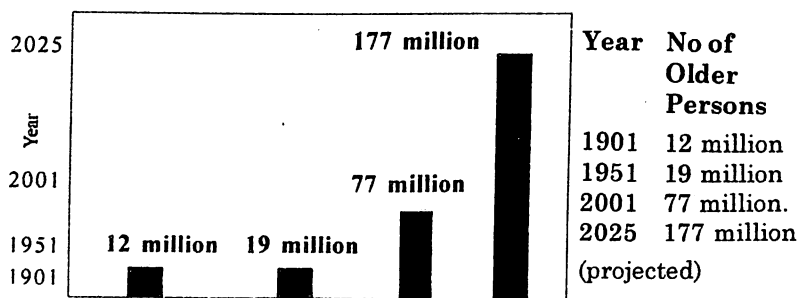
As has been reflected earlier, India being a developing country with a large population, one of the many challenges facing the country is the growth of elderly population, which is growing much faster than the overall global population. Again with improved health care facilities and standards of living, life expectancy of Indians is going up. Elderly population has attracted the attention of health planners, economists and demographers alike as there has been a steep rise in the world population of people aged 60 years and above in the last five decades. Demographers are predicting a steeper rise in the coming years. Indian population is heading towards in what may be termed as the 'explosion of the aged/elderly'.

Many studies have indicated the rise in population of the elderly population in India. According to the Research, Reference and Training Division, Ministry of Information and Broadcasting, Government of India, *the population of older persons 60+ in India ranks fourth highest in the world and by the end of the present century*

it will be second only to China. Today, India is home to one out of every ten senior citizens of the world (Research, Reference and Training Division, Ministry of Information and Broadcasting, 2001). According to the Indian census figures, the proportion of elderly persons in India has risen from 5.63 per cent in 1961 to 6.58 per cent in 1991, to around 7.08 percent in 2001 and will be somewhere 9.87 percent in 2021 (Yadav: 2004). Similarly, Sundari and Geetha (1999) also projected that the population of the aged will rise from 25.6 millions in 1961, the number of those over 60 years is expected to reach 340 million in 2061. The United Nations too declared that India would become an ageing society where the aged would account for more than seven percent of the total population of the world (Uplaonkar: 1999). At present the estimated number of persons aged 60 and above is about 70 million which is likely to touch 177 million by 2025, about 25 percent of whom would be above 80years of age (Thakur: 2002).

From figure 1.1, we find that the elderly population was 12 million in 1901, 19 million in 1951, 77 million in 2001 and is expected to go up to 177 million in 2025.

Growing population of the Elderly



Source: www.helpageindia.org

Figure 1.1

Thus the population of 60+ is assuming an enormous size and the tremendous growth of the population of the elderly and its growing proportion in the total population are creating new problems for the society and for themselves (Singh: 2001).

Recognizing this, the Constitution of India in its Directive Principles recognizes the need for the care of the elderly. Art 41, section 125 of the Criminal Procedure, 1973 and section 20(3) of the Hindu Adaptation and Maintenance are a few legislative measures for the security of its aged/elderly. India's Eight Five-Year Plan also encourages voluntary or non-governmental organizations for providing old age homes, day-care centers, mobile medical units and other programmes (Sundari and Geetha: 1999).

The Ministry of Social Justice and Empowerment (MSJE) has been implementing a Central scheme of assistance for the programmes relating to the aged/elderly from November 1992. This is indicated in the *National Policy on Older Persons*, MSJE, Government of India (attached in the annexure). Meghalaya, too, is said to be following this policy in relation to the elderly persons in the State. Under the central scheme, financial assistance is provided to voluntary organizations for establishing and maintaining of day-care centers, old-age homes, mobile medicare units as well as for supporting and strengthening non-institutional services for the elderly/aged. This scheme, revised in 1998-99, is called 'An Integrated Programme for Older Persons'. Under the revised scheme, up to 90 percent of the cost of the project will be provided by the Government of

India and the remaining shall be borne by the organization or institution concerned (Research, Reference & Training Division :2001).

1.1.1 Elderly: Meaning of the term

Who are the aged/elderly? There is no single accepted definition of the elderly, which is unanimously accepted worldwide. The terms elderly, aged and senior citizen have been used interchangeably. They all imply the same meaning of old age (Modi:1997). Different scholars have different views and opinions on the elderly. The concept of old age is not the same throughout the world. There are three different cut off age for elderly- 55 years, 60 years and 65 years (Sahu: 1998). For example, when a 15 year old boy considers a 30 year old man elderly, the latter treats a 50 year old man elderly and so on so forth. So, there is no clear cut definition as to whom we can consider elderly/aged. Therefore chronological age is not a satisfactory criterion for determining old age because there are individual variations in the rate of physiological ageing. In a sense the old are those people whom the society categorizes as old (Mohanty: 2004).

The Collin's Dictionary of Sociology says that *it is the last part of the individual's life course, associated with declining faculties, low social worth and detachment from previous social commitments. It is a social construct rather than a biological stage, since its onset signifies very historically and culturally* (Mohanty: 2004). In the opinion of Soodan (1975), *the beginning of old age in an individual is associated with different conditions or changes occurring in one's life, viz., the onset of the*

graying of the hair, the advent of bifocals, a serious impairment of vital physical components, failure of the individual to function independently, ceasing to be productive and imposition of an arbitrary retirement age by the society. Old age is generally associated with fatigue, decline in functional capacity of the organs of the body, decrease ability to cope with the stress of disease or trauma.

While advancing old age, disabilities that impair daily living activities are very common in old age. It also refers to the age in which most people retire from work and claim for benefits such as pensions. According to Shankar (1992), *old age is often a time of loss in terms of relationships. Retirement from active work means loss of contact with co-workers. Old age may also mean that old people staying back in their villages and towns while their children move away from homes, and relatives and friends are lost through death or distance.* In other words, old age may be termed as the later part of life of an individual in which symptoms of physical deterioration begins to appear. It indicates the manifestation of physiological, social and psychological changes.

However, the point at which old age begins cannot be specified. For administrative purposes, such as determining retirement age, an arbitrary chronological age is used which has no relationship to physiological age or to function/working capacity. But a widely used dividing line is retirement. Retirement age in most countries is fixed between 55 and 65 years. This varies from country to country and the level of development of that particular country. The United Nations defines

elderly citizens as those who are over 65 years old because there is often obvious deterioration in their health condition. Most of the Western countries have set the age of 65 as the year of retirement. Old age is usually regarded as synonymous with retirement age. In India, the age of retirement varies from 55-65. The Indian census has adopted the age of 60 for classifying a person as old. Thus in this study, 60 years and over is taken as the elderly population.

1.1.2 Problems of the Elderly

The problems of the senior citizens in India and for that matter in most of the third world countries are different from the problems of the old persons in the developed and western countries. The social institutions, cultural milieu, customs, traditions, religion, community control and individual as well as group psychology of the two worlds are quite different. In India, whenever the problems of the elderly are discussed from academic or policy orientation point of view it is by and large the middle class and other elite whose problems get highlighted. However, there is hardly any concerted effort to measure the problems of the elderly in the poorer sections of the society. It is, therefore, imperative to mention here that in a society where more than 70 per cent population lives in the villages and an aggregate of more than 50 per cent of the urban and rural population live below the poverty line, it is not only the problem of the elderly that is important but it is the problem of poverty which also needs adequate attention (Suguna: 2004).

Old age is generally accompanied by a number of problems that the elderly have to face and adjust with in varying degrees. Loss of economic independence and physical vigour and the emergence of various types of degenerative diseases change an elderly from an independent, self-supporting individual to one who needs help from his children, members of the family and the society in general. Absence of common interests and lack of extensive and regular interaction with the younger members in the family may result in social isolation and loneliness of the elderly.

The obligation of the Indian family system to look after the elderly continues to be discharged even today. There are, however, some emerging stresses and strains of the forces of urbanization, industrialization and modernization which have given rise to change in social and family structure resulting in declining role and status of the elderly in the society. The spread of education and greater social mobility have resulted in the out migration of children from their native homes in search of jobs, leaving the elderly with none to look after them. In this changing situation, the old persons feel depressed and deprived. A sense of insecurity and helplessness prevails. Moreover, the loss of their status in the family and the community becomes a source of utter frustration and maladjustment. Today, it is evidently pronounced that young people are independent and they often choose the lifestyle of the western societies. Thus the image of the elderly then reflects powerlessness. They are the least noticed of the destitute.

In India studies show that the family is the prime source of social, economic and emotional support in physical care. It has been observed that the care of the elderly depends upon the status and prestige enjoyed by them in the family. This status depends on several factors, viz., the material possession and physical disability to share the family burden. This status, in turn, becomes the factor which decides one's well being and care in the family. Any dereliction in the duty of the elderly will axe the harmonious relation in the family with other members in no time. Well being of the elderly depends on the nature and extent of factors such as role erosion, role overload, role isolation, role expectation and role conflict (Bali: 1999). Let's briefly run over these factors.

Role Erosion

An elderly in his active life assumes various roles and social position and plays those roles according to his/her ability and capacity. As the ageing sets in, s/he is stripped of his/her various roles and duties, thus, leading to the role erosion. The erosion is combined with the change in the social structure and relationship of the elderly in the family. Similarly, one may find substantial change in work relationship and economic transition in cases of role erosion. This causes many a time a great deal of dependency of the older person.

Role Overload

It leads to stress, strain and fatigue, both physically, psychologically, economically as well as socially for the elderly. Such type of role overload is seen particularly

in cases of women. The elderly women are bound by various domestic changes and other economic activities in her youth and supplementing the family income in their middle age. She takes care of the young and old members of the family to the best of her capacity. Due to the onset of age and other physical vagaries, it becomes too demanding for her to comply with all sorts of expectations by the younger family members. This also sometimes has deleterious effects on their mental and physical health, caused due to role overload.

Role Isolation

Role Isolation occurs when an individual, particularly an elderly feels that s/he is kept out of whatever happening in the family. Being replaced, sidelined from their earlier position of importance, could have serious consequences on the well being of the elderly. This could lead to loneliness and boredom. Perceived non-usefulness causes a lot of unhappiness. This problem is found much severe among widows, separated or divorced or in cases of desertion.

Role Expectation

Every individual in a family has certain ascribed role by virtue of being born or being part of a particular family, so they play a set of defined roles. At times role player subjects himself to an evaluation in keeping with his or her own expectations of the role being played. In the event of conflict normal role play of the elderly will be adversely affected and it will lead to distortion and deviation in routine expectation. This could arise when the elderly expects a certain kind of help or care but is

not forthcoming. Such situation can affect the elderly deleteriously.

Role Conflict

Role conflict could arise between the elderly and others, primarily due to differences in the perceptions and the values attached to the performance of the roles. Recognition of this indicates the fact that conflicting needs and desires of the elderly and others cannot possibly be fulfilled due to various limitations within the family or outside. Besides these, factors like personal inadequacies, i.e., physical, economic and social and resource inadequacy also impinge upon the well being of the elderly.

1.2 Objectives of the Study

The broad objective of the study is to understand the nature and magnitude of the problem of the elderly persons in Meghalaya. This broad objective entails in the following specific points:

- to study the growth in population of the elderly persons
- to study the status of living arrangements, family life and inter-generational adjustment of the elderly
- to examine the social and economic status of the elderly
- to probe into their general health condition and access to health care services
- to study the recommendations of the society and the elderly towards the elderly welfare
- to make suggestions for implementation

1.3 Methodology

The study was conducted in the seven district headquarters of Meghalaya - Shillong (East Khasi Hills), Nongstoin (West Khasi Hills), Nongpoh (Ri-Bhoi), Williamnagar (East Garo Hills), Tura (West Garo Hills), Baghmara (South Garo Hills) and Jowai (Jaintia Hills). In total 231 elderly persons were selected using a simple random sampling technique. The respondents comprise of both male and female population of 60 years and above. The data was collected through a structured questionnaire (enclosed in the annexure) which covered different aspects related to general information (profile of the elderly), health, socio-economic status and the recommendations on the elderly. The Data collection and report writing were carried out during June-November 2005.

In course of the study, an extensive literature review was conducted. All the available and relevant secondary sources of information both published and unpublished were collected, reviewed and analyzed. The other relevant supplementary information were also collected from available secondary sources like census reports, Government reports etc.

Interviews were also taken from Key Informants (KIs) during the field work after informing them about the proposed project. The list of KIs included key officials from the State Government, headmen, community/social worker, NGOs etc. from each district in order to get information about the status, problems and welfare of the elderly population in the region.

Before the start of the fieldwork, the field team investigators were given an orientation of the principles of research ethics and a pilot survey was carried on the same day in order to test the effectiveness of the questionnaire. In doing so whatever problems they faced were discussed and alternatives were planned in order to get the desired data as per the questionnaire.

Data Collection

Every selected elderly person was personally contacted when he/she was relatively free. The purpose of investigation was explained and their co-operation sought. Good rapport was established with them through periodic visits to their households. The co-operation of the family members was also sought in eliciting information from the elderly. The elderly were encouraged to express their opinions freely and frankly. As far as possible, the information was collected from the respondents when they were alone to avoid any complications. To elicit correct information, thorough probing was done wherever necessary.

Data for the study was collected through :

1. personal interview with the respondents with the help of an interview schedule
2. informal interviews with the various key informants including the family and friends of the elderly
3. published and unpublished material regarding issues pertaining to the elderly

A simple statistical method has been used to present and analyze the quantifiable responses. The data was presented in simple tables, which had been particularly useful in the analysis of respondent's attitudes, opinions and behavioural orientations concerning the self in different life situations.