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SOCIAL WORLDS OF THE ELDERLY IN A MICRO SETTING: A PROJECTION

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While preparing to step into the new millenium, the humankind across the globe is concerned to record the rapid increase in the population of the elderly. The concern is greater in the over populous country like India. Maj.Gen.S.S. Sandhu, the Director General of HelpAge India strikes an alaram: "The population aged 60+ is increasing rapidly in our country from 56 million in 1991 to 70 million in 1998 and is expected to be 177 million by 2025. This aging population presents a burden on the socio-economic and health infrastructure of our society ..." (in Rajan et al. 1999: 15). Are we prepared to shoulder this burden as a challenge? How shall we respond to this challenge? These questions are addressed to all those who are anxious of improving the quality of life of Indians in the next millennium and they solicit answers from several levels of human experiences - the individual, the familial, the societal and the governmental.

Some recent studies on the conditions of the elderly in India, basing themselves on the quantitative data gathered from the macro-national level surveys and qualitative data from case studies, made certain attempts to provide an integrated social science perspective to the question of elderly in India. However, in their ultimate analysis they leaned more towards recommending refining the governmental policies and programmes aimed at preparing the entire Indian society to face the challenge of increasing population of the elderly.

Dandekar (1996), for example, argues that the thrust of government policies and programmes should be dirceted at providing old-age pensions for the rural old for two important reasons: (a) the rural old are well-integrated with their social milieu and (b) the pension schemes are a cheaper alternative. For the problems afflicting the urban old she visualises old-age homes as offering a viable solution. The governmental and non-governmental organisations may take lead in institutionalising intergenerational conflicts. In a similar style, Rajan et al. (1999) provide a comprehensive understanding of the socio-economic and demographic dynamics of India's elderly and chalk out elaborate policy prescriptions for improving the quality of life of India's senior citizens.

These studies dream of managing the elderly boom in India with the help of the policies and programmes of governments and philanthropic activities of nongovernmental organisations. Such studies provide a macro picture of the elderly in India, notwithstanding their banking on the data from micro studies. However, our experiences with the governmental policies and programmes aimed at ameliorating the conditions of such target groups as children, women, and tribes offer telling stories of mismanagement and dysfunctions. Given the diversities and inequalities of various kinds found in our country we may very well doubt the efficacy of any holistic engineering enterprise.

In this context it is essential to recall the fact reiterated time and again by social geronologists that the demographic transition coupled with social transformation restructure the social worlds of the elderly. This ubiquitous process of formation of the social worlds varies in its existential contents for individuals and families as members of different social categories. The influence of governmental policies and measures too vary for these categories. Therefore, the external interventions mentioned above are not sufficient to improve the quality of life of the elderly in the ensuing new millenium. Keeping this in view attempt is made in this paper to project the social worlds of the elderly in a micro setting. It also points out certain supplements if not alternatives to the external interventions.

BRAHMIN ELDERLY OF A LOCALITY IN TRANSITION

The locality under consideration is Chitrapadi honda. 'It is part of Chitrapadi village of Saligrama Municipality of Udupi District. It is situated 25 Kms north of Udupi on the NH-17. The caste composition of the households of this multi-caste locality and the actual elderly population are given below.

Caste	Household with elderly	Household without elderly	Total
Brahmin	19(36)	07	26
Vishwakarma	06(07)	05	11
Ganiga	03(03)	03	06
Nairi	01(01)	02	03
Moger	03(04)	01	04
Poojari	---	02	02
Total	32(51)	20	52

Note: Figures in parentheses denote the actual number of the elderly.

Both in terms of numerical strength and land ownership Brahmins are the dominant caste. Though the whole locality is experiencing demographic transition and social transformation, in the case of Brahmins the change is very drastic and apparent. Some highlights of their experiences are given below.

1. Each household has at least one member working in distant cities-Bangalore is one such city.
2. Literacy and high educational level and entry to professions like teaching and engineering.
3. Land loss due to land legislation.
4. Sale of land to non-Brahmins leading to the increasing share of out-migrants in household expenditure.
5. Increasing out-migration and growing number of households managed by the elderly.

Among the non-Brahmins of the locality almost all households are managed by the adults. This is due to the expanding land base, low educational level hindering mobility, continuation of hereditary and availability of semi-skilled jobs within and around the locality. The non-Brahmin elderly are not included in the scope of this paper. This is because of two reasons : (a) we are having a limited objective of exposing the social world of the elderly in a micro setting and (b) the resident population of the Brahmins in the locality is aging. Hence, what follows next is our attempt at projecting the social worlds of 36 Brahmin elderly of Chitrapadi honda.

SOCIAL WORLDS OF THE ELDERLY

The external and internal elements together formulate and reformulate the social worlds of the members of any age-cohort. The external elements are the living conditions and social- psychological states or the personality systems make up the internal elements. If the former refers to the objective social conditions the latter decide the degree of involvement in and integration into society. Transition from membership in one age cohort into the other and transformation taking place inf the living conditions change the nature of the social world.

In the case of the elderly matters of retirement, widowhood, declining economic resources, and residential relocation all affect the quality of life (Unruh 1983:47). Changing social roles and subsequent re-socialisation, level of economic security, pass time

activities, health conditions and health security all contribute to the formation of the social worlds of the elderly. Each of these may now be taken for careful consideration.

Literacy

Literacy and education contribute to the wellbeing of the elderly in various respects. Education is functional in several ways for those in the late life. Firstly, it provides economic stability through employment for regular pay before retirement and pension and other benefits during retirement. Secondly, it enables smoother adaptability of the elderly towards the socio-economic transition in the society. Thirdly, longevity also has a strong association with education as literacy levels and life expectancy at births is highly correlated (Rajan et al. 1999:33). This is due to the health consciousness of the educated person. Fourthly, the reading habits associated with education and other activities related to this help the literate elderly in swimming across the vast sea of leisure available in later life. And finally, the educated elderly are the source of information and may play advisory role in their neighbourhood that increases their self-respect and own level of confidence.

Out of the 36 elderly observed only two are illiterates who are women and 80+ in their age. Four men are highly educated and retired as teachers. The following table gives the literacy picture for both the sexes.

Sex	Literate		Illiterate	Total
	Primary	10+		
Male	10	04	—	14
Female	20	-	02	22
Total	30	04	02	36

The total of ten households with elderly subscribes to one or the other newspapers and five of them regularly purchase Kannada magazines. Mostly the men spend some time daily in reading and women are busy in attending to regular household chores. Some women are found reading religious literature. The four retired teachers are consulted for advise by Brahmins and non-Brahmins alike in various matters: children's education, filling of various types of forms, seeking governmental assistance during various of crop failures, and reading and writing letters.

FINANCIAL SECURITY AND WORK PARTICIPATION:

The financial situation of the aged is closely associated with the socio-economic environment in which they reside. In general the economic status of a person is a function of his or her past work status, level of education and the present activity status (Rajan et al. 1999:217).

In the locality under observation, except for the two female and one 80+ aged and four who lost/sold all others are actively engaged in agricultural work, actual or supervisory. However, no one is a landlord here. Income from agriculture is to be supplemented by rendering priestly services or pensions or monthly remittances from the out-migrants. Women elderly participate in several works related to cultivation: weeding, thrashing and cleaning the grain. Most of the households maintain cows and the women elderly engage in such tasks as cleaning the cowshed and milking.

Apart from cultivation, as noted earlier, there are certain supplementary sources of income. The *vaidika* elderly work as priests whenever they are invited. Some male elderly from the *grihasta* households work as professional cooks. Very recently the premises of the Shiva temple of the locality has been started to be used to render services relating to the performance of *sanskars* and *pujas* of several types. The services are rendered even to the non-Brahmins. Due to this development many elderly get regular employment.

Two women who lost all of their nearest relatives live with their distant relatives and are in receipt of government pension for the elderly. Some even get regular interests over fixed locality are somehow capable of fulfilling their necessities and comforts. Another interesting observation is that all the capable elderly are actively engaged in one or the other type of work. They may not be as productive as they were in their yester-years; their very engagement we may discern as providing them the satisfaction of being alive.

HEALTH CONDITIONS

Aging is associated with fatigue and a decline in functional capacity of the organs of the body due to physiological transformation. The aged are one of the most high-risk groups in terms of health (Jayakumar 1992:3). In the locality, expect for one pensioner, one 80+ elderly and two 70+ all others are quite healthy. Very rarely they visit the doctor.

The problems of the three exceptional cases are very severe. Two of them have problems with their legs and can move only within their houses. The two 70+ suffer from kidney problems. The children of all of these stay in cities and they are being cared by their spouses who themselves are elderly.

The comparative better standard of health of the elderly of this locality may be due to their continuous engagement in one or the other type of work even in this stage, dietary practices (consumption of vegetables, milk and milk-products) and the absence of bad habits. Contrarily, the absence of these conditions adversely affects the health of the non-Brahmin elderly of the locality.

Studies conducted elsewhere in the country also reiterated that many aged are unable to arrange balanced diet and ensure for themselves adequate amount of proteins, vitamins and minerals. The consequences have been wide spread physical deterioration and ailments of various types (Bhatia 1983: 143). However, the elderly of the locality under observation are not facing health problems that emerge as a result of dietary imbalances. Even then, some are advised by their doctors to control their dietary habit.

LIVING ARRANGEMENTS

The question of living arrangements relates to the familial circumstances of the elderly: Do they live with their children? Or do they live independently? Whether they are living with their spouses? Or are they widowed?

Usually, the living arrangement is understood in terms of several conditions. Some of them are:

- (a) the family type in which the elderly live,
- (b) the authority which the elderly enjoy,
- (c) the place they stay and the people with whom they stay,
- (d) the type of relationships they keep with their kith and kin,
- (e) the extent to which they can resocialise to the changing environment (Dandekar 1996: 38 and Rajan et al. 1999:39).

The following table answers some questions relating to the living arrangements of the elderly in the locality.

Living arrangement	Male	Female	Total
Staying with children	05	08	13
Staying with others	—	02	02
Staying with only spouse	09	09	18
Staying single	—	03	03
Total	14	22	36

As shown in the above table, in 12 household only the elderly stay. The children and other relatives are occasional visitors. Out of them three stay single because of the death of their spouses. Apart from the nine elderly couples who stay together for themselves three more couple are living with their children in the locality. All others have lost their spouses. The different living arrangements have differential implications for the elderly who experience them. Their problems of resocialisation vary in accordance with living arrangements. Those who are staying with children and other relatives have to adjust with mainly loss of authority, dependence on children, generation gap and quarrels with daughters-in-law. In one household partition has taken place recently and the widowed mother has to move from one son to the other after her successive quarrels with daughters-in-law. In this living arrangement there are certain benefits too. Absence of loneliness and enjoying the company of children are some of them. They are also assured that when they reach the 'old-old' stage they need not move to the far away places. The elderly in this locality are very much interested in spending their last days here only.

That elderly couples who stay together are far better placed than those who stay single. All of them have regular sources of income either in terms of pension or remittances from the relatives who work in the cities. They are relatively less isolated. The problems of generation gap are absent. However, they are more worried of their future when they reach 'old-old' stage.

A few couples have the problem of quarrel with each other. Even the elderly who stays with some of her distant relatives faces the problem of personal adjustment and always quarrels with them. In a way it may be said that the entire locality is characterised by frequent quarrels and loud exchange of bad words. However, the

misunderstandings are of very short duration. Reconciliation takes place many times without the intervention of a third party. One reason for frequent quarrels and their dissolution may be geographical propinquity. The whole locality is spread across not more than a square km. Apart from this there is a social responsibility. Each household arranges dinners during ceremonial celebrations through the year. The whole locality participates in them. Reconciliation takes place on such occasions. During such dinners even the out-station relatives of the concerned households come down to the locality. On their arrival the personality clashes within the household too are resolved to some extent. However, it must be noted that just like quarrel the phase of resolution too is short lived. Thus feud is a perennial source of tension for the elderly of this locality.

As been noted earlier, the number of households managed by the elderly by themselves is increasing and this is a matter of great concern for the residents of the locality. Two houses of the locality have already been locked, the land sold and the sick parents have been taken to Bangalore. The fear that looms large in the minds of many elderly is that whether such things happen in their case too?

An important problem being faced by the elderly who manage themselves is that of looking after the fields. The growing scarcity of manual labour coupled with declining physical strength is the source of much stress. Because of their emotional attachment to the ancestral land they find it very agonising even to think of selling it. Thus they are caught in between the children who stay away and the land where they have been living since their birth.

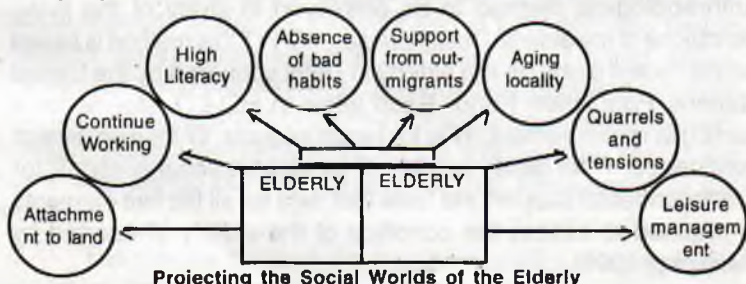
As for the type of house is concerned the elderly of the locality do not have any problem since all houses are tiled. Most houses have coconut groves. They have their own wells and lavatories built outside the house. Only house has got toilet facilities within the house. The absence of toilets within the house is creating a lot of inconveniences to some of the elderly. In near future this may develop to be a severe problem.

LEISURE AND FREE TIME ACTIVITIES:

Leisure management constitutes an important component of the living conditions of the elderly. Its nature differs for the elderly of different categories. The educated elderly spend their time in reading newspapers and books. Most of the women are busy in attending to household chores or works in the fields. Watching

television is a pass time activity for all. Visiting temples and reading religious books and performing *puja* are popular among many. Most of the capable male elderly spend their evenings in the near by *pete* where they engage in hours-long conversations with their friends from neighbouring villages. Most of them have regular siesta in the afternoon. Participating in ceremonial dinners in the households of the neighbourhood is another regular time-pass. Thus it may be noted that the leisure time activities of the elderly in the locality don't have any financial implication. Leisure management is not at all a problem for them.

A Synoptic vision of the social worlds of the elderly is given below



Projecting the Social Worlds of the Elderly

CONCLUSION:

The above projection helps us to know the formation of the social worlds of the elderly in a micro setting. The elderly under consideration do not suffer from economic and housing problems. Their health standards are comparatively better. The poor elderly are provided with old-age pensions. They have also found out for themselves pass time activities having limited financial implications. This does not mean that do not have any problems. Frequent quarrels, out-migrations of young and adult members and non-availability of workers to carry out agricultural work are some of the problems. The factors of personality and social transformation are at the root of these problems. Quarrels, attachment to land, deteriorating health, and pass time activities are of the former category. Land alienation, improving educational standards of the family members and out-migration belong to the second category. Both of these aspects need to be considered while making any attempt to improve the quality of life of the elderly.

In the light of the above projection we may identify some supplements to the large-scale measures by the governments or the NGOs in improving the quality of life in late life.

1. Planning for ensuring financial security in the late life.
2. Participating in work activities as long as the body cooperates.
3. Leading a bad-habit free life throughout.
4. Pursuing hobbies
5. Avoiding quarrels

NOTES

1. The chitrapadi village is geographically divided in to two parts: handa and bettu. Hona refers to the low-lying area and bettu refers to the highland.
2. Ashish Bose has very recently developed a statistical and anthropological method to be employed in study of the living conditions of the elderly. Designated as HO-FIT this method is based on his recent study on the elderly in Delhi sponsored by the United Nations Population Fund. Each letter in HO-FIT stands for a particular measurement. 'H' is for health security, 'O' for own level of confidence, 'F' for family security, 'I' for Income security and 'T' for Transcendental support. He feels that data for all the five elements is required to assess the condition of the elderly. (Reported by Rajkumari 1999).

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