

AGEING *in* MEGHALAYA

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Chapter 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.

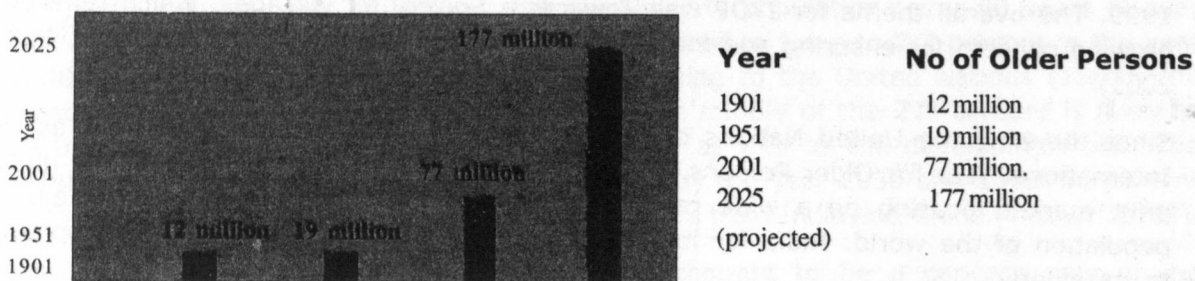
National scenario : India

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.