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CHAPTER I

INTRODUCTION

1.1 Land and People of Manipur

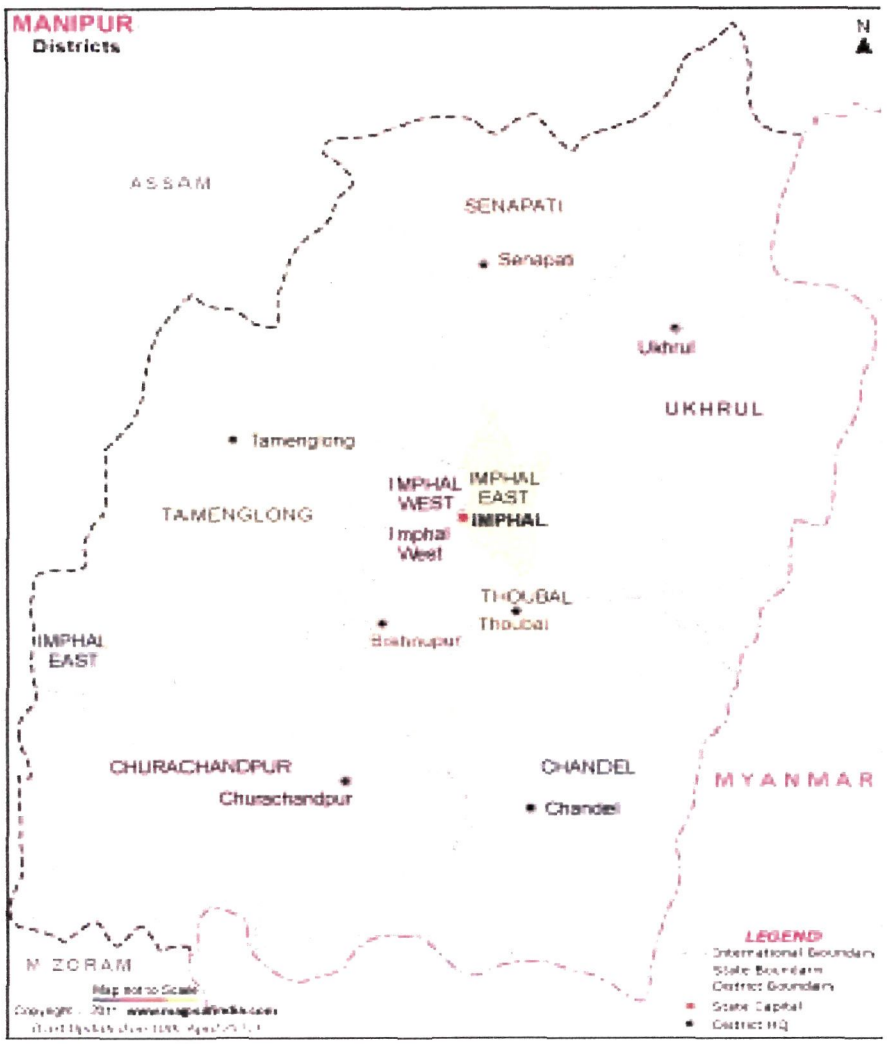


Figure: 1.1 Map of Manipur

Manipur is one of the eight states of Northeast India and is surrounded by Myanmar in East and South, Assam in West, Nagaland in North and Mizoram in South. Imphal, the capital of Manipur lies in 795 meters above the sea level and is stuck between hills on all sides. Manipur lies in latitude of 23° 68'N - 25° 68' N and in a longitude of 93° 03'E - 94° 78'E. Manipur is mainly divided into two

portions, valley region and hilly region. The northern valley comprises of two sub-plains, namely Imphal East and Imphal west. The southern Manipur valley also embraces two sub-plains, namely Bishnupur and Thoubal. So, Manipur valley region consists of four districts namely: Imphal West District, Imphal East District, Bishnupur District and Thoubal District. The valley is mainly inhabited by the Meiteis, Pangal, (the Muslims), and Bhamons (the Brahmins, who are literally non-Meiteis.) Some tribals - the Nagas, the Kukis and the Hmar settlements are also found in the valley region. Manipur hill region comprises of five hill districts, viz, Senapati, Tamenglong, Churachandpur, Chandel and Ukhrul. The hills are inhabited mainly by the Nagas, Kukis (Chin-Mizos) and smaller tribal communities.

According to 2011 census, Manipur has a population of 27, 21,756. Of this total, 59.8% lives in the valley and the remaining 40.2% lives in the hilly region. The hilly region comprises of 90% of the total area in the state. Further, the density of population in Manipur valley, particularly in the Imphal area is increasing at a faster rate in the last three decades. Thus, the density of population on the limited areas of the valley region is becoming more. The valley region is the focal points of populations as majority of the urban centers of the state are found in this region.

The table 1.1 (below) represents the population of Manipur of both valley region and hilly region for the last three decades:

Table 1.1 Population of Manipur

Topography of Manipur	Area in sq.Km	Population			Density		
		1991	2001	2011	1991	2001	2011
Valley region	2,230	11,85,992	14,11,766	16,28,224	532	633	730
Hilly region	20,097	6,51,157	8,82,130	10,93,532	32	44	54
Total	22,327	18,37,149	22,93,896	27,21,756	82	103	122

Source: Census Data, Government of India, 2011

The table 1.2 highlights the district wise population. From the table, it is seen that in 2011, Imphal West District has the highest concentration of population with 514,683 covering 18.91 percent of the total population in Manipur followed by 16.63

percent in Imphal East District. It is seen that there is slightly decreased of population in both the districts as compared to 2001 census.

Table 1.2 Ranking of district by population size in Manipur.

Rank In 2011	District	Population 2011	Percentage Total Population of state 2011	Population 2001	Percentage Total Population of state 2001	Rank in 2001
1	2	3	4	5	6	7
	Manipur	2,721,756	100.00	2,293,896	100.00	
4	Senapati	354,972	13.04	283,621	12.36	4
9	Tamenglong	140,143	5.20	111,499	4.86	9
5	Churachanpur	271,274	9.97	227,905	9.94	5
6	Bisnupur	240,363	8.83	208,368	9.08	6
3	Thoubal	420,517	15.45	364,140	15.87	3
1	Imphal west	514,683	18.91	444,382	19.37	1
2	Imphal east	452,661	16.63	394,876	17.21	2
7	Ukhrul	183,115	6.73	140,778	6.14	7
8	Chandel	144,028	5.29	118,327	5.16	8

* Includes estimates population of Mao-Maram, Paomata & Purul sub-divisions of Senapati district.

1.2 Background of the Study

1.2 .1 Concepts of the elderly:

Old age is the closing period in life span of man. It is a period when people "move away" from the previous, more desirable period- or times of "usefulness". Age 60 is usually considered the dividing line between middle and old age. However, it is recognized that chronological age is a poor criterion to use in marking off the beginning of old age because there are such marked differences amongst the individuals in the age at which aging actually begins. Because of better living conditions and health care, most men and women today do not show the mental and physical signs of aging until mid 60s or even the early 70s. For that reason, there is a gradual trend towards using '65' - the age of retirement in many businesses and to mark the beginning of old age.

The last stage in life span is frequently sub-divided into early old age, which extends from age 60 to 70 and advanced old age, and that begins at 70 and extends to the end of life. People during the sixties are usually referred as "elderly" which, means somewhat old or advanced beyond middle age and the term "old" is referred as people who have reached the age of 70 and beyond. According to standard dictionaries, advanced far in years is the life of and having lost the vigor of youth (Hurlock, 2005).

Gerontology is the scientific study of aging. It is the study that focuses on biological, psychological and social aspects of growing old. The content of these stages depends on a person's biological age and the social needs of a particular society. Ageism has been a rather pervasive problem. Ageism refers to an ideology or set of beliefs, holding that people in a particular age group are inferior, has negative attributes, and can be dominated and exploited because of their age (Suvillian, 1997).

1.2.2 Definition of Aging/senior citizen/the elderly:

Aging has been defined as the normal physical and behavioural changes that occur under normal environmental conditions as people mature and advance in age (Stanley, 1995). 'National Policy on Older Persons' in January, 1999 defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above (Jeyalakshmi, 2011).

1.2.3 (i) Theories of Aging

Gerontology is the study of aging. It reflects that old age is the closing period in life span. It is a period when people "move away" from the previous, more desirable period- or times of "usefulness." Age 60 is usually considered the dividing line between middle and old age. However, it is recognized that chronological age is a poor criterion to use in marking off the beginning of old age because there are such marked differences amongst the individuals in the age at which aging actually begins. Because of better living conditions and health care, most men and women today do not show the mental and physical signs of aging until the mid 60s or even the early 70s.

Gerontology has main three core components; **the biological, the psychological and the social**. Despite the lack of a unified theory on aging, there is agreement that aging occurs through the complex interaction of biological, psychological and social processes of change over time (United Nations, 1975). Thus gerontology is a multi- disciplinary field of investigation in which each of these perspectives has a valuable contribution to make.

A. Biological theories of aging:

Aging is a phenomenon which begins with conception and continues throughout life, moving the organism through time from the stages of growth and development into maturation and, finally, some decline. The biological approach stresses the impact of aging upon physiological systems as how people grow old. Mortality rates for human beings tend to increase steadily with age. It is assumed, therefore, that aging is a process during which the organism changes and becomes more vulnerable to death. Physiological changes a usually observed as concomitants of aging, but they do not occur with regularity in all ages or at a specific age. Some physical signs of aging are changes in physical appearance, slowing of response, losses in motor and sensory functioning, a tendency to fatigue more rapidly, decrease energy and some or all of these sometimes accompanied by chronic or progressive illnesses of a disabling nature United Nation, (1975).

- *Programmed Theory*: The human body has an inherited internal "genetic clock" that determines the beginning of the aging process. This genetic clock may manifest as a predetermined or limited number of cell division, called the Hay flick limit (also known as replicative senescence or cellular senescence) Marlene (2010).

- *Telomeric Theory:* Hayflick (1996) reflected that rather than actual programmed death, there may simply be a limited number of times that a cell can replicate without error. Replication error is one of the leading theories of aging. DNA is susceptible to damage by a host of environmental factors, including a variety of chemical agents (e.g., cigarette smoke) and radiation (e.g., background or cosmic radiation) as well as internal process such as

oxidation. Damage to DNA can impair a cell's ability to synthesize proteins and other substances and /or respond to regulation. For critical DNA sequences, there are often multiple back-ups. Cells can limit this damage by turning off the damaged segment and turning on identical "back-up" segments, or by using DNA repair mechanisms to correct the error.

❖ *Cellular theories of aging*: One of the most popular theories of aging is the "free radical" theory. Free radicals are molecules which are generated during the oxidation process within cells. They have an unpaired electron and thus are unstable and are extremely chemically reactive. One type of very reactive free radical is the oxygen free radical, which may be produced during metabolism or as a result of environmental pollution. Free radical "grabs" electrons from any molecule in its vicinity. It does this because electrons like to exist in pairs. When it "grabs" an electron from another molecule, it damages the other molecule. Some of the molecules that may be damaged by free radicals are fats, proteins, and DNA (both in the nucleus and in mitochondria). This finally leads to imbalance in body function and contribute to deterioration of tissues and organs.

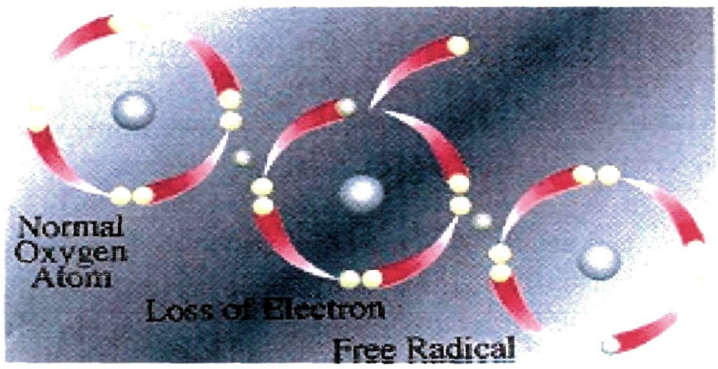


Figure 1.2 Formation of free radical in cell.

❖ *Wear and tear theory*

One of the earliest theories of aging was the simple "wear and tear" theory which mean with the continual use of our organs and joints simply "wear out". For example: - wearing out of skeletal system such as in osteoarthritis. However, it is also true that total bed rest in the elderly can result in stiffened, immobile joints (contracture), as well as problems with a host of other

system, including the cardiovascular, gastrointestinal, genital-urinary, respiratory, endocrine, metabolic, and neuropsychological systems. Wear and tear can be viewed as a result of aging and not the cause of it.

B. Psychological theories of aging:

The psychological aspect of aging is particularly in the area of intellectual performance- the capacity to learn, solve problems and create. Intellectual decline is more related to illness and disease than to aging. Intelligence is of particular importance in later life as the older person must increasingly use this ability to assess, interpret and manipulate his environment. Those older persons who may have a measurable declined of cognitive functioning can nevertheless deal with their environment in their non-intellectual ways. Experience and life-long routine may compensate, but to the casual observer they may appear to suggest rigidity in the life style or response patterns of the older person to his environment. In reality, they may prove to be the only way such increasing losses in visual and hearing stimuli which, therefore, served to give appropriate signals to the individual as to how he might respond to his environment (United Nation, 1975).

- *Full-life Development Theories:* This is a perspective about how humans age psychologically and includes cognition, intellectual function, personality and emotion. Life span development approach considers the complex process of a lifetime of developmental stages throughout the life of the human organism. This perspective argues that psychological development takes place throughout life including old age. In this theory, 'Personality and Self' revolves around each other. Personality is characterized by what an individual says and does relatively to their innate nature and response to the environment. Erikson was one of the first psychological theorists to develop a personality theory that extends to old age.

- *Mature-life Theories*: Robert Peck's theory proposes four stages that occur in middle age and three stages in old age. He avoided establishing a chronological period for these stages, suggesting they might occur in different time sequences for different individuals. During middle age there are four stages: the first stage is wisdom versus physical powers, second stage is socializing versus

sexualizing, and third stage is cachectic flexibility versus cachectic impoverishment, fourth stage mental flexibility versus mental rigidity. During old age there are three stages: First stage is ego differentiation versus work role pre-occupation, second stage is body transcendence versus body pre-occupation and third stage is ego transcendence versus ego pre-occupation. First stage of old age is the stage was a person moves from "work role pre-occupation" which is a concept that describes defining oneself through work or an occupation. A person finds new meaning and value in his or her life. This process is called "ego differentiation". Second stage of old age is a stage where a person either accepts the limitations that accompanies the aging process (body transcendence) or dwells on diminishing abilities (body preoccupation). Third stage of old age is a stage where a person believes his or her life has worth and "life contributions" that will live on after his death and thus, the person experiences "ego transcendence." Otherwise, the person may feel that he or she has lived a useless life and experienced "ego pre-occupation."

C. Social theories of aging:

The majority of persons in past centuries lived until or into the fourth decade of life. Their lives were primarily rooted in an economic system, depending upon the concept of 'family' as the unit of production. Thus, there was always a place for the older person in family and community life, particularly as a parent or grandparent. However, with the changes occurring through urbanization and industrialization, there has been a breakdown of the family as a unit of production. With increased numbers of persons living into the later decades of life, there have been different changes seen in the age structure of society. Such changes, which have taken place mainly in developed countries, have affected importantly the family and role of older persons. Adaptation and adjustment to old age and its concomitants depend partly on the life history, the extent and suddenness of changes in status, the nature of previous relationships and the way earlier life crises have been met.

Social gerontology does not possess an extensive theoretical framework. The systematic development of theory, and its subsequent activities have been absent

from many social scientific studies of aging. However, the main sociological theories and frameworks used to study the concept of aging in the following ways:

- *Aging and the individuals:* (a) ***Role Theory, (b) Activity theory, (c) Disengagement theory, (d) Continuity theory, (e) Socio-environmental theory, (f) Exchange theory, (g) Symbolic Interactionism***
- *Aging and Society: (a)* ***Subculture of the Aging, (b) Modernization Theory, (c)Age Stratification, (d) Political Economy of Aging***
- *Emergent Theories:* ***(a) Feminist Gerontology***

- *Aging and the individuals:*

(a) Role Theory-The earliest attempt in social gerontology to understand the adjustment of the aged individual was placed within a role. It is seen that the research that had taken place within this framework was practically oriented. Researchers were concerned with the problems of adjustment due to changing roles in later life.

(b) Activity theory-The activity theory was proposed as an alternative view of the disengagement theory to explain the psycho-social process of aging. Havighurst, Neugarten, and Tobin (1968) articulated an activity theory of aging, which held that unless constrained by poor health or disability, the elderly have the same psychological and social needs of that middle age. The activity theory has received a great deal of criticism as it excludes elders' physical well-being, past lifestyle, and personality attributes. It also does not account for the value or the personal meaning of the elderly that are found in their activities. Instead, it often quantifies the number of roles and the amount of involvement in these roles. A further component of the activity theory considers the preferences of the elderly and the extent to which they wish to be active.

(c)Disengagement theory- Disengagement occurs when people withdraw from roles or activities levels or involvement. Cumming and Henry (1961) theorized that the turning inward typical of aging people produces a natural and normal withdrawal from social roles and activities, an increasing pre-occupation with self, and decreasing involvement with others. They perceived individual disengagement as primarily a psychological process involving withdrawal of

interest and commitment. Social withdrawal was a consequence of individual disengagement, coupled with society's push for the withdrawal of the elderly manifested in such things as retirement plans and pensions. The frequency of disengagement is very much the product of opportunity for continued engagement. For example, the elderly may wish to continue many activities, but, because they believe that other people may think they are "too old," thus, they withdraw.

(d) Continuity theory-The premise of the continuity theory is that the elderly adapt to changes by using strategies to maintain continuity in their lives, both internal and external. Internal continuity refers to the strategy of forming personal links between new experiences and memories of previous ones. External continuity refers to interacting with familiar people and living in familiar environments. According to this theory, the elderly should continue to live in their own homes as long as possible. Continuity of activities and environments helps the individual concentrate on energies in familiar areas of activity. Practice of activities can often prevent, offset, or minimize the effects of aging. Continuity of roles and activities is effective in maintaining the capacity to meet social and emotional needs for interaction and social support. Maintaining independence is important for continued good self - esteem. Continuity does not mean that nothing changes; it means that new life experiences occur, and the elderly must adapt to them with familiar and persistent processes and attributes. New information is likely to produce less stress when an elderly man has memories of similar experiences. This may be one reason that new information do not have the same weightage for both younger and older generations and it may help in explaining the reason that some elderly persons seem more conservative than others. For example, an elderly man may reject learning to use a computer to order home supplies and to be in contact with others despite being isolated in a rural location because the activity involves a new way of performing a task.

(e) Socio-environmental theory-Socio-environmental theory directs itself at understanding the effects of the immediate social and physical environment on the activity patterns of aged individuals. The chief proponent of this theory is Jaber Gubrium(1973) His approach is based on the understanding that people respond to the social meaning of events rather than to some absolute aspect of

these events. Gubrium (1973) suggests that individuals who have the resources (health, financial solvency, and social support) to meet the demands of the environment that will show high morale and self—satisfaction. Incongruence between environmental expectations and activity resources leads to low morale and diminished life satisfaction.

(f) Exchange theory-Exchange theory, as originally developed by Homans (1958), assumed that people attempt to maximize their rewards and minimize their costs in interactions with others. The major attempts to use exchange theory in work with the elderly are attributed to Dowd. The elderly are viewed from the perspective of their on- going interactions with a number of persons. Continuing interaction is based on what the elderly perceive as rewarding or costly. The elderly tend to continue with interactions that are beneficial and withdrawn from those perceived as having no benefits. Rewards may be defined in material or non-material terms and that include such components as assistance, money, information, affection, approval, property, skill, respect, compliance, and conformity. Costs are defined as expenditure of any of these. This theory explicitly rejects the functionalist notion of reciprocity between individual and society in which both sides benefit from interacting. Rather, the exchange theory approach calls for an explicit analysis of both sides of each social transaction (or exchange) to determine who benefits most and why. The great value of an exchange model study of aging is the multidisciplinary origin of the model, its dynamic nature and its ability to incorporate processes of both role and resource allocation. As yet there have been few empirical applications of this theory because of its relatively recent formulation. However, this may prove to be one of the more fruitful areas in the development of social gerontology theory in future (Victor, 1994).

(g) Symbolic Interactionism- Symbolic interactionism is the interactions of factors like environment, relationship with others which can affect how people experience aging. It emphasized reciprocity with the social and physical world.

- Aging and society:

(a)Subculture of the Aging

'Subculture' refers to a culture practiced by a smaller segment of population as a whole. There is close relationship between: Roles – Social Identity – Self-Concept. Aged subculture develops: Aged interact more with each other than young people. An aged person's participation in the "aged subculture" are dependent upon their solidarity of the age group, number of aged organizations, and their strength number of aged IN vs. NOT in aged group; (i.e., who associate more with family, friends, are more isolated from the aged community).

(b) Modernization theory

Modernization theory attempts to understand the relationship between age and social status. Its basic premise is that older people were revered in the past, in preliterate societies and that their status declines with economic development. Yet historical evidence indicates that a "golden age of aging" never existed, while cross cultural evidence suggests there is great variation of how older people are treated in preliterate societies.

(c) Age Stratification Theory

This theory shifted attention from the individual roles approach and focused more on broader social structure. The structural components are same variables as any of the stratification systems (socio-economic status; ethnic minorities' age strata), etc. All societies have age sub-groups where the size and composition varies with the society in which each stratum differs in terms of physical, psychological, and social conditions.

(d) Political Economy of Aging

The theory views the 'problem' of aging in structural terms. Political economy theory is concerned with explanations of how and why social resources are unequally distributed. A central focus of research, stemming from the political economy tradition is on how public policies reproduce the existing forms of inequality. Feminist theory also attempts to illuminate the gendered nature of society. Feminists criticize traditional research for creating separate models of aging for men and women, for using "male models" to interpret women's experiences, and for failing to recognize how various social welfare programs reproduce gender inequality. Critical gerontology is derived from political economy

and feminist approaches to aging. It differs in its emphasis on how forces of globalization affect the lives of aging individuals and their families.

❖ (C) Emergent Theories:

(a) Feminist gerontology- Feminist perspective focuses on women. Experiences of the women are often ignored in understanding the human conditions. Research that supports womens' experience in aging especially those conditions which have the greatest impact on the lives of women.

The above discussions of theories were developed by different disciplines concerning the area of biological, psychological and sociological aspects. Likewise the researcher wants to focus on Erikson's theory of human development and its eight stages of 'psycho-social' development.

Erik Erikson was one of the most talented and imaginative theorists. He reflected that personality continues to develop over the entire life span. Erikson's theory of human development over the life span is one of the most influential descriptions of psychological theory. Erikson's framework addresses the developmental tasks at each stage of life cycle. The stage that identified with aging is 'integrity versus despair'. In this stage, elderly come to terms with gradual deterioration of body but it may reflect on the acquisition of wisdom that associated with life experiences. Ego integrity involves ability of the elderly to see life as meaningful and accept both positive and negative of personality traits without having any fear and threaten in life. Integrity provides a basis for elders that are approaching towards the end of life with a feeling of doing best in life. Despair is the rejection of self and life experiences of the elderly, and it includes the realization of having insufficient time in altering their assessment. The despairing elderly are prone to depression and are afraid to die. Erikson also discusses the concept of *gerotranscendence* that the elderly deal with their aging by self and consider themselves satisfied in life as they try to move beyond the materialistic world to spiritual world.

1.3 Context of the study

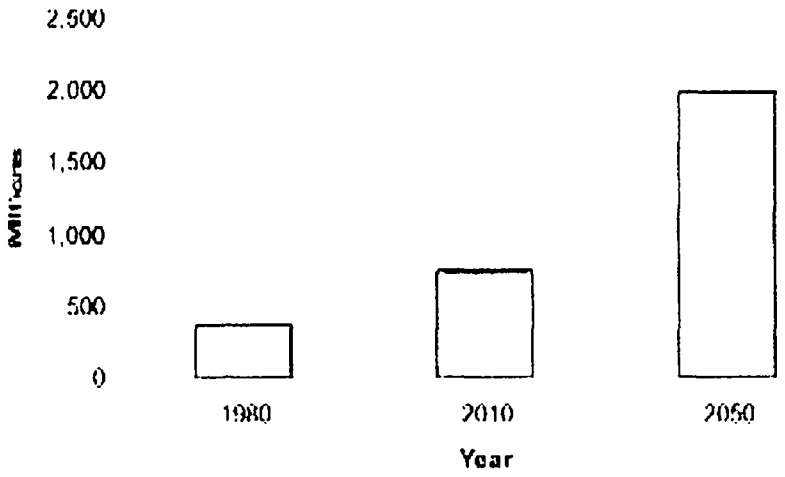
The present study is undertaken in the light of problems of elderly in India that are emerging in present day. The context comprises of demographic and social aspects.

1.3.1 Demography of the Elderly:

(A) At Global Level

According to UNO (2009), the number of elderly person aged 60 and above has been increasing. In the last 30 years the number of people in the world aged 60 or above has doubled and it is projected more than double by 2050.

Figure 1.3: Population aged 60 and over: 1980, 2010, and 2050



Source: United Nations (2009). World Population Prospects, 2008 Revision

According to WHO (1999), in developing countries of East Asia. South-East Asia and Latin America, the demographic change in the aging population is occurring more rapidly. Out of the global population of people over 60 years of age, 61 percent live in developing countries; this will rise to 70 percent by 2025. Till the 1980s, the developing and the developed world shared the aged people in equal proportion, but currently, the elderly in developing world is on rise to the extent that Asia alone is expected to share 50 percent of the world's elderly by next century. Obviously, India and China, being the largest nations in Asia, will have a significant share of world's elderly. In the year 2000, the older population was about 250 million in developing

countries, compared with 173 million in developed countries. By the year 2025, in the less developed regions, the number is expected to be as large as 700 million, which is more than two times greater than in developed countries. Within the countries of Asia, the aging process in proportion to the older populations is more rapid in eastern Asia than in western Asia but slower in South-East Asia. The numbers of older people in developing countries will be more than double over the next quarter century, possibly reaching 700 million by the year 2025. This demographic change will have an impact on social, economic and intergenerational relationships. A number of issues are highlighted in the global demographic change. Females tend to outlive males in most countries of both developed and developing. For those over 80 years of age, females currently outnumber males by about 2 to 1 where older women are more likely to be widows in this increasing trend. Typically less than 20 percent of men over 60 years of age in developing countries are widowed, in compared to 50 percent of women, in case of Thailand and Maldives. Older women often suffer multiple disadvantages arising from biases of gender, widowhood and old age. In 2050, in developing countries, the figures are expected to rise from 8 percent to 19 percent. (United Nations, 2000).

According to United Nation statistics, Asia in 1997, 16 percent of households were headed by men who were over 60 years of age in compared to women. With the rapidly increasing aging population in developing countries, care of the elderly is creating challenges even in the future. Often, older people are amongst the poorest people, and have lived in poverty all their lives; they have been unable to accumulate savings so that they can take care of themselves financially when they are older. Only a few developing nations have social security or pension schemes to take care for them, unlike the case in most developed countries. At present the majority of older people in developing countries are cared by their families. However, the older person's support ratio is declining more rapidly in developing countries than in the developed countries. It is projected that between 1999 and 2050 in the Asian region, it will fall by over 60 percent. Many governments are facing the challenges of increasing aging population, especially in developing countries of South-East Asia. The aging population is predicted to be an encumbrance that will become harder to support in the future.

(B) At National Level

The global phenomenon of aging population affects India too. India is experiencing a dramatic change in the population pattern with a phenomenal increase in the number of elderly people above 60 years of age. Therefore, the demographers identified India as a country that is entering the 'age of aging'.

The elderly population in India is the second largest in the world, next only to China. This population which was 77 million according to 2001 census (7.5 percent of the total population) is projected to increase to 137 million by 2021 Their annual growth rate is higher (3 percent as compared to the growth rate of the total population 9 percent). Population projections show that by 2050, the elderly population in India will surpass the population of children below 14 years. In this regard, there are many factors, such as migration of younger members to cities leaving the elderly persons behind, reluctance of the old people to leave the village where they have their roots and social networks that account for this. In almost all countries of the world, elderly women outnumber the elderly men (Hoshino, 1982). However, India is one of the few countries where the sex ratio is biased and is in favour of male. Men outnumber women at all age levels till about the 70th year (Sharma, 1994). Sex ratio (number of females per 1,000 males) of the elderly population, which was 1,029 in 2001, is projected to become 1,031 by 2016.

Table 1.3: Age specific death rate (per 1000) of the elderly population by sex and residence in India, 2008:

Age group	Total	Male	Female	Rural	Urban
60-64	22.5	26.5	18.4	23.9	18.7
65-69	33.5	39.3	27.9	34.9	29.5
70-74	54.3	61.5	47.6	57.1	46.3
75-79	79.4	86.6	72.4	83.7	68.1
80-84	116.9	125.5	109.3	119.7	109.0
85+	197.4	201.2	194.2	201.5	186.2

Source: National Sample Survey 60th round 2004

The table 1.3 highlights the age specific death rate (per 1000) of the elderly population by sex and residence in India for age group 60-64 is 22.5, 65-69 are 33.5 ,70-74 are 54.3 ,75-79 are 79.4 , 80-84 are 116.9 and 85+ are 197.4. The age specific death rate (per 1000) of elderly population by male for age group of 85+ is 201.2 and female 85+ are 194.2. The age specific death rate of the elderly in the age group 85+ is quite high in rural areas with 201.5 in compared to urban age group of 85+ with 186.2.

Demographic shift also affects in increasing the number of widowers and widows. Life expectancy at the age of 60, which was 9 years in 1901, is currently around 16 years for males and 18 years for females. According to N.S.S.O 42nd round (1991), there were 654 widows and 238 widowers per 1000 aged persons in rural areas. The figures were 687 and 200 in urban areas. More than 65 percent of Indian aging women live without a spouse as compared with 29percent of aged men (Kumar and Khetrapal, 1993).

Table 1.4: Number of persons aged 60 years and above reporting a chronic disease (per 1,000 persons) by sex:

Types of chronic	Rural			Urban		
Disease	Males	Females	Persons	Males	Females	Persons
Whooping cough	8	6	7	4	2	3
Ulcer	37	54	44	30	24	27
Problem of joints	30	40	34	26	45	35
Hypertension	23	53	36	50	59	54
Heart disease	95	59	80	165	162	164
Urinary problem	78	28	57	89	33	63
Diabetes	30	52	40	68	36	53
Cancer	18	36	26	25	25	56

Source: National Sample Survey, 60th Round, (2004)

In the table 1.4, the number of persons aged 60 years and above reported suffering from different chronic diseases (per 1,000 persons) by sex. The types of chronic diseases are whooping cough, ulcer, and problem of joints, hypertension, heart disease, urinary problem, diabetes, cancer, etc. In both urban and rural areas and in both the sexes, there are high complaints of heart diseases followed by urinary

problems and diabetes, etc. Thus, this section of age group needs a proper support and care.

(C) At North-east India

Population aging is an inevitable product of demographic transition. Changes in the demographic components, namely, fertility, mortality and migration determine the age structure of population. From the table 1.5, we can determine that in 2001, India has a total population of 1,028,610,328 persons in which 76,622.321 belong to elderly population where 37,768,327 are male and 38,853,994 are female. There are eight states in the northeastern India that comprises of Assam, Meghalaya, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura and Sikkim. The total population of northeastern India is 38,857,769 in which 2, 262, 413 is the total population of the elderly where 1, 158, 834 are male and 1,103,579 are female. This section of population is quite huge and they need a special attention due to their socio-economic and health related problems.

Table 1.5 North-Eastern India Elderly populations (60+), 2001

Country/state	Total Population	Elderly Population		
		Total (Percentage)	Male (Percentage)	Female (Percentage)
India	**1,028,610,328***	**76,622,321(7.45%)**	**37,768,327(7.10%)**	**38,853,994(7.83%)**
Total North-East	**38,857,769**	**2,262,413(5.82%)**	**1,158,834(5.78%)**	**1,103,579(5.87%)**
Assam	26,655,528	1,560,366(5.85%)	800,585(5.81%)	759,781(5.90%)
Meghalaya	2,318,822	105,726(4.56%)	54,016(4.59%)	51,710(4.53%)
Arunachal Pradesh	1,097,968	49,916(4.55%)	26,417(4.56%)	23,499(4.54%)
Nagaland	1,990,036	90,323(4.54%)	50,736(4.85%)	39,587(4.20%)
Manipur*	**2,166,788**	**145,470(6.71%)**	**73,233(6.68%)**	**72,237(6.74%)**
Mizoram	888,573	49,023(5.52%)	24,800(5.40%)	24,223(5.64%)
Tripura	3,199,203	232,549(7.27%)	112,656(6.86%)	119,893(7.70%)
Sikkim	540,851	29,040(5.37%)	16,391(5.68%)	12,649(5.01%)

Source: Report and Tables on Age, Series-1, Census of India, 2001

- Excluding three sub-divisions of Senapati district.
- Figures in brackets shown percentage to total population (total /male /female).

(D) At Manipur level

The changes in the demographic structure have made the aged a socially more noticeable section of the population. From the above table 1.5, we can explain that the total population of Manipur during census 2001 are 2, 166,788. The total population of the elderly are 145, 470 (6.71%) where male are 73, 233 (6.68%) and female are 72, 237 (6.74%). The table 1.6 (below) highlighted Manipur 60+ population. There is increased of 60+ populations from 1991 to 2001. In 1991 the elderly population is 111.105 and 145, 470 in 2001. The difference is 34,365.

Table 1.6 Comparative 60+ populations in 10 age-groups in Manipur (1991-2001):

Age-groups	**1991 census**		**2001 census**		**Difference**	
1	2	3	4	5	6=(4-2)	7
Total	Population	Percentage	Population	Percentage	Population	Percentage
60+	111.105	100.00	145,470	100.00	34,365	100.00
Indices	100	-	131	-	-	-
60-69	69,612	62.63	84,030	57,76	14,418	41.96
Indices	100	-	121	-	-	-
70-79	29,614	26.68	44,265	30.43	14,651	42.63
Indices	100	-	150	-	-	-
80 &	11,879	10.69	17,175	11.81	5,296	15.41
Above Indices	100	-	145	-	-	-

(Source: Census Reports)

Table 1.7 Above 60+ populations by 5-year age-groups & gender in Manipur (1991-2001):

Age-groups 1991 census							**2001 census**					
	Persons	**%**	**Male**	**%**	**Female**	**%**	**Persons**	**%**	**Male**	**%**	**Female**	**%**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
60-64	43.709	2.38	23.632	2.52	20,077	2.23	48,133	2.22	24,343	2.22	23,790	2.22
65-69	25,903	1 41	14,221	1 52	11,682	1.30	35,89	1.66	17,990	1.64	17,907	1 67
70-74	19,705	1.07	10,576	1.13	9,129	1.02	28,806	1.33	14,561	1 33	14,245	1.33
75-79	9,909	0 53	5,090	0 54	4,819	0 54	15,459	0 71	7,894	0 72	7,565	0.71
80+	11,879	0.64	6,020	0 64	5,859	0.65	17,175	0 79	8,445	0 77	8,730	0.82
Total 60+	111,105	6 05	59,539	6 35	51,566	5.74	145,470	6.71	73,233	6.68	72,237	6 74
Total Popn	18,37,149	100	9,38,359	100	8,98,790	100	2,166,788	100	1,095,634	100	1,071,154	100

Source: Computed from official census records.

* Italicized figure in columns 3, 5, 7, 9, 11& 13 are percentages to total population.

The table 1.7 highlights the population of 60+ in Manipur. There is increased of 60+ populations from 1991 to 2001.In 1991 the elderly population is 111.105 and 145,470 in 2001. The difference is 34,365. Life expectancy of both males and females is higher in 2001 with 6.68 percent and 6.74 respectively than in 1991 with 6.35 percent and 5.74 percent. The health services have been improved in the last one decade. It is further noted that the life expectancy of female is more in 2001 than that of male which is less in compared to 1991. It shows that health status of female is better than the males as male tend to take bad food habits. Thus, it is important to understand the relations between the health problems and elderly.

In table no. 1.8, according to 2001 census, the total work participation rate of Manipur by total worker was 43.62 percent and 56.06 percent belongs to aged population. It shows that till the age of 60 years, the aged population are very active in their work as main workers.

Table 1.8 Manipur – work participation rate in aged population, 2001:

Category	Work Participation Rate (Percentage)		(Percentage) of Workers to total population	
	Manipur	Aged population	Manipur	Aged population
1	2	3	4	5
Total Workers	43.62%	56.06%	100.00%	100.00%
Main Workers	69.80%	73.69%	30.43%	41.31%
Marginal Workers	30.20%	26.31%	13.19%	14.75%
Non-Workers		56.38%	43.94%	-

Source: Table B-1, Census of India, 2001

Note: All the figures are calculated excluding Mao-Maram, Paomata and Purul sub-divisions of Senapati district.

Table 1.9: Population of Elderly in Imphal west in comparison with rural and urban area:

Age group	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7	8	9	10
All ages	444,382	221,781	222,601	197,699	99,278	98,421	246683	122,503	124,180
60-64	10,748	5,167	5,581	4,562	2,206	2,356	6,186	2,961	3,225
65-69	8,172	4,010	4,162	3,505	1,774	1,731	4,667	2,236	2,431
70-74	7,064	3,374	3,690	2,862	1,402	1,460	4,202	1,972	2,230
75-79	3,936	1,850	2,086	1,596	765	831	2,340	1,085	1,255
80+	4,422	1,939	2,483	1,718	804	914	2,704	1,135	1,569
Age not stated	815	455	360	342	186	156	473	269	204
Total number of Elderly population	34,342	16,340	18,002	14,243	6,951	7,292	20,099	9,389	10,710

Manipur holds a unique position in the population scenario of India with its residents enjoying a significantly a greater life expectancy. In the study area, Imphal West District of Manipur has population of 514,683 persons with an area of about 519 sq. km. It has a total urban population of 318, 592 which is 62.6 percent of the state's total urban population with 822, 132, while rural population is 196,091. The population of the elderly in Manipur is 444, 382 persons of which 14, 243 are from rural area and 20, 099 from urban area (table no.1.9). The researcher will undertake both urban and rural elderly population in Imphal west district. There were 34,342 elderly people in Imphal west district in which 14, 243 elderly were living in rural area and 20,099 were in urban area of Imphal west district (Census of India, 2001). It is seen that the trend of aging population in India as well as in Manipur is similar with other parts of the world. Therefore, the elderly as a group becomes a demographic section requiring research attention.

1.3.2 Social Context

The demographic transition has been accompanied by a social and cultural transition which undermines the status and roles of the elderly at family and at society level. Traditionally the structure of joint family system in India has provided the welfare of the aged population. The traditional Indian family structure is not only used to provide the necessary environment for the comfortable living of elderly but also plays a crucial role in social integration of old people.

In India, due to the patriarchal concept, it has been noticed that an Indian woman is dependent on a male throughout her stages of life - a father in childhood, a husband during adulthood and a son in old age (Kakar, 1979). Care of the elderly, in Indian society has been one of the primary functions of the family system since time immemorial. Majority of Indian families have the culture of parents living with their male children than the female children. Likewise, elderly people in India have preferred most in living with their male children. An opinion survey of the elderly in India revealed that an overwhelming proportion have the desired family residential arrangements during their old age (Kumar, 1997). The elderly regards family residence as the most secure place, as observed by Biswas (1994). Thus, the Indian socio-cultural norms has clearly laid down that sons are duty bound to maintain their parents in old age. Hence, the aged people do not need to feel isolated or rejected by the family since family provides the best security in old age.

In India, the status of the aged presents a different picture when compared to that of the aged people of the rest of the world. In the traditional Indian society, old people enjoyed sense of honour or respect and legitimate authority within the family as well as in the community. Irrespective of gender, caste and economic status, the old people were treated with respect and reverence. They had the responsibilities in decision making in families, community and society on economic, social and religious related matters. The aged in India were considered as sources of wisdom, experience and a symbol of family unity. In the past, an attitude of reverence towards the aged was considered a virtue and nothing could take place in the family without the sanction and blessings of the old people.

However, in the past two decades, it has witnessed of rapid social changes in the Indian society. Modernization has not only increased longevity, but also changed the family composition and status of the aged in the family. Many researches in India showed that modernization and urbanization have definitely brought a decline in the status that were enjoyed by the elderly (Rao, 1987; Hashimoto, 1991; Bhogle, 1992). Some other researchers reported that the support enjoyed by the aged from the family is on the decline (Anuradha and Prakash, 1991; Biswas, 1991; Vijayakumar, 1991).

The traditional position and status of the elderly have been undermined by several factors, such as: 1) the decline in the institution of joint family system, *2)* the increasing participation of women in economic activity, 3) the diminishing the availability of primary care givers of the aged, 4) the transference of power from the patriarch elderly to younger members of the family due to advancement in science and technology, and 5) the changing values and life styles due to urbanization resulting in increasing intergenerational distance and decreasing family cohesiveness. Though the family, the major plank in the support system for aged in India, is undergoing numerous significant changes in its structure and development, the structural changes of the family in India are different from that of Western countries. Instead of nucleating families as in the West, India seems to be nucleating in the households. The joint family is giving away to the extended family with nuclear or small households as the unit of residence. Such nucleation is extensions of a single family. However, in the wake of nucleation of family structure; the elderly seem to have been deprived of certain needs, which are not adaptable to them (Rajan , 1995).

The social changes have not only disrupted the traditional social life of the elderly, but also led to the desertion of them by their children in migrating to urban centers or cosmopolitan cities. Due to occupational reasons and for better prospects, children from both villages and cities are forced to leave their parental homes. The outmigration of younger members for better prospects may not be affecting the family structure as such, but they add to social, economic, psychological and emotional insecurities of the elderly parents. Due to extended physical and emotional separation of children, parents find it difficult to manage the household chores or tasks and the upkeep of the property (Cherian, 1990 and Prasad, 1987). With increasing number of

young people moving to other areas, the elderly are not only experiencing a residential segregation but also experiencing a feeling of alienation, social segregation and inversion of status. Those elderly who prefer to move with their children are also affected by psycho-social and adjustment problems (Davis, 1977). When the aged accompany the young to cities, a different problem arises, the old feels rootless in the urban environment. Even the elderly who live with their immediate families also experience the weakening of emotional bonds (Bhogle and Reddy, 1996). Lack of control over economic resources of the family, failing health and increasing dependency reduces the control of elderly over other members of the family. There is a growing degree of negative attitude towards the elderly amongst the younger generation. As a result, even when the older person continues to live with children, interpersonal relations are likely to be more strained and often brittle (Prakash, 1997). Thus the welfare of the elderly, even in the normal family situation, is likely to be a problem. As a result, caring the elderly is fast becoming a problem. Care of the aged is viewed as a burden or stress by the caretakers (Zaritet al., 1980; Johnson and Catalano, 1983). Nowadays the duty of looking after elderly has become an obligatory burden today. This naturally makes the aged feel that they are becoming a burden on adult children, which again increases the feelings of stress in them. In addition to the above experiences, losing of spouse is yet another disruptive event in the life of an old person. Widowhood is one of the major factors, which affects one's adjustment and mental health (Jamuna, 1984). Widowhood makes an important difference to the quality of life of older people. Widowhood is the most traumatic transition encountered in life course. The bitter experiences of widowhood depend on several factors, such as socio-economic status, family status, health status and social network supports. Psycho-social problems in widowhood should also be seen in relation to the demographic trend and change in the living arrangement.

In India, institutional help and care by government agencies and private institutions are being provided in India to reduce the problems of the elderly. However, one of the most important and difficult adjustments for old people is that of changed in residence which lead to impact on psycho-social problems. In Indian context, institutionalization of elderly parents is not a popular option and still draws social disapproval. Moving to an Old Age Home is a social stigma as pointed out by Surrender (1994). Moreover, the social life space of the elderly may shrink due to

retirement, widowhood, death of friends and separation of children. This becomes more intense when they are forced to accept institutional life. Based on the study of institutionalized the elderly and those who stay with their families, Mishra (1992) opined that in spite of being in need of relief from their problems, the aged do not want to be segregated, but prefer to remain integrated in the network of social relationships. These points to a basic issue in modern gerontology: integration versus isolation (Rao, 1991). However, due to unavoidable circumstances a good number of old people are being sent to Old Age Homes. The above discussion makes it clear that modernization, urbanization; aging of population, breaking down of joint family system; widowhood and cultural flux in the society have affected the lives of the elderly in India. Thus, due to changes in demographic as well as social context of India resulted in affecting the economic, social, familial, health and psycho-social problems of the elderly. It in this context, this study on psycho-social problems of the elderly is planned.

1.4 Statement of the Study

The problems associated with old age are poor diet, ill-health and inadequate housing, declining role: role erosion, role overload, role isolation, role expectation, role conflict, lost of status, insecurity, helplessness, loss of loved ones and significant figures (such as spouse, friends, children), isolation, loneliness, feeling of being unwanted, loss of income, retirement from active to in active, problems of leisure time, cultural-devaluation-sense of uselessness, alienation and segregation. They also suffer from certain physiological deterioration like physical disease, perceptual decrement, sexual losses, loss of integrative system, hormonal, vascular and central nervous system, brain damage, dementia, physical limitation: losses of speed of process and responses, decrease thyroid function, decreased albumens; altered elasticity of skin, blood vessels, body size and appearances (slipping and shrinkage).

In old age, individuals depend on their children as they often have no other alternatives. The individual has lost from being self-supporting individual to dependent individual. Thus, Individual suffers status from bread-earner to the neglected one within the family and in society. Added to all, these are the changes in economic status which follows lose of employment resulting to mandatory retirement,

accompanying with a feeling and sense of useless, worthless and insecurity as well as the recurring need of dependency. All these are the difficult challenges of changes that the elderly has to endure. The severity will vary from person to person and place to place.

The modernization, industrialization and urbanization have made tremendous changes in the pattern of the society. It has weakening traditional bonds of the joint family system in the society. This breakdown of the joint family system is more common in urban areas due to evolving nuclear family system. The elderly happen to be the main sufferers of the changing social values and family system. The society is becoming more individual centric. The old values, culture and tradition is deteriorating due to the tremendous westernization of the society. This will lead to emergence of old age as a social problem. The ever growing population of old age needs to give a thoughtful consideration. Thus, in-depth examination and analyzes of the problem is a must to mitigate the existing problem since gerontological research in India is of recent origin. Much of the available work is often limited in scope and coverage, thereby making it limited in the results of studies to generalise the findings for the entire elderly population throughout the country (Bali, 1997). A review of Indian psychological literature on the aged by Ramamurti and Jamuna (1993) indicates that a large number of socio-demographic and personality variables are associated with the adjustment and psycho-social problems of the elderly. In fact, there are studies pertaining to the relationship between marital status or family type and adjustment of the elderly that impact on psycho-social problems (eg., Ramamurti, 1968a; Achamamba, 1987; Lakshminarayanan and Gurudas, 1989; Subramanian, 1989; Eswaramurthi, 1991). Moreover, most of the studies both in the West and in India concerning the impact of living arrangement on adjustment of the elderly are primarily dealt with the comparison of the institutionalized and the non-institutionalized elderly (eg, Lohman. 1977; Anantharaman, 1980a; Gomathi . 1981; Chandrika and Anantharaman, 1982; Mathew, 1993). Yet specific studies related to the psycho-social problems of the elderly especially in Manipur have not been reported in India. This calls for a more exhaustive research in this area. The culture of India gives due importance to psycho-social of the elderly in terms of all kinds of social support. Therefore, an exploration on the impact of family life satisfaction on adjustment of the elderly deserves much attention. The available studies on psycho-social problems of

Indian elderly are limited. The studies focussing on the effect of psycho-social problems and its impact on family life satisfaction on adjustment of the elderly in the context of changing socio-cultural is a pressing need. Moreover, a standardized tool to measure psycho-social problems of the elderly itself is a research need. To address this gap, the present study is designed. The study brings out a standardized inventory named, 'Shamshad-Jasbir Old age Adjustment Inventory (SJOAI)'. The present study is important because there have been very little efforts that are investigated of the psycho-social problems of the elderly from a social work perspective. Hence, this study is a modest attempt to bridge the gap in the area of social work intervention in dealing with the psycho-social problems of the elderly.

1.5 Scope of the Study:

The psycho-social problems of the elderly are needed to focus on the grass root level. This area is partially touched by both government and voluntary organizations in Manipur. A study on psycho-social problems and its correlates in old age has an immense scope because it provides an opportunity to understand the needs and problems of the aged people in the light of drastic demographic and socio-cultural changes in India. Since the study has made an attempt to perceive the psycho-social problems of the elderly in the context of changing family structure and aging of population, it could certainly provide information regarding the differences in adjustment of the elderly living in varied home-living arrangements. The study could also identify specific needs of social work interventions of the elderly. This increased understanding would enhance the quality of service extended by social workers. Therefore, researcher is intended to explore the pros and cons of the problems faced by the elderly. This study will help to those people who are working with the elderly at grass root level. Addressing the problem of the elderly will help to revise the program and policies and can give an idea for developing a practical solution of the problem. This study will focus on the socio-economic and physiological aspects that impact on psycho-social problems of elderly. This study will ultimately lead in providing a congenial environment for the elderly to live.

1.6 Limitations of the Study:

The scope of the study is limited to those elderly who are living at home and also have considered only one elderly person if both spouses are alive. The limitation for the age of elderly is those who are 60 years and above. The study is limited to Imphal west district hence, the findings cannot be generalised for the elderly population of Manipur in general but in consideration of highest concentration of elderly population in Imphal west, the researcher tried to overcome the limitations to certain extent.

1.7 Format of the Report

The report consists of five chapters:

Chapter I Introduction: It lays out the theories of aging and introduces the subject of the study in a concise manner.

Chapter II Review of Literature: It covers the related research findings in the form of brief report.

Chapter III Methodology: It presents the methodology adopted for the study.

Chapter IV Analysis and Interpretation: It is divided into three parts. They are as follows: (Part I- Socio- Economic and health Conditions Affecting the Psycho-Social Aspects of the elderly), Part II- (The Perceptions of the elderly and Importance of Family and Social Support System and Part III- (Roles of NGO and government in providing services for the elderly).

Chapter V Summary and Conclusion: It provides a summary of the study, findings, conclusions and suggestions for future research and an implication of social works.

The next chapter will discuss the review of literatures in related area of studies to understand the different aspects of problems faced by the elderly. In literature review, we will come to know the different problems and prospects of the elderly. This will help in better understanding of the study topic.

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