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Aging in South Asia

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INDIAN
SOCIAL
INSTITUTE

Aging in South Asia

Theoretical Issues and Policy Implications

Edited by

Alfred de Souza

Walter Fernandes

INDIAN SOCIAL INSTITUTE
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Foreword

The World Assembly on Aging in October 1982 will focus the attention of the world on the situation of the aged in industrialised and developing countries. The papers in this monograph have emerged from the Asian Regional Conference on Active Aging which was sponsored by UNFPA and Opera Pia International. The Indian Social Institute was responsible for selecting the delegates from South Asia and for the presentation of their papers at the Conference in Manila in January 1982. This Asian Regional Conference was envisaged as a preparation for the NGO meeting in Vienna in March 1982 at which delegates were to be chosen for the UN Session in October. This monograph presents the version of the papers which appeared in the special issue of *Social Action* in January 1982. Though these papers present extensive census and research data on the aged, the concern is primarily with their social, economic, cultural and political significance. It will be noticed in the analysis that the situation of the aged in India, Nepal and Bangladesh is not necessarily worse than it is in industrialised countries; it is certainly different. This difference cannot be understood apart from the socio-economic and cultural factors which determine the situation of the aged in the countries of South Asia.

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Aging in South Asia as Marginalisation in a Neo-Colonial Economy: An Introduction

Walter Fernandes

This paper accepts the commonly given distinction between physical and social aging but assumes that both the problem of marginalisation of the aged and the definition of the above concepts in South Asia are considerably different from what the industrialised societies accept. In differentiating South Asia from the industrialised nations we do not claim that the five countries of the sub-continent, viz., Bangladesh, India, Nepal, Pakistan and Sri Lanka can be treated as one unit in every respect. These countries have similarities in their neo-colonial economy, in their social structure and in the status of women. Besides, though the majority religions are different in these countries, there is sufficient evidence to show that Buddhism, Christianity, Hinduism and Islam have had mutual influence on each other and that the social structures of the sub-continent are conditioned by this interaction.

However, differences are probably greater than similarities both between these countries and within each country, though they are more prominent in India, Pakistan and Sri Lanka than in Bangladesh and Nepal. Because of their internal differences, these countries have to search for a new identity that can keep them united. This is seen both in the efforts of some extremist elements to find unity based on a single religion such as Islam, Buddhism or Hinduism, a single language

such as Hindi, Urdu or Singhalese and by highlighting their difference from the neighbouring countries, especially India, the biggest in the region (Brass 1975: 265).

Without forgetting these differences, this paper will concentrate only on those aspects that are in common among these countries in the marginalisation of the weaker sections and situate the aged within this perspective. The economic situation, the family and the other social structures need to be studied for this purpose. After discussing the international and national economic policies, we shall study their impact on the aged, and pay special attention to the 'low castes,' the tribals and women who are the most disadvantaged groups.

One major obstacle to any study on the aged is the paucity of studies on the question in South Asia. Except for a study on social welfare in Ceylon conducted 35 years ago (in which the aged are mentioned) the paper presented at the Manila Conference (January 1982) by Prof S.W.R. de A. Samarasinghe seems to be the first study on the aged in Sri Lanka. The same is true of Nepal and possibly of Bangladesh. As for India and Pakistan, those few studies that exist are mostly on the small minority of the urban middle class pensioners, and others who have got some economic security (de Souza 1982). Besides, most of the studies seem to assume that the concept of marginalisation of the aged as developed in industrialised societies can be applied also to South Asia. This concept is based on retirement from a full-time job in an industrialised society and does not seem to be fully applicable to South Asia where about 90 per cent of the active population is in the informal sector and lacks any social security and retirement benefits.

Aging and status in the family

While accepting the distinction between physical and social aging, we add that these concepts need to be modified to suit the situation in the sub-continent. Physical aging, for example, is conditioned by the status of nutrition and health as well as housing and employment facilities in a country or a social group within a country. In the West the present trend is to differentiate between the 'young old' i.e., those below 75 and the 'old old' i.e., those above 75 (Gallantin-Anderson

1980). This distinction is necessitated both by the absolute and the proportionate increase in the number of the aged in the industrialised countries and by the longevity of life, which is the result of better medical care, nutrition and security of income.

In other words, in the rich as well as poor countries, social aging does not necessarily coincide with physical aging, but for different reasons. As mentioned above, in the industrialised nations, social aging coincides with retirement from the active production process but physical aging as such may begin much later. Consequently, the main preoccupation in the West is with the integration of the aged in the mainstream of society once they retire from the industrial production process. Thus studies in the West speak about the need of adapting the social, political and cultural life to the needs of the aged who are becoming numerically important but may not be having much political power (Berry 1980).

When it comes to South Asia and other poor countries, social aging has to be interpreted in a different way. Apart from economic aspects, one may need to introduce some cultural aspects that are common to most South Asian countries. One such concept is that of change of role that forms part of what Bose in the paper presented here, calls family cycle. With their advancing age and the marriage of their children, the parents play a new role in society and in the family. With the arrival of the *bahu* (daughter-in-law) in the family, the mother in the traditional society in India as well as most other South Asian countries assumes the role of *sas* (mother-in-law). This change of role involves a new status because of the woman's transition from her role of wife to that of the trainer of the new daughter-in-law, i.e. socialiser and preserver of the family's *izzat* (prestige) though some restrictions go with this changed role (Vatuk 1980: 294).

What this means is that the aged continue to enjoy a high status in the family and at times it may even be enhanced with age. This seems to be one of the common features of most countries in South Asia. Also the urban studies show that the family still remains the main emotional as well as social support of the aged and that their status in the family remains more or less intact even after retirement which in-

volves sudden withdrawal from a full-time job and lowering (and in some cases loss) of income. But in very few cases does it lead to loss of status in the family, whatever its type. The type of family itself may differ (Shah 1973: 69). It may not always be possible to fit it in the bi-polar division of joint and nuclear. But what is common to the South Asian countries is that both from the point of view of economic and emotional support, the family is essential for the aged.

In that sense, the actual social behaviour in India seems to be not fully in conformity with what the Hindu Scriptures preach. The ancient Scriptures divide family life into four stages and the final states are *vanaprastha* and *sanyasa* i.e. contemplative life and withdrawal from active life. In fact, ancient Scriptures describe the whole law of life as *Varnashramadharma* i.e., the system in which the balance between the castes is maintained and the four stages of human life are properly observed (Prabhu 1958: 79-87).

Islam, Christianity, Buddhism and other religions too have scriptural injunctions concerning various stages of life. But there is little evidence to show that these rules were ever adhered to in their entirety except perhaps by some Brahminic groups. However, religion, though not the entirety of its rules, seems to play an important role in the lives of the marginalised sections, especially women and the aged. Often popular religious practices seem to help them to get over the pressures of daily life (Jacobson and Wadley 1977).

To restrict ourselves to the aged, all the studies both of the urban pensioners and those in the informal sector show that religion plays an important role in coping with the problems connected with old age. In Bombay (Desai and Naik n.d: 83) 139 out of 600 respondents i.e., over 23% mentioned religious rituals as the main mode of spending their time. The Lucknow study (Soodan 1975: 130) indicated that about 55% of the respondents used their spare time to visit temples or mosques. Similarly, the study of the Delhi informal sector (de Souza 1982) shows that nearly 20% of the respondents turned to religion as a way of coping with leisure.

Economic situation

However, as we shall see later, both the role of religion

and the status in the family are conditioned by the economic situation of the aged. This is true both at the international and the national levels. To begin with the international order the difference in the economic system is one of the main reasons why it is difficult to transfer the concept of marginalisation of the aged to South Asia in its totality. The sub-continent has only a few elements in common with the rich countries.

To begin with the aspects that are in common, the problem of numbers will probably be felt also in the South Asian countries at the beginning of the 21st century. The difference between the age-groups becomes important in the industrialised countries where retirement is marginalisation because of the experience of being all of a sudden without a job and having less money to spend. In Europe the percentage of the aged i.e. those above 65 years of age, has gone up from 8.9% in 1950 to 9.7% in 1960 and 11.0% in 1970. This proportion is expected to increase further because the share of the younger population has been falling and the post-war boom babies will begin to age in early 21st century (Bourgeois-Pichat 1981: 36-38). A similar situation is noticeable also in North America (Davis and van den Oever 1981: 17).

The South Asian countries on the contrary show an increase in the absolute numbers of the aged but their proportion to the total population either keeps decreasing or shows only a marginal increase as the tables in Choudhury's and Bose's papers indicate. The main reason for this is the success of the disease prevention policies of the 1950s when efforts were made to reduce mortality. Malaria, cholera, tuberculosis and other diseases which accounted for more than 50% of the deaths were brought under control. Simultaneously, efforts were made to reduce fertility and infant mortality.

Only Sri Lanka seems to have succeeded in reducing infant mortality as well as fertility and, as a result, its population pyramid is considerably different from that of the other countries. Health services and many social security measures seem to have been instrumental in this demographic change (World Bank 1980: 35). As a result, life expectancy there exceeds 70 years at birth and is close to that of the West.

Life expectancy which was around 35 years at independence in 1947 in the other countries, is today a little over 50 years. However, it does not mean that people die young. Low life expectancy is caused by the fact that in India and Bangladesh 40% of all deaths in a year are those of children below the age of five. Once this period is crossed, and in the case of women once the reproductive age is over, life expectancy is very high (Chen, Huq and D'Souza 1981: 55). In 1974, infant mortality in India was as high as 120 per thousand in the rural areas and 80 in urban areas. If we speak in terms of age specific mortality i.e., number of deaths in a year in any specified age-group per 1,000 persons, in 1969 it was 64.1 for the 0-4 age-group and after that it was below 10 till the age of 45 and exceeded the national average of 19.1 per thousand only after 55 years of age when it became 24.4, went on to 41.4 at 60 and 56.2 at 65 and 122.2 at 70 (Census Commissioner 1972: 10). In other words, age-specific mortality of the 0-4 group was higher than any other group except the 70+ age group. Consequently, once the childhood period is crossed, life expectancy of the adults is not much lower than that in the West (Djurfeldt and Lindberg 1980: 48-49).

Besides, existing data would indicate that mortality has decreased also among the 60+ group. Their number increased from 19.9 million to 23.6 million in 1961 and 92 million in 1971 i.e., an increase of over 65% in 20 years, though population increase between 1891-1910 (to which this generation belongs) was marginal and was negative during the following two decades (Census Commissioner 1972).

International economic order

This brings us to the economic constraints caused by the change in the demographic picture. Though infant mortality has come down considerably, it still remains high. In fact, one study (Khan, Prasad and Majumdar 1980: 66) shows that precisely because of the high infant mortality, women refuse to accept terminal methods of family planning in India. As a result, change in fertility has been only marginal in the rural areas.

One major implication of this change in the demographic picture is that the number of dependants has increased. In

that particular constraint, South Asia is not different from the industrialised countries. There too, because of increased longevity and decline in infant mortality, the number of dependants is high. In Europe, for example, in 1970 children below 18 years of age and persons above 65 years formed over 40% of the population (Bourgeois-Pichat 1981: 37). The number of dependants was slightly higher in South Asia.

However, there is a major difference between the rich countries and South Asia. It is based on their economic system. The industrialised countries that developed in the 19th century because of the existence of colonies still continue their dominant position in the world economy. 6% of the world's population living in North America consumes 40% of its resources and 25% of the world's population living in the rich countries known as the North gets an unfair share of the world resources. To give but one example, in 1978 when the world's population was estimated at 4.4 billion, the world's gross GNP was estimated at \$8.5 trillion. This gives a world per capita income of \$2,000. However, because of the inequalities of the neo-colonial international economic order,

Such an average is little more than a statistical artifact. Of the \$8.5 trillion World GNP in 1978, roughly \$7 trillion, that is, more than 80 per cent of the total, was generated in the North, which contains just over 25 per cent of the world's population. The total GNP of the South was \$1.5 trillion, shared by almost three-fourths of the world's inhabitants. Income per capita, as a result, well exceeded \$6,000 in the North but was less than \$500 in the South (Demeny 1981: 298).

Moreover, this consumption is possible because of the poverty of the poor countries. The colonised countries supplied the capital for the industrial development of the colonial powers and markets for their finished products when the Third World was formed of political colonies. Today the poor countries supply the raw materials whose prices do not rise in the same way as the finished products and in many cases keep falling. Between 1951 and 1961 the price of coffee, cardamom and cocoa declined by between 20 per cent and 50 per cent and that of tea

and sugar increased only marginally. During the following decade the prices of these products registered a marginal increase (UPASI 1974: 560-567) and have been unstable in the 1970s. In the same two decades, prices in India rose by 129%, in the neighbouring countries by about 200% and the prices of finished products imported from the West by over 400% (Government of India 1973: 304, 308). However, despite the Kennedy Round, Nixon Round, five sessions of UNCTAD, the Cancun negotiations, other North-South dialogues and the pressure coming from the 'Group of 77,' there seems to be very little possibility of any change coming into the world economic order.

It is important to bear this in mind while discussing the question of the financial benefits and social security of the aged. In the West, the main problem of the aged is their social marginalisation after their retirement and the need of re-integrating them in the political and cultural life of the country and helping them get over loneliness caused by the loosening of the parent-child bond and the consequent distance between generations (Davis and van den Oever 1981: 5). In the South Asian and other Third World countries it is a question of the economic survival of the family as a unit.

Because of the abundance of resources, the industrialised nations can afford the type of social security which is beyond the reach of the poor countries. There certainly is going to be a problem in the West with the increasing number of the aged, because a relatively small working force will have to maintain a much bigger group of dependants through taxes meant for social security. In USA, for example, viewed in the form of taxes and other provisions for social security, the percentage of old-age support burden on the 25-64 group had risen from 10.9% of all earned income in 1970 to 15.5% in 1978 and is expected to rise further (ibid: 15)

This is the situation of the consumer society and an industrial economy. In Europe urbanisation has reached 70% and is expected to reach about 80% by the year 2000 (Bourgeois-Pichat 1981: 30). This trend can increase the sense of isolation of the aged and can create more demands for their integration into the cultural and political life of the country. But their problem remains primarily social and psychological isolation

and only secondarily economic survival. Income-wise, the situation in USA seemed to be somewhat favourable to the aged. In 1978, 50.9% of the aged depended on pensions and social security and only 0.8% of the 65+ group on alimony or support from their children. Besides, though the gross income of the 65+ group was smaller, on an average their per capita income seemed to be higher than that of the 25-44 age group because the latter had to support more dependants and a bigger household than the former (Davis and van den Oever 1981: 9-11).

One cannot speak of the social and psychological isolation as the main problem of the aged in South Asia and other Third World countries that account for nearly 75% of the world's population but less than 25% of its wealth. The result of the neo-colonial economy is that the poor countries are marginalised within the world scene and groups like the aged feel primarily the economic problem of survival and much less of emotional support because family ties still remain strong. By and large, the homes for the aged are only for the destitute and the majority of the middle class does not like to send their parents there. However, with urbanisation and migration, a few programmes are being initiated for the aged from the upper and middle classes. But they are more an exception than the rule.

National situation

However, reforming the international economic order alone is not going to change the situation in the poor countries, because what is true at the international level is equally true of the national scene in this sub-continent. In South Asia, the top 5% of the population controls 22% of the national income while the share of the bottom 20% is less than 6% (ILO 1979: 14-15). Inequality in the ownership of assets is worse than that of distribution of income. In India in 1972 the bottom 20% owned less than 2% of its assets while the top 5% owned nearly 50%. Landlessness is a major cause of poverty and inequality in its distribution is glaring in South Asia. According to the World Bank (1980: 41-42), it is estimated that 53% of rural households in Bangladesh, 40% in India, 86% in Pakistan and a similar number in Sri Lanka and Nepal were landless.

Though India is the world's tenth most industrialised nation, the 1981 census (Census Commissioner 1981) estimates that 48% of the country's population lives below the poverty (i.e., subsistence) line as against about 40% in 1961 (Dandekar and Rath 1971: 18-21). The figures are estimated to be similar also in the remaining South Asian countries (ILO 1979).

The problem of distribution of assets and income is closely linked to malnutrition, poor health and mortality. In South Asia, the bottom 20% have to spend about 85% of their income on food alone and yet they remain malnourished. Measured by the norms set by the Indian Council of Medical Research (ICMR and ICSSR 1981: 37-40), over 60% of the Indian population cannot afford a nutritionally balanced diet. Malnutrition is particularly prevalent among children in the 0-6 age group. It is estimated that over 40% of all children of this age-group suffer from various degrees of malnutrition. We have already mentioned the high rate of infant mortality in the sub-continent. Majority of these deaths are attributed to malnutrition (Fonseca 1982).

However, the situation is not identical in all classes. While infant mortality is not much higher than that in the West among the upper classes, a study of women in the Delhi slums (Singh 1977: 244) showed that over 45% of all children born alive among the construction workers died before the age of five. In other words, high mortality, malnutrition and poverty both in the Third World as a whole and of the weaker sections within each poor country, are not an accident but an essential feature of the present economic system which is geared to the needs of a few rich countries at the international level and of a few dominant classes within individual countries. The inequalities are much more glaring in the poor countries than in the industrialised nations because of any lack of social security. In that sense, there is a qualitative difference between the poverty of the rich and poor countries. As a result, the marginalisation of the aged is not identical in the industrialised and Third World nations.

In South Asia, the situation of the aged differs according to the class they belong to. This is true even of the pensioners and to a much greater extent of those belonging to the informal sector. As mentioned above, both the role of religion and

the status of the aged in the family differs according to their economic class.

To begin with religion, the Bombay study showed that it was one of the ways of spending free time. 139 of the 600 aged said that they spent much of their time in prayer and other religious activities. Most of them belonged to the poorer sections like retired primary teachers whose pension was very low and could not afford any other mode of spending their time. 184 respondents spent time reading newspapers, more than half of them former government officers whose pension is higher than that of the other categories. Almost all those who spent their time at the club belonged to the group of former officers (Desai and Naik n.d.: 83). Also the Lucknow and Delhi pensioners' studies confirm this finding while in the Delhi informal sector (de Souza 1982) over 20% of the aged among the poor found solace in religion.

One cannot conclude from this that only the poor find solace in religion to cope with loneliness. There is enough evidence to show that all classes have recourse to spiritual activities in their old age. What these data show is that the upper classes have got many more ways of spending their free time, while many aged persons belonging to the weaker sections have to have recourse to religious practices not merely in order to find solace from loneliness but even to make use of their spare time, since they cannot afford any other diversion.

Similarly, the health status of the aged is conditioned by their economic situation. The Bombay study (Desai and Naik n.d.: 48) showed that among the higher level government officers, only 2.5% suffered from major illness before retirement and 5% from minor illness, but 5% retired voluntarily for health reasons before they reached the age of 58. Among the low income teachers on the contrary, 5% suffered from major illnesses and 10% minor illnesses. But only 3% retired voluntarily, presumably because it was impossible for them to continue working. The others continued working despite their ailments since they could not afford to retire.

Also medical care after retirement shows a similar difference. Only thirteen out of 439 respondents went to hospital when sick, seven of them former government officers. The

remaining former officers had someone at home to look after them. The figures show that a much bigger number of those belonging to the lower income sections needed to be hospitalised, but only six of them went there since they could not afford the high expenses involved (ibid: 48). That is where close family ties were a great help. What is said of Bombay is equally true of the other cities like Lucknow and Delhi.

However, all these persons belong to the organised sector and have got the minimum economic security required. Even among these groups, a relatively large number had to continue working since many of them, especially in the low-income groups, continued to be the main income earners of the family or their pension was not sufficient to maintain them (Soodan 1975: 49). Worker participation rate is over 55% in the urban areas 'in spite of the fact that they house the bulk of the retired personnel from Government and other concerns which offer pensionary and other old age securities and benefits and where the practice of taking out insurance policies against old age must also be comparatively high' (Mitra 1978: 599).

The situation changes completely when one is dealing with the informal sector. Those working in this sector lack even the minimum economic security of a pension available to those retiring from the organised sector which employs less than 10% of the working force. The 1971 figures show that 77.4% of males in the rural areas, belonging to the 60+ age group and 55.3% in the urban areas were still in the working force. Among women, the rate was 11.3% and 6.4% respectively (Bose 1978: 396).

An overwhelming proportion of workers is in the rural areas and the rest in the urban informal sector. Even when they are employed, these groups are not assured a regular living income and have to think in terms of subsistence. As a result, economic inadequacy puts a strain on the resources of the bread winners to provide for their dependants. The aged parents may be the worst sufferers since the breadwinner would think first in terms of providing for his children and only after that for the parents (Delhi School of Social Work 1977). Because of this economic stress, the old among the poor have to keep on working for as long as they can, for bare survival (de Souza 1982: 6).

The situation gets worse in the rural areas even compared to the urban informal sector, as both Sharma and Bose have pointed out in the papers presented here. What is called progress and development seems to have led to the deterioration of the situation of these categories. As Sharma says about Nepal, before the political changes of 1951 and the later attempts at industrialisation, the poorer people of Nepal had been able to make their livelihood by selling their services to the landowning high castes in a bilateral patron-client exchange system. But this arrangement is fast disappearing from practice in the villages of Nepal now a days and the rural poor are beginning to migrate to the urban slums.

In other words, for those few who can afford to retire, social aging is a sudden traumatic experience. But it also contains some security in the form of pension and provident fund. For the rural and urban poor working in the informal sector, employment itself may be a game of survival and there is very little possibility of saving for the future since, as mentioned above, the bottom 20% living below the poverty line have to spend 85% of their income on food alone. Consequently, they have to remain in the working force till they are physically worn out and are unable to work any more. After this, they die of old age which may be a 'euphemism for death due to starvation' (Djurfeldt and Lindberg 1980: 94).

This may be true also of the urban poor working in the informal sector. As de Souza shows in the paper presented here, as many as 82.1% of the aged among the poor who worked did so for maintenance and survival, not in order to have some extra comforts as most middle class pensioners did. Moreover, other studies (Matthews 1981: 13-14) have shown that most diseases affecting people in the informal or rural sectors are what can be called "deficiency illnesses" caused by poor hygienic conditions, lack of drainage in the slums, malnutrition and absence of good health services. This was found to be much more true about the aged whose physical resistance to diseases diminished with age. Moreover, given the cultural distance between the doctors and the patients belonging to the poorer sections, particularly the aged, and the consequent near-snobbish attitude of doctors who belong by and large to the upper classes, the poor, especially the aged, go to the dis-

dispensary only when it is absolutely necessary (Matthews 1979: 139). Besides, as de Souza points out in his paper, the aged even among the urban poor, go to the doctor only till the symptoms of their disease disappear not till they are cured, because of the high cost of health services, poor transport facilities, the difficulties of movement connected with old age and the possibility of losing a day's wage since going to the dispensary is a long and tedious process. As a result, the health status of the aged is affected by their economic condition and by the fact that though the urban informal and the rural sectors form an important segment of the country's economy, most policies and services are geared to the needs of the educated middle and upper urban and rural rich classes.

Development policies

All countries of South Asia have a few social security schemes for the destitute. Sri Lanka seems to have had the most extensive type of schemes, till the change of economic policies by the present government. Some states in India have old age pension schemes for the destitute. But as can be seen from the paper of Bose in this book, most of them are defective.

Moreover, the economic policies of the government often result in the marginalisation of the weaker sections. We have seen how the loosening of the traditional master-client ties has worked against the poor. One does not argue, however, that the traditional ties were just and could be accepted by those standing for human rights, since the relations did not differ much from the feudal lord-serf bonds. However, industrialisation has resulted in the loosening of these relations without anything to replace the minimum material security found in the traditional unjust relations. Thus the change has led to a worsening of the former servant's material status without any addition to his social standing.

Many studies have shown that this worsening of the situation is probably the direct result of the policy of what is called modernisation. It was taken for granted that transfer of (often outdated) technologies from the rich to the poor countries would automatically lead to progress. It was forgotten that these technologies have got a definite history and that they

developed within a colonial context (Fernandes 1980: xvi).

When these technologies considered more efficient are introduced, ordinarily they result in the weakening and even destruction of age-old knowledge and resources on which the weaker sections have survived for centuries (Shiva and Bandyopadhyay 1981: 119-121). This is the result of the economic policy that thought of modernisation as solution to the problem of underdevelopment. What was forgotten was that introduction of such technology without changing either the international economic order or the ownership pattern within the country would in fact result in the strengthening of those who were already strong (Kurien 1967: 81).

Other studies show that also the remaining South Asian countries that have attempted the Green Revolution or similar policies have a similar story to tell. To take but one example,

In Bangladesh between 1963 and 1974 there was a five-fold increase in the proportion of the population considered "extremely poor," that is, those with a maximum calorie intake of only 80 per cent of the calculated minimum. In Sri Lanka, while rice continued to account for 70 per cent of the poorest group's expenditure, its actual per head consumption fell drastically during the 1960s (ILO 1979: 9).

One consequence of these policies is increase in the extent of landlessness which we have already mentioned and in the number of uneconomic small and marginal holdings while land distribution continues to be unequal. When one studies these figures one can understand why the proportion of those living below the poverty line has increased from around 40% in 1961 to 48% in 1981.

This rural pauperisation seems to be an outcome of the industrial policy of the governments. Concentration of resources in a few hands seems to be the rule rather than the exception in most of these countries. Pakistan has most of its capital and land in the hands of twenty big houses. In India, twenty two business houses control over 50% of its industry through interlocking of directorships, and 75 big houses keep increasing their share of assets and income while that of the smaller houses keeps diminishing. Added to this is the hold of foreign companies and the capital outflow as a result of royalty and

technical fees. Statistics show that in India and most South Asian countries the outflow of foreign capital is 70% more than its inflow (Sau 1981: 39-56). What this means is that both in the urban and rural areas, with a small capital, a small percentage of the population is able to control a very big share of the assets and exercise power over the socio-economic system.

Weaker sections

As far as the aged are concerned, concentration of wealth in a few hands and the consequent pauperisation of the weaker sections lead to further marginalisation of the dependent sections and further pressure to work till one's energies are exhausted since the real income of the poorer sections keeps diminishing. Sharma mentions in his paper that in Nepal the poorer sections who are displaced as a result of the capitalisation of rural economy are forced to migrate to the urban areas within the country or to other countries, leaving behind their older members to look after the women and the children in the family. This is creating a situation where the elderly are feeling more economically burdened and isolated from their children who are unable to visit them often or call their parents to live with them.

Apart from the additional financial and emotional strain on the aged, the pauperisation of the rural areas also involves the strain of migration and status-change in the case of the weaker sections. In the Delhi informal sector study presented here, de Souza indicates that a relatively large number of aged persons in the informal sector depend on their children even for their survival and that a smaller number than the other classes have the final say in all decisions in the family. In other words, though by and large old age leads to enhanced status in South Asia, it is conditioned by their economic situation. As Chaudhury says in his paper included here, parental control over land which is the most important means of production in the sub-continent, ensures the aged parents' participation in decision-making. 'However, this security is unavailable to those unfortunate landless households who constitute the majority.'

Caste and sex discrimination

While the economic policies of the Government perpetuate inequalities and the international economic order makes it impossible for the countries of the 'South' to make progress, within the countries of South Asia, the economic inequalities are to a great extent identified with social inequalities. In other words, those who have a socially low status are also economically exploited. The governments' policies of industrialisation geared to the production of luxury goods and the favoured treatment meted out to the capitalist landowners in the rural areas, only create what are called the push and pull effect that drives the deprived sections towards the towns leaving their aged parents behind. In the cities themselves, they can only enter the low-income informal sector.

What matters, as far as our study is concerned, is that the weaker sections among the urban as well as the rural poor are also predominantly, though not exclusively, persons belonging to what are called low castes. Studies in all the countries of South Asia have confirmed the fact that the 'low castes' are victims of what are called cumulative inequalities. These are the ones who are affected by concentration of landed wealth in a few hands. While 48% of the general population in India live below the poverty line, among the low castes and tribals their proportion is over 80%. More than 90% of the bonded labourers in India are estimated to belong to the same group (Marla 1981: 44).

When it comes to the aged, these are the groups that are the most affected both by migration and by the fact that most of them belong to the informal sector. As a result, they do not have any benefits of retirement and lack social security. These are the persons who belong to what Djurfeldt and Lindberg have called above, the category that is euphemistically said to die of old age and may in reality be dying of starvation.

That the weaker sections belonging to what are called 'low castes' are the worst affected, is clear from most studies of cities. Of equal importance is the fact that as many as 90% of these groups migrated to the urban areas in search of jobs and get integrated into the informal sector. They are doubly disadvantaged.

In other words, when we talk about rural-urban migration in India, the chances are high that the migrant will be from a low caste or an untouchable one, and will end up living in a slum or squatter settlement when he/she reaches the city (Singh 1978: 329).

In fact, studies (Saxena 1977: 157) have shown that the 'low castes' form over 60% of emigrants from the rural areas to the urban slums. While the upper castes tend to migrate to nearby towns since they still have landed interests in the village, the 'low castes' move to greater distances. This creates a double distance from their aged parents. On the one hand, the parents have to be left behind without the possibility of regular contacts. On the other, the children who migrate to towns do not find it easy to maintain them because within the urban areas, their opportunities are limited to the lowest-level unskilled jobs. They are forced to work either as peons in offices, as construction workers or take up other jobs in the informal sector that do not require skills, bring very low income and do not provide for retirement benefits. By and large, the white collar occupations in the cities are predominantly in the hands of the upper castes while the 'lower castes' are engaged primarily in manual work (Desai 1981:68). As a result, the situation of their aged parents may deteriorate.

Other studies have shown that poverty among the 'low castes' and neglect of areas where they are a numerically strong section, the Green Revolution which has led to mechanisation and loss of jobs of the unskilled workers most of whom belong to the low castes, hope of horizontal mobility even within the informal sector have combined to provide the pull effect for the young generations of the weaker sections to move out to the cities leaving their aged parents behind without any security. Once they reached the cities, they had to keep working even in their old age for survival. Thus both in the urban and rural areas, the worker participation rate (WPR) among the 'low castes' is much higher than the rest of the population. In 1971, for example, WPR among the weaker sections was as high as 90% for males and over 50% for females of all ages and was as high as 47% for the 60+ age group and 20% for the 5-14 age group (Rayappa and

Grover 1980:51-53). In other words, these groups are malnourished in their infancy, begin to work in their childhood, are underpaid and lack job security in their adulthood and can not think of retirement in their old age.

This situation of cumulative inequality is further intensified when it comes to women. The low status of women seems to be a common feature of all the South Asian countries. The nuptiality patterns in all the South Asian countries and the extent of widowed women in these countries (D' Souza 1979: 350-354) shows a sex bias against women. Among the aged one finds a much bigger number of single (widowed) women than men, the reason being the lower age of women at marriage. The Delhi School of Social Work study found that the average age of men at marriage was 15.6 years higher than that of women. That the situation is similar in Bangladesh is clear from the data provided by Chaudhury in this book. As a result, a much larger number of aged women than men are dependent on their children. This often results in the deterioration of their social status. This situation of dependence in their old age has to be viewed within the context of the low status of women. Indications are found in the extent of malnourishment among girls, low educational standards, limited job opportunities in the organised and informal sectors, all of which make them dependent both in their active life and old age.

To begin with children's health, a study in Bangladesh showed that '14.4% of female children were classified as severely malnourished in comparison with only 5 per cent of males. The percentage of moderately malnourished girls (59.6 per cent) also exceeded that of boys (54.8 per cent)' (Chen, Huq and D'Souza 1981:59). Mortality was 63.9% for females and 52.6% for males in the 0-11 months group, 33.9 and 23.3 in the 1-4 age groups, though neo-natal mortality among females in Bangladesh was lower (67.6) than that among males (78.2). The reason for higher female mortality in the 0-4 age group seems to be less attention paid to the health and nutrition of girls after birth. One indication was found in the fact that the infection rate was similar for both sexes but hospitalisation was '66 per cent more frequent for male children than female children' thus showing the discrimina-

tory attitude of parents (ibid: 57,65).

Other studies in Bangladesh showed conditioning of aged women to be dependent first on their sons and if they were not available, on their husband's family (Chen and Ghuznavi 1980: 148). A similar situation is noticed in India. To begin with literacy, one finds in it the very embodiment of cumulative inequality. In 1971, literacy among upper caste urban women was over 60% in the middle class, over 50% and among males over 80%. But among the low castes and tribals it was below 40% for men and below 20% for women. In the rural areas, it was about 20% for 'low caste' and tribal men and about 5% for women, but it was much higher among the other groups (Social Welfare 1978:117-121; *Yojana* 1978:138, 40). Chaudhury's paper presented here indicates a similar situation in Bangladesh.

The consequences of the neglect of women's education are felt in the types of jobs they hold and even in the WPR which is low in most countries of South Asia. In Pakistan, the National Impact Survey 1968-69 and the National Fertility Survey 1975 showed low WPR among women in general but it was much higher among the poorer sections. Besides, discrimination was noticed in the types of jobs they held. 40% of all employed rural women were farm workers belonging to the poorest classes and 60% of all employed urban women were in the informal sector as tailors, weavers or domestic helpers. In the rural areas they are mostly agricultural labourers who do strenuous work such as paddy planting which requires long hours of bending in wet fields and water and carrying mud and walking long distances (Shah and Shah 1980: 97-110). In other words, the avenues open to women are limited. Since they cannot afford outside help to look after their children, they have to limit their choice of work to agricultural occupations in their neighbourhood where they can take their children along with them—something that is not easy in urban occupations (Gulati 1975:38-40).

This fact should be seen within the lower income earning capacity of women, lower skills and loss of status at the death of their husbands. We have already mentioned that WPR is higher among the poorer sections. But by and large, while even in the informal sector a proportionately larger

number of men are engaged in semi-skilled jobs such as masonry, women are engaged mostly in unskilled jobs.

Moreover, while men give only part of their income for domestic needs, poorer women use all their income for the family. As a result,

to an extent, the question of withdrawing from the labour market is not realistic for women in low income groups because their earnings are used not for 'extras' but to meet the basic needs of the family—food, clothing, health (de Souza 1979:21).

In other words, the difficulty of not being able to retire in old age is only a symptom of a deeper problem of discrimination against the weaker sections in society and the fact that women belong to the lowest rung of the hierarchical ladder. The socio-economic system is organised in such a way as to keep women dependent from the beginning. They lose their social status at the death of their husband. This arrangement only increases their situation of dependence in old age as all the studies mentioned above have shown.

Conclusion

This paper has tried to study the situation of the aged within the socio-cultural and economic context. One conclusion that emerges from the data available is that the aged cannot be taken as a group apart independently of the larger socio-political context. One cannot deny that they are a marginalised group. But their marginalisation in South Asia is not identical to that of their counterparts in the industrialised nations.

Most studies have concentrated only on the pensioners who form a small minority in South Asia. Even among them, the low-income groups experience a great amount of insecurity. But the situation changes for the worse as one goes down the socio-economic ladder, especially to the groups that are victims of cumulative injustice. The situation of these weaker sections seems to have deteriorated because of the 'modernisation' policies of the South Asian governments that took the Western industrial system as their model and thus played a role in integrating their economies in a subordi-

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inate position within the international order. Within these countries themselves, the upper classes have got most of the benefits of development, the middle classes have shared in some of them and the weaker sections have become poorer.

What seems also clear is that the situation of the weaker section is going to deteriorate further unless corrective measures are taken to change the course. Within the next two or three decades the proportion of the aged to the total population will begin to rise and, as a result, the number of dependants will increase. Unless the policies are changed to suit the needs of the weaker sections, the poor will find it difficult to cater to the needs of all their dependants and may end up by favouring their children over the aged. In fact, indications are that this is happening already and that the aged are forced to keep working as long as their energies permit and then die of semi-starvation or illnesses connected with it.

In this context, speaking of the social, cultural and political integration of the aged becomes meaningless in the South Asian countries that still have a neo-colonial economy and get an unjustly small share of the world's resources and incomes. The rich countries are not prepared to work towards a new international economic order. Within the poor countries themselves, a few powerful sections appropriate most benefits of development and are not prepared to change the socio-economic system in favour of the poor. What is more, the prosperity of the few rich depends on the poverty of the many poor. In other words, some (countries or groups within a country) cannot be rich unless others (countries or groups) are poor.

By saying this, one does not state that no policy need be formulated for the aged. Lack of any such policy would in fact further marginalise the older persons belonging to the weaker sections. In this policy formulation, the needs of the informal sector and of the hitherto neglected sections have to get priority. If a policy for the aged is formulated without taking the unjust economic order into consideration, then a few aged persons belonging to the privileged classes will probably get all the benefits and those from the weaker sections will suffer still more harm.

In other words, any discussion on the aged, to be meaning-

ful, has to begin by demanding a change in the international unjust economic order and in the national socio-economic policies to favour the weaker sections who are today the victims of cumulative injustice and inequality. Only then will the aged be able to look forward to a secure life with human dignity. This is not a question of social welfare measures for a few aged persons but of the human right of three fourths of humanity to live a decent life.

Aspects of Aging in India

Ashish Bose

Any meaningful study of the elderly population must take into account at least two sets of factors: (a) demographic, economic and social factors which describe the physical well-being of the aged, and (b) the socio-psychological, moral and spiritual factors which influence the quality of life of the older age groups much more than of any other age group.

The object of this paper is to present briefly, on the basis of the limited data available on the aged in India and the even more limited studies on the subject, a profile of the aged and highlight some critical issues. While doing so, we shall make international comparisons wherever necessary and also keep in mind the broader Asian perspective.

Role of the elderly

In a country like India where about 59 per cent of the total population is below 25 years and only a little over 3 per cent of the population is over 65 years, the problems of children and youth and consequently, problems of nutrition, health, education and employment, dominate the scene. And yet this statistical picture should not mislead one to believe that the aged in India play only a marginal role. On the contrary, in an average Indian household, it is usually the oldest male member of the family who is the head of the household and his decisions are rarely questioned. He owns the property, he decides where and how to educate his children; he gets his children married when they grow; in fact, he brings under his

The author was ably assisted by Mr. J.M. Raypudi and Miss Sudakshina Ghosh in statistical and documentation work involved in preparing this paper.

umbrella his entire family, regardless of the age of the individual members and considers it his bounden duty to direct, advise and guide them till the moment of his death.

The spread of education, industrialisation, urbanisation and so-called modernisation, has no doubt brought about several cracks in this monolithic domination of the oldest member of the household but still it will be a fairly safe observation that the Indian family and society continue to be dominated by the elderly. At the national level also, the political scene has long been dominated by the elderly and the role of gerontocracy in Indian politics is a subject of frequent criticism. In short, the influence of the elderly is far out of proportion to their numbers, in almost every walk of life in India—social, economic and political. But such a statement should not mislead one to conclude that the elderly in India are not subject to hardships and misery, physical as well as psychological, as in other parts of the world, both developed and developing.

Demographically speaking, the problem of aging is most acute in Europe where the proportion of 65+ population increased from 8.7 per cent in 1950 to 12.3 per cent in 1975, whereas in South Asia, the proportion went down from 4.1 per cent to 3.0 per cent. This is because of declining mortality with very little decline in fertility. But as fertility levels go down in South Asia, the proportion of the aged will increase. In fact, the Indian data show a trend of slight increase with a higher proportion of the aged (60+) in rural areas.

Data on expectation of life for a number of countries bring out the sharp contrasts in the Asian situation (except for Japan, Singapore and Sri Lanka). Female life expectancy is higher than that of males in Asian countries except India. In the age group 65+, however, the female life expectancy in India is slightly higher than that of males. The sharp contrast between the developed and developing countries is mainly because of the much higher infant and child mortality (and also overall mortality) in the developing countries.

Concept of family cycle

Among the significant advances in Demography in recent years, we must mention the emergence of the concept of

family cycle and Family Demography. The basic idea underlying this concept is that families are affected by events such as marriage, birth of children, launching of children into their marriages, the 'post-children' stage and ultimate dissolution of the family by the death of one of the spouses. These events in turn interact with social and economic factors like housing, consumption and saving patterns, economic activity and social welfare. In a study of the family life cycle of Japanese women in 1940 and 1972, a Japanese demographer, Shigemi Kono, working with the Population Division of the United Nations, compared the family life cycle and demonstrated the profound impact of the improvement in mortality and the increase in expectation of life of Japanese women, and also of the adoption of the small family norm in the post-War years.

In 1940, a Japanese woman could survive only 14 years after the birth of the last child. In 1972, she could survive 48 years in the corresponding situation. In 1940, seven years after the birth of the last child, the death of the husband was the normal expectation. In 1972, a husband could expect to live for another 40 years. In 1940, the husband was expected to die less than a year after the last child started grade school and he would certainly have been dead for 15 years when his last child got married. Normally, therefore, no parents would have attended his/her wedding. In contrast, in 1972, there was no probability of the husband dying before the last child either got married or finished university education, since he would die only when his wife was 67.1 years.

The dramatic changes in the life cycle in Japan are mainly the result of the spectacular fall in Japanese fertility in the post-War II period. In India, as the first results of the 1981 Census have indicated, there is no evidence of a significant decline in fertility. The fall in mortality in recent decades, however, has been considerable though not spectacular. This has meant a gradual increase in the expectation of life at birth. A fall in mortality, however, has very little impact on the age structure. So the proportion of the elderly has remained more or less the same, unlike in the Japanese situation where there has been a significant increase in the population 65 years and over. The 'empty nest' couples (in the absence of children) to which Kono refers, prevail in the Indian situation

only among small elite groups of people in the big cities. A large family sustained by high fertility and the extended family pattern still dominates the scene in India. The Japanese situation, on the other hand, is similar to the situation in Northern Europe and America.

In a recent contribution on aging, Kingsley Davis and Pietronella van den Oever (1981:4) compare the Indian and American situations and refer to 'the new phenomenon (in the USA) which has appeared in the family—prolonged parental survival beyond the last child's coming-of-age Given these changes, one would expect adults increasingly to plan their lives in terms of themselves rather than their children.

	Rural North India, 1956	U.S. 1880s cohort	U.S. 1950s cohort
Years from the birth of first child to age 18 of last child	36.8	27.9	24.9
Years from age 18 of last child to death of mother	None	21.3	34.1

Family network

Table I based on census data gives an idea of the ramifications of the family network. It may be further noted that

Table 1
Composition of Households, India, 1971

Relationship to Head	Proportion per 10,000 persons in households
Head	1822
Spouse of head	1403
Unmarried sons	455
Unmarried, widowed, divorced/separated daughters	2079
Married sons	1673
Brother	254
Unmarried, widowed, divorced/separated sisters	78
Father	35
Mother	265
Other male relations	632
Other female relations	1245
Unrelated	59
	10000

Source: Census of India, 1971, Series 1, Part II-C(iii), Vol. 1, *Social and Cultural Tables*, pp. xiv-xv

only 6.5 per cent of the total number of households in India were single-member households. The age distribution of these heads of households reveals that proportionately more elderly women than men are subjected to lonely lives (Table 2).

Table 2

Distribution of single member households by sex and age of head, India 1971 (per cent)

Age Group	Rural		Urban	
	Male	Female	Male	Female
Less than 30	25.5	5.7	35.7	7.3
30-49	37.9	25.9	44.1	28.1
50+	36.6	68.4	20.2	64.6
	100.0	100.0	100.0	100.0

Source: Computed from Table of Census of India, 1971, Series I, India Part II-C (iii), Vol. I, *Social and Cultural Tables*. Table C-1, Part A, pp. 2-4

The high incidence of single member households among aged females (50+) both in rural and urban areas shows the greater intensity of the problem of living alone on the part of women. Life is thus harder for elderly women compared to elderly men. The majority of single-member households, taken as a whole, however, comprises men and not women but for the age group 50+ in rural areas, there are more women than men as will be clear from Table 3.

Table 3

Sex composition of heads of single member households by age group, India, 1971 (per cent)

	Rural			Urban		
	Male	Female	Total	Male	Female	Total
Less than 30	85.0	15.0	100.0	94.3	5.7	100.0
30-49	65.2	34.8	100.0	84.0	16.0	100.0
50+	40.7	59.3	100.0	51.2	48.8	100.0
All ages	56.2	43.8	100.0	77.0	23.0	100.0

Source: Computed from Table C-1, Part A, Census of India, 1971, Part II-C (iii), Vol. I, *Social and Cultural Tables*

The high incidence of single member households among the aged women in the rural population is indicative of distress and destitution of women. It may be noted in this connection, however, that in India as a whole, only 9.6 per cent of the households in rural areas are headed by women, while in urban areas only 3.8 per cent of the heads of households are women. The clue to the higher incidence of single-member households among women is given by the high incidence of widows in the higher age groups (Table 4).

Table 4

Percentage of widowed persons by sex and age-group, India, 1971

Age-group	Rural		Urban	
	Male	Female	Male	Female
60-64	17.8	62.0	14.0	64.2
65-69	21.0	64.0	17.5	67.7
70+	30.9	79.9	27.9	82.4

Source: *Census of India, 1971, Series 1, India, Part II-C (ii), Social and Cultural Tables*, p. 5

As noted earlier, unlike the Western countries and also in several Asian countries, the expectation of life at birth of females is *lower* than that of males in India. At age 45 and later, however, the expectation of life is higher for women

Table 5

Expectation of life, India, 1961-70

Age	Expectation of life at different ages	
	Male	Female
0	46.4	44.7
5	52.0	50.2
10	48.8	47.7
20	41.1	39.9
30	33.3	32.0
40	25.9	25.4
45	22.4	22.5
50	19.2	19.7
60	13.6	13.8
65	11.2	11.4
70	9.3	9.5
75	7.7	7.8

Source: *Census of India, 1971, Paper 1 of 1977. Life Tables*, pp. 14-17

than that for men which is in conformity with the trend in the developed countries. Another factor which explains the high incidence of widows compared to that of widowers, is the social custom of discouraging remarriage of widows, particularly among the higher castes.

Family protection

We have already noted the small number of single-member families in India, as revealed by census data. Not all these families consist of elderly persons. For a detailed picture of the shelter offered to elderly people, one must turn to surveys directed specifically towards elderly people. The social protection offered to the aged by the family network is evident from the following table taken from the survey of persons of 60 and over in Madras City.

Table 6

Living arrangement of 60+ persons (per cent)

	Men	Women	Total
Alone	2	3	3
Only with spouse	10	1	5
With married son	39	39	39
With married daughter	10	23	17
With married son and daughter	4	5	4
With unmarried child	25	7	15
With siblings	5	6	5
With grandchildren	1	4	3
With other relatives	5	10	8
With non-relatives	1	2	1
	100	100	100

Source: Madras School of Social Work (1972: 281).

In their survey of problems of Retired People in Greater Bombay, K. G. Desai and R. D. Naik (1973:154) come to the conclusion that the majority of respondents are protected by their families. As they put it,

Their health problems and their financial problems are taken care of by their family members. They are surrounded by their family members and are also respected by them. Respect for old age is still a 'value' for persons in our culture. Therefore, our respondents do

not feel isolated or rejected by the family. Our retired persons are quite better off as compared to their counterparts in the Western countries. We were believing that the joint family system is fast breaking down in our cities. Our study does not support such a notion. A large majority of our respondents are staying with their children and/or near relatives. And family is their best insurance in old age. We are not trying to paint a rosy picture of our retired people. They have their share of problems but most of these are taken care of by the family and hence our respondents do not become problematic for the society. They are not so vulnerable as their counterparts in the Western countries.

It may be noted in this connection that the Bombay survey covered only pensioners. Obviously, such people are quite well-off even after retirement compared to the aged who did not have any pension at all. When there is a pension, the family also benefits from the pensioner and it is not, therefore, a one-way process of helping out an old member of the family.

What happens when there is no pension and the children and other relatives are too poor to take care of the old? It is worth noting that in India, old age pension is, by and large, confined to a small group of government employees while the rural masses have no social assistance or social insurance programmes except some old age pension schemes, launched by some State governments in recent years, which are really meant for destitutes. One should therefore, not generalise from studies of pensioners in cities like Bombay. We shall now refer to a study which concerns rural health but nevertheless is very relevant to the issues we are discussing here.

Goran Djurfeldt and Staffan Lindberg undertook an intensive study of the introduction of Western medicine in a village in Tamil Nadu State. They observe that of those who reach adulthood, nearly 50 per cent seem to end their life dying a 'natural death' at old age. 'Such at least is the situation as perceived by the villagers, even if, medically, various diseases are contained in the folk concept of a natural death.' This sharply contrasts with the 'medicated survival' of old people in the Western countries, and which 'represents merely prolongation of survival time through complex and costly medical procedures When a man or woman has reached 60 to 70 years, their body is worn out by a life of hard work. Infectious and similar diseases are then easily contracted, and

lead to death, as there is no advanced medical technology to prevent it. Also the susceptibility of old people to disease increases because they are under- and malnourished Death, then, is often an undramatic "natural event" at old age' (1980:53-55).

On the basis of their study of the conditions of work and life in the village, the authors conclude (ibid:92):

Old people thus retire gradually, rather than abruptly as in 'modern' industrialised societies. This could be a rather ideal form of retirement. But many old people lack the opportunity of a meaningful existence. If they have no children to take care of them, old age will be a hardship.

Djurfeldt and Lindberg give the case history of a man of 60 who worked as a permanent farm servant of a rich farmer for twenty years. He was given his wages in kind (paddy) and also his daily food. But a time came when his employer wanted him no more. The result was destitution. He was able to manage only because his wife (50) was working. The landless labourer thus turns into a destitute. They conclude with sorrow (ibid:94):

We remember that 'old age' is the most common cause of death among adults. We now understand part of the reality behind that classification. Sometimes death in old age is a euphemism for death due to starvation.

Role of sons in pension schemes

In this context, it may be mentioned that Uttar Pradesh was the first State government to introduce an Old Age Pension Scheme in 1957. Subsequently, similar schemes were introduced in a number of other States. At the instance of the Department of Social Welfare, Government of India, evaluation studies were undertaken by academic scholars to critically assess the working of these schemes.

Basically, these schemes are meant for the *destitutes*. For example, in Uttar Pradesh, a destitute is defined as a person who does not have any source of income (or income of less than Rs 30 per month) and who does *not have any son or grandson whose age is 20 years or more* (Department of Social Work, Lucknow University 1978-79). In Kerala also,

the eligibility conditions are similar. The evaluation study of Kerala points out that 'the worst part of the pension scheme is that it attaches so much importance to the son and son's son than the daughter. Actually, we found that more persons stayed with the daughters than sons and the number of those looked after by son's sons was very small. As per the rule, even those old persons living with affluent daughters are eligible for pension' (Nayar 1980:38). It may be mentioned here that due to the prevalence of the matriarchal system in Kerala, staying with a married daughter is quite common, unlike in Uttar Pradesh.

The Kerala evaluation study recommends that 'in the context of declining family bonds, the role of the son's son in looking after the old relative is minimal and should be removed from the means test' (ibid:38).

In the absence of social assistance programmes for the old, *reliance on sons is the only strategy of survival*. This is particularly so in rural areas. Unfortunately there are hardly any surveys of aged people in rural areas but the limited data in some of the cities bring out the economic insecurity of the aged. The following tables sums up the position.

Table 7
Percentage of aged having no income in different cities

Delhi*	49.3
Madras**	51.8
Lucknow***	51.8

Source: *Delhi School of Social Work (1977:124)

**Madras School of Social Work (1972:436)

***Department of Social Work, University of Lucknow (1975:55)

In fact, as the Delhi study shows, economic dependency increases with age. This study classifies the aged into three categories and gives the income data as follows.

Table 8
Economic insecurity of the aged (Delhi)

Category	Age group	No income (per cent)
Not too old	60-67	38.8
Medium old	68-77	56.7
Very old	above 77	67.9

Source : Delhi School of Social Work (1977: 125)

Role of grandchildren

The vital role of grandchildren in the lives of the aged is brought out by the following figures quoted from the survey of aged persons (60+) in Lucknow city.

Table 9

Activities on which the aged spend their time (Lucknow), per cent*

Activities	Male	Female
Look after grandchildren	98.1	96.6
Household work and odd jobs	92.5	94.3
Visit places of worship	33.6	55.7
Read religious books	49.1	11.9

*Multiple answers given i.e., more than one activity has been listed by the respondents.

Source: Singh (1975: 130).

Aged persons according to the Delhi Survey can be put into various categories of economic activity in keeping with their health condition.

Table 10

Activities of the aged in Delhi

Activeness-Incapacity rating	Per cent of aged
Fully active and engaged in full-time gainful work	22.2
Fully active, engaged in part-time gainful work	3.2
Active but not engaged in gainful work	50.2
Partly invalid but engaged in some occupation	1.1
Partly invalid but not following any occupation	18.5
Totally invalid	4.8
	100.0

Source: Delhi School of Social Work (1977: 159)

The fact that 50 per cent of the aged are active but not in gainful work, shows the immense scope for working out programmes for *active retirement* and *active aging*. It must be noted, however, that this large percentage of the active aged in Delhi is because of the higher levels of nutrition, education, health, housing and income in Delhi. We have already discussed the plight of the aged in the rural areas, especially the position of landless workers who have nothing to fall back upon after 'retirement.' The poor nutrition and low income

levels to which they are subjected right from the beginning of their life lead to *premature aging*. In a country like India, *the focus should be on premature aging rather than active aging*. The tragedy of the situation is further heightened by the fact that the aged in the agricultural sector and in the unorganised industrial sector in the cities have to continue to work in the absence of any economic security in old age. In the developed countries, there is a sharp decline in the percentage of the economically active population in the age group 65-69 compared to 60-65. This is not true of India.

It may be noted in this connection that the retirement age for most government officials in India was only 55 years till recently. The retirement age has now been increased to 58 years in spite of the increase in the expectation of life in recent decades. The tragedy of the situation is that while there is a good case for extending the age of retirement this is not done because of the high incidence of unemployment in the younger age group, especially among the educated young. There is a constant clamour for *not* increasing the retirement age, for *not* giving any extension to even fit and competent government employees. This is another dimension of the problem of the aged in India and highlights the need for looking at the development of the *economy as a whole* and the problem of *all* age groups and not merely confining the discussion to the problems of 60+ or 65+ only.

But the real issue is: Is there a retirement age in agriculture and in rural areas? The answer, of course, is a tragic 'No.'

Neglect of the agricultural sector

In a country like India where over 70 per cent of the working force is engaged in agriculture, the problems of the aging population must be viewed basically in the context of agricultural development. An important study of the ILO by Robert Savy (1972:iii) on social security in agricultural and rural areas points out that 'in the field of social security, the agricultural sector has not kept pace with other economic sectors, especially in the developing countries.' The ILO study reviews in detail the situation in regard to medical care, sickness benefits, maternity benefits, old age benefits, inval-

idity benefits, survivors' benefits, employment injury benefits, unemployment benefits and family benefits in different countries of the world and then proceeds to discuss the future pattern of agricultural social security.

The review of 20 Asian countries, which organised old age benefit schemes, points out that six of these countries have completely excluded farming from the protection afforded. In some countries, there are comprehensive schemes which apply to all residents irrespective of their occupation and whether they are wage earners or not. In some other countries, there are schemes specifically meant for all workers, including agricultural workers. In Japan, for example, there are a number of schemes for the aged. There are other countries where the provident fund schemes are based on the principle of compulsory saving. For example, in Sri Lanka, India and Malaysia, there are such schemes for plantation workers.

Robert Savy concludes his review as follows (ibid:255);

It is now clear that there have been no radical changes in this respect on a world scale. A social protection policy for agricultural and rural workers is just as necessary now as it ever was, and the efforts that have been made on that score are patently insufficient.

Savy warns against following the Western model. He points out (ibid:256):

In the industrialised countries, no one really questions the general need for such protection any longer, but it is sometimes regarded as less vital in other countries There is certainly a temptation to reserve the first social protection benefits for industrial workers in order to promote adaptation to the industrial and urban world. This has, in fact, been the most common approach and the example of Africa is characteristic. But the risk is thereby increased by widening the gap in working and living conditions between town and country, of encouraging the haphazard drift towards the towns, of accelerating the decline of the traditional social structures before a modern system has been established, and of causing urban sprawl and its concomitant of shanty towns full of out-of-work men and women. Of course, this is not just a matter of social security policy; it is the relative place of industrial and agricultural development within the overall system of development, that is at issue here. Nevertheless, by consolidating the situation of industrial wage-earners, who are already a privileged minority by virtue of the level and regularity of their income, social security may further increase tension between the various groups to the detriment of that

balanced political and social development which is so vital for economic progress. This is a further reason why social protection to meet needs of rural societies should be rapidly initiated.

There is no doubt that in predominantly rural and agricultural countries like India, social assistance and social security programmes must not leave out the major chunk of the poor—the landless agricultural workers, the marginal farmers, workers in the unorganised and household industries and workers in the poverty-based service sector. Inasmuch as a part of rural poverty is extended to urban areas through rural to urban migration, the problems of the poor in the urban sector should not be ignored.

It may be noted that out of a total working force of roughly 220 million (1981 Census), only a few million workers are protected by pension, provident fund, gratuity and insurance schemes. All permanent employees of the Central and State governments, defence personnel, employees of public sector undertakings, railways and post and telegraph workers, industrial workers, plantation workers, mining workers and only a fraction of workers in the private sector and statutory organisations enjoy some form of old age benefits.

The Life Insurance Corporation of India (a Government of India Undertaking) had 22 million policy holders according to the latest data (23rd Report, March 1980). This number looks impressive only in absolute terms but certainly does not meet the demands of 684 million people enumerated in the 1981 Census of India. The Employees State Insurance Scheme (ESI) for industrial workers was launched in 1952 and has since been extended throughout the country and covers about 6 million persons throughout the country (Annual Report 1976-77).

The ESI Scheme looks after the aged dependants of the industrial workers in times of sickness. There is a move to extend this Scheme gradually to non-industrial workers also. But it cannot be said that the clinic and hospital infrastructure under the ESI Scheme (this is true of the entire health infrastructure) is geared to the requirements of the aged.

Perception of the aged of their problems

Health problems and financial difficulties overshadow the problems of the aged as will be evident from the following table based on a survey of pensioners in Kerala State:

Table 11
Worst things about being over 65 years (Kerala)

Poor health and concern over health	46.1
Financial difficulty	38.5
Ignored by kin/loneliness/boredom	7.3
Fear of death	5.8
Helplessness	2.3

Source: Nayar (1980: 16).

Interestingly enough, when the aged respondents were asked about the best things about being over 65 years, the most common answer was that they perceived 'being nearer to the end of life' as a good thing.

Table 12
Best things about being 65+ (Kerala), per cent

Being nearer to the end of life	50.5
Looked after well by kinsmen/surrounded by family members/peace of mind	22.5
More leisure/no work	13.7
Not having to earn one's living	9.1
Other responses	4.2

Source: Same as in Table 11.

In spite of the great supportive role of the family in taking care of the aged in India, it is becoming increasingly clear that *problems of health and financial security cannot be left to the family alone*. The Government and voluntary agencies must lend a helping hand in a big way. This is not a case for switching over from the present system of social protection afforded by the family to a system of institutional arrangements for taking care of the aged—the failures of such an arrangement in the developed countries are well-known. *The emotional support of the family must not be eroded.*

It is heartening to note that the aged in India still receive respect and warmth of affection from the young. In a survey

of pensioners in Delhi, questions were asked to elicit the opinion of respondents about the warmth and respect they enjoyed from family members, relations etc. The details are given below.

Table 13
Perceptions of the aged in Delhi

	Warmth respect or cordiality	Indifference	Coldness	Total
Family members	80.8	15.6	3.6	100
Relations	63.4	30.4	6.2	100
Caste/community members	63.6	21.6	14.8	100
Neighbours	66.9	22.4	10.7	100
Former Colleagues	68.1	17.8	14.1	100
Society in general	46.9	16.0	17.1	100

Source: Jaganadhan and Palvia (1975: 137).

Of course, these figures should be interpreted with caution. The pensioners and that too in a city like Delhi, really belong to a privileged group of the aged. But it cannot be said that even in rural areas the young people are hostile to the old and that there has been a fundamental change in the attitude of veneration towards the old. It must also be noted in this context that the 'old' in India take pride in their age and efforts to tone down their age by calling them 'senior citizens,' etc., are regarded as comical and devoid of any depth of philosophy. This leads us to the profound role of religion in the daily lives of the elderly in India. The attitudes of contentment, peace and tranquility are values which are deep-rooted in Indian society, and the roots are indeed deep when we consider the aged.

Positive role of religion

Regardless of religion and caste, religious prayers have a positive impact on the aged, as revealed by the Lucknow Survey. The details are given in Table 14.

Table 14
Faith in religion (Lucknow)

Religion and caste	Per cent of aged who have faith in religious prayers
Hindus	73.8
Low caste	74.3
Intermediate caste	70.6
Upper caste	73.7
Muslims	72.0
Christians	73.9
Sikhs	70.6
Total:	73.3

Source: Singh (1975: 137)

Robert W. Kleemier, in his study of mental health of the aged based on medical statistics of France, Netherlands, Denmark, Sweden, U.K. and U.S.A., concludes (1960:268):

The United States has much to learn about the care and treatment of its mentally frail aged, but it has much to teach also. The current picture is sometimes depressing, but progress is being made and should continue at an accelerating pace. Certainly, the research efforts under way should point to bright future development, but with a steadily mounting population of aged people, there is no time for complacency. (*emphasis added.*)

This was written in 1960. There is no reason to believe that things have improved vastly for the aged in the developed countries of the world, for that matter, anywhere in the world.

Like Kleemier, we would like to conclude that *India has much to learn about the care and treatment of the aged, but it has much to teach also.*

India has to learn so much from the experience of developed countries in the field of social assistance and social security programmes, the special schemes for the aged in regard to housing, health, education and recreation, the institutional arrangements for the aged, the automatic procedures for safeguarding the real income of the pensioners against the onslaught of inflation and a host of related issues. India must fight the battle for the old at *all* age groups, especially in the early years of life when malnutrition and undernutrition, apart from taking a heavy toll in infancy and childhood, also lead

to *premature aging* of the population in a biological sense. People can expect to live long only when they are healthy in the early years of life. India has also to fight for the emancipation of women who remain at a disadvantage right from birth to death. The plight of widows is particularly deplorable. Finally, it is not enough to give pension to the organised sector of the labour force and leave out the much larger agricultural sector from social protection through State assistance. The landless workers in agriculture and the urban workers in the unorganised sector constitute the bulk of the poor in India. Social assistance and social security programmes are almost non-existent for these people.

The developed countries in the West can likewise learn several things from India—the reverence for age, the premium put on wisdom and experience as opposed to knowledge and information, the unshakable foundations of the institution of family, the social protection offered by the extended family, the pride of parenthood and the great expectations on the part of parents from their children and grandchildren, the claim of love and affection which transcends the immediate blood relations and engulfs the entire family network, the respect for the institution of marriage and the social disapproval of divorce, and above all, the philosophy of contentment in old age and the contempt for farcical attempts on the part of the old to look young and act young, the realisation that the mindless pursuit of consumerism will not bring happiness and the aged must find *inner strength* to sustain them in old age, the need for *looking beyond* in the quest for peace and finally, the abiding faith in God, religion, prayer and meditation which alone can enrich the concluding years of life.

The developed countries in the West cannot go back to the traditional extended family system nor can the developing countries in Asia opt for a system of *total* institutional care for the aged. *There must be a half-way house where the efficiency of modern institutions can merge with the warmth of the family ties of the olden days.* Perhaps the aged should look to voluntary and religious institutions to build this half-way house for them and bring in harmony between the State and the family.

Plan of action

We shall conclude by suggesting a plan of action.

1. *Counteract premature aging.* A detailed study must be undertaken to analyse the causes leading to premature aging in India, to be followed by a concrete programme to fight premature aging. Action for the aged must be initiated with programmes for children and the young in the fields of nutrition, health and education.

2. *Greater concern for the destitute.* The Old Age Pension Schemes for the destitute in operation in different States must be revamped and extended all over India. The amount of pension must be increased to counteract the erosion of real income because of steep inflation. This is true of all categories of pensioners as well as non-pensioners but undoubtedly the destitutes are hit the hardest.

3. *Institutional care of the aged when family protection is not available.* It is necessary to create at least a minimum infrastructure of institutional care for the aged in India through the collaborative efforts of the Government, religious organisations and voluntary agencies. The present infrastructure is woefully inadequate. Clinics and hospitals must also impart an orientation towards the aged in order to meet their special requirements. There is a tremendous scope for voluntary organisations to do solid work in the field of health care (including mental health care) for the aged.

4. *Extension of Employees' State Insurance Scheme to take care of the agricultural workers.* In a predominantly agricultural country like India, it is manifestly unjust to confine social assistance and social security to industrial workers in big cities only. It is not easy to bring unorganised workers and agricultural workers in rural areas under the umbrella of social insurance. But this cannot justify inaction. The ESI Scheme should be suitably modified and extended to non-industrial workers in a phased manner.

5. *Compulsory insurance for all.* As we have seen, the Life Insurance Corporation, in spite of its spectacular expansion in recent years, still covers only a small number of persons. Again, innovations are called for so that the insurance schemes can bring into their orbit poorer sections of the

population, in both urban and rural areas.

6. *Mobilising retired teachers to attain one hundred per cent literacy by 2001.* The 1981 census has revealed the low level of literacy, especially among females in the rural areas. A concrete programme should be drawn up to involve almost every retired teacher in India in the great task of making India a fully literate country at least by 2001 A.D. Involving retired teachers does not necessarily mean their re-employment in accordance with bureaucratic rules but galvanising their energy and dedicating it to a worthy cause. Religious organisations and voluntary agencies have a vital role to play in this regard.

7. *Introduction of the concept of part-time work.* A great deal of the human resources in India is wasted because of unimaginative concepts and rules governing work. This is especially true of educated women who, on becoming housewives, fail to contribute to the development of the country except through their household work, because of the absence of the system of part-time work in the organised labour market in the urban areas. This is also true of elderly persons. It is tragic that in India, millions of people are too old to work but have to keep on working because of economic insecurity. On the other hand, there are millions of elderly persons who are fit to work but are denied opportunities for work. The tragedy is heightened because there are also millions of young people who are looking for work and find no work. The case of the elderly thus gets diluted. While in national aggregate terms, this may be true, there are numerous pockets of labour shortage, there are numerous occupations where enough skilled people are not available and there are numerous situations where part-time work put in by the elderly will be welcome. One could also make a good case, in purely economic terms, for the part-time employment of the elderly workers in various walks of life. No revolutionary measures are called for in improving the state of affairs—a redefinition of job description would suffice. This would bring about a fundamental change in the attitude towards the challenging task of an efficient mobilisation of human resources for economic and social development in the country.

8. *Focus on women in programmes for care of the aged.*

Women face greater hardships than men in the struggle for survival in old age. As we have already seen, the life expectancy is higher in the older age groups, the incidence of widowhood is high and the financial insecurity great. Rural to urban migration continues to be predominantly male migration. Women are left behind in the villages and have to fend for themselves. The problems are particularly acute in hill areas where even elderly women have to collect fuel and fodder from the distant hills to keep their daily life going. They have to carry huge loads on their backs. This leads to premature aging. Programmes for the aged should adequately take care of the special problems of women.

9. *Mobilisation of ex-Army personnel for health work in rural areas.* Most of the doctors in India are urban-oriented while most of the soldiers have a rural base. After retirement, the army personnel can play a 'modernising role,' especially in matters of community health, environmental sanitation, health education, etc. A lifetime's military experience imparts to them higher organisational abilities compared to trained medical doctors. The credibility of the ex-soldiers is also high in villages where they come from and where they eventually retire. Under the new Health Guide Scheme (formerly known as Community Health Worker Scheme, first launched in 1977), preference is given to ex-army personnel while selecting Health Guides. But it is possible to launch a Comprehensive Health Plan for rural areas of India, drawing heavily on the talent and time of ex-servicemen. A small honorarium, instead of a regular salary, would meet the financial requirements of such a scheme. This will be a good example of 'active' aging.

10. *National Board for Care of the Aged.* A number of steps should be taken to *anticipate* in India the problems of old age, destitution, physical and mental ill-health, alienation from family and society and related problems. The Indian Council for Social Science Research (ICSSR) should sponsor a series of studies on the aged. The Ministry of Social Welfare and the Central Social Welfare Board should coordinate their activities with voluntary bodies, religious organisations and other institutions interested in the welfare of the aged and draw up a comprehensive programme for the aged, which

could be incorporated in the Seventh Five Year Plan (1985-90) of India. *A National Board for Care of the Aged* on the lines of the National Children's Board should be constituted. This should not degenerate into a bureaucratic centralised machinery for the disbursal of funds but be the symbol and hope of a fair deal to the aged in a welfare state.

Old Age in Nepal: Some Preliminary Observations

Prayag Raj Sharma

There has been no study focusing on any aspect of the problem relating to old age in Nepal. A rich anthropological literature on Nepal is available which covers a wide range of topics and regions. But this contains very little information directly concerning the problem of old age in Nepal. This neglect probably reflects a general state of thinking in Nepal which fails to acknowledge aging as a serious problem deserving attention. It would have been useful to discuss this problem at least at the village level, but even data of this kind are lacking. In these circumstances, the best one can do is to introduce the problem in very broad terms on the basis of census data and personal impressions of the Nepali society, derived from field-work, especially among the Nepali-speaking Hindus of the hills.

This paper is organised in four parts. The first paper gives a demographic sketch, based primarily on the census report of Nepal for 1971, along with a short discussion of the economy of Nepal. The problem of old age, particularly in developing countries like Nepal, is inseparable from the overall economic condition of the country. Next, a brief account of some relevant cultural and social values is given so that the problem can be better understood historically. Finally, the question of old age is reviewed in the light of the social changes taking place

The author has benefited much from comments of friends and colleagues on an earlier draft of this paper, especially Dr Chaitanya Mishra, Mr Chaitanya Krishna Upadhyay and Dr Ludwig Stiller. However, he is alone responsible for the views expressed in this paper.

in Nepal's urban centres, and their implications for policy and planning. The discussion of these issues will be in the framework of family values obtaining in both urban and rural areas. It may be borne in mind that neither the urban centres have a fully modernised economy and life style, nor have the traditional villages of the rural areas remained unaffected by the new ideas and values associated with modernisation.

Demographic profile

It is by no means easy to reach a commonly accepted definition of old age in Nepal. Economists and demographers put this age at 65—their five-year age breakdown goes up to the year 65 in their enumerations. The government of Nepal however has fixed 60 as the retirement age for all its employees. In keeping with the trend in some countries, it appears likely that this age may be further reduced by a few years. In an agricultural country such as Nepal, the actual productive age of a person can extend up to seventy years. In more well-to-do families, active economic life usually stops a little earlier depending on the social status of a person. In this paper, however, we have accepted the criterion of the Government to define old age i.e., 60 years. One of the proverbs which says that when one reaches sixty one needs the support of a walking stick, endorses this norm.

The demography of Nepal shows that the ratio of age distribution in all cohorts conforms to the general pattern of South Asia as a whole.¹ Gunnar Myrdal (1968:1403) in his *Asian Drama* sums up the situation thus:

In the countries of South Asia the proportion of the population that is under 15 years of age ranges from 37 to 44 per cent, in the developed countries from 23 to 30 per cent. Persons over 60 years of age account for only about 4 to 5 per cent of the total population in the former as against 12 to 17 per cent in the latter countries.

This reveals an age profile that results from high fertility rates combined with low life expectancy that are characteristic of this region of Asia.

1. The country monograph on the population of Nepal published by ESCAP fully upholds this observation for itself. See ESCAP (1981: 28).

The total population of Nepal according to the enumeration of the 1971 census was 11,555,983.² The age/sex distribution of the population is given in Table 1. The percentage of the people aged sixty and above in Nepal, according to this enumeration was a little over 5 per cent of the total population. The life expectancy rate in Nepal is still one of the lowest in the world and, according to a sample estimate for 1976, it was 43.4 years for the males and 41.1 for females (Bourini 1977). There is a distinct trend of a steady increase in the 0-14 and 60+ age groups, while the 15-59 age cohort registers a gradual decline. This reveals the major problem of a high dependency ratio in the population of the developing countries such as Nepal.

The increase in the population of people aged over 60 is attributed by demographers to a declining mortality rate and/or return of domiciled Nepalese from abroad especially those of advanced age (ESCAP 1981: 27).

Table 1
Age/Sex distribution 1971

Age Group	Male	Female	Total
0-4	790,598 (13.6)	843,512 (14.7)	1,634,110 (14.1)
5-9	885,801 (15.2)	857,452 (14.9)	1,743,253 (15.1)
10-14	703,023 (12.1)	594,192 (10.4)	1,297,215 (11.2)
15-19	547,493 (9.4)	499,966 (8.7)	1,047,459 (9.1)
20-24	466,022 (8.0)	503,653 (8.8)	969,675 (8.4)
25-29	456,297 (7.8)	473,990 (8.3)	930,287 (8.1)
30-34	385,696 (6.6)	425,705 (7.4)	811,401 (7.0)
35-39	386,381 (6.6)	358,407 (6.2)	744,788 (6.4)
40-44	301,998 (5.2)	307,463 (5.4)	609,461 (5.3)
45-49	245,521 (4.2)	215,577 (3.8)	461,098 (4.0)
50-54	204,304 (3.5)	196,530 (3.4)	400,834 (3.5)
55-59	132,983 (2.3)	124,716 (2.2)	257,699 (2.2)
60-64	138,441 (2.4)	155,789 (2.7)	294,230 (2.5)
65+	172,645 (3.0)	181,828 (3.2)	354,473 (3.1)

Figures in parentheses are sex-specific percentages.

Source: *Population Census, 1971, I*, p. 06-01: Central Bureau of statistics

2. The latest census of Nepal was just held in June 1981, but its result will not be known for some time yet. The population estimate, however, is expected to be around 14 million people in this enumeration.

Table 2

Percentage increase/decrease in the population of three board age categories in three censuses of Nepal

	Age	Census Yr 1952/54	Census Yr 1961	Census Yr 1971
Males	0-14	39.9	41.2	40.9
	15-59	55.3	53.7	53.6
	60+	4.5	4.8	5.4
Females	0-14	36.9	38.6	40.0
	15-59	57.0	55.4	54.2
	60+	5.5	5.6	5.8
Both Sexes	0-14	38.4	39.9	40.4
	15-59	56.1	54.6	54.0
	60+	5.0	5.2	5.5

Source: *Population of Nepal*, ESCAP, 1981, p. 29. The total population of Nepal according to the censuses of the years 1952/54 and 1961 was 8,256,625 and 9,412,996 respectively.

Economy

It might be useful here to note a few salient points of the economy of Nepal so as to contextualise the problem of old age. Nepal is listed among the ten least developed countries of the world in a recent World Bank Report (1979). Its per capita income is believed to be around US \$120. It is a poor country in terms of its internal resources with about 79 per cent of the country being hilly and mountainous terrain. Only about 12 per cent of the land out of a total area of 145,391 sq kms is now under cultivation (Rana 1973: 191). Barring a little forest area which has survived great pressures from encroachers, there is little scope in the future for the expansion of cultivable land in Nepal. Nevertheless with so little land, it is a rural society with up to 94.4 per cent of its economically active population dependent on agriculture and income from farming activity (Thappa 1980:115). Though traditional methods are used in agriculture and the emphasis is on cereal production, the agricultural sector makes the largest contribution (65.1 per cent) to Nepal's GDP (Gaige 1970: 51).

Modernisation and development efforts were started in this Himalayan kingdom in the early fifties, but owing to the country's poor resources, scarcity of capital and population increase, their impact on the total economy has been minimal.

Less than 6 per cent of the labour force is in the industrial and service sectors, and the cash income from office jobs used to provide, and still does, many agrarian households with a scarce resource. In a report on agricultural development, K.H. Zevering (ARTEP 1980:1) has predicted that 'the number of households in Nepal, relying wholly or partly on income from agricultural production, will increase throughout the foreseeable future.' Charles McDougal's comment on the village and household economy in Far Western Nepal is significant.³ He writes (1969: 39):

An important finding of the present study is that the average household's recurrent, annual expenses tend to exceed its locally derived income. By locally derived income I mean local agriculture income, income from the sale of any product produced in the district (regardless of to whom it is sold), and income from wages earned or remuneration received in the district.

Members of such households experience a dire need to make up the deficit in their annual households budget by selling their labour outside their districts, which they do by migrating to Nepal's Terai or to India mostly in the dry winter season (*ibid*:39). Migration takes on many forms depending on whether the migration is seasonal, semi-permanent or permanent. Migration is now a universal phenomenon characterising the rural life of Nepal and affecting all ethnic groups and castes. The emigrants to India from Nepal, according to the Demographic Sample Survey (1978), numbered 28,000 persons (Thappa 1980:124). Similarly, the inter-regional migration is said to have involved 4.5 per cent of the population in the 1971 enumeration (*ibid*:127). Among some of the groups for whom migration is necessary for survival, the younger and able-bodied members of the family are obliged to seek jobs outside their districts, leaving behind their older members to the family to look after the women and the children.⁴ This is creating a situation where older men feel more economically

3. The book is based on the field work he did in 1967-68. There has been little improvement in the village economy of Nepal since then. Actually the economic growth rate is said to be declining due to population increase. Agricultural productivity per unit is also said to be falling.

4. 'The greater proportion of elderly persons living with their daughter(s)-in-law in the Nepalese village is a reflection of the fact that

burdened. In some other cases, the older people are left alone and isolated, alienated from their sons and their family, as the latter move out of the home in search of better prospects, not knowing when they might be able to help their parents and call them to live with them. This becomes quite evident from the Nepali demography of migration which shows a general deficit of males in the age group 20-49 years in any region of Nepal, since these are the most economically active years of one's life during which migration mostly takes place (Thappa 1980:24).

Social groups

Nepal encompasses within a narrow strip of land an amazing number of ethnic, linguistic and culturally diverse groups. Their economic activity, however, has much in common since it is based on agriculture, though a few groups have also earned distinction in trading, another form of traditional economic activity, and a few others have opted for military careers. It is quite possible that these economic variables have influenced to some extent their social organisation and family structure. No doubt cultural practices and beliefs affect attitudes to, and the perspective of, old age among the different social groups but then the influence of economic factors is crucial since there is broadly speaking a convergence in values across religious and cultural groups of South Asia.

Caste Hindus form the predominant social group accounting for 70 to 75 per cent of Nepal's total population and comprise three regional and ethnic groups among them viz., the Nepali-speaking Hindus, the Newar Hindus and the Hindus of the Terai. This group is predominantly employed in agriculture, trade and office work, while a host of other smaller groups have settled in regions recognised as their traditional habitats in various parts of Nepal. Among these, the more prominent groups such as the Gurung, Magar, Rai, and Limbu are described as martial tribes whose preference is for a military

married sons often leave their wives with their parents when they migrate out of the village temporarily.' See Moni Nag, Benjamin N.F. White and R. Creighton Peet, 'An Anthropological Approach to the Study of the Economic Value of Children in Java and Nepal,' in Hans P. Binswanger et al (1980: 266).

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Bangalore - 560 001.

career either in the British, Indian or Nepali armies. It is estimated that more than 50 per cent of Gurung young men aged 21-40 years from several villages in central Nepal are serving in the army (Andors 1976: 5). On the northern borders of Nepal along the southern slopes of the Himalayas or in its trans-Himalayan valleys, lives the high altitude-dwelling Tibetan population. For them agriculture constitutes only a marginal subsistence activity which must be supplemented by trade. All these activities including subsistence agriculture are affected by qualitative shifts in the population. The young and the economically active people are under great pressure to leave home in search of a cash income and this leads to the aged members of the family having to eke out a subsistence living at home.

For example, the Helambu Sherpas in the north of Kathmandu have been affected by population changes related to new patterns of employment (Goldstein and Beall 1981: 48-55). Social change among the Tibetan population of Nepal has been rather rapid as new economic opportunities became available. Thus the Tibetan group has entered vigorously in the trade in foreign luxury goods and has even expanded business activities to distant Bangkok and Hong Kong. Similarly, the Sherpas of the Solu and Khumbu regions of Nepal have taken over the lucrative business of organising portage services to trekking and mountaineering groups that come to Nepal from various countries. This tourist-related business keeps young Sherpas for long periods away from their homes in the villages where their parents and older members of the family remain to look after the family home and property.

It is probable that the situation of old people might be far worse in the case of the landless and the untouchable castes of Nepal. In the wake of the revolution of 1951 and before Nepal's pre-industrialised economic life had been disrupted, the poorer people of Nepal had been able to earn their livelihood by selling their services to the landowning high castes in a bilateral patron-client exchange system. But this arrangement is fast disappearing from the villages of Nepal. Increasing rural poverty has had an adverse effect on the family life of the poorer people, as has been noted in a village study in western Nepal by Patricia Caplan. She writes (1972:20):

Poorer households, which have less land and rely on other sources, such as agriculture labour, for their living, derive little benefits from living together and tend to break up.

In Nepal strong family ties have been characteristic of middle-class families. Landowning households lived together because this ensured greater economic returns to the family that worked together. The landless and untouchables, on the contrary, had to earn their livelihood on the basis of the individual's skill and labour. There was no need for a joint family in their case since the nuclear family could respond to employment opportunities with greater flexibility.

Concept of old age

Everywhere old age is treated by Hindus with a show of respect, and elderly members in the family and the community are held in high esteem. Like austerity, renunciation or educational attainment, old age is recognised as the virtue of a person. Deference to old age is a basis on which Hindu society in Nepal has sought to build up a social order with its characteristic pattern of values, discipline and social organisation of the family. This ideal of a social order which recognises the social value of old age is expressed in cultural and social practices in everyday life. In the distant past, young students as part of their moral education, were taught to recite prayers in which one's father, mother and teacher were invoked in images which reflected the wisdom of God Himself. This perception of old age is expressed in Hindu mythologies, and in fact the entire Vedic heritage of learning has been transmitted down the ages in a teacher-disciple tradition. Vedic seers (*rishis*) and the first singer-composers of Vedic hymns are presented as people endowed with age and wisdom and pictured with streaming silver-white beards. Some of these *rishis* are claimed as the founding ancestors of the lineages (*gotra* and *pravara*) of the twice-born castes with whom an unbroken connection is genealogically established.

Such *rishis* are worshipped by the community annually on the day of the *Rishitarpani* which falls on the Shravan full-moon (August). A Hindu householder as part of his daily morning worship, is obliged to offer oblations to the ancestors

of his family and thus the concept of continuity and tradition becomes closely associated with respect and veneration for age.

Old age as an event is marked by social and religious celebrations (*chaurasi* and *janko*) among the Newars as well as the Nepali-speaking Hindus. *Janko* is performed at the age of seventy-seven years, seven months, seven days and the same number of hours and minutes, and the person who achieves this distinction is taken around the town in a chariot.

In the village of Nepal, councils of village elders used to play an important role in the community, and this was very much the case with the village *panchayats*, a body of five persons elected on the basis of their prestige and age. In contemporary Nepal the *panchayat* has been made a more formal political and administrative organisation, but informal bodies of village elders have not been completely replaced by it. These informal organisations appear to have functioned in a far more institutionalised way in ancient and mediaval Nepal (Vajracharya 1973: 284-89, 326-31; Vajracharya and Shrestha 1978). In the inscriptions and other historical documents, one comes across frequent references to the *panchalikas* and *gosthis* which were local bodies set up for religious and social purposes. The *gosthis* appear to have dominated the conduct of Nepali cultural life for a long time. The Newar *guthi* its modern equivalent is a unique institution ensuring the organisation and continuity of the social and cultural life of these people at the family as well as at a wider community level. Of the various kinds of *guthis* which are in vogue, every Newar is certain to be a member of the *dewali guthi* and the *sii guthi* (Nepali 1965:127-29). The membership in the former is automatically gained by being a member of the lineage group, while the second is optional in the sense that a family may choose to be member of one *sii guthi* instead of another. Some of the *guthis* are caste *guthis*, while others are set up to organise publicly celebrated festivals. The economic support to the *guthi* has traditionally come from land endowments or from the individual contribution of each of its participating members.

The membership of a *guthi* ranges from a dozen people to as many as several hundred, depending on its role and the

functions exercised by it. The most pragmatic *guthi* is perhaps the *sii guthi*, in which membership for a Newar is compulsory, which is responsible for the disposal of the dead of a family and arranging its funerary rites at the crematorium. For a Newar not to be a member of any *sii guthi* would almost be like being an outcaste from society.

In the organisation and control of the *guthi* is where the elderly men of the society exercise their power. The membership of the *guthi* committee is decided strictly by the norm of seniority by age. The eldest person in the committee is made leader of the whole group and is called the *thakali* who presides over all the *guthi* affairs with unquestioned authority. The *guthi* has great power over its members and can enforce its rules of discipline and impose fines on defaulters when necessary. The number of a standard *guthi* committee including the *thakali* is eight persons who are all ranked and named according to seniority.⁵ They are all prominent members of the *guthi* group and their presence on important *guthi* occasions is essential. Where some of the *guthis* are organised and known to behave like a patrilineal descent group such as the Jana Baha *guthi* of Kathmandu, the *thakali* is required and acts ritually like the eldest *patriline* at the ceremony (Locke 1975:1-23).

Social context

It is believed that in the agrarian societies of Asia there is a preference for joint or extended families. However, there is considerable diversity in family structures which is determined by caste, income group and location in urban or rural areas. In general the incidence of joint or extended families is inversely related to income level, and in Nepal extended families rarely exceed four generations and are usually supplemented variations of the nuclear family. It is necessary to understand the structure of the family because this is important for the

5. Gerard Toffin describes a significant custom observed in key Newari feasts of dividing the parts of the head of the sacrificed animal among the eight office holders of the *guthi* committee underlining their order and rank. The other members of the *guthi* are called *noku*, *soku*, *pyeku*, *naku*, *khuku*, *nheku* and *chyaku*. Gerard Toffin (1979: 329-38).

social organisation of old age in the more traditional context of less developed countries.

The Nepal society has always been a patrilineal society. Lynn Bennett (1977:258), describing the features of this society among the Nepali-speaking Hindus, says:

The cardinal value and first organisational principal of the patrifocal model is: (1) the solidarity of agnatic males. . . . (2) the superiority of males over females (of the same generation), and (3) the superiority of age over youth, which has the corollary of reversing (4) so that senior consanguineal females are superior to junior males.

Solidarity among agnatic male members of the family does not prevent it from splitting eventually and the value of solidarity is expressed only in symbolic gestures and rites. A typical extended family in Nepal would probably include grandfather, grandmother, their married and unmarried sons, son's wives, their children and sometimes even children's wives. Basically, all of these many family members are descended from one person i.e., the coparcener, who splits and sets up his own household separately. It is quite natural if such a person, because of his primacy in the new family, retains authority and full decision-making powers in all family affairs. The wife's authority within the household is only a participation in her husband's. According to Nepali Law a father may deny the request of his son to partition as long as he is alive.⁶

But as the head of the family grows older and ceases to be a productive and earning member, he withdraws from the decision-making roles gradually, whereupon his sons take over this role from him. But his place as chief householder and his nominal authority over all matters of the family is never questioned even at this time, and sons are obliged to consult him on all important matters concerning the family. The family structure among the Hindus of Nepal has always ensured that aged parents occupy an important place as long as they live.

With earning sons active in the family, old parents experience a change in the tempo of life. The father spends his time,

6. *Muluki Ain* of 1963. H.M.G. Ministry of Law and Justice, Kathmandu, ninth imprint, 2038 (1981), part 3, chapter 13, entry no. 10 p. 135.

more often than not, in gossiping with peers while the mother, on the other hand, looks after her grandchildren and does the less strenuous household chores. For both of them it is a time for participation in religious ceremonies in the family and the temple.

The social and religious values of Hindus seek to harmonise life not only in this world but also in the world hereafter and the obligations of a householder to honour dead ancestors and to ensure continuity of the family line are expressive of these values in actual life. It assigns the family a role extending beyond the immediate to the past as well as future, making it the structure for continuity and integration (Prabhu 1954: 219). This value system is the foundation of filial piety and the responsibility of supporting and caring for aged parents is not easily shirked without incurring strong social censure from both family and kin group.

Notwithstanding the ideal, cases are not lacking, however, in which sons have broken away from their parents and set up their own family arrangements by forcing the division of property. Even then, as Patricia Caplan (1972: 21) points out, sons remain close to their father and the dependence of aging parents on their sons has been brought out in a recent study (Andors 1976:31) of family patterns of the Gurungs.

Theoretically, land is inherited equally by all sons. The normative rule, however, is for the youngest son to inherit his parents' house and garden plots. The expectation is that by the time the youngest son is old enough, the rest of the brothers will have separated from the house and taken their shares of land, leaving the youngest to take care of the parents in their old age . . . In some cases aging parents or parent may be taken care of alternatively by different sons.

Property rights enunciated in the Nepali Law also function as a kind of social security system for old age. When partition does take place in the family and all the sons get a share of their property, the aging parents, too, receive their share so as to remain independent of their sons. Property of this kind is called *jiuni*⁷ which is legally different from the other property, that is patrimony, in that it cannot be automatically inherited

7. The *Muluki Ain* of 1963, part 3, chapter 16, entry no. 3, p. 149.

by the sons upon the death of their parents unless it has been so willed to them. It is expected that the hope of inheriting this parental property would encourage sons to care for them as long as they live.

Implications of social change

The political transformation of Nepal in 1951 set in motion diverse social and economic processes of change that have profoundly affected the Nepali people's traditional life-style. Educational expansion has been rapid reaching the remotest corners of the country. In 30 years, the literacy rate has shot up from a bare 1 per cent of the total population to 19 per cent today. Development and modernisation have been promoted by industrialisation, expanding transportation communication networks, foreign trade expansion and agricultural development. The government also earmarks substantial outlays for various social service schemes.⁸ In 1963 and 1964, legislation was passed to initiate new social and land reforms programmes with the aim of reducing exploitative social and economic relationships (Regmi 1976).

Economic diversification and the development of new professions have opened up new job opportunities and trade and commerce has expanded. Many new urban centres have grown up in terms of economic activity in the last thirty years, and the proportion of the urban population of Nepal increased from 2.9 per cent in 1952 to 4 per cent in 1971.

The land-reform programme is said to have achieved no great measure of success, yet its implementation was not without value for bringing about limited change in the feudal agrarian structure of Nepal. For the first time a ceiling was imposed on landholdings and tenancy rights of the tillers were made permanent and legally secure. This was enough to bring change in the old social order, especially for the landowning middle class families who now found the income from land substantially reduced under the new tenancy laws. Increasingly, people have been looking for an alternative source of income outside land either in trade or in salaried employment. The

8. For a historical study of the planning and development efforts in Nepal, See Ludwig Stiller (1979).

social reforms under the new *Muluki Ain* (Legal Code) of 1963 have, similarly, forced people to come to terms with the new egalitarian ethics and made unacceptable the old discrimination on the grounds of caste.

The political change of 1951 was a sudden and traumatic event, and it gave a severe psychological shock to people who were already getting old at the time of this transition whereas younger people seemed more eager to learn and change. Old people consider the younger generation to be rash, impudent and disrespectful of traditional values and this may create a feeling of insecurity since the values of the young appear to militate against respect for the authority of the old within the family and the community.

It is estimated that only one per cent of the population of Nepal lives on salaried employment, yet in absolute numbers this is the largest single economic group outside agriculture. The group is concentrated mostly in urban areas and they live in nuclear families or variations of the nuclear structure.⁹ The trend in urban areas towards the nuclear family is altering the position of old people in the family and this is seen particularly in the erosion of their traditional authority. In the urban salaried families arrangements for aging parents to live with their married sons has become a source of uneasiness to older people and, together with physical isolation, there corresponds a psychological alienation within the family itself because of the tension between two different value systems. Nevertheless, though the relations between married sons and their aged parents may be marked by stress, the obligations of sons towards their parents is a cultural norm that is recognised by all.

The age of the retirement in government service is 60 years. There are hardly any old age benefit schemes available in Nepal other than the pension given by the government to its employees. The maximum pension rate in Nepal is a third of the maximum salary a person received but this is hardly adequate, given the rise in the cost of living index, if a man has no other sources of income. Pensions range from a maximum US\$ 77.58 to US\$ 4.74 per month. Though there has been no

9. The average family size for Nepal is 5.6 persons according to the 1971 census.

attempt to assess the extent of the problem of old age in Nepal by government or private research agencies, one can see quite easily that retirement benefit schemes for old people in the organised sector are quite inadequate.

Unlike those who are employed in the informal urban sector and in rural occupations who have to work for as long as they can, people who retire in the organised sector have the problem of utilising their enforced leisure time. Few have been given opportunities to learn useful skills and develop interests outside their office job which they can use to start new careers after retirement. On the other hand, with limited economic resources and the general economic backwardness of the country where employment opportunities in the organised sector are scarce, it is difficult for old people to be involved in income generating activities. A common trend among old people both men and women is to spend more of their leisure time in activities connected with religion, such as temple visiting and attendance at religious discourses. It must not be forgotten that in a culture in which religious influences are pervasive, religion is an important resource for the management of psychological stress, alienation and loneliness.

In conclusion, I would like to make some observations on the social justice of the retirement regulations for workers in the organised sector in a country as poor as Nepal. The service rules have been based on norms prevailing in the developed countries where the conditions of life are quite different. In the present economic situation of Nepal where most families have only one earning member, his retirement at a relatively early age deprives the family of a crucial source of income without compensating for this loss. In a labour surplus economy in which there is a persistent scarcity of employment opportunities, there is no knowing if, on the retirement of the head of the household, his son or brother might get the job.

Historically, this was not so in Nepal before the new administrative service rules were introduced. A father's job was inherited by son or brother so that the economic basis for the maintenance of the family, which at that time was land, remained in the family. This was to some extent possible at a time when the demand for employment in the organised sector was relatively stable and jobs were not so specialised. In the

feudal economic and political structure, jobs were centrally created and filled on specific orders or consent of the King, the highest ruling authority in the system. Ascriptive values were given greater consideration over objective merit in recruitment. Thus loyal families maintained a hold over jobs which were handed down from generation to generation within the family and these jobs were concentrated either in the army or in offices that developed at the centre around the chief political authority. This situation has no doubt changed considerably in Nepal but it shows how, in this transition period between two types of economic and social systems, a low-income country like Nepal suffers from the worst aspects of both.

The Aged in Bangladesh

Rafiqul Huda Chaudhury

Aging is not considered an important issue in Bangladesh since the population of the country is overwhelmingly young. More than 40 per cent of the population is concentrated in the young age-group (i.e., 0-14) whereas the population of 50 years and above accounts for 10 per cent of the total population. Although elderly persons constitute a small fraction of the total population, their number is increasing with rising life expectancy. The expectation of life at birth in Bangladesh has increased from 26-32 years in the 1930s to 47-55 years in recent years (Davis 1951; BRSFM 1974; Samad et al. 1979). As a result of this dramatic improvement in life expectancy, more and more people are surviving at higher ages (see Appendix A). For example, compared to the level of 1951, male and female population aged 60 and above increased by 30 and 24 per cent respectively in 1974. The proportion of people at higher ages (i.e., 50 years and above) will continue to grow in future with improvement in mortality. For example, the proportion of people aged 50 and above to the total population is expected to double from 10 per cent in 1980 to nearly 20 per cent in 2025 (see Appendix B).

This small but growing number of elderly persons deserves national attention since there is no institutional support for the aged and physically disabled persons in Bangladesh. Parents in our society have no insurance against illness or accidents and as such social security benefits such as old age pensions or

unemployment insurance are totally absent. Only a handful of people in the insignificant formal sector of economy is entitled to pensions.¹ In this situation, the majority of aged persons depends on their children, particularly male children, for old age security. In peasant societies children are usually considered as a source of security and economic support to their parents, particularly in times of distress, sickness and in old age. However, the traditional support base of elderly people is becoming shaky due to rising inflation and increasing pauperisation (Alamgir 1976). Moreover, the traditional joint family is breaking into nuclear² units as a consequence of modernisation and/or population pressure and poverty. This process of nucleation of the family may have also affected the traditional bond of relationship between parents and children. Unfortunately, there are no data available either at the local or national level to highlight the problems of the aged in Bangladesh.

This paper is a preliminary effort to present a socio-economic profile of the aged in Bangladesh, their living arrangements and sources of support, the patterns of dependence on children and the nature of their future prospects in society.

DATA

The data used in this study are mainly of three different types: urban, semi-urban and rural.³ A person aged 50 years and above is considered here as an aged person.⁴ The living condition of an elderly person is expected to vary by residential background. One would expect to find more traditional support

1. Of the total civilian labour force 23 per cent were in the non-agricultural sector in 1974 (Census 1974). Of those who were in the non-agricultural sector, nearly 80% were accounted for by the tertiary sector, wholesale and retail trade and not working. Of the remaining, a small fraction was entitled to pension.

2. According to the 1975 Bangladesh Fertility Survey data about 70% of the households were *nuclear*. The corresponding figure, according to the 1968 National Impact Survey, was only 54% (BFS 1978; National Impact Survey 1968).

3. These data were collected by the Diabetic Association of Bangladesh. I am grateful to the Association, particularly its President Professor M. Ibrahim for allowing me to use these data.

4. The age limit was selected in view of the prevailing life expectancy at birth in the country.

for the aged in rural than in urban areas, because the impact of modernisation resulting in the breaking of family ties may be felt more in the latter than in the former areas. This stratification scheme will help us to account for the variations in living conditions of the aged having a different residential background. The urban sample was drawn from the patients attending the Diabetic Centre of the Diabetic Association of Bangladesh, Dacca, for the last 25 years. The Semi-urban sample was drawn from Jurian a suburb of Dacca city. The rural sample was drawn from village Lionhatti. It is located in the central region of Bangladesh. There were altogether 900 respondents with 300 from each of the areas.⁵ The data were collected in 1979.

To supplement these data, we have also used extensively data on the aged provided by the Census and those collected from village Muiyarchar.⁶ Table 1 shows that among the respondents there are more men than women. The former constitute 69 per cent of the respondents. This pattern is more or less the same for all the study areas. This is also true for the country

5. A word about the representativeness of the samples may be mentioned here. The urban sample may not be considered a representative sample of the aged in an Dacca city because the patients attending the diabetic centre are relatively better off economically than those who are non-diabetic. Moreover, not every aged person has equal chances of getting diabetic. However, utmost care was taken to select as far as possible urban respondents from different socio-economic classes. This may not be an ideal substitute for a representative sample of the aged in Dacca city. But it may still provide an interesting contrast of living conditions of the relatively better off aged in the Capital city with those in the semi-urban and rural areas. The samples drawn from semi-urban and rural areas may be considered representative of the aged of these areas because almost everyone there who had attained the age of 50 years and above was included in the samples.

6. The village Muiyarchar lies to the north-northeast of the country in the district of Sylhet. In this village study, an aged person is defined as one who has attained the age of 55 years and above. The data were collected by the Fazlul Karim, a doctoral student at Dacca University, under the guidance of the present author. The study was financed by the Bangladesh Institute of Development Studies. I am grateful to Mr. Karim for allowing me to use the data.

Table 1: Age and sex distribution of the respondents by localities

Age	Dacca City			Jurian			Lionhatti			Total		
	M	F	N	M	F	N	M	F	N	M	F	N
50-54	64.60	35.40	113	67.15	32.85	137	70.33	29.67	91	67.16	32.84	341
55-59	84.91	15.09	53	81.67	18.33	60	76.0	24.0	50	80.98	19.02	163
60-64	78.18	21.82	55	63.16	36.84	38	54.9	45.1	51	65.97	34.03	144
65-69	55.81	44.19	43	71.43	28.57	35	50.0	50.0	30	59.26	40.74	108
70-74	89.47	10.53	19	71.43	28.57	14	64.3	35.7	28	73.77	26.23	61
75-79	92.31	7.69	13	57.14	42.86	7	76.2	23.8	21	78.05	21.95	41
80+	100.00	—	4	66.67	33.33	9	37.9	62.1	29	50.0	50.0	42
Total	72.67	27.33	300	70.0	30.0	300	63.33	36.67	300	68.67	31.33	900

M = Male; F = Female

as a whole (see Table 2). There are more men than women in all age-groups in Bangladesh, except for those in the group 20-29 years. The highest sex-ratio of 126 is seen to be in the 50 years and over age-group, indicating perhaps that more men than women live beyond the age of 50 in Bangladesh. The finding of proportionately more men than women at higher ages is not an accidental phenomenon. This is expected in view of higher mortality of women than men in almost every age-group (Chaudhury 1980).

Table 2: Sex-ratio by age group 1974

Age-groups	Sex ratio
<5	99.3
5-9	101.2
10-19	117.0
20-29	95.2
30-39	106.9
40-49	119.6
50+	126.3
All ages	107.7

Source: Bangladesh Bureau of Statistics, Government of the People's Republic of Bangladesh; *Bangladesh Population Census Report, 1974, National Volume*, p. 27

Marital status

More than 80 per cent of the male respondents were currently married and about 19 per cent were widowers. However, in case of female respondents 59 per cent were currently married and 40 per cent were widows. The incidence of widowhood is considerably higher among female than among male respondents. This pattern holds true for all the localities under study (see Table 3).

Table 3: Marital distribution by sex and localities

Marital Status	Dacca City		Jurian		Lionhatti		Total		Total
	M	F	M	F	M	F	M	F	
Currently married	90.8	48.7	76.1	53.3	73.7	70.0	80.5	58.5	73.6
Widowed	7.8	50.0	23.8	45.5	25.2	29.0	18.6	40.4	25.4
Separated/divorced	1.3	1.2	—	1.1	1.0	0.9	0.8	1.0	0.9
N	218	82	210	90	190	110	618	282	900
Total	%	100	100	100	100	100	100	100	100

M = Male; F = Female

The data in Table 3 are in conformity with the national pattern. In the age-group 60 years and over, 72 per cent of the women and 9 per cent of the men were reported to be widowed in the 1974 Census.

Table 4: Percentage of population by current marital status, sex and age, 1974

Age Groups	Married		Widowed		Divorced	
	M	F	M	F	M	F
50-54	95.8	60.3	3.0	39.0	0.2	0.4
55-59	95.4	52.9	3.7	46.2	0.1	0.5
60+	90.2	27.3	8.9	72.1	0.1	0.2

Sources: The same as in Table 2.

Various reasons could be adduced to explain male/female differences with regard to widowhood. Of these reasons, particular mention may be made of age differences between husband and wife and differences in chances of remarriage for widowers and widows. Marriage in Bangladesh takes place early—16 years for girls and 24 years for boys on an average.

There is usually 8-10 years age difference between husband and wife in Bangladesh and in our samples (urban, semi-urban and rural), this difference was 11 years. As a result, the husband dies before his wife because of merely the aging process. Moreover, various studies have shown that widows are much less likely to remarry than widowers (Chaudhury 1980). This may also explain the finding of a higher proportion of men being currently married than women at higher ages. In a country with moderate but fluctuating levels of mortality, with marriage at an early age, with higher chances of remarriage among widowers and with a considerable age difference between husbands and wives, widowhood may be expected to be more frequent for women.

Education

The level of education for the aged is lower than that of the national level. For example, according to the 1974 Census, the literacy⁷ rates for men and women were 30.9 and 13.2 in the rural areas. The corresponding figures for the aged (65 years and over) men and women were 26.6 and 2.3 respectively. Similarly, the literacy rates for men and women in the urban areas were 52.0 and 33.3 in 1974. The corresponding figures for the aged (65 years and above) men and women were 43.5 and 9.8 respectively. If we omit the 5-14 years age-groups from our analysis,⁸ we find an inverse relationship between age and level of literacy particularly prominent for women (see Table 5). The explanation for the finding of an inverse relationship between age and level of literacy is not too hard to seek. For the older people, given the socio-cultural situation of the country, it was inevitable that very few men and women, particularly women, learned to read and write. But over time comparatively more men and women have received an education, as is evident from higher level of literacy at the young adult ages.

7. 'Literacy' is defined as the ability to both read and write in any language. These rates were calculated for the population 5 years and above.

8. The relatively lower rate of literacy in the age group 5-14 compared to the level, particularly in 15-19 age group, is due to the higher base population of the former than the latter age-group.

Table 5: Percentage distribution of the literate population by age, sex and rural-urban residence 1974

Age	Rural		Urban	
	Male	Female	Male	Female
5-9	13.4	9.2	23.8	21.4
10-14	39.7	26.7	54.3	47.8
15-19	54.1	22.4	61.6	50.5
20-24	42.9	16.6	66.1	42.5
25-34	34.5	11.9	59.8	32.5
35-44	30.8	8.4	54.3	25.9
45-54	29.2	5.7	53.2	19.5
55-64	28.1	3.4	47.3	14.0
65+	26.6	2.3	43.5	9.8
5+	30.8	13.2	52.0	33.3

Table 6: Occupational distribution by sex and area

	Dacca City		Jurian		Lionhatti		Total	
	M	F	M	F	M	F	M	F
Executive	32.11	1.22	10.47	2.22	1.58	—	15.37	1.06
Teacher/Physician								
Engineer/Advocate	5.04	3.65	—	—	—	—	1.78	1.06
Clerk	7.79	—	6.66	—	1.05	—	5.54	—
Proprietor (business)	9.17	—	6.66	1.11	2.10	0.90	6.14	0.71
Agricultural labour	—	—	0.47	—	24.73	0.90	7.76	0.35
Non-agricultural labour	0.91	—	44.28	1.11	4.73	1.81	16.82	1.06
Cultivator/landowner	2.29	—	10.00	—	53.15	0.90	20.55	0.35
pension-holders (retired persons)	39.45	1.22	6.66	4.44	—	—	16.18	1.77
Housewives.	—	91.46	—	91.41	—	90.0	—	90.78
Menial	—	1.22	2.85	—	1.05	—	1.29	0.35
Others	2.29	1.22	3.33	—	3.15	5.45	2.91	2.48
Not stated	0.91	—	8.57	—	8.42	—	5.82	—
Total	N	218	82	210	190	110	618	282
	%	100	100	100	100	100	100	100

It may be observed from Table 6 that the majority of male respondents in the city area consists of pension-holders, whereas the male respondents in the semi-urban area are primarily wage labourers. Their counterparts in the rural area

are mainly the landowning farmers and landless agricultural labourers. The female respondents are overwhelmingly housewives, irrespective of their residential background. The differential occupational patterns by locality reflect structural differences in the economy. The chances of participation in the formal sector of the economy are higher in Dacca city and retired persons working in this sector are entitled to pension which provides some security to the respondents in the city area. But no pension is provided to those working in the semi-urban and rural areas where people have to work for their livelihood even in old age. In the semi-urban area the adult males were engaged in the tertiary sector of the economy and this is also reflected in the occupational pattern of the respondents; whereas in the rural area, land is the most important source of living and men having land are engaged in farming and those who are landless work mainly as agricultural labourers. Female participation in directly productive activities outside the home is very limited for the country as a whole and this is also reflected in the study areas.

Number of children and their living arrangements

Analysis of data obtained from village Muiyarchar on number of children of the aged and the living arrangements of the children show the following pattern. Elderly persons on an average had 5 living children, 3 sons and two daughters. The majority of children (81 per cent of sons and 68 per cent of daughters), particularly the unmarried ones (at least 90 per cent) were living with the parents or in the same village or in the neighbourhood. However, the majority of the married children, particularly the daughters, lived outside the village. This is consistent with the exogamous pattern of marriage prevailing in Bangladesh. Analysis of the data from the other study areas also shows a similar pattern of living arrangements of children. For example, 58 per cent of children in urban, semi-urban and rural areas live with their parents. The corresponding percentages for unmarried and married children are 77 and 43 per cent respectively.* This is expected in view of the fact that the married male children usually form separate

*For urban, semi-urban and rural areas together.

households after their marriage and they live in the same courtyard where their parents live or, in the neighbourhood or in the same village. The physical separation, however, does not mean severing ties with the parents. Even though the married children form separate households and live separately after their marriage, they still retain their ties with their parents very closely and they engage in several different social and economic pursuits jointly and they remain virtually interdependent.

LIVING ARRANGEMENTS OF THE AGED

Household head

The majority (90 per cent) of the male respondents were heads of their own households who lived in their own houses. The corresponding figure among the female respondents was only 11 per cent (see Table 7). In the village Muiyarchar, female headed households accounted for 13 per cent of all households. This is expected in view of prevailing patriarchal and patrilocal kinship system in the country. In this system, the eldest male member is the head of the family and a girl upon her marriage joins her husband in her father-in-law's house and descent is also traced through the male member of

Table 7: Relationship of the respondents with the head of the household

Relationship with the head	Dacca City		Jurian		Lionhatti		Total	
	M	F	M	F	M	F	M	F
	(218)	(82)	(210)	(90)	(190)	(110)	(618)	(282)
Head	98.17	12.19	83.81	10.0	87.37	10.19	89.97	10.99
Son	1.83	32.93	10.48	30.0	8.95	19.09	6.96	26.59
Daughter	—	4.88	0.48	3.33	—	1.82	0.16	3.19
Grandson	—	—	0.48	1.11	1.05	1.82	0.49	1.06
Grandson-in-law	—	1.23	—	—	0.53	—	0.16	0.35
Son-in-law	—	7.31	2.38	6.66	1.05	2.72	1.13	5.35
Other relations	—	1.22	2.38	—	1.05	—	1.13	0.35
Husband	—	40.24	—	48.88	—	63.63	—	52.12
Total	100	100	100	100	100	100	100	100

M=Male; F=Female

the family. The female headed households are rare in Bangladesh but they are increasing because of poverty or they have had no grown-up son or no son at all (Chaudhury 1980). Most of the female heads of households are destitutes who are engaged in begging for their livelihood. The proportion of male respondents who are heads of households is highest in Dacca city, followed by rural and semi-urban areas. This may be related to the differential economic position of the respondents according to locality. The male respondents of Dacca city have higher income⁹ and a high proportion of them are pension holders (see Table 6). This relatively better economic situation of the male respondents of Dacca city compared to respondents of semi-urban and rural areas may explain the finding of a higher proportion of male headed households in the former than in the latter areas.

The higher proportion of male heads of households also indicates that elderly persons want to retain their position to make their voice heard and to ensure their security. This can also be verified indirectly; very few of the aged have distributed their land among their children (see Table 20) because if the land is distributed parents fear they would not be looked after when they become inactive or incapacitated.

Living with son

A son is the most important source of physical and economic security (not to mention psychological security) to parents. An absolute majority of respondents who were not heads of households lived with their sons, followed by sons-in-law and grandson. Very few of them lived with daughters because it is contrary to the cultural expectation in a patriarchal society like Bangladesh for parents to live with married daughters. This residential pattern holds good whether we examine it by sex or residential background (see Table 8).

9. The median monthly incomes of the male respondents for urban, semi-urban and rural areas are Taka 500 and Taka 470 respectively. The absolute majority of female respondents have had no cash income.

Table 8: Relationship with head of the household (for those aged who are not heads of the households) by sex and areas

Relationship with head of the households	Dacca city		Jurian		Lionhatti		Total		
	M (4)	F (39)	M (34)	F (37)	M (24)	F (28)	M (62)	F (104)	Total (166)
Son	100	69.23	64.71	72.97	70.83	75.00	69.35	72.11	71.07
Daughter	—	10.25	2.94	8.11	—	7.14	1.61	8.65	6.00
Son-in-law	—	15.38	14.71	16.21	8.33	10.71	11.29	14.42	13.25
Grandson	—	—	2.94	2.70	8.33	7.14	4.84	2.88	3.67
Grandson-in-law	—	2.56	—	—	4.16	—	1.61	0.96	1.20
Other relations	—	2.56	14.71	—	8.33	—	11.29	0.96	4.81
Total	100	100	100	100	100	100	100	100	100

M=Male; F=Female

Note: Women who are dependent on their husbands are also excluded.

DEPENDENCE ON CHILDREN

Although the majority of the aged remain heads of households, they are dependent on their children for various reasons. In this paper we will examine the extent and nature of this dependency by asking questions such as (i) simple dependence; (ii) economic dependence; (iii) kind of help being received from children; (iv) specific reason for help, etc. some of these aspects are examined below.

Respondents were asked whether they are dependent on their children or children were dependent on them and/or both?

It can be seen from Table 9 that 40 per cent of the respondents were dependent on their children. This percentage for dependency on children is higher for females (61%) than for males (31%). This holds true even when allowance is made for age and marital status (see Tables 9 and 12). This is expected in view of the fact that very few women respondents have an independent income of their own and, therefore, they are either dependent on their husbands or their children,

Table 9: Responses to the question 'Are you dependent on your children?' by age and sex (per cent)

Age	Male		Female		Total	
	Yes	N	Yes	N	Yes	N
50-59	23.55	361	58.74	143	33.53	504
60+	42.41	257	64.02	139	50.00	396
Total	31.39	618	61.34	282	40.77	900

particularly sons, for their livelihood. There appears to be a positive relationship between age and dependency on children. This finding is also expected in view of the fact that as one grows older, the more one becomes inactive or incapacitated and the more one is likely to be dependent on children.

It should be further noted here that dependence on children varies by locality. For example, male respondents are less dependent on children in Dacca city than those who are in semi-urban and rural areas (see Table 10). This may be explained by the higher income level of male respondents in the city than in the semi-urban and rural areas (see footnote 9).

Income is inversely related to dependency i.e., the higher the income of an aged person, the lower his/her dependency

Table 10: Distribution of responses to the question 'Are you dependent on your children?' by residential background and sex of the aged

Residence	Male		Female	
	Yes	N	Yes	N
Dacca	22.01	218	60.97	82
Jurian	37.14	210	68.89	90
Lionhatti	35.79	190	55.45	110

on children. For example, only 17 per cent of the respondents having incomes of Taka 1000 and above per month are dependent on children compared to 54 per cent among those who have no cash income (see Table 11).

Table 11: Distribution of responses to the question 'Are you dependent on children?' by income groups, male respondents only

Monthly Income (in Taka)	Yes	N
Nil	53.65	123
< 300	35.93	167
301-500	31.32	83
501-1000	17.64	119
1001 and above	16.66	126

Further examination of Table 10 shows that female respondents were relatively less dependent on their children in rural areas compared to urban and semi-urban areas. A partial explanation to this finding may be related to the variation in the proportion of widows. In these localities, widows constitute 29, 50 and 46 per cent of the female respondents in rural, urban and semi-urban areas, and they are preponderantly dependent on their children (see Table 12).

It can be seen from Table 12 that the dependency on children varies by marital status. Widows and widowers are more dependent on their children than those currently married. Widows are more dependent on their children than widowers, because widows have little or no economic independence and, in the absence of their husbands, they have no other alternative but to depend on their children, particularly sons.

Help from the children

The respondents were asked whether they received any help from their children.

It can be seen from Table 13 that the absolute majority (76 per cent) of the respondents received help from their children. Female respondents received more help than their male counterparts, in all the study areas, though the extent of help received by the aged from their children is the lowest in the city area. This may be explained by higher income and greater pension benefits of the city respondents compared to their counterparts in the semi-urban and rural areas.

Table 12: Distribution of respondents to the question, 'Are you dependent on your children?' by marital and residential status of the aged

Marital status	Dacca city				Jurian				Lionhatti				Total			
	Male		Female		Male		Female		Male		Female		Male		Female	
	Yes	N	Yes	N	Yes	N	Yes	N	Yes	N	Yes	N	Yes	N	Yes	N
Married	21.71	198	52.5	40	30.0	160	66.67	48	34.28	140	57.14	77	27.91	498	58.78	165
Widow/Widower	29.4	17	68.3	41	60.0	50	73.17	41	39.58	48	53.12	32	46.95	115	65.78	114
Divorced/Separated	—	3	100.0	1	—	—	—	1	50.0	2	—	1	20.0	5	33.33	3
Total	22.01	218	60.97	82	37.14	210	68.89	90	35.79	190	55.45	110	31.39	618	61.34	282

Table 13: Distribution of responses to the question, 'Do you receive any help from your children regularly?' by residential status of the respondents

Responses		Dacca city		Jurian		Lionhatti		Total		Grand Total
		M	F	M	F	M	F	M	F	
Yes		55.04	67.07	82.85	94.14	81.05	88.18	72.49	84.04	76.11
No		36.69	25.60	17.14	3.33	16.84	10.90	23.94	12.76	20.44
NR		8.25	7.31	—	2.22	2.10	0.90	3.56	3.19	3.44
Total	N	218	82	210	90	190	110	618	282	900
	%	100	100	100	100	100	100	100	100	100

It should be mentioned here that even those parents who did not receive regular help from their children also admitted to have received financial assistance from their children occasionally.

Help from children by economic class

Examination of the data in Table 14 shows an inverse relationship between economic status of the aged and degree

Table 14: Distribution of responses to the question, 'Do you receive any help from your children?' by monthly income of the male respondents* (per cent)

Income (in Taka)	Yes	No
No Income	90.24	123
Less than 300	80.23	167
301-500	55.42	83
501-1000	68.06	119
Above 1000	60.31	126

*Female respondents are excluded in view of the limited number of women having a cash income.

of help received from children i.e., the higher the economic status of the parents the less the help they received from their children. For example, nearly 90 per cent of the respondents having no cash income received help from their children as against 60 per cent among those whose monthly income was Taka 1000 and above.

A similar pattern of relationship between economic status and degree of help received from children emerges when economic position is determined by land ownership status.

For example, we find that 90 per cent of the landless parents received help from their children compared to 73 per cent among those who claimed to have land. This pattern of relationship between economic status of the aged and the extent of help received from children holds true even when allowance is made for residential background of the respondents.

Type of help

Regarding the type of help being received by the aged, mention was made of cash, goods, nursing, etc. Financial help constitutes the most important aspect of help being received by parents from their children (see Table 15). Sons are the main sources of financial help while daughters provide nursing services to their parents. The financial assistance is provided for the maintenance of parents and to fulfil various social and religious obligations such as feasts, festivals, marriage ceremonies, etc., and to defray the educational expenses of brothers and sisters. This has been borne out by

Table 15: Type of help being received by parents from married sons and daughters by locality (per cent*)

Type of help	Dacca city		Jurian		Lionhatti	
	Son	daughter	son	daughter	son	daughter
Financial	57.78	20.27	54.67	7.14	55.26	9.63
Goods	28.64	40.54	27.10	42.85	15.78	31.85
Nursing	10.55	35.13	12.61	40.10	17.86	48.14
Others	3.01	40.54	5.60	9.89	11.05	10.37
Total responses	199	174	214	182	190	135

*Percentages were calculated on the basis of total responses.

data collected from village Muiarchar (see Table 16). It is considered to be a duty on the part of an earning son whether he resides within or outside the village to help parents financially even if this was not requested.

Other forms of assistance

Children provide not only financial assistance, but they also help in kind by providing goods and services. We may

Table 16: Responses to question, 'For what specific purposes children usually help you financially, either regularly or occasionally?'

Purposes	Number	%
Maintenance/gift	32	43.2
Education of brothers/sisters	12	16.2
Feasts, festivals and marriage	16	21.7
Purchase of land	4	5.4
Repairing of house	3	4.0
Repayment of loans	2	2.7
Cultivation	5	6.8

form an idea about the extent of this help from data obtained from village Muiyarchar. The elderly persons of this village were asked to identify the types of help in kind they received from their children.

It can be seen from Table 17 that nearly half of the respondents (44.6 per cent) received different kinds of food from

Table 17: Responses to question, 'Other than financial help, what other forms of help do you receive from children?'

Types of help other than financial	Number	%
Food	33	44.6
Clothes	14	18.9
Household items	10	13.5
Cosmetics	2	2.7
Stationery	6	8.1
Utensils/crockery	5	6.8
Furniture	1	1.4
Other consumer durables	3	4.0
Total	74*	100.0

*3 cases were excluded as they were childless.

their children. The other important items received by the parents included clothes, groceries, stationery, etc., which are no less important than the monetary assistance received from children for the welfare of the family.

Participation in family decision-making

The views of elderly persons are given due recognition in family decisions, as can be seen from Table 18. More than

four-fifths of the respondents reported that they were consulted by their children when important family decisions were taken. Parents were mostly consulted in decisions concerning family expenditure (see Table 19).

Table 18: Responses to the question, 'Do your children consult you in taking any important decision relating to family affairs?' by locality

Locality	Responses			Total	
	Yes	N	Non response	N	%
Dacca City	86.33	7.0	6.66	300	100
Jurian	84.33	8.33	7.33	300	100
Lionhatti	82.66	8.66	8.66	300	100
Muyiarchar	82.4	9.5	8.1	74*	100

*3 cases were excluded as they were childless.

Table 19: Distribution of responses to the question, 'What are the most important matters of decision on which your advice is usually sought?' by locality (per cent*)

Matters of decision	Dacca	Jurian	Lionhatti
Family expenditure	50.29	57.82	62.28
Marriage of children and grandchildren	14.62	17.34	9.32
Education of children and grandchildren	12.57	5.44	4.23
Number/timing of children	1.17	8.50	11.86
Agricultural/professional affairs	15.20	8.16	7.62
Others	6.14	2.72	4.66
Total responses	342	294	236

*Percentages are calculated on the basis of total responses obtained.

Parental control over land

Land is the most important means of production in Bangladesh. Parents' control over land is a very powerful mechanism through which they control the labour of their children and ensure economic support in old age and participation in family decision-making. Table 20 shows that the absolute majority of the parents did not distribute their land among their

children. This pattern holds true even when allowance is made for the effect of age and residential background.

Table 20: Distribution of responses to the question, 'Have you distributed your land among your children?' by age and locality (excluding the case with no land), in per cent

Age	Dacca City		Jurian		Lionhatti		Total	
	Yes	N	Yes	N	Yes	N	Yes	N
50-59	2.26	133	11.26	142	7.69	78	7.08	353
60+	13.71	124	23.07	78	14.78	115	16.40	317
Total	7.78	257	15.45	220	11.92	193	11.49	670

Table 21 reveals that the principal reason for not distributing land among the children was the fear that, once this

Table 21: Responses to the question, 'Why land was not distributed among children?' by locality (excluding the case who have no land), in per cent

Responses	Locality			
	Dacca	City Jurian	Lionhatti	Muyiarchar
They will not get attention/ care from children	21.52	24.19	13.53	21.1
Monetary support from children for family expenses will be reduced or withdrawn	24.05	25.80	17.64	25.0
Children will not look after them when they become inactive	32.91	29.57	42.94	30.8
They will not be respected/ consulted in family decision-making	21.52	20.43	15.88	23.1
Others	—	—	4.70	—
Not answered (N.A.)	—	—	5.29	—
Total	100.0	100.0	100.0	100.0
%				
N	237	186	170	52

was done, the children would not come forward spontaneously to help their parents when they grew old and inactive, followed by the apprehensions that the monetary support from children for the maintenance of the family would be reduced or withdrawn and they would not receive proper attention and care. A considerable proportion of parents also main-

tained the view that once land is distributed they would not be respected and consulted in family decision-making by their children. Thus it appears that the parents tend to hold on to their rights over property for as long as they can in order to ensure their economic security. However, this security is unavailable to those unfortunate landless households who constitute the majority.¹⁰

Future scenario and concluding remarks

From the above findings, one may tend to draw some inferences about the future prospects of the elderly citizens of Bangladesh. The number of elderly citizens is growing every year with increasing life expectancy. We have found that a sizeable proportion of elderly persons particularly those who are landless with little or no income and widows who are dependent on their children, primarily male children, and received help from them both in cash and kind for their livelihood and old age security. Many of these categories of people also stay with their children. This dependence on children for social security in old age is also considered an important factor for high fertility in Bangladesh.

Given the poor economic situation of the country as reflected in high levels of unemployment,¹¹ poverty and landlessness, one would tend to expect the majority of the elderly citizens to depend on their children for their old age security in the absence of any other alternative support. But the crucial question is—could this security be ensured to a growing number of the aged by poor sons of poor fathers and in a situation when the traditional family system is disintegrating? Since no definite answer can be given now, we may tentatively conclude that old age in Bangladesh should not be contemplated with equanimity. Some institutional support

10. In rural Bangladesh 37 per cent of households do not possess any arable land (Bangladesh Bureau of Statistics, 1979.)

11. About 33 per cent of the agricultural labour force in rural Bangladesh is unemployed (Planning Commission 1980); 37 per cent of the rural households do not possess any arable land (Bangladesh Bureau of Statistics 1979) and at least 60 per cent of rural families are poor by conventional indices of poverty and malnutrition (Khan 1977).

must be found to provide help to the growing number of the aged before it is too late.

The government of the People's Republic of Bangladesh has shown some concern by allocating grants to an institute of gerontology set up by a group of retired government officers in Dacca. The objectives of this institute are to provide recreational facilities, vocational training, health counselling and conduct research on the problems of the aged. However, these activities, no doubt benevolent, would be centred in the capital city and cater to the needs of a few privileged aged persons living there. But to benefit the majority of the aged, these activities must cover old men and women living in the rural areas.¹² The government therefore should put an end to its bias in favouring the urban elites and come forward with concrete plans of action to help the growing number of the aged in rural areas, particularly those who are poor.

Appendix A: Percentage of population 60 years and over for different census years, by sex

Census years	Percentage of population		Per cent change Index 1951=100	
	Male	Female	Male	Female
1951	4.6	4.2	100	100
1961	5.5	4.9	120	117
1974	6.0	5.2	130	124

Source: Bangladesh Bureau of Statistics, *Population Census 1974*

12. More than 85 per cent of the population of Bangladesh lives in rural areas.

Appendix B: Estimated proportion of people in the age-groups 50-59 and 60 and over to total population in 1975, 1980, 1990, 2000 and 2025

Age-group	1975			1980			1990			2000			2025		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
	5.30	5.42	5.18	5.31	5.33	5.50	5.70	5.61	5.80	6.62	6.54	6.70	9.55	9.53	9.56
60+	4.38	4.47	4.29	4.54	4.56	4.52	4.99	4.85	5.15	5.66	5.40	5.94	9.93	9.47	10.41

T=Total; M=Male; F=Female

Source: Bangladesh Bureau of Statistics, *Statistical Pocket Book of Bangladesh 1979*

The Social Organisation of Aging among the Urban Poor

Alfred de Souza

This paper presents the major findings of an empirical study of old people in eight resettlement colonies of Delhi. The scope of this study was to explore the social organisation of old age among the urban poor with specific reference to the changing structure of the family in the low income groups as a result of the process of urbanisation and the family development cycle. The family of the urban poor is nuclear, as several studies have reported, with variations that are nuclear in structure.

In its orientation, this study was concerned not merely with the problems of old age, which are deeply personal in character, but with their social significance and their implications not only for the family but also for society in general. While the findings of this study are limited to old people in the informal urban sector, they have wider theoretical and

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policy significance for social welfare services for the aged if appropriate allowances are made for the diversity in social and economic variables within a shared cultural matrix.

This paper is based on survey data on 1969 households in eight resettlement colonies of Delhi: Seelampur, Raghbir Nagar (Phases I-III), Madangir, Wazirpur, Dakshinpuri, Jahangirpuri, Patparganj Complex and Raghbir Nagar (Phase IV). In addition, an intensive study was made of 304 old people selected randomly from the household census population—an average of 38 old persons per resettlement colony. Case study material was collected on 60 old people and, since the concern was with the relationship between family structure and the problems of old people, a purposive sample of 152 family members was interviewed in order to understand the attitudes to old people within their family and the dynamics of interpersonal relations that change with the family development cycle.

Socio-economic profile

Of the random sample of 304 old people (146 men and 158 women) who were intensively studied, 80 per cent had resided in Delhi for over 20 years, and only 5.6 per cent had been born in Delhi itself. Most of the old men and women in this study were migrants who intended to settle permanently in Delhi and had come from the rural areas (70 per cent) in search of employment rather than for better employment. A majority of them came from the neighbouring States of Haryana (6.6 per cent), Rajasthan (20 per cent) and Uttar Pradesh (35.5 per cent), and there was also a relatively large group of displaced persons (20.7 per cent) who had come to Delhi after Partition.

In Rajasthan and Uttar Pradesh, both relatively underdeveloped States with low levels of urbanisation, the tendency of migrants is to move outside the State to cities such as Delhi, Chandigarh and Calcutta. It has been noted (Singh and de Souza 1980: 14) that the most highly urbanised states, except Tamil Nadu, do not experience significant out-migration of the rural poor to cities outside the State. Thus the data show that migration to Delhi is a selective process which is determined by the levels of urbanisation and employment

opportunities within the State and the city of destination, though the choice of city tends to be largely determined by social networks and 'resource persons' (Gore 1970: 50; Majumdar and Majumdar 1978). Even though rural migrants may settle down in cities for a long period, as the old people in our sample, they continue to maintain communication links with their kin group in their native village either by periodic visits on social occasions connected with marriage or at the time of festivals or by the remittance of small sums of money (de Souza 1978).

The concentration of both men and women was in the age group 58-90 and the proportion of males exceeded that of females in all age groups except 64-66 years and 75 years and above. Though the expectation of life at birth during the decade 1961-71 was 47.1 for males and 45.6 for females, it is clear that once men and women survive the critical period 0-5 years, and women the child bearing years, they can expect to live to 70 years and above (Djurfeldt and Lindberg 1980: 48). There were 133 (84.2 per cent) widows in our sample as compared to 41 (28.1 per cent) widowers. This can be explained by the substantial age difference between men and women at marriage because of the cultural preference of early marriage for girls, as well as the taboo against remarriage for widows. Thus, when one is thinking of social welfare services for the old, sex-specific differentials in marital status are important variables which should be taken into consideration.

As is the case of families in the informal urban sector, most of the participants in this study were residing in nuclear families, or, following Kolenda's typology, 'supplemented nuclear' families. Even among the urban poor the joint family remains an ideal, though in practice the vast majority of families is nuclear in structure. The joint family is characterised chiefly by relations of mutual obligation which are activated particularly in times of crisis and by the family development cycle. Thus the cultural norms of the joint family tend to be observed even when the structure of the family is nuclear; it is the duty of sons to look after their parents in their old age, and the widowed woman will expect to live with one of her sons until her death. This accounts for the cultural preference for sons that has been repeatedly revealed

in studies of fertility behaviour (Khan and Prasad 1978) as a very important aspect of the social security of parents in their old age.

Most of the widowed women (63.3 per cent) lived with one of their sons; 8.2 per cent of the women who had no sons lived either alone or with their married daughters, a pattern of residence which would be rare in rural areas but acceptable in an urban environment as a mode of coping with economic stress. In our sample, 10 out of the 11 women who lived with their daughters, were widows. A high percentage of old men and women in our study belonged to the Scheduled Castes, and, as several scholars have pointed out, their family structure tends to be nuclear or variations of the nuclear family.

It was found that 72 per cent of the old people in the study were illiterate, 55 per cent of the men and 90 per cent of the women. They were engaged in low status occupations and scavenging. The low level of education of the urban poor places almost insurmountable restrictions on the kinds of occupations available to them. The tendency of rural migrants is to continue in the informal urban sector their caste specific occupations and, though there may be limited horizontal occupational mobility, the urban poor are concentrated in occupations of low status which require unskilled labour. Majumdar (1978: 43), has noted that unskilled workers in construction and industry were engaged in the same occupation even after 12 years of residence in Delhi. However, he points out (*ibid*: 45) that the low castes and Scheduled Castes who generally cluster in the lowest status occupations in industry, construction and services have wider scope for horizontal social mobility even though 'vertical mobility as a movement from one stratum to another is still very limited.'

A high proportion of the men were involved in skilled and unskilled work in the construction industry and scavenging; on the other hand, a large number of women was employed as domestic workers. Domestic work is not the preferred occupational choice of women; but given the narrow range of occupations open to them, domestic work is chosen because it provides the conditions that are culturally demanded: domestic work is done under the supervision of women; it does not require specialised skills or education; and it is

usually part-time so that additional income can be earned by working in several middle class homes. The occupations of these old people tend to be precarious and a high proportion of the men and the women had work that was occasional, irregular or part-time.

The monthly income of these old people shows that they were at the subsistence level with 63.8 per cent of the men and women (N=127) earning a monthly income of less than Rs 200; 32.2 per cent Rs 201-400 and 3.9 per cent above Rs 400. There was considerable disparity in the monthly incomes of men and women and this was reflected in the levels of financial dependence on the family. It was found that 29.9 per cent of the old men and women in the sample (N=304) were totally independent financially while 70.1 per cent were totally (57.9 per cent) or partly (12.2 per cent) dependent on others for their support. Out of 158 women, 17.1 per cent considered themselves totally independent, 10.8 per cent partly independent and 72.2 per cent totally dependent.

Nutrition and health

There is a complex relationship between nutrition, health and environment, particularly in the informal urban sector. It was found that the diet of the old people in this study was both inadequate in quantity and nutritionally unbalanced. The diet consisted mostly of cereals, such as wheat and dal, and potato; meat, eggs and milk were rarely included in the diet. Various studies (e.g., Singh and de Souza 1976: 96) have shown that the poor tend to spend 75-80 per cent of their monthly income on food and yet their diet remains inadequate and unbalanced. Food habits, as is well known, are determined by cultural preferences and thus wheat and dal form of staple items of diet in North India. However, the old people interviewed stated that they were mostly non-vegetarians and would have liked to have meat, but they were unable to afford it except rarely. Thus the diet of the old people in the sample reflects a general cultural pattern and, more importantly, the limitations imposed by poverty. It was also observed that the old people had the same diet as the rest of the family even though the elderly, because they tend to eat less, require food of more nutritious quality.

There was a relatively high level of dissatisfaction with the quantity and quality of the diet and this was generally attributed to their lack of purchasing power to buy more and better food. On the whole, women were less satisfied with their diet than men. Thirty per cent of the women stated that they were dissatisfied with their diet in contrast to 17.8 per cent of the men. Though questions about satisfaction with food may not be significant when one is dealing with diets of the urban poor in which there is little scope for variation, the level of dissatisfaction may indicate certain broader aspects related to the differential perception of men and women.

While men may be dissatisfied with food because of quantity, women may be dissatisfied not only because of quantity but also because of psychological factors related to the preparation of food. In keeping with the cultural pattern of the subordination of women that females eat after males, old women may receive food in insufficient quantity (Gore 1968: 170). The level of satisfaction may be related to the preparation of food which is linked to the status of women within the family, and the dissatisfaction with being replaced by the daughter-in-law in the kitchen may easily be transferred to the food itself.

The health status of old people in low income groups is part of the vicious cycle of hard work, poor nutrition and ill-health. The illnesses reported by both men and women were symptomatic in nature, such as cough and cold, pain in the body and dysentery. Neither men nor women reported more serious illnesses like tuberculosis (0.4 per cent), high blood pressure (1.8 per cent), heart disease (0.4 per cent), diabetes (0.7 per cent). Thus the illnesses experienced by the old people in the sample appear to be the consequence of a general debility that can be related to the social structure and what Djurfeldt and Lindberg (1980: 99) have called the 'poverty panorama.'

In general, there are four factors which determine the health status of old people among the urban poor: (i) the nature and condition of their work; hard work combined with poor nutrition leads to a state of general debility and most of the old people were suffering from what may be called

'deficiency' illnesses; (ii) environmental conditions: the resettlement colonies, in spite of the good intentions of the planners, are characterised by the lack of basic amenities such as water, latrines and drainage, with the result that the environment itself becomes a health hazard; (iii) inadequate and unbalanced diet, as we have already noted above; and (iv) the availability and quality of health services.

A majority of the old men and women went to Government dispensaries located within the colonies or to Government hospitals for treatment of their illnesses; about one-fourth of both men and women also went to private medical practitioners for consultation. The pattern of utilisation of health services showed that traditional and modern medicine, Government dispensaries and private doctors were used in combination rather than exclusively.

It would appear that the definition of an illness directs the individual concerned either to traditional healers or modern allopathic doctors; and, further, that when an illness is identified as being 'serious,' the tendency is to consult a private doctor even though the fees may be relatively high.

Among both men and women, there were complaints about the ineffective and adulterated medicines they received; however, this reflects cultural perceptions of 'effective' medicine which very often is identified not with pills or mixture, but with injections.

The ineffectiveness of medicines received, about which the old people complained, has to be attributed largely to the way in which poor people utilise medical treatment rather than to the quality of the treatment itself. Because of the relatively high cost of medicines and consultation with doctors, the tendency of the poor is to discontinue treatment as soon as they feel somewhat better, but before they are completely cured. As an earlier study of slum and pavement dwellers Singh and de Souza 1980: 65) noted, 'since medicine and consultations are very expensive, they take medicines only until the symptoms go away, and as a result, most of the leading ailments... become chronic in nature.'

In studies of old age in Western societies, the focus has been on social isolation and loneliness, and segregation from society. In our study, it was found that among those who

reported experiencing loneliness. there were more women than men. This could be explained, apart from the distinctive female psychology, by the fact that a high proportion of the women in the sample were widows, most of whom were totally dependent upon their family.

How do the old people cope with the loneliness and emotional stress they experience? It has been pointed out by Djurfeldt and Lindberg (1980: 171) that religious medicine as it is practised in the rural areas by traditional healers 'seems to be a highly efficient form of psychiatry.' One of the more important factors which explains the psychotherapeutic efficiency of religious medicine is the faith of the individual. Our field data show that old people draw on their religious resources to cope with their emotional problems. The capacity to adjust to the difficult situations of their life is enhanced by their belief in the concept of *karma* which governs the attitude to life of most Hindus. The concept of *karma* promotes adjustment because events take on the character of inevitability over which the individual has no control. To cope, therefore, with events that bring about emotional stress, the tendency of people from the lower urban class, as also in the rural areas, is to have recourse to spiritual healers and the practitioners of traditional medicine. Carstairs and Kapur (1976) report that both men and women in their study of Kota, who had at least primary education, preferred to consult modern doctors, but when they identified their illness as 'spiritual' their tendency was to resort to traditional healers such as the *mantarwadi* ('a master of the zodiac and of the potent secret mystical verses termed mantras'), *patris* (shamans), astrologers or medicine men.

Coping mechanisms

The strategies used by the old people to cope with the problems of old age, particularly psychological stress, must be seen in the broader framework of family structure, kinship group and neighbourhood ties. Both men and women, particularly those who were totally dependent, were assisted by sons not staying with them, financially and in other ways. A great effort was made by old men and women to keep in close touch with their sons who were not staying with them and,

even though interaction was most intensive not with relatives but with the friends in the neighbourhood, this should not be interpreted as a matter of preference but rather the acceptance of constraints, such as cost of transport and long distances, in maintaining contact with their sons or relatives.

It is the social environment that facilitates the integration of old people through the coping mechanisms of the family, the kinship group and the neighbourhood ties. It is in this structured environment that the interaction of old people takes place, though socialisation with relatives and neighbours is marked by significant differences in intensity. In the case of both men and women, frequency of interaction is highest with neighbours and relatively low with relatives, a majority of these contacts being only occasional. In a majority of cases, except perhaps in that of the Gujjars of Raghbir Nagar, relatives do not form part of their immediate neighbourhood and, though there may be close ties with them of mutual obligation, the constraints of transport make such contacts occasional.

In contrast to theories of 'disengagement' that have developed in the context of Western society, it was found that the primary mechanisms of coping with loneliness and isolation were simultaneously mechanisms for the social integration of old people in society. It must be pointed out, however, that integration of old people in the neighbourhood takes place within the framework of caste and ethnic preferences. Thus the structure of the family, the kin group and the neighbourhood are activated at different times for a variety of purposes such as coping with the problems of physical and economic dependency, unemployment as well as social integration in society.

Theoretical significance

The findings of this study raise several issues that have theoretical significance for the conceptualisation of old age and social welfare services, and the organisation of old age among the urban poor. The tendency in the formal or organised sector of the economy is to define old age in terms of a mandatory age of retirement whether it be 55, 58 or 60 years. In low income groups engaged in occupations in the informal

or unorganised urban sector, old age is not defined by retirement criteria, but rather in terms of withdrawal from employment because of general debility related to the aging process. In the definition of old age, particularly for women, cultural criteria related to the family development cycle are of special importance. Thus, a married woman, irrespective of her age is culturally defined as 'old' as soon as the eldest son is married and the daughter-in law comes to live with his parents (Vatuk 1980).

The family development cycle brings about changes in the status and roles of both old men and women because there is a transition from the role of 'provider' to that of 'dependant.' The degree of dependency varies according to the economic situation of the old person and in general, it is characterised by a loss of role and limited participation in decision-making in the social, economic and cultural spheres of family activity. Thus, 'consistency of status' within the family for old people, particularly at subsistence levels of living in the informal urban sector, is determined by the level of economic dependence on the family. In the case of women, the loss of role brought about by old age is reinforced by widowhood which leads to cumulative dependence.

With old age and increasing dependence on the family, a certain 'blurring' of roles occurs, even though the cultural distinction between men's work and women's work is maintained. Thus, old men participate in child care and domestic chores, such as marketing, cooking and cleaning. In the case of women, female roles are continued though old women may be replaced by the daughter-in-law in kinds of work (e.g., cooking) that are culturally related to the status of women in the family.

Studies of old age in Western countries emphasise the social isolation and loneliness of the aged and have developed theories of 'disengagement,' with corresponding policies for the social reintegration of the aged into social and economic life. The findings of this study, while they do reveal that old people experience loneliness, the feeling of not being wanted and even depression, suggest that old people among the urban poor are socially and economically integrated in society through a set of interrelated 'coping mechanisms' of which

the most important are the family and the kin group as primary resource structures, neighbourhood ties and social welfare services.

In sociological studies of the family, the preoccupation has been far too much with defining typologies of the family rather than with developing an analytical understanding of the family as a 'mutual help' arrangement (Epstein and Jackson 1975). Among the urban poor, though the structure of the family is nuclear, kin group ties are activated on different occasions to cope with the social, economic and cultural needs of old people depending on the family. As Kolenda (1968) has noted, families of low income groups tend to be structurally of the 'supplemented nuclear' kind with flexible arrangements to use the resources of the wider kin group. However, since the cost of activating the kin group may be high because of cost of transport and long distances involved, the neighbourhood becomes an important mechanism for the integration of old people in society, though this integration takes place within the framework of caste and ethnic solidarities.

Social welfare services, particularly social assistance for the aged among the urban poor, tend to be premised on the assumption that only the aged who are destitutes need to be supported. Thus, social assistance schemes for the aged function as 'substitutes' for the family and do not enlarge its capacity to look after the social and economic needs of the aged.

Particularly in a cultural situation in which the value system gives a great importance to parent-son obligations, social welfare services must be directed not to individuals, but to individuals within the family. Thus, in low income groups in the informal urban sector, social welfare services which could have functioned as an important element in the network of coping mechanisms, remain largely ineffective in accomplishing their stated goals.

The conceptualisation of social welfare services as 'destitution allowance' reveals to some extent the fact that old age has the characteristics of 'organisational marginality.' The concept of organisational marginality is determined by cultural criteria regarding the maintenance and care of the aged. In

our culture, the family is considered to be the primary agent not only of early socialisation but also of the maintenance and care of its aging members. Thus, voluntary organisations involved in welfare services for old people appear to be relatively more handicapped in raising funds for this purpose.

The concept of organisational marginality would also seem to have influenced the allocation of grants in the Five Year Plans. Epstein and Jackson (1975) have pointed out that the tendency of the Plans has been to allocate considerably larger outlays on family planning than on social welfare. In the Fourth Five Year Plan Rs 315 crores were allocated to family planning in contrast to only Rs 41 crores for social welfare. As Epstein and Jackson point out (*ibid*: 17), 'Indian planners seem to over-estimate the importance of family planning programmes, while under-estimating that of social welfare; the Fourth Five Year Plan allocates eight times as much expenditure to the former than the latter item of public expenditure (PC 1970:52, 410). The problem of the aged seems to be ignored altogether; no funds are allocated under that heading. Yet, expenditure on social security, particularly for the aged, may prove to be a more efficient means than family planning programmes in popularising the "small family norm."' In the Draft Fifth Five Year Plan, the outlay on Family Welfare Planning was Rs 576 crores while the provision for social welfare was Rs 229 crores. This was reduced in the final Plan document to only Rs 86 crores.

Policy implications

Apart from their theoretical significance, the findings of this study could have wider relevance for policy formulation and programme design for social welfare services to the aged from low income groups. As we pointed out earlier, the family is the primary vehicle of social security and social assistance to the aged. However, current social assistance schemes for the aged, since they have the character of a 'destitution allowance,' do not strengthen the capacity of the family to look after the aged, but rather have the effect of *replacing* the family.

Social welfare should also, therefore, reconceptualise programmes designed for the aged of low income groups so

that the family rather than the individual develops the economic capacity for the management of old age. The Draft Fifth Five Year Plan 1974-79 states that an objective of national policy is that 'welfare programmes for women and children in need of care and protection as also assistance to the aged and the handicapped would be further expanded and strengthened with the ultimate objective of developing a comprehensive social security programme.'

This paper shows that in the network of coping mechanisms developed by the low income families to look after the aged, the kin group and neighbourhood ties are of crucial importance. This suggests that social welfare policy for the aged should utilise the resources of the neighbourhood in catering to the social, economic and cultural needs of old men and women.

This will also have the advantage of promoting self-reliance in the local community rather than encouraging total dependence on government assistance. The Draft Fourth Five Year Plan points out that 'the key to the success of social welfare programmes lies in each community taking an integrated view of community welfare and accepting the obligation of looking after the interests of all its members, and especially of those who need the help most.'

This study has shown that to meet their health needs, old people in the informal urban sector use Government dispensaries and hospitals as well as, to a lesser extent, private medical practitioners, both traditional and allopathic. Because of the high cost of utilising Government hospitals, the tendency of old people is to patronise dispensaries located within the resettlement colonies.

Health policy for the aged should be characterised by two interrelated components: (i) the setting up of subsidised health care for the aged with special units in hospitals and with free or highly subsidised medicines; (ii) the training of both indigenous and allopathic doctors to handle the specific illnesses associated with aging. Subsidised health care would represent an indirect transfer of resources to the family.

In developing social welfare services for old people in low income groups, Government policy should be to give greater scope to voluntary organisations at the national and local levels

through a system of appropriate grants-in-aid. Thus, voluntary organisations should be allowed to develop specialised services for old people in terms of the differing environmental conditions and the changing needs of old people.

Rigid guidelines will only hamper administrative organisation and strategies for the aging which voluntary organisations might be able to develop. As the Planning Commission recommended, voluntary organisations 'should be given freedom to administer and execute, to change and adapt and to find their own solutions for the many problems which must arise from day to day within each community. The primary task of agencies at higher levels is to create conditions in which agencies directly responsible for carrying out schemes can best succeed.'

Similarly in the Draft Five Year Plan, it is stated that 'A higher place is assigned in the Fifth Plan to the role of voluntary organisations in social welfare programmes. Such organisations will be encouraged by providing grants-in-aid with the increasing emphasis on improvement of standards and expansion of welfare services rendered by them.'

Old people ought not be treated as a homogeneous category in which men and women are lumped together purely on the basis of chronological age. Rather, a distinction should be made with reference to income groups, formal or informal urban sector, residential pattern and, most importantly, between men and women.

Old age has different implications for men and women. For example, the effect of the family cycle is more traumatic for women than for men, because of their deeper involvement in female roles in the domestic sphere. Thus, the change of role induced by the marriage of the elder son implies a greater identity crisis for the woman rather than the man. Further, widowhood has a much greater impact on women because it makes them totally dependent on their sons, thus involving not only emotional deprivation but also a loss of status within the family.

For these reasons, old age policy should differentiate between men and women and, among women, between those who are widows and those currently married. Policy orientation towards women should place special emphasis on income

generation and the kinds of self-employment that are feasible in the informal urban sector, so as to lessen their economic dependence.

References

- Alamgir, M. *Bangladesh: A Case of Below Poverty Level Equilibrium Trap* (Dacca; Bangladesh Institute of Development Studies, 1976).
- Andors, Ellen. *The Rodi: Female Association among the Gurung of Nepal*. Ph.D. Dissertation submitted to Columbia University, New York, 1976.
- Bangladesh Bureau of Statistics. *1979 Statistical Year Book of Bangladesh*.
- Bennett, Lynn. *Mother's Milk and Mother's Blood: The Social and Symbolic Roles of Women among the Brahmans and Chetris of Nepal*. Ph.D. Dissertation submitted to Columbia University, New York, 1977.
- Berry, Thomas. Creativity: Role in Society. Paper presented at the Castelgandolfo meeting on Active Aging, September, 1-5, 1980.
- Bose, Ashish. *India's Urbanisation 1901-2000* (New Delhi: McGraw Hill, 1978, 2nd edition).
- Bourgeois-Pichat, Jean. 'Recent Demographic Change in Western Europe: An Assessment,' *Population and Development Review*, 7 (n.1, March 1981).
- Bourini, A.K. *The Demographic Sample Survey of Nepal, Second Year Survey* (Kathmandu: Central Bureau of Statistics, 1977).
- Brass, Paul R. *Language, Religion and Politics in North India* (New Delhi: Vikas Publications, 1975).
- Caplan, Patricia. *Priests and Cobblers: A Study of Social Change in a Hindu Village in Western Nepal* (San Francisco: Chandler Publishing Co., 1972).
- Carstairs, G.M. and R.L. Kapur. *The Great Universe of Kota: Stress, Change and Mental Disorder in an Indian Village* (London: Hogarth Press, 1976).

- Census Commissioner and Registrar General of India. *Pocket Book of Population Statistics* (New Delhi: Government of India, 1972).
- Census Commissioner of India. *Census of India 1981, Series-1 Provisional Population Totals* (New Delhi: Registrar General of India, 1981).
- Chaudhury, R.H. *Female Status in Bangladesh* (Dacca: Bangladesh Institute of Development Studies, 1980).
- Chen, Lincoln [C. Emdadul Huq and Stan D' Souza. 'Sex Bias in the Allocation of Food and Health Care in Rural Bangladesh,' *Population and Development Review*, 7 (n. 1, March 1981).
- Chen, Marty and Ruby Ghuznavi. 'Women in Bangladesh: Food-for-Work and Socio-Economic Change,' in Alfred de Souza (ed.) *Women in Contemporary India and South Asia* (New Delhi: Manohar Book Service, 1980).
- Dandekar, V.M. and N. Rath. *Poverty in India: Dimensions and Trends* (Bombay: Sameeksha Trust, 1971).
- Davis, K. *The Population of India and Pakistan* (Princeton: Princeton University Press, 1951).
- Davis, Kingsley and Pietronella van den Oever. 'Age Relations and Public Policy in Advanced Industrial Societies,' *Population and Development Review*, 7 (n. 1, March 1981).
- Delhi School of Social Work. *A Study of the Aged in Delhi* (Delhi: Delhi School of Social Work, University of Delhi, 1977), mimeo.
- Demeny, Paul. 'The North-South Income Gap: A Demographic Perspective,' *Population and Development Review*, 7 (n.2, June 1981).
- Department of Social Work. *Old Age Pension Scheme in Uttar Pradesh* (Lucknow: University of Lucknow, Department of Social Work, 1978-79).
- Desai, I.P. *The Craft of Sociology and Other Essays* (Bombay: Ajanta Publications, 1981).
- Desai, K.G. and R.D. Naik. *Problems of Retired People in Greater Bombay*: (Bombay: Tata Institute of Social Sciences, n.d.).
- de Souza, Alfred *Children in Creches: Day Care for the Urban Poor* (New Delhi: Intellectual Publishing House, 1979).

- . *The Social Organisation of Aging Among the Urban Poor* (New Delhi: Indian Social Institute, 1982).
- Djurfeldt, Goran and Staffan Lindberg, *Pills Against Poverty: A Study of the Introduction of Western Medicine in a Tamil Village* (Delhi: Macmillan, 1980).
- Employees State Insurance Corporation. *Annual Report, 1976-77*.
- Epstein, T. Scarlet and Darrell Jackson (eds.), *The Paradox of Poverty* (New Delhi: Macmillan, 1975).
- ESCAP. *Population of Nepal*. Country Monograph Series no. 6 (Bangkok: ESCAP, 1981).
- Fernandes, Walter (ed.). *People's Participation in Development: Approaches to Non-Formal Education* (New Delhi: Indian Social Institute, 1980).
- Fonseca, A.J. *Food Aid: Its Relevance for India* (New Delhi: Indian Social Institute, 1982), forthcoming.
- Gaige, Frederick. *National Integration in Nepal: A Study of the Nepal Terai*. Ph.D. Dissertation submitted to the University of Pennsylvania, 1970.
- Gallantin-Anderson, Barbara. The Status of Aging: Facts Trends and Theories. Paper presented at the Castelfandolfo Conference on Active Aging, September 1-5, 1980.
- Goldstein, Melvyn, and Cynthia Beall. 'Modernisation and Aging in the Third and Fourth World: Views from the Rural Hinterland in Nepal,' *Human Organisation*, 40 (n.l, 1981).
- Gore M. S. *Urbanisation and Family Change* (Bombay: Popular Prakashan 1968).
- . *Indian Youth: Processes of Socialisation* (New Delhi: Vishwa Yuvak Kendra, 1977).
- Government of India. *India Year Book 1973* (New Delhi: Manager of Publications, 1973).
- Gulati, Leela. 'Female Work Participation: A Study of Inter-State Differences,' *Economic and Political Weekly*, 10 (n. 1-2, January 4-11, 1975).
- ICMR and ICSSR. *Health for All: An Alternative Strategy* (Pune: Indian Institute of Education, 1981).
- ILO. *Profiles of Rural Poverty* (Geneva: International Labour Office, 1979).

- Jacobson, Doranne and Susan S. Wadley. *Women in India: Two Perspectives* (New Delhi: Manohar Book Service, 1977).
- Jaganadhan, V. and C.M. Palvia. *Problems of Pensioners (in India): Socio-Economic Policy and Administration* (New Delhi: Lalita Prakashan, 1978).
- Khan, A.R. 'Poverty and Inequality in Rural Bangladesh,' in *Poverty and Landlessness in Rural Areas* (Geneva: A WEP Study, 1977).
- Khan, M.E., C.V.S. Prasad and Ashok Majumdar. *People's Perception about Family Planning in India* (New Delhi: Concept Publishing Company, 1980).
- . *Fertility Control in India* (New Delhi: Manohar, 1980).
- Kleemier, Robert W. 'The Mental Health of the Aging,' in Ernest W. Burgess (ed.), *Aging in Western Societies* (University of Chicago, 1960).
- Kolenda, Pauline M. 'Region, Caste and Family Structure: A Comparative Study of the Indian "Joint" Family,' in Milton Singer and Bernard Cohn, *Structure and Change in Indian Society* (New York: Wenner-Gren Foundation for Anthropological Research, 1968).
- . 'Regional Differences in Indian Family Structures,' in Robert I. Grane *Regions and Regionalism in South Asian Studies: An Exploratory Study* (Durham, North Carolina: Duke University Programme in Comparative Studies of Southern Asia, Monograph 5, 1967).
- Kurien, C.T. *Poverty and Development* (Madras: Christian Literature Society, 1967).
- Life Insurance Corporation of India. *23rd Report and Accounts for the year ended 31st March, 1980*.
- Locke, John K. 'Newar Buddhist Initiation Rites,' *Contributions to Nepalese Studies*, 2 (n.2, June 1975).
- Madras School of Social Work. *Old People in Madras City* (Madras: Madras School of Social Work, 1972) mimeo.
- Majumdar, Tapan K. 'The Urban Poor and Social Change: A Study of Squatter Settlements in Delhi,' in Alfred de Souza, *The Indian City* (New Delhi: Manohar Publications, 1978).
- Majumdar, Prasanta, S. and Ila Majumdar. *Rural Migrants in an Urban Setting* (Delhi: Hindustan Publishing Corporation, 1978).

- Marla, Sarma. *Bonded Labour In India: National Survey on the Incidence of Bonded Labour* (New Delhi: Biblia Impex, 1981).
- Matthews, C.M.E. *Health and Culture in a South Indian Village* (New Delhi: Sterling Publishers, 1979).
- . *Changing Health Beliefs and Practices in Rural Tamil Nadu* (New Delhi: Indian Social Institute, 1981).
- McDougal, Charles. *Village and Household Economy in Far Western Nepal* (Kathmandu: Tribhuvan University, 1969).
- Ministry of Health and Population Control, Government of People's Republic of Bangladesh. *Bangladesh Fertility Survey (BFS), 1975* (Dacca: Government Printing Press, 1978).
- Ministry of Family Planning, Government of Pakistan. *National Impact Survey of 1968* (Karachi: Government of Pakistan, 1968).
- Ministry of Planning, Planning Commission, Government of People's Republic of Bangladesh. *Second Five Year Plan 1980-85*, (Dacca: Government Printing Press).
- Mitra, Ashok. *India's Population: Aspects of Quality and Control* (New Delhi: Abhinav Publications, 1978).
- Myrdal, Gunnar. *Asian Drama* (New York: Pantheon, II, 1968).
- Nag, Moni, Benjamin N.F. White and R. Creighton Peet. 'An Anthropological Approach to the Study of the Economic Value of Children in Java and Nepal,' in Hans P. Binswanger et al. (ed.), *Rural Household Studies in Asia* (Singapore: University Press, 1980).
- Nayar, P.K.B. *A Study of the Working of Old Age Pension Schemes in Kerala* (Trivandrum: Department of Sociology, University of Kerala, 1980).
- Nepali, Gopal Singh. *The Newars* (Bombay: United Asia Publications, 1965).
- Overseas Development Ministry, U.K. *Report on 1974 Bangladesh Retrospective Survey of Fertility and Mortality, 1977*.
- Planning Commission. *Fourth Five Year Plan, 1969-74* (New Delhi: Government of India, 1970).
- . *Draft Fifth Five Year Plan 1974-79* (New Delhi: Government of India, 1974).

- Prabhu, Pandharinath H. *Hindu Social Organisation: A Study in Socio-Psychological and Ideological Foundations* (Bombay: Popular Book Depot, 1958).
- Rana, S. Ratna. 'Agriculture in Nepal: Some Viewpoints,' in Pahaupati S. Rana and Kamal P. Malla (eds.), *Nepal in Perspective* (Kathmandu: CEDA, 1973).
- Rayappa, Hanumantha P. and Deepak Grover. *Employment Planning for the Rural Poor: The Case of Scheduled Castes and Scheduled Tribes* (New Delhi: Sterling Publishers, 1980).
- Robinson, W.C. 'Recent Mortality Trends in Pakistan,' in *Studies in Demography* (Karachi: Pakistan Institute of Development Economics, 1966).
- Regmi, Mahesh. *Landownership in Nepal* (Berkeley: University of California Press, 1976).
- Samad, Apron, et al. *Demographic Surveillance System Matlab Scientific Report, No. 19* (Dacca: Cholera Research Laboratory, 1979).
- Sau, Ranjit. *India's Economic Relations: Aspects of Class Relations* (New Delhi: Orient Longman, 1981).
- Savy, Robert. *Social Security in Agriculture* (Geneva: International Labour Office, 1972).
- Saxena, D.P. *Rururban Migration in India: Causes and Consequences* (Bombay: Popular Prakashan, 1981).
- Shah, Arvind M. *The Household Dimension of the Family in India* (New Delhi: Orient Longman, 1973).
- Shah, Nasra M. and Makdoo A. Shah. 'Trends and Structure of Female Labour Force Participation in Rural and Urban Pakistan,' in Alfred de Souza (ed.) *Women in Contemporary India and South Asia* (New Delhi: Manohar Book Service, 1980).
- Sharma, K. M. *Social Assistance in India* (New Delhi: Macmillan, 1976).
- Shiva, Vandana and Jayanto Bandyopadhyay. 'Participatory Research and Technology Assessment by the People,' in Walter Fernandes and Rajesh Tandon (eds.), *Participatory Research and Evaluation: Experiments in Research as a Process of Liberation* (New Delhi: Indian Social Institute, 1981).

- Singh, Andrea M. and Alfred de Souza. *Position of Women in Migrant Bastis in Delhi*, Report submitted to the Dept. of Social Welfare, Government of India, mimeo, 1976.
- . *The Urban Poor—Slum and Pavement Dwellers in the Major Cities of India* (New Delhi: Manohar, 1980).
- Singh, Andrea M. 'Women and the Family: Coping with Poverty in the Delhi Slums,' *Social Action*, 27 (n.3, 1977).
- . 'Rural-Urban Migration among the Urban Poor in India: Causes and Consequences,' *Social Action* 28 (n. 4, 1978).
- Soodan, Kirpal Singh. *Aging in India* (Calcutta: Minerva Associates, 1975).
- Stiller, Ludwig. *Planning for People: A Study of Nepal's Planning Experience* (Kathmandu: Shahayogi Prakashan, 1979).
- Thappa, Y.S. 'Population, Labour Force and Employment,' in Mahesh Banskota and Nirmal K. Bista (eds.), *Nepal's Economy: An Overview* (Kathmandu: CEDA, 1980).
- Toffin, Gerard. 'Le Si Ka Bheavy,' *Kailash*, LV (n.4, 1979).
- UPASI. *Planting Directory* (Coonoor: United Planters' Association of South India, 1974), 19th edition.
- Vajracharya, Dhana Vajra and Tek Bahadur Shrestha. *Panchali Sasan Paddhati ko Aitihasik Vivechana* (Kathmandu: Nepal and Asian Studies, Tribhuvan University, 1978).
- Vajracharya, Dhana Vajra. *Licchavi Kalka Abhilekh* (Kathmandu: Nepal and Asian Studies, Tribhuvan University, 1973).
- Vatuk, Sylvia. 'The Aging Women in India: Self-Perceptions and Changing Roles,' in Alfred de Souza (ed.), *Women in Contemporary India and South Asia* (New Delhi: Manohar, 1980).
- World Bank. *Nepal Agricultural Sector*. Report No. 2205, NEP Document of the World Bank, April 27, 1979.
- . *World Development Report 1980* (Washington: The World Bank, 1980).
- Yojana. 'Literacy Statistics at a Glance,' 22 (n.18, October, 1980).
- Zeveering, K.H. *Agricultural Development and Agrarian Structure in Nepal* (ARTEP, July), mimeo.

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The marginalisation of old people in South Asia, a consequence of neo-colonial economic and political relations, is inseparable from the overall economic conditions in these countries. In the specific conditions of poverty and lack of social security, the family and the kin network function as the main resources to enable old people to cope with economic, social and psychological stress. Since the perception of old age and the specific problems of old people, and especially women, are quite different from those of the aging in the industrialised countries of the West, policies to support the aging in India and South Asia need to focus not on institutional care but on strengthening the family and enhancing its capacity to look after the aged. The research data and analytical perspective of this book make it necessary reading for social scientists and social workers and those concerned with the structural conditions of society that deny old men and women their human dignity.

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