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AGEING: A MATTER OF CONCERN

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Abstract

The study seeks to address a variety of age-related topics and issues. The way old age is defined and how the elderlyare treated is influenced by social and cultural factors. Ageing as a social process and the emergence of social gerontology as a sub-discipline must be investigated. Ageing is a ubiquitous occurrence that affects every object on the planet. Ageing is viewed as a social rather than a physiological process in human civilization, as it is always understood in the context of a social context. A better understanding of ageing in today's culture necessitates a re-examination of ageing as a process at both the individual and societal levels.

Keywords: Ageing, Social Gerontology.

Introduction

Ageing - A New Concept

Ageing is a process rather than an event. Ageing is one of the most ignored concerns among development theorists and practitioners, owing to the perception of elderly people as powerless and resource less. Economists and sociologists do not regard them as a social class or a status group. Though ageing is ubiquitous, it was once thought to be a natural and evolutionary process, and as a result, it was not taken seriously. Until the 1980s, the issues of the elderly were unknown to the governments of emerging countries, and as a result, they were ignored. There are various strategies to minimise the kid population, but the old population cannot be prevented since developing countries, such as Asian countries, have consistently ignored the structure of the population. The child population can be reduced in a variety of methods, whereas the elderly population cannot be stopped since developing countries, such as Asian countries, have consistently ignored population structure.

Ageing is a complex element of the life cycle that can be described as the process of growing old. It is, in essence, a multi-dimensional process that has an impact on practically every element of human life. Introductions to the study of human ageing have usually focused on changes in demography, particularly population aging-a trend that has characterized industrial civilizations throughout the twentieth century but has recently become a global phenomenon.

The most major outcome of the process known as the demographic transition is population ageing. The following are two aspects of demographic transition: a) Reduction in fertility, which results in a decrease in the proportion of young people in the population. b) Lower mortality, resulting in persons living longer lives.

Jean Bourgeois Pichat (1979) identified two processes in the ageing process that reflect the two dimensions of demographic transition. a) Aging from the bottom up; b) Aging from the top down.

Ageing at the base occurs when fertility falls, thus decreasing the proportion of children and ageing at the apex occurs when the proportion of aged persons increases presumably due to declining mortality at older ages. As the population ages, it shifts from a high mortality/high fertility rate to a low mortality/low fertility rate, resulting in a higher proportion of older persons in the overall population. (Prakash, 1999 [6]).

Definition of Ageing

Different scholars have characterized ageing in various ways. Some have viewed ageing as a period of physiological degeneration, while others has viewed it as merely the passage of time. Still others have stressed that ageing entail's cultural role restrictions. Ageing, according to Bhatia (1983), is a broad term that may be addressed in three ways: biologically, psychologically, and socio-culturally. Charles S Becker (1959) defines ageing in the broadest sense as "those changes occurring in an individual as a result of the passage of time. "Different scholars have characterized ageing in various ways. Some have viewed ageing as a period of physiological degeneration, while others has viewed it as merely the passage of time. Still, others have stressed that ageing entails cultural role restrictions.

Ageing, according to Bhatia (1983), is a broad term that may be addressed in three ways: biologically, psychologically, and socio-culturally. Charles S Becker (1959) defines ageing in the broadest sense as "those changes occurring in an individual as a result of the passage of time." These could be anatomical, physiological, psychological, or even societal and economic, according to him.

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He continues, "Aging is made up of two simultaneous components: anabolic growth and catabolic breakdown." Ageing is defined by Edward J. Stieglitz (1960) as "the factor of time in living." Aging, he believes, is a natural part of life. The process of ageing begins with conception and ends with death. It can't be stopped until we stop living. According to Tibbitts (1960), ageing is best defined as the survival of a growing number of people who have accomplished the conventional functions of earning a living and raising children, and the years after these jobs are completed indicate an extension of life. He also claims that ageing is a natural and unavoidable biological process. Gerontologists, according to Hooyman and Kiyak (1994), see ageing as four separate processes or dimensions: Chronological, biological, psychological, and social ageing are the four dimensions of ageing that are frequently identified.

The amount of years since a person's birth is known as chronological ageing. Individuals can also define responsibilities and relationships based on the behavior and expectations associated with distinct chronological groupsings by using chronological age. However, because it is a process that is assumed to vary between individuals, it is not widely accepted as an acceptable indicator of the extent of ageing.

Biological ageing, also known as senescence (the decline of a cell or organism as a result of ageing) and sometimes functional ageing, refers to biological events that occur over time that gradually impair the physiological system, making the organism less able to withstand disease and, eventually, increasing its susceptibility to death. According to this viewpoint, the ageing process is influenced by a variety of physiological elements and is influenced over time by environmental factors (such as nutrition), disease experiences, hereditary factors, and life stage.

This is frequently linked to a decrease in the regulation and proper functioning of the body's critical organs. However, not everyone experiences diminished organ function in the same way. Some people's hearts are healthier at age 80 than they are at 60.

Psychological ageing is concerned with changes in an individual's personality, mental functioning (e.g., memory, learning, and IQ), and sensory and perceptual processes that occur during maturity. Feelings, motivation, memory, emotions, experience, and self-identify are among the indices of psychological ageing, according to Jegede (2003). People who had planned to travel overseas, for example, may opt to abandon their plans in order to contribute to the growth of their own economy. As a person progresses through life, psychological ageing is varied and continual.

As people progress through their lives, they will have diverse experiences in their positions and connections with others, as well as members of larger social organizations (such as a religious community). Personal or attitude, as well as communal contact, are utilized to assess a person's maturity and ageing in sociological ageing. As a person matures socially, he or she considers his or her words, limits the use of vulgar language, prunes relationships with mature friends, adjusts his or her manner of dress, and reduces nighttime clubs. As a person grows older, the norms of the society to which he or she belongs tend to lead them.

Social ageing affects our ideas of who we are on an individual level, but it can also be formed or "constructed" by social and cultural circumstances that dictate normative expectations about the roles, positions, and behavior of older people in society. While the three dimensions of biological, social, and psychological ageing all interact in some way, the rate at which each component is experienced by the same person may be different. This is how most people interact with others in society.

Strehler (1962) presented four ageing criteria, which Tyagi reported on (1999). They are as follows:

Aging is a universal phenomenon that affects all members of society. Aging is a constant, gradual process. Aging is a natural part of life. Aging is a degenerative process.

As a result, because it is a natural process, ageing is an unavoidable, omnipresent, and universal phenomenon of human life.

Finally, population ageing, also known as society ageing, is a process in which a group (such as a country or ethnic group) sees a gradual increase in the number and proportion of older persons in its total population. This shift, which is mostly due to socioeconomic improvements in health and living standards, reduces mortality and fertility over time, resulting in longer life expectancy and fewer births, and, in turn, an increase in the older population in comparison to younger age groups.

Governments face long-term consequences as a result of population ageing, such as the rising cost of health and social care for an ever-increasing number of senior citizens. In Osunde and Obiunu (2005), Cavanaught (1993) categorized ageing into three types: primary ageing, secondary ageing, and tertiary ageing.

Primary Aging: Primary ageing is a natural process

that has nothing to do with sickness. It simply entails alterations in the biological, social, and psychological realms. These are caused by the wear and tear of the body's critical organs. Secondary Aging: This process is linked to a variety of terminal illnesses that impair an individual's ability to operate normally. The Tertiary Ageing: This occurs when a family member or close friend suffers losses as a result of death or disasters such as war(s), which can lead to a progressive reduction in the individual's ability to operate properly.

Defining the Term "old age"

When does a person reach the age of retirement? When should a person be labeled "elderly"? Scholars have used many definitions of the terms 'aged,' 'elderly,' and 'old,' and no one can claim to own the term. In gerontological literature, the number of definitions available is almost as diverse as the number of authors. Simply said, the term "aged" refers to the state of being elderly, and it is difficult to describe. The eye of the observer determines whether a person is viewed as aged or not. There is no clear cut age at which a person may be referred to as "old," There is no physiologically specified age at which a person is considered elderly. The term "elderly" or "old" has several definitions depending on the civilization. As Guha Roy (1994) [3] points out, the concept of old age is very reliant on the context in which it is used. The method of determining when a person enters old age based on retirement, on the other hand, ignores the significant number of women who have never worked and the fact that the retirement age differs between the public and private sectors within a country.

The range of variance is 39 to 51 years and above; for Jatana et al. (1991), it is 51 years; for Prakash (1987, 1991), it is 50 years for women and 60 years for men; for Sen (1991), it is 39 years; and for Easwaramoorthy (1991), it is 58 to 70 years. According to Barai (1991) and Patil et al. (1991), the age at which an individual is considered "elderly" or "old" is 60 years.

The Indian census utilizes a 60-year cut-off point to define people as old. Most Indian states have set 65 as the minimum age for receiving an old age pension (OAP), whereas a few governments have set 60 as the minimum age (Arora, 1993). According to scholars like Gokhale (1994:78), 60 is a good age for statistical analysis. However, the concept of old age is a highly subjective one. Individuals go through a process of continuous physiological, psychological, and social change throughout their lives, with enormous variances. Because of differences in social, economic, and historical contexts and conditions, what constitutes old age differs by country.

In India, this classification is difficult to apply because the majority of the old, particularly senior women have not attended school and are often unaware of their chronological age. Second, the notion mostly applies to persons working in India's formal sector; just a small number of senior people, particularly elderly women, work in the formal sector. The term 'old' or 'aged' is a relative term that is frequently used in comparison to the adjective 'young.' It is quite difficult to define a dividing line that is consistent across all groups. The definition of a person or a group of people as elderly based on age and ability is determined by a variety of criteria including socioeconomic development, living conditions, nutrition, health services, cultural influences, and the nature of work.

The Uniqueness of Social Gerontology

Several social gerontologists have classified the focus of social scientists investigating ageing as studies of situational changes in later life. These changes include older people's adaptations to a changing position in the family, community, and society. These are referred to as economical, social, or situational changes in old age at various times.

A variety of situational changes to which an older person must adjust have been recognized by Tibbits (1960), Cox (1988), and others:

1. The fulfillment of the parental duty; 2. Significant persons' perceptions toward the ageing individual (typically unfavorable stereotypes); 3. Loss of the work role and acceptance of the retirement role (with the concomitant loss of income, status, privilege, and power associated with one's position in the occupational hierarchy); 4. A major reorganization of one's life and time following retirement; 5. A new definition of self which is not tied to career and parenting responsibilities; 6. The search for a new identity, meaning, and value in one's life; 7. The loss of health and restricted mobility; 8. A need for special living arrangements; 9. The death of a spouse; 10. Disability and the recognition of one's own impending death.

Any of these changes can lead to a loss of self-confidence in the individual, and it takes a lot of effort to keep one's ego balanced when faced with the inevitable challenges of old age. Aging can be looked at from two angles: macro and micro. It illustrates a unique population process from a macro perspective. The centre of the age distribution drifts toward the higher ages as time passes, which is a feature of this process. The elderly folks and their well-being are a source of worry on a micro level. Humans pass through childhood, adolescence, and adulthood during their lives. It's reasonable to assume that transitioning to maturity is accompanied

by changes in their economic, social, and health circumstances. (Bakshi & Pathak, 2016 [1])

Age-related Heterogeneity

i) The elderly are not a coherent group. The elderly in developed countries is classified into three or more categories, namely: 'the young-old'- the 'young-old' category includes those between the ages of 60 and 69 who are still capable of working after retirement. India has 38-39 million people in this category in 1990.
ii) The 'middle-old'- The 'middle-old' refers to people who are between the ages of 70 and 75.
iii) The 'old-old'-The 'old-old' category includes people over the age of 75 who are likely to be weak and may suffer from physical disability or mental disease as a result of their age.
iv) The 'very old'-Finally, there is the 'very old' category, which includes people aged 80 and up. The issue of using chronological age as a guide is that the problems that all people face at some point in their lives are universal.

It is possible that a person who is 55 years old is unable to work due to health issues related to old age, while a person who is 75 years old is still capable of carrying out all activities. It is vital to focus on functional competence rather than chronological age when determining someone is elderly. At least two elements can be mentioned for this purpose: For starters, the elderly are the age group in which disability is most prevalent. Old age is frequently portrayed as a gradual loss of physical and mental capacities, accompanied by growing difficulty in maintaining mobility and independence.

The majority of illnesses occurring in the elderly are not primarily due to the ageing process, according to WHO (1967), which would reduce the pathogenicity and prevalence of ailments (Fried and Bush, 1988). Second, elderly individuals are subjected to the same stigma, prejudice, and stereotyping as disabled persons (Benedict and Gankos, 1981).

India's Demographic Transition

The most major outcome of the process known as demographic transition is population ageing. As a result of population ageing, there is a shift from high mortality/high fertility to low mortality/low fertility, resulting in a higher proportion of older persons in the total population. India is in the midst of one of these demographic shifts. When India gained independence from British rule in 1947, the average life expectancy was roughly 32 years. The National Sample Survey Organisation (NSSO) conducted a survey on the elderly (those aged 60 and up) in conjunction with a survey on social consumption in its 42nd round (July 1986-June 1987) for the first time to assess the type and dimensions of the elderly's socio-economic difficulties. In its 52nd cycle (July 1995-June 1996) and in 60thRound (January -June, 2004), the NSSO conducted another survey on social consumption.

During these rounds of the NSS surveys, data on the socio-economic condition of the elderly, as well as data on some chronic diseases and physical disabilities, were collected. The main goal was to focus on the socio-economic and health conditions of the current aged population, as well as emerging policy issues for elderly care in India in the coming years. When the number of individuals over 60 exceeds 7%, a country is classified as "ageing," according to the United Nations. By the year 2000, India will have surpassed that percentage (7.7%), and by 2025, it is predicted to reach 12.6 percent.

India's Ageing History

In ancient India, a hundred years of life was split into four stages: student, householder, forest dweller, and ascetic. With age, there was a steady shift from personal, social, and spiritual preoccupations. In most gerontological literature, people over the age of 60 are referred to as "old" and "elderly." A human life span in traditional Indian culture is one hundred years. Manu, the ancient lawgiver, classified this span of life into four ashramas, or life stages, in his Dharmasastra. The first is bramhacarya (student life), followed by Grihastha (home life), Vanaprastha (retired life), and Sannyasa (retired life) (renounced life). Indian culture, like many other Asian cultures, placed a strong emphasis on filial piety. Parents were supposed to be worshipped as gods. Respecting and caring for one's parents was thought to be a son's responsibility. Old parents live with their sons and their families in India until today. The most prevalent living arrangement is with the eldest son's family.

Current Scenario and Future Projections

If we divide the overall population of India into three primary age groups, namely age in years (0-14), (15-59), and (60 and beyond), we can see that the share of children (age 0-14) has been declining over the last few decades, from 37.6% in 1991 to around 25% by 2021. On the other hand, the proportion of people in the working age group (15-59 years) and the elderly (60 years and up) is fast rising. By 2021, the grey population, which amounted for 6.7 percent of the overall population in 1991, is predicted to have increased to more than ten percent.

- India currently has the world's second-largest elderly population. By 2021, India's population of people aged 60 and up will have increased from 76 million in 2001 to 137 million. Official population forecasts show that by 2021, the number of elderly people will have risen to almost 140 million.

- The proportion of people aged 60 and more increased from 5.4 percent in 1951 to 6.4 percent in 1981 and is now close to 7.4 percent in 2001.The elderly population grew at a decadal rate of 24% from 1951 to 1961, then surged to more than 33% from 1961 to 1971 and 1971 to 1981, compared to roughly 25% for the general population.
- Males saw a relatively mild increase from 5.5 percent to 7.1 percent, while girls saw a significant increase from 5.8 percent to 7.8 percent throughout the five decadal Censuses from 1961 to 2001.
- It's also worth noting that the percentage (of elderly) has always been higher in rural areas than in metropolitan areas, and that it's usually higher among ladies than males. Rural areas are home to roughly 75% of people aged 60 and up.
- According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. The life expectancy at birth during 2009-13 was 69.3 for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females).
- The old-age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the value of the ratio was 14.9% and 13.6% in 2011(Govt. of India. Ministry of Statistics and Programme Implementation. Central Statistcs Office, 2016).

As people live longer, they develop persistent functional limitations, necessitating the need for support to handle routine tasks such as daily living activities. With the traditional system of the lady of the house caring for older family members at home slowly changing, as women at home participate in activities outside the home and pursue their own career goals, there is a growing awareness among older people that they are frequently perceived as a burden by their children (India, 2018 [4]).

Differences between Cities and Rural Areas

India is a land of villages, with roughly three-quarters of the country's people living in rural areas. In terms of living circumstances, resource availability, and facilities, urban and rural locations offer stark disparities. There are geographical differences in village conditions, but most villages have poor sanitary conditions and limited access to education and health care. The majority of rural people work on their own property or as agricultural laborers. There is no income security and no plan in place to provide for old age. Children are viewed as a source of old age security.

The elderly in urban regions are shown to have better health and financial security than those in rural areas in most polls. Housing, sanitation, education, and health care advances have disproportionately benefited India's urban districts. In comparison to urban females, rural men, and rural females, urban males have the greatest benefit. Urban men are more educated, more likely to work in the organized sector, more likely to retire with a pension, and more likely to be insured. They are also more likely to visit health facilities on a regular basis and to be in better health (Prakash, 1997). Cities are seeing an increase in senior citizen clubs. In urban regions, older people band together to lobby for better facilities and to put pressure on the government to provide tax breaks and user-friendly public services.

Conclusion

The population of India is showing signs of ageing. To put it another way, the proportion and quantity of people in older age groups are steadily increasing. In this light, a population policy is required in order for the social system to effectively manage ageing. The bottom line is that no society can afford for its population to age to the point where it becomes unmanageable. Family involvement, as part of an integrated family-centric policy, may improve the well-being of older persons (Bakshi & Pathak, 2016 [1]).

India's population ageing has far-reaching practical repercussions. The population is growing, resources are scarce, and perceived societal priorities are shifting. As a result, responding to such demands must be well-coordinated, multi-sectoral, and based on methodical planning. The first phase is advocacy, which aims to enhance policymakers' understanding of the country's various age-related challenges. These public awareness campaigns should target professionals, legislators, volunteers, NGOs, and the general public.

Conflict of Interest

There is no conflict of interest by the author in this manuscript.

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