

Senior Citizens as Useful Productive Citizens

Introduction

Population ageing is considered as one of humanity's greatest triumphs. Gro Harlem Brundtland, Director-General, World Health Organization (1999) has maintained that population ageing is the first and foremost a success story for public health policies as well as social and economic development. Increasing proportions of the elderly in the general population is a matter of pride and an indicator of success of public health system and advancement of medical technologies that has resulted in decline in death rate and increase in life expectancy. Worldwide, the proportion of people aged 60 years and above is growing faster than any other age groups.

Ironically enough, contemporary situation of elderly people is best understood in the context of the past. In ancient and medieval India, the elderly used to be in the forefront of family and community affairs and decision-making. They would invariably head the family and their words would often be a law. Similarly, they used to occupy a place of prominence in the community. At any rate, their word in the matters of customs and traditions would be about the final. Agricultural economy, patriarchal social structure and joint family system would sustain and reinforce their importance in myriad of ways.

However, since then, the social situation has undergone a radical change. The processes like industrialization, urbanization, modernization have overshadowed agricultural economy and joint family households have given way to nuclear family system. Merits and demerits apart, these social changes have had a profound influence

on the situation of older persons. Often times, they are found to have been socially marginalized — be it the household or the community.

Demographic Scenario

Every year, around nine million older persons are added to the world's population. The United Nations (1998) reports that in 2000, there were 600 million people aged 60 and above. Further, by 2025, there would be 1.2 billion elderly and in the next quarter century, that is 2050, the figure of elderly population would reach to 2 billion. It is projected that, there may be, in next 50 years, more grandparents than grandchildren, in these developed nations.

Italy is now the world's oldest major country followed by Greece, Sweden, Spain and Japan (US Census Bureau, 2000). The phenomenon of ageing and the issues related to it are not primarily confined to developed countries alone. Over half (59 percent or 249 million people) of the world's elderly live in developing nations and by 2030, 71 percent (or 686 million) of the world's elderly live in developing nations. East and South-east Asia are fastest ageing regions.

In this context, India is no exception. With more than 1000 million total population, it stands next only to China, the most populous in the world. Its elderly constitute the fastest growing segment of the population and is expected to cross 200 million by 2025. Demographic scenario in India shows a steep rise in the number and proportion of elderly in the next few decades. In 2001, there were 77 million elderly people in India. By 2013, the number of elderly will rise to 100 million and by 2025, there would be about 177 million elderly. And in the next 25 years (by 2050) this figure would almost double (324 million).

This demographic transition, known as population ageing, is becoming one of the greatest challenges as the elderly are often considered as retired from the economic and social life. Global ageing, in terms of provision of old age pension and social security measures to a huge segment of population, has put increased economic and

social demands on all countries, though in varying rates. Among other factors, this has led to many negative stereotypes against the elderly. They are often taken as non-workers, sick, rigid and hardly able to make worthwhile contributions to the social and economic life.

Elderly as productive

It is generally maintained that increasing age imposes several limitations on the elderly, biologically, socially and economically. It, then, becomes too easy to see elderly persons as mere passive receptors of care. And, since contemporary society values youth, preconceived notions about old age are widespread with varying intensity. Often elderly people are taken as a liability, incapable of contributing anything to the society. It is not uncommon to come across young people who consider old age as a handicap or an incurable disease. Such myths often make ageing and the aged a subject of pity. The negative stereotyping of aged persons tend to lead to situations in which their segregation or even alienation becomes inevitable. They become socially marginalized or disadvantaged. In this regard, if a huge section of population of elderly is considered marginalized and spent-force, it would have serious repercussions for the growth and development of a nation.

Nonetheless, older persons are a precious, though often ignored resource that makes an important contribution to the fabric of our society. The World Health Organization (1999) argues that countries can afford to get old if governments, international organizations and civil society enact “active ageing” policies and programmes that enhance the health, participation and security of older citizens. If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. The World Health Organization has adopted the term “active ageing” to express the process for achieving this vision. Thus, in the societies, measures to help older people remain active and healthy are a necessity and not a luxury.

Globally, measures have been taken to improve their situation. The first significant attempt at the international front was in the form of the World Assembly on Ageing in 1982, at Vienna by the United Nations as a forum to launch an International Action Programme for the Aged. The Assembly, among other measures, sponsored the idea of 'active ageing' as an important strategy for the adjustment of the aged in the society. Twenty years later, the second World Assembly on Ageing, in 2002, at Madrid delineated the International Plan of Action on Ageing mentioning, "A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society".

Review of Literature

The World Assembly on Ageing in 1982 talked about 'adding life to the years'. It means that medicinal science and other factors have increased the human longevity, now the need is to make the old age meaningful, contented and happy. At the international fore, rights of the elderly, eliminating exploitation in the form of abuse, stereotypes and ageism remarks, independence, dignity, care fulfillment, active ageing, have been the points of attraction among the geriatric professionals and gerontologists. Keeping in mind the forgoing discussion and issues relating to active and healthy ageing, an attempt is made to look into the existing literature.

Panda (2005) finds that elderly women who actively and willingly participate in the household chores and childcare activities are given respect and reverence by the family members. Kamalamma and Selsa (2000) have studied the problems of elderly women of urban Kerala. They observe that most of the elderly women look after the kids and mind the house especially during the absence of grown up family members. More than a third of the elderly women take responsibility of house-keeping. Study by Chadha, Willigen and Kedia (1996) shows that social involvement in old age depends upon a number of factors including marital status, income level, individual resource control and health status. In the study, social networks are conceptualized in terms of the size and nature of a person's web of interactions. Results show that there is little difference in mean network size of age strata from 55 years to 74 years. After 75 years, there is

significant and cumulative decline in social engagements. Also, women's networks are about 18 percent smaller than those of men. Individuals with poor health have significantly smaller social networks. Widowed have smaller social networks than married. No significant difference in social engagements on the basis of income level of the respondents was observed. Kumar (1991) brings out that health and economic status of the aged influence interpersonal relationship between old and young generations. Reportedly, the aged maintain their status and interpersonal relationship, if (i) their spouse is alive, (ii) they are physically fit, (iii) they have valuable material and property under their control, and (iv) they adjust to changing family environment. Peretti and Tero (1991) report that 87 percent of the respondents mark 'coping with loneliness' as most important factor in development and maintenance of a close friendship. Sociability is yet another most frequent (84 percent) trait. Khan (1997) observes that for the elderly the most liked person in the household are — grandchildren (51 percent), children (37 percent) spouse (11 percent) and daughter-in-law/son-in-law (one percent). Among the most empathetic family members — sons and daughters figure prominently (42 percent), followed by spouse (33 percent), grandchildren (16 percent) and daughters-in-law and sons-in-law (five percent). Another study in semi urban areas of Chittoor district, Andhra Pradesh show that satisfaction with role activity, positive husband-wife communication, positive self-image and satisfaction in life are important factors contributing to adjustment (Jamuna, 1994). Rao (1994) has done a study on elderly in rural areas of Visakhapatnam. He finds that older people do not have the kind of authority and respect the aged in traditional society are supposed to possess. Their advice and opinion are not sought after eagerly. Their views are considered outdated. Further, the position of elderly females is vulnerable because of the sanctions of patriarchal social structure. Further, Kapur (1997) reports that there exists some tension, in many families, where daughter-in-law and son are not able to give enough time to their elderly due to their job commitments. The aged females, in turn, feel neglected, unwanted and frustrated. Mishra (1996) observes that, since the knowledge and experience of the aged people are not considered necessary for the proper functioning of the rapidly changing new society, they are sidelined and their needs are

neglected. Added to this, urban characteristics like impersonality, fast pace of life challenge the adjustment of the aged in family, community and society (Panda, 2005).

Existing literature notes the varied activities and roles performed by the elderly. However, determinants like age, gender, education, occupation and the like seem to play an important role. These determinants need to be further explored. The foregoing literature survey brings out that much research attention has been paid to the elderly and the problems they face in their day-to-day life. However, the focus has primarily been on the vulnerabilities and problems faced by the elderly. The contributions made by the elderly, the significant help provided by them in day to day life needs research attention. Along with, determinants influencing the roles and contributions of the elderly require systematic study.

Active and productive ageing

The recognition and promotion of active ageing and contributions of the older persons is becoming centre-stage issues worldwide. In his message on the International Day of Older Persons, 1st October, 2009, the Secretary-General Ban Ki-Moon of the United Nations states, "Over the past decade, we intensified our efforts to build a "society for all ages" and to promote international commitment to the United Nations Principles for Older Persons. The Principles are founded on the need to build an inclusive society that emphasizes participation, self-fulfillment, independence, care and dignity for all. To transform them into deeds, we have campaigned for policies that will enable older persons to live in an environment that enhances their capabilities, fosters their independence and provides them with adequate support and care as they age". In 2007, in his message, the Secretary-General affirmed that older-persons now have many more opportunities to keep contributing to society beyond any set retirement age. Our views on what it means to be old are changing all the time. Where older persons were sometimes seen as a burden on society, they are now increasingly recognized as an asset that can and should be tapped.

WHO's Concept of Active and Productive Ageing

The World Health Organization's (WHO) *Active Ageing Framework* was launched in 2002, and is an umbrella health and wellbeing policy term. Active ageing is defined as: *'the process of optimizing opportunities for participation, health, and security in order to enhance quality of life as people age'*. 'Active ageing' is an emerging policy direction internationally and is further informed by the WHO Social Determinants of Health focus.

In this backdrop, active ageing acts as antidote to the vulnerabilities of the elderly. It is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.

The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care. "Health" refers to physical, mental and social well being as expressed in the WHO definition of health. Thus, in an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status.

Maintaining autonomy and independence as one grows older is a key goal for both individuals and policy makers. Moreover, ageing takes place within the context of others – friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational solidarity (two-way giving and receiving

between individuals as well as older and younger generations) are important tenets of active ageing.

At the Second United Nations World Assembly on Ageing in Madrid 2002, WHO defined active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.” The WHO definition stresses that activity refers to the continuing participation of seniors in social, economic, cultural, spiritual and civic affairs, not just on their ability to remain physically active or participate in the workforce. WHO, through its active ageing agenda, focuses on the human rights of older people and the UN principles of independence, participation, dignity, care and self-fulfillment Central to WHO’s life course approach is the document *Active Ageing: A Policy Framework* 2002¹², which is reliant on the broad determinants of active ageing as outlined below:

- Culture
- Gender
- Economic determinants (income, social protection, and work)
- Health and social services (health promotion and disease prevention, curative services, long term care, and mental health services)
- Social environmental determinants (social support, absence of violence and abuse, and education and literacy)
- Physical environment (safe environments, access to services, people living in rural environments, accessible and affordable transport, safe housing, fall prevention, and clean water, clean air and safe foods)
- Personal determinants (genetics, biology, and psychological factors)
- Behavioral determinants (tobacco use, physical activity, healthy eating, oral health, alcohol, medications, health problems induced by diagnosis or treatments, or adherence to long term therapies)
- Closely aligned with this approach to active ageing are the social determinants of health published in *The Solid Facts* (WHO 2003) which focuses on ten primary

areas for tackling health issues across the lifespan: the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, transport.

This multi-dimensional strategy operates both at an individual and societal level. It calls for greater cross portfolio collaboration for national policy reform, requiring the integration of all relevant sub-policy areas of national government and research, such as employment, health, social protection, social inclusion, transport and education.

Critical issues

On similar lines, the proposed discussion aims to look into the contributions the older people are making in their social life in varied ways, though the society generally perceives them to be spent-force, incapable and thus, 'not useful'. Assumingly, the elderly play crucial roles in umpteen manners even though their primary roles like that of bread-earners or home-maker of the family, parenting, have been faded. Even though many gerontologists claim that elderly, in modern times, are in role-less state, in everyday life, they perform many important functions — from overseeing the work of maidservant to nurturing their grandchildren with tender care and protection; from buying vegetables and grocery for the household to facilitate novice son learn business tricks. And often these functions so unnoticed, unrecognized and unappreciated.

The time, indeed, has changed significantly and is not quite in favour of the elderly. Older persons have vast experience and it is the duty of the society to harness the potential of the elderly for the growth and well-being of various sections of society. However, let us first understand the factors that influence active, healthy and productive ageing and actual and prospective contributions made by the older persons.

Factors influencing Active Ageing

Bio-psychological factors:

As is true with any stage of human life-cycle, in old age individuals undergo certain changes, biologically and psychologically. In old age, there is a reduction in functional capacity of organs of the body, gradual tissue degradation, and cellular atrophy resulting in increased susceptibility to diseases and impairment of the body organs (Khan, 1997). As a result, there is physical deterioration and decrease in vitality, making elderly people becoming more prone to ailments. In old age, there are changes at the cellular, tissue and organic level, leading to many deformities and diseases. Deterioration in capacity of sensory organs results in ailments like cataract, glaucoma, retinal disorders, hearing defects, denture, etc. It may hamper activities of daily living among the elderly making them more prone to accidents and fractures. Many degenerative ailments like arteriosclerosis, cerebro-vascular diseases, hypertension, and diabetes are prominently found among elderly. Added to this, gastric acidity decreases in large percentage of elderly leading to impaired absorption of many nutrients (see: Parbhu, 1997). Further, ailments like fibrosis, gout, rheumatism, arthritis, osteoporosis, spondylitis often pose locomotion problems among senior people. Respiratory diseases, such as chronic bronchitis and asthma, disturb the elderly, particularly, those in urban areas. Such health problems also tend to influence the psychological well-being and social life of the elderly.

Likewise, the elderly run a higher risk of developing mental morbidity due to ageing of the brain, physical problems, socio-economic factors, cerebral pathology, emotional attitude and the family structure (Joshi and Sengupta, 2000). Depression and dementia often accompanies ageing. Gupta and Vohra (1987) find a range of functional disorders, among elderly respondents, as depression, dementia, acute psychological reactions, hypomania, obsessive-compulsive neurosis and hysteria. Further, many elderly display problems like forgetfulness and dementia. Often, while physical impairments are recognized and treated, mental health problems go unnoticed.

As is logically expected, decline in health status brings negative consequences to the social interactions of the older persons. For instance, arthritis, problems in getting up

and sitting restricts mobility and the interaction of the aged people in their neighbourhood decreases. It is often held that physical and mental health problems make elderly persons introvert and 'disengaged' from society. It thus limits elderly people's roles and contributions to social life.

Socio-cultural Factors:

It may be reiterated that certain social systems and processes like agricultural economy, joint family system, strong community or *biradari* ties, religious teachings, in the past ensured safety and well-being of the elderly. However, in view of the recent social changes, due to modernization, urbanization, migration, increasing entry of women in work force, increasing intergenerational distance and decreasing family cohesiveness, caring of the elderly is fast becoming a problem.

Due to various forces of social change as discussed above the roles played by the older people have diminished significantly (also see Mead 1937, Khan 1997). As a corollary, their status has also reduced. In agrarian economy, the elderly would guide and supervise the youngsters about various intricacies of crop-production — when to sow seeds, un-weeding the fields, pest control, harvesting. However, in modern times, the know-how of the elderly has become somewhat redundant for various reasons like shrinkage of agricultural economy due to availability of lucrative options in secondary and tertiary sectors of economy, fragmentation and division of land over generations making agriculture a non-viable economic pursuit. Added to this, after green revolution, introduction of formal systems like extension services, banks and technologies like tractors, tube wells, etc., have reduced the relevance of expertise and experience of the elderly on agricultural issues (Singh, 1995).

Further, joint family system has also entrusted the elderly with many salient roles. The eldest male would control the family property, pool-in the income of the individual family members and appropriate the same according to the needs of the members. He would be the prime decision-maker. The elderly would act as mediators, educators, counselors,

doctors, facilitators, guide, in numerous day-to-day family matters. Elderly women too occupied an important niche on the issues related to women and children. They would guide young daughters-in-law in childcare, cookery and home-management matters and skills. Their status would increase especially when their son brings home the 'bahu'. They used to act as mediator, educator, doctor, and consultant in various day-to-day family matters. Also, they would play active role in performance of cultural practices, rituals and obligations. They were often consulted in matters related to childbirth and minor health care particularly of women and children not only by females of the family but also in the neighborhood. They were often approached for matters related to kitchen work like pickle, *bari*, *chutney*, *papad* making, food preservation, etc. Elderly women would also play salient role in the socialization of their grandchildren. Story telling by grandmothers used to be not only a recreation for grandchildren but also an important instrument of inculcating manners and values among them. During marriage-fixation and performance and also functions associated with newborns like *annapressana* (rice-eating ceremony), their advice and contributions were often considered pivotal. Their involvement in these activities helped them in social integration. All these salient roles played by the aged females contributed significantly to their acceptance in the family (see Kakkar, 1982; Jamuna, 1995).

However, in modern times, nuclear family set up is becoming the order of the day for reasons more than one. Modernization has profoundly influenced the values like interdependence, co-operation and self-sacrifice giving way to independence, personal mobility and personal achievement. All these factors have contributed to changes in the roles of the elderly in the family system. Technological advancement in most aspects of life, in general, and economic, in particular, has challenged the utility of knowledge and skills of older people. Since technology needs young, so there is compulsory retirement around the aged of 60 years (Desai, 1998). It seems, earning capacity, being the major criterion for achieving status, older persons are considered non-productive dependents after retirement. It implies that dependence of the elderly on younger members has resulted in the loss of their traditional authority and status.

Likewise, females, who primarily remained house person, lose their roles and status after arrival of daughter-in-law in the household. As such, in modern times, several salient roles of elderly females have been eroded due to the social changes. To exemplify, now-a-days, cheap plastic goods have replaced handcrafted traditional articles; doctors have replaced midwifery and curing arts of aged females. Similarly, television and computers have blunted indigenous lore, making story telling by grandmothers an outdated task. And, once elderly females begin to be less productive and socially less useful, their position tends to become increasingly marginal. In view of these social, economic and technological changes, their contributions in the family have gone down, so is the case with their importance and roles in the family.

Apart from the family, community and state have also played an important role in ensuring the social acceptance, care and well-being of the elderly. Invariably, the *Panch* members used to be the elderly of the community. They would resolve the familial and property conflicts and would take decisions regarding the welfare of the village. This shows the high level of acceptance and status the elderly enjoyed. Viewing the scenario from the gender perspective, females would remain in the four walls of the household and, in general, would have restricted interaction with the community people. It seems that traditional Indian system puts the females at a disadvantageous position with regard to their roles and interactions in the community.

Urban features like high occupational and income disparities, intense competition in almost every sphere of socio-economic activity, lack of we feeling, among others, have brought changes in the ascribed status and authority of the elderly. Urban neighbourhood or community also does not seem to provide for their recreational and interactional needs. These conditions appear to make the elderly noticeably alienated.

Considering the gender angle, cultural aspects have an important bearing on when a woman takes herself as old or is perceived by others as old. A few criteria, in this

regard, could be brought under the focus. One way of looking at ageing in women is in terms of biological changes that seem to herald onset of ageing. Menopause indicates that a woman's reproductive function has come to an end. This physiological truth is more obvious in females than in males. In societies where women's reproductive function is overvalued, a post-menopausal woman is considered old, even asexual. Equating menopause with loss of vitality, sexuality and femininity makes this event a marker of ageing (Prakash, 1996). Next, a woman is considered old when her eldest son marries and brings home his wife (D' Souza, 1982). At this stage, there will be major changes in her roles and status. She is supposed to hand over her household responsibilities to the bride. This is symbolically seen in the custom of handing over the keys to the new *bahu* (daughter-in-law). In India, in terms of 'social age' women are considered old at a younger age than men. This is collaborated by Prakash (1996) in her research finding — females consider themselves old at median age of 50 years while their male counterparts feel that their old age comes at 60 years and above.

Socio-Demographic Factors

Let us now look at some of the socio-demographic factors that have influenced the status and situation of elderly in India. Among other factors, the reason for increase in number and proportion of the elderly may be attributed to advances in medical sciences, like development of vaccinations against many diseases responsible for high infant and child mortality rates and invention of sulfa-drugs that save lives from pneumonia and other killer diseases, have resulted in increase in life-expectancy, throughout the world including developing countries. It is largely responsible for the expansion of the elderly segment in general population. In India, in 1901, life-expectancy, of males, at birth, was merely 22.5 years and that of females was 23.3 years. In 1951, it rose to 32.4 years in males and 31.7 years in females. Human Development Report (2001) shows that life-expectancy at birth is 62.9 years. This means that a long life after superannuation would be waiting for a huge section of

population. And researchers, policy makers and gerontologists would be challenged with the issue of optimum utilization of massive human resource potential.

Further, a look at sex ratio with regard to the elderly would be relevant. Existence of prejudices and discriminations against females, in India, can be seen through sex ratio. Census 2001 reveals 933 females per 1000 males. Ironically enough, beyond the age of 60 years, women outnumber their male counterparts. In 2001, elderly women's proportion was 7.8 percent in contrast to 7.5 percent of men. By age 70 years, there are nearly 6 women for every five men and by age of 80 plus, the ratio has moved to approximately 4:1 (Sharma, 1992). These demographic figures denote that ageing is, primarily, becoming an experience of females. However, patriarchal social structure has not encouraged women to acquire education, economic dependence and other social skills. Does this influence their contributions in social life in old age?

Coming to work participation, it is observed that rapid technical changes and their introduction in modes of production, often, make the aged less relevant. Skills and capacities of the elderly, by and large, do not match with present day job market. Moreover, compulsory retirement around 60 years exacerbate their problems. Situation of aged females is much graver, who have, most often, throughout their life, remained economically dependent on their family.

Lower work participation rate, among the elderly, has increased their dependency ratio (proportion of the population aged 60 and above to that of the working age population in the age group 15-59 years). Elderly dependency ratio has risen from 9.8 in 1951 to 12.3 in 1991. Contrarily, child dependency ratio and total dependency ratio rose till 1971 and, thereafter, have fallen due to decline in fertility rates (Registrar General, India, 1997).

Another indicator called index of ageing expresses ratio of elderly (60 plus) to children (0-14 years) in the population. In 1951, it was 14.3 elderly per 100 children. In 1991, the corresponding figure rose to 18.4. Dependency ratio and indices of ageing, from

1951-2001, are reflected in Table 1.04. A sharp rise in index of ageing, in 2001, poses a threat to scarce national resources in our country. It also puts burden, on the working age group (15-59 years) and the State, in meeting their basic and civic needs.

TABLE 1
Dependency ratios and indices of ageing in India, 1951-2001.

Dependency ratio				
Year	Child	Elderly	Total	Index of ageing
1951	68.49	9.80	78.29	14.31
1961	76.97	10.56	87.53	13.72
1971	80.82	11.47	92.29	14.20
1981	73.64	11.92	85.56	16.18
1991	61.43	11.31	72.75	18.42
2001	50.94	12.59	63.53	24.72

Source: Sharma, S.P (1994).

These statistics give an impression that ageing population is adding to the economic burden of the country for social security coverage. It completely ignores the contributions made by the elderly in the social and national development both in their prime of life and after superannuation from the active social and economic life. It also bears the seeds of stigmatization of elderly as non-productive and spent-force. Here, the situation of the elderly is quite similar to housewives whose vital and innumerable contributions are hardly recognized and they are conveniently put under the category of 'non-workers'.

Above mentioned scenario of demographic aspects of ageing indicates that though in Twentieth century the aged remained as an almost invisible group in the Indian family, Twenty First century is going to make them a highly visible group with a life-style of its own and with differential needs and challenges.

Critical Issues

The aged are not a spent force, they are a treasure house of knowledge. They are not to be sidelined, they are to be mainstreamed. These flowers may be faded but they still smell sweet through empowerment (Singh, 2001). In most countries of the world, the older persons do not enjoy a decent status in society. In the literature too, gerontologists have focused, more often than not, on the vulnerability aspects of the elderly. The prime attention in the social researches has been to find out the various dimensions, intensities and levels of vulnerabilities of the aged people. As a consequence, looking at the contributions of the elderly in the social life has been largely ignored. Many of the activities and facilitations done by the senior citizens do not come in focus and remain unheard, un-noticed and unrecognized.

The senior citizens have contributed significantly in myriad of ways in their prime time towards development of the nation. They are still making contributions in the family and community life. Though, in comparison to their youth period, they may not be playing active role in terms of their economic being or home management, elderly after superannuation contribute in varied manners — in the household work, child care, community work, supervision, overseeing activities of others, to mention a few.

Ageing is a privilege and a societal achievement. It is also a challenge, which will impact on all aspects of 21st century society. It is a challenge that cannot be addressed by the public or private sectors in isolation. There are various factors that contribute to negative image of ageing and elderly. Their increasing proportion puts pressure on the economy of the nations, particularly for the developing ones, to meet their social security needs.

Biologically, the elderly become vulnerable due to decreasing body strength and functioning efficiency. Sociologically, society takes away important roles from them like production, distribution, management of resources, as bread-earner, parent, home maker, etc. Corresponding to roles, their status is also trimmed down. Age related changes often take a heavy toll psychologically too. Compulsory retirement around old

age, often, reduces economic independence among persons, accentuating their vulnerability. When huge proportion of population has to be provided with social security measures, negative perception about elderly prevails in the socio-cultural milieu. Thus, elderly are seen as spent-force, dependent, burden and passive recipients of welfare measures.

Further, it is often held that urban life poses hurdles in social integration of the elderly as many informal support systems are not available when compared to rural life. Urban life is characterized by fast pace of life, cut throat competition in almost all walks of life, impersonality, alienation, with no time for significant others including family members. Young people prefer independence and privacy, and apartment houses are known for limited space. This tends to make the aged somewhat excluded and alienated. How do the elderly cope with such issues? What roles they are playing in the family and community? What newer and innovative roles have they taken up? In what ways they are contributing to the social life? Are they happy and satisfied? Are they ageing actively? What is the role of socio-economic status in influencing the activities and roles played by senior citizens? The proposed discussion attempts to identify answers to some of these questions.

This apart, the present discussion also aims to understand the influence of economic condition and socio-economic background of the aged persons on their roles and initiatives for contributions in their respective social environments.

Therefore, a fresh look is needed at the contributions the elderly make in their social life. The discussion intends to provide an insight into the situation of senior citizens and their contributions and also a foresight to give suggestive inputs to enhance 'active ageing' and their well-being. It would help in developing an action plan to realize the United Nations principles of ushering an aged society — independence, participation, dignity, care and self-fulfillment.

References:

- Chadha, N.K., Willigen, John Van and Kedia, Satish (1996): Late Life Changes in Social Networks and Disengagement: Perspectives from a Delhi Neighborhood, *Research and Development Journal*, Vol.2, No.3, pp. 7-15.
- Desai, Murli (1998): *Marginalization of Older Persons*, MS, Paper Presented at the National Conference on 21st Century: A New Environment for the Elderly, New Delhi, March 13-17, 1998.
- Gupta, P. and Vohra, A.K. (1987): Pattern of Psychiatric Morbidity in the Aged. In Dak, T.M. and Sharma, M.L. (Eds.): *Aging in India*, New Delhi: Ajanta Publications.
- Jamuna, D. (1994): A Psychological and Social Correlates of Successful Aging among Elderly Indian Women, *Indian Journal of Gerontology*, Vol. 8, Nos. 1 and 2, pp. 18-23.
- Jamuna, D. (1995): Ageing Women in India: A profile, *Research and development Journal*, Vol. 1(3), pp. 3-14.
- Joshi, P.C. and Sengupta, S.N. (2000): Health Issues, *Seminar*, Vol.488, April, pp.40-43.
- Kakkar, Sudhir (1982): *Identity and Adulthood*, Delhi: Oxford University Press.
- Kamamma, N. and Selsa, S. (2000): Urban Elderly Women: Problems and Solutions, *Social Welfare*, Vol. 47, June, pp.30-33.
- Kapur, Promila, (1997): Elderly Abuse: Some Counseling Tips. *Research and Development Journal*, Vol.3, No.3. pp. 13-23.
- Kapur, Promila, (1997): Elderly Abuse: Some Counseling Tips. *Research and Development Journal*, Vol.3, No.3. pp. 13-23.
- Khan, M. Z. (1997): *Elderly in Metropolis*. New Delhi: Inter-India Publications.
- Kumar, S. Vijaya (1991): *Family Life and Socio-economic Problems of the Aged*, New Delhi: Ashish Publishing House.
- Mead, George H., (1937): *Mind, Self and Society*, Chicago: University of Chicago Press
- Mishra, Saraswati. (1996): Coping with Aging at Individual and Societal Levels. In Kumar, Vinod (Ed.): *Aging: Indian Perspective and Global Scenario*, New Delhi: All India Institute of Medical Sciences, pp. 223-225.
- Panda, Archana Kaushik, (2005): *Elderly women in Megapolis*. New Delhi; Inter-India Publications.
- Parbhu, Pradeepa (1997): Geriatric Nutrition, *Research and Development Journal*, Vol. 4, No. 1, pp.3-8.
- Peretti Linda, and Tero, Peter O. (1991): Self-Perceived Variable Patterns in the Closest Friendship Relational Network of Both, or Either Sex among Non-confined Elderly Males, *Indian Journal of Gerontology*, Vol. 5, No. 3 and 4, pp. 77-84.
- Prakash, Indira Jai (1996): Aging Women- A Liability or an Asset? *Research and Development Journal*, Vol. 2, No.3, pp. 28-32.
- Rao, P. Venkata (1994): Aging in Rural Society, *ICSSR Research Abstract Journal Quarterly*, Vol. XXIII, No. 1-2, Jan-June.

- Registrar General, India (1997): *Census of India 1991, B series Economic Tables and C series Social and Cultural Tables*, New Delhi: Office of Registrar General of India.
- Sharma, S. P. & Peter Xenos (1994): *Occasional Papers No. 2, Aging in India, Demographic background and Analysis based on Census material*, Office of the Registrar General of India and Census Commissioner, India, pp.38 and 43.
- Singh, Yogendra. (1995): Changing Trends in the Indian Family and the Adjustment of the Aged, *Research and Development Journal*, Vol.3, No.2, pp.31-42.
- UNDP, (2001): *Human Development Report*, Delhi: Oxford University Press.
- United Nations (1998): *International Plan of Action on Ageing and United Nations Principles for Older Persons*, New York: United Nations.
- United Nations (1999): *World Population Prospects*, New York: United Nations.
- United Nations (2002): *International Plan of Action on Ageing 2002*, New York: United Nations.
- United States of America (2000): *World Population Prospects: Report 2000*, USA: United States Bureau
- World Health Organization (1999): Ageing: Exploding the Myths. In *The Art of Growing Old Healthfully: The Times of India*, 23rd, March.
- World Health Organization (2002): *Active Ageing: A Policy Framework*. Retrieved on 2nd November 2010 from www.who.int/hq/2002/who_nmh_nph_02.8.pdf.