



# Significant review on Socio-Economic and demographic ageing literature with specific reference to India

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## Abstract:

Demographic research however has been developed as an important area of interdisciplinary study within the ambit of social gerontology in the main context of an ever graying world population. A thorough literature review was conducted as part of study to find out of the areas of concern within the emerging issues in the process of ageing and also to know the various sources of data and certain methodologies applied in various studies and identify the research gaps and areas for further research. The present study intends to estimate the health, social and economic problems of elderly population and also utilization of primary health care services by them. Off late there has been a vast growth of literature on ageing trends, patterns, socio-economic and demographic profiles of the elderly. Besides cross sectional studies on specific studies aspects of the elderly have been done based on sample studies. Also, longitudinal cohort studies with in depth analysis of the different strata within the elderly need to receive specific attention on a multidisciplinary level by adopting a much holistic approach to ageing population.

**Keywords:** Interdisciplinary study, ageing population, gerontology, population studies, economic problems

## Introduction:

Population growing older is the procedure by using which the older populace grows quicker than the total populace. It's by far the maximum extensive rising demographic phenomenon inside the global today. In 1950, the sector population aged 60 years and above become 205 million (8.2 in line with cent of the population) which multiplied to 606 million (10 in step with cent of the populace) in 2000. Via 2050, the share of older persons 60 years and above is projected to upward thrust to 21.1 according to cent that allows you to be billion in quantity. Asia has the

most important number of world's aged (53 in keeping with cent), followed by using Europe (25 according to cent). Inside the context of an ever graying international population, growing old has emerged as a critical region of examine. Gerontology, they have a look at of growing old, is a multidisciplinary problem with three middle additives: the biological, the mental and the social. Social gerontology, which marked its starting within the overdue 1940s, contains three wonderful components: getting older as an individual enjoy; getting older in the social context to understand the placement of the older persons within the society; and the social effects of ageing. Clark Tibbits used the time period 'social gerontology' for the primary time in 1954. The socio-economic and demographic context: within the ambit of social gerontology, the phenomenon of growing older has become a place of demographic studies in the initial years of gerontological research. Consistent with Martin and Preston, an growing quantity of demographers and different social scientists have began to study the consequences of population getting old for a diffusion of social and financial strategies, leading to the emergence of a subject loosely known as "the demography of getting older". The time period has grow to be a as an alternative capacious umbrella for a ramification of studies addressed to the causes and results of populace growing older. Those studies have in commonplace an empirical emphasis, commonly the use of survey or critical statistics facts. They additionally exhibit one or more of the following capabilities: an orientation closer to intergenerational members of the family and exchanges, especially in the own family; a subject with cohorts and the system by which cohorts may also forward their histories into new age classes and update cohorts with distinctive histories and, a focus on the characteristics and behaviour of older human beings themselves, especially in the crucial regions of economics and health.

### **The Indian context:**

India is a young united states at gift. but, India ranks 2d a few of the nations of the world in terms of the absolute quantity of the getting older, subsequent best to China. The proportion of men and women elderly 60 and above in India rose from 5.5 in line with cent in 1951 to approximately 8.3 according to cent in 2011, translating into more or less ninety three million humans. According to Union health Ministry, as suggested in times of India dated 22.four.2011, the graying population will increase to 12 consistent with cent of the overall populace with the aid of 2025 — 10 in step with cent of which might be bedridden, requiring utmost care. it is envisioned that the 60-plus population will growth to 100 million in 2013, and to 198 million by

2030. But India, like many developing nations along with China lag behind in accepted fitness care provisions due to deficiencies in the institutional, infrastructural and insurance arrangements of fitness care offerings. Among the states, Kerala (11.8), Himachal Pradesh (10.1) and Tamil Nadu (10) have the very best percentage of elderly in the country, observed by way of Maharashtra (9.2), Punjab (8.9, Odisha (8.7). Jharkhand (5.7), Assam (5.5) and Delhi (5.7) record the lowest percentage of geriatrics. The proportion of women in the age group of 60 years and above is higher in 17 out of the 20 large states. it is as high as almost 12.6 percent in Kerala, Maharashtra (10), Himachal Pradesh and Tamil Nadu (10.3). Assam is one of the three states to have greater elderly guys than girls, the opposite being Bihar and

Jammu & Kashmir (times of India dated 2.four.12). Goals of the overview: in this backdrop, in the extensive objective of sporting out a evaluation of literature on the socioeconomic and demographic studies on aged populace, the present paper aims to: i. find out the areas of difficulty in the emerging problems within the manner of getting old, ii. Understand the diverse resources of information and methodologies applied inside the diverse research, iii. Discover the studies gaps and areas for destiny research.

### **Health, Life Satisfaction and Wellbeing: Conceptual Moorings and Measurement Issues:**

Despite the complexities and methodological challenges in defining wellbeing, scholars agree that it has three important underpinnings surrounding this concept: 1. it is subjective and rests on individual's experience; 2. it involves both negative and positive feelings or sentiments; and 3. it may not be viewed narrowly or remained confined to assessment of a single life domain (Diener, 1984). In its recent extension, particularly in the context of societal ageing, this concept has been drawing attention from various perspectives, including economic, psychological and those pertaining to gerontology. It helps to both judge age-related policies adopted by public agencies and to understand the outcomes for which individuals have striven their whole life. In economics, where growth is more often considered as a key concern, there is a fair degree of consensus that growth serves as a means to obtain welfare, social development and other forms of economic prosperity, including better health and consumption of desired services. However, evidence suggests that consumption requirements may not remain smooth over one's life cycle, and that age may change consumption requirements greatly; in particular, the elderly may consume more of medical services, because of deterioration over time in their mental faculties and major health domains, and may therefore consume more of medical care. Psychologists and

gerontologists try to view the linkages between ageing and welfare from this perspective. The discussion to follow examines the health-related wellbeing of the elderly using methodology drawn from the more recent literature on this subject (Help Age International, 2013; Kaneda et al. 2011; Wan Heet al., 2012). This study includes objectively assessed chronic health conditions along with self-perceived (self-assessed) physical, mental and functional health.

### **Demographic Aspects of Ageing:**

Population ageing is brought about by shifts in the age structure of a population, due to changes in births, deaths and migration. Increasing birth rates make a population younger. However, the effect of mortality on age structure depends on the age groups which experience the decline – decline in mortality at younger ages makes the population younger while decline in mortality at older ages makes the population older. Demographic transition in India over the last half century has witnessed a steady change in fertility and life expectancy. Fertility began to decline in earnest from the mid-1960s reaching a low of 2.66 by 2011 (Guilmoto and Rajan, 2013). Life expectancy at birth increased rapidly between 1950 and 1975, mainly due to reductions in child mortality rates, followed by a steady but slower rate of increase post-1975 (Saikia, Singh and Ram, 2010). Mortality decline in older ages has not been dramatic. While life

expectancy at birth increased from 49.7 to 63.5 between 1970-75 and 2002-6, life expectancy at age 60 increased from 13.8 to 17.9 years and at age 70 increased by less than 3 years during the same period (Government of India, 2011).

The shifts in fertility and mortality and the resulting changes in age structure of the population can be visualized using population pyramids in Figure 1. The pyramids show the proportion of the population in each age group relative to the total population and not the absolute number of people in each age group. The broad base of the pyramid in 1950 reflects high fertility rates during the period and the narrow top reflects the small number of elderly in the population. By 2050, declines in fertility will shrink the base (the per cent of population in the younger age groups will decline relative to the total population) and as people from earlier cohorts move up the pyramid, the middle and top of the pyramid will expand. At this stage, the age structure will have relatively higher proportion of elderly in the population.

### **Status of Research on Ageing in India:**

The Research Agenda on Ageing for the 21st Century, which was jointly developed by the United Nations Office on Ageing and the International Association of Gerontology, was adopted by the Second World Assembly on Ageing at Madrid, Spain in 2002. India is a signatory to the Madrid International Plan of Action on Ageing (MIPAA) that sets an agenda for formulating and implementing public policies on ageing and influencing the direction and priorities for scientific gerontology in the coming decades. According to UN (2002), “there is a need to assess the ‘state of the art’ of existing knowledge, as it varies across countries and regions and to identify priority gaps in information necessary for policy development.” Accordingly, attempts have been made to review the body of knowledge in the field of ageing and to identify the priority areas of research in the field of ageing in India (Prakash, I.J., 2004, Ramamurti, 2005, Siva Raju, 2006).

Though many ancient writers and poets have discussed at length the problems of old age, the scientific interest in ageing in India is a 20th century, post-independence (1947) phenomenon. If we look at the Studies on Ageing in India: A Review Studies on Ageing in India: A Review4status now, the science of gerontology is still in its infancy in India. The interest of social scientists and social work professionals on various issues of ageing is of recent origin. Only recently older people were identified as a priority group in implementation of social welfare policies and government interventions (Gokhale, 2005). The gerontological research carried out by a few Indian institutions claims mainly to ascertain the living conditions of the elderly residing in different geographical regions; examine issues related to their social, psychological and health problems and conduct evaluative studies to assess the impact of various schemes meant for the welfare of older persons. Data on various ageing related issues like age and sex structure, rural-urban residence, literacy, marital status, work status, dependency status, disability and health status are regularly collected and compiled by various organisations like Census, National Sample Survey Organization, and Central Statistical Organization. The research output in the areas of the behavioural and social sciences in India has so far outweighed that of the biological and medical sciences (Ramamurti, 2005). In an annotated bibliography (TISS, 1999) on research on the elderly, literature (both published and unpublished) was documented in two volumes. In the first volume, 884

articles, 44 books and five theses were documented; Volume 2 cites 888 articles (many unpublished being presented at conferences,

workshops etc.) and 115 theses/ reports/books published by NGOs and research institutions. This review though not exhaustive, compiled information on the research on ageing in India. The report also mentions, “There are various studies -most of them small micro studies conducted in different corners of the country and there are a few scholars who have published literature in the field”. The annotated bibliographies document studies from as early as 1972 till 2000. The research survey studies as cited in these volumes and subsequently reviewed by Bose and Shankardass (2006), were mostly conducted in different states - Bihar, Gujarat Karnataka, Kerala Maharashtra, Orissa, Punjab, Rajasthan and Uttar Pradesh. They also suggested that, there is limited theoretical and methodological focus, quite oblivious of the developments of and debates in the field of gerontology. The investigators came mainly from the disciplines of psychology, sociology, social work and anthropology. The review of these articles shows that all aspects of ageing have not been uniformly researched. The areas covered under the study were: Problems of adjustment and coping; post-retirement life satisfaction; the elderly in the family; caregiving; social supports; attitudes; inter-generational interaction; leisure utilisation roles; techno-social changes and the family; elder care across subcultures; impact of demographic changes; quality of life; and widowhood problems (Ramamurti, 2005).

### **Methodology used in the Study:**

Out of the 3 middle components of Gerontology, viz. biological, psychological and social, the present assessment has been restrained to socio-financial and demographic research of the aged populace. However, being inter- and multi-disciplinary in nature, a few researches touching on clinical health and mental properly-being (lifestyles pleasure) of the aged have been integrated within the review. Attempt has been made to encompass as a whole lot applicable literature as viable and to contain contemporary literature inside the assessment. But the listing is not an exhaustive one. Literature has been searched for each in libraries and the net. The assessment is thematically categorized into three wide sections – i. Socio-economic and Demographic perspective, ii. Best of life and health aspects of getting older and iii. Social security issues. Those issues are similarly sub-categorized in step with the location of the take a look at, i.e. global, national and regional. The publications are then organized chronologically in every of the sub heads. Socio-economic and demographic angle: Literature on exclusive components related to the demographic and socio-monetary perspective of growing old populace is increasing with

the aid of leaps and bounds. Nonetheless, this bureaucracy plays a crucial part of look at on the involved difficulty by means of virtue of its nature.

### **Socio-economic and demographic perspective:**

Literature on different aspects related to the demographic and socio-economic perspective of ageing population is increasing by leaps and bounds. Nonetheless, this forms an integral part of study on the concerned subject by virtue of its nature.

### **Global studies:**

In his paper Dlugosz presents the level of demographic ageing in European countries to show the pace of this process in 1989-2001 as well as attempts an assessment of hazard of demographic ageing. The study found quick ageing of population in the Mediterranean Basin but a reduction in the ageing of Scandinavian societies. Gavrilov and Heuveline cite the insufficiency of various indicators of ageing and suggest the population pyramids to be the most adequate approach. They found that most rapid growth occurs in the oldest age groups (80+ or 85+ and 100+ years) and a marked “feminization” of population ageing has taken place all over the world. Also, ageing is found to be associated with poverty particularly in developing nations. They have cited forecasts of growth of ageing populations across different regions and nations of the world. According to them, of the demographic determinants of ageing, viz. fertility rate and mortality rates have different influences on the age structure of a population as time passes. As for migration rate, they reason that migrants have higher relative weight on smaller populations. Contrariwise, Gavrilov and Heuveline cite Preston, Himes and Eggers to suggest declining mortality to be the dominant factor in current ageing. However, Weil<sup>6</sup> cites himself to suggest that it is declining fertility that is the dominant contributor to population aging in the world today. More specifically, it is the large decline in the total fertility rate over the last half century that is primarily responsible for the population aging that is taking place in the world’s most developed countries. Because many developing countries are going through faster fertility transitions, they will experience even faster population aging than the currently developed countries in the future. He draws an interesting conclusion that population ageing itself could lead to lower fertility and, down the road, even more ageing. Menon and Nakamura do analyse the impact that aging is having in Asia, examine the policy options for dealing with the problems it is causing, and outline how different sub-regions may require different responses. Through a review of various Asian literatures they find that population aging can change age specific

behaviour, for instance, lower fertility rates can lead to higher female participation in the labour force, or longer life spans can lead to longer working lives. Moreover they found that funded pensions increase savings and preserve intergeneration equity and that aging can have a significant negative impact on household and private savings rates. Similarly, Horioka finds that the retired aged dissave and that even the working aged dissave, at least at advanced ages. Moreover, there has been a sharp increase in the dissaving of the retired aged since 2000, with the increase being due primarily to reductions in social security benefits, increases in consumption expenditures, and increases in taxes and social insurance premiums. These findings are consistent with the life-cycle model and suggest that this model is highly applicable (and becoming increasingly applicable over time) in the case of Japan.

Older adults are the quickest developing organization of era adopters (Anderson & Perrin, 2017). While this may open doorways to many interesting possibilities, it also comes with security issues. In step with the Federal change commission, internet scams at the moment are greater not unusual than those who take place through any other form of modality (Anderson, 2013). Fraudsters can attain thousands of objectives with little or no attempt or price (Symantec, 2017). The net offers a completely unique scamming context as deception cues like tone of voice and facial expressions are misplaced. Consequently, it is crucial to apprehend how people of all ages interact with potential scam emails. 160 wholesome older (60–ninety years of age) and more youthful adults (18–30 years of age) completed a scam detection assignment, for the duration of which they were requested to perceive emails as either legitimate or fraudulent. In addition they responded questions about their generation behaviors outside of the lab and finished cognitive testing (Heaton et al., 2014). For both more youthful and older adults, net protection conduct (i.e. putting in a pop-up blocker, the use of cozy passwords) was the strongest predictor of scam detection potential, above and past demographic and cognitive elements ( $p < .001$ ). The findings advise that not handiest are their differences in the potential to as it should be become aware of an electronic mail rip-off, but those who're worse at this skill will also be placing themselves at danger in different on line contexts. Multi-context approaches to on-line safety behavior can be specifically beneficial for fraud prevention applications. Chan Yin Fah focuses on the economic well-being of older persons in Canada through the concepts of living standard and living level. He compares the criterion for measurement of these concepts using an objective approach (income, consumption, net flow and net worth) with that of a subjective approach (self-rated income adequacy, perceived financial satisfaction) and finds demerits in both approaches.

### **National studies:**

Visaria elaborates on the statistics of the aged in India and their limitations, selected demographic characteristics of the aged in India, viz. rural-urban distribution, young old, literacy, marital status, and headship of households, work status and type of work. He studies NSS survey data to come to broad conclusions of the aged regarding their living arrangements, dependency, economic condition, health conditions etc. He also points out that the determinants of ageing in India conform to Coale-Demeny model of life tables with higher expectancy among females than among males. The main factor contributing to the rise in the number and proportion of the aged is not so much the mortality decline but the drop in fertility. Mortality decline without accompanying fertility decline will lead to a younger age distribution according to him. Prakash through his studies details out the demographic transition in India, while defining the current and future scenario of ageing in India. She has profiled the aged population's health, morbidity, mental health, economic condition, social security, living arrangements, social status, gender, urban and rural differences, migrants and refugees, slum dwellers, HIV and AIDS. She looks up the existing programmes for elderly and the future responses to population ageing. She concludes that providing necessary care and support to elderly people within the community setting is recommended instead of opening more old age homes.

Thangchungnunga studies the role of elderly persons in social and economic aspects. He finds a peculiar feature of the aged persons in Mizoram in that the longevity of male and female are almost equal, whereas the earlier author, citing

the same 1991 Census figures, found a growing number of aged females. This might be because the earlier author derived the sex ratios whereas the present author has compared the absolute numbers. He has borrowed the results found by employing the method of random survey of records of tombstones in one of the oldest Mizo villages to infer the average life time of the Mizo in the third quarter of the 20th century. The author finds that social activity among the aged is high among persons with good health and higher socio-economic background.

Deka and Nath studied the factors related to the increase in survival of elderly population. Among the various factors responsible for the human longevity, a few socio-demographic factors namely sex, place of residence, education, personal income, health, marital status, occupation status, caste, and leisure time activity have been identified by them. By applying hazard model, they estimated the relative risk of survivability. This study uses the data collected in a survey conducted in 1998 to study the socio-demographic profiles of elderly population in Assam.

Among the respondents female elderly, elderly having personal income, married elderly, re-employed or still active elderly were found to be highly significant for living longer.

**Quality of life and health aspects of ageing:** Studies on physical and mental health status, morbidity, disability, wellbeing and quality of life including life satisfaction of the aged population cover the most critical facet of ageing studies in order to respond effectively to the diverse requirements of aged people.

#### **Global studies:**

Bearden et al. interviewed a random sample of 110 elderly consumers to depict a theoretical chain between individual health situation, financial situation, alienation, living level satisfaction, consumer satisfaction and overall satisfaction with life by path analysis. Scaling technique was used to elicit responses for the different measures. One of the findings of their study was that financial situation might not directly impact the elderly life satisfaction but financial concerns do affect the elderly persons through shifts in expenditure decisions on different heads. Again, Gwozdz and Sousa-Poza, while assessing the effect of ageing and health on the life satisfaction of the oldest old, compare this age group with the younger age groups and observes a U-shaped relationship between age and satisfaction levels for age group 16-65 years and rapidly decline thereafter.

Bonsang and Soest analyse two economic aspects of subjective well-being of older Europeans: household income satisfaction and job satisfaction, using data from 11 European nations. Both are found to have contributed substantially to overall satisfaction or happiness. They used anchoring vignettes to correct for potential differences in response scales across countries.

#### **Regional studies:**

Hazarika et al.<sup>34</sup> interviewed 888 elderly participants 60 years and above (males 500, females 388) from three randomly selected areas of Assam to collect information on dietary habit and socio-demographic variables and clinically examined for blood pressure and anthropometric parameters using standardized technique. Statistical analysis was performed using the Epi Info and SPSS software. They found that overall prevalence of hypertension was 63.63%

in males and 62.89% in females. 26.90% of the hypertensives were aware of their increase in blood pressure. Determinants of hypertension derived by multiple logistic regression analysis were age, intake of extra salt, alcohol and body mass index (BMI). They concluded that high prevalence

with inadequate awareness and control of hypertension in the elderly group of population called for an immediate implementation of active public health programme in the state of Assam.

Nath et al. applied logistic regression analysis to estimate the correlates of good health of elderly population in Assam. Their main findings were that health conditions of rural area are poorer than urban area, significant gender difference in mobility outside the state, joint pain; cough, eye and health compared to health at age 50, longevity of women to men, education and spousal intimacy were important factors for good health. Related to this while highlighting the health conditions of the elderly in Mizoram, found that the health care delivery structure needs to gear up for specific health needs of the elderly persons, entailing provisions of “geriatric friendly” hospitals and technologies fee reduction, health insurance schemes, active involvement of private sector and NGOs.

### **Discussion:**

The demographic, social, economic and health aspects of population ageing in India presented in this chapter raise important questions about the relationships, roles and responsibilities of individuals, families and the state. In India families remain the main source of support for the elderly. However, the intergenerational relationship is neither unidirectional nor fixed as seen in living arrangements and economic situation of the elderly. The nature, type and direction of support between the generations is determined by the situation and resources of both parents and children, embedded within the wider social and cultural values of support and care, and the expectations and meanings attributed to these values. The family's role and responsibility in taking care of the elderly is reinforced by the government's approach and policies. National Policy of Senior Citizens, 2011, the guiding framework on ageing, strongly emphasizes that the elderly should continue to live with the family and that the family act as primary caregivers; institutional care is seen as a last resort. This blunt emphasis does not consider circumstances of the family. Neither does it provide any meaningful provisions to help the families support the elderly. The policy does mention that families must be strengthened to support the elderly, but none of the provisions in the —areas of intervention really strengthen or support the families. Most of the provisions deal with providing support to the elderly in terms of income security in old age, healthcare, housing and welfare needs of the elderly.

The government's emphasis on the family is also evident in legislations such as the *Maintenance and Welfare of Parents and Senior Citizens Act, 2007* which provides redress to the elderly to

seek maintenance from the family, and provides penalties including imprisonment for family members not providing maintenance or care. This approach to elder care as the primary responsibility of the family without providing support to the families puts tremendous pressure on families. As others have argued, there needs to be critical examination of the role of individuals, families, state and non-state actors in providing care and support to the elderly, and to evolve

social and public policies that maximize the role of each of these actors to create meaningful ageing in India (see Lamb, 2013; Silverstein and Giarrusso, 2010; Navaneetham and Dharmalingam 2012).

### **Policy Directions:**

The government recognizes the trend of demographic ageing in India and its attendant health issues. The Central and state governments have taken a few important policy initiatives in this direction. In 2010–11, the Ministry of Health and Family Welfare (MoH&FW), Government of India launched a National Programme for Health Care of the Elderly (NPHCE). The NPHCE aims to create a network of public facilities and hospitals in more than 100 districts of about 21 states to provide geriatric medical services. It aims also to strengthen eight regional medical centres to meet the tertiary healthcare requirements of the elderly. However, many such initiatives have been mired for lack of the necessary literature and data on health issues of elderly population, especially the aetiology of old age diseases (Alam and Karan, 2014). This study, based on a large, representative sample, is expected to provide the MoHFW some key inputs for NPHCE initiatives. Two issues bear particular significance. The first emanates from the health inequalities across spatial locations and population groups, and the second arises from inter-state differentials in combinations of various health domains. The latter points to the need for profiling diseases in each state to run the elderly health care programme more effectively. Admittedly, these are complex issues and, therefore, may not be decided on the basis of one study or even a few studies; a decision needs sustained data collection and research effort.

Planning for old age health in India remains handicapped on two counts. One is of course the lack of proper understanding about the pathways of various diseases and how these pathways vary across gender, places and population groups. This leads to supply side slippages in medical infrastructure including medical manpower. Another problem is that Indian disability law does not recognize age-related functional disabilities and, despite amendments, rely mostly on clinical approaches to disabilities.<sup>6</sup> The social approach, advanced by Nagi (1965), is more holistic, and

considers the age-related lack of autonomy in ADL a source of disability. Our study, by using ADL/IADL as an entirely separate health domain, tries to advance the debate on functional disabilities and care requirements at later ages. It also seeks to invite the attention of public officials to consider the lack of functional competence in higher ages as an important source of disability and a serious issue for planning geriatric healthcare services. Insurer agencies may also consider developing specific products to cover risks of functional disabilities in later ages.

### **Conclusion:**

The foregoing literature review brings out that considerable attention has been paid to the elderly and their problems over the years. There has been a vast growth of literature on ageing trends and patterns. Issues pertaining to socio-economic and demographic profiles, living arrangements, problems and services to the elderly have received focus. Cross-sectional studies on different specific aspects of the elderly have been carried out in a localized manner based on sample studies. However, longitudinal cohort studies on ageing across different regions are essential due to

the vast heterogeneity among the elderly. The problems of the vulnerable elderly like widowed females, poor and middle class urban elderly, disabled, fragile older persons and those from the unorganized sector need to receive specific attention. The development of social gerontology reveals that various disciplines focus on various ageing issues. Thus, population ageing studies need to be pursued on a multi- and interdisciplinary plane with a holistic understanding of the social, economic and cultural changes revolving round it.

The signs of aging are evident in the population of India. To put it in simple terms, the proportion and number of people in higher age groups is gradually increasing. In this perspective, a policy on population is called for so that the social system may be able to manage aging. The bottom line remains that no society can afford aging of its population to continue so as to reach an unmanageable extent. More so, the population policies that address the macro perspectives and welfare policies for older adults are individual centric. Involvement of the family, through an integrated family-centric policy, may better ensure the well-being of the older adults

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