Chapter 1

INTRODUCTION

1.1. Introduction

Never before have had so many people lived to be old. In the 20th century the proportion of the population in the age-group of 60 years and above has increased in all the countries of the world. About 600 million people in the world were aged 60 and above at the turn of the New Millennium and their numbers are expected to increase further due to substantial improvement in life expectancy throughout the world (Central Statistics Office 2011, pp.4). In the demographic studies emphasis on ageing of population is a modern and recent phenomenon. The developed countries have already achieved the last phase of the demographic transition model whereas India is about to reach the last phase soon. It is only in the recent past that India has begun to experience substantial fertility decline together with low mortality. Greying or ageing of population is the last phase of demographic transition model. Greying of population results in the broadening of the apex of the age-sex pyramid due to declining mortality rate of the population and increasing longevity at birth. Population ageing is rapidly emerging as a major problem in developing countries like India as there has been a significant improvement in public health and medical science which has prevented the occurrence of many deadly diseases.

According to the United Nations, *'Population ageing is unprecedented, without parallel in human history and the twenty-first will witness even more rapid ageing than did the century just past'* (UN. Department of Economic and Social Affairs, 2002). Elderly or old age consists of ages nearing or surpassing the average life span of human being. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies (Central Statistics Office 2011, pp. iii). Chronological age is generally considered in dividing the various stages of human life as it is linked with life expectancy, but biological and social age is the best indicator for dividing the age group.

Thus, oldness is a state of mind (Chowdhury 1992, pp.22). The National Policy on Older Persons (NPOP) adopted by the Ministry of Social Justice and Empowerment, Government of India defines *'senior citizen as a person who is 60 years or above'* (Central Statistics Office 2011, pp.1).

In India there has been a steady rise in the share of elderly population from 5.6% in 1961 to 7.4% in 2001(Central Statistics Office 2011, pp.5). In 2011 the share of the elderly population increased to 8.6 % (Central Statistics Office 2016, pp. iii). As per the projections based on the Census of India (2001), the proportion of the elderly in the population is expected to be 9.2 percent in 2016. The projection proportion of aged people in the total population will further rise to 12.5 percent in 2026 (Institute of Applied Manpower Research 2011, pp.242). The share of India's population aged 60 and older is projected to climb from 8 percent in 2010 to 19 percent in 2050, according to the United Nations Population Division (UNPD), 2011(Population Reference Bureau 2012, pp.1). This unprecedented increase is due to major transformation in our socio-economic aspects of living condition with increase in urbanization, industrialization, migration which has affected our value system. The sheer magnitude of elderly numbers has created huge responsibility on the government of India and on the society to take care of this section and to provide them with better quality of life.

Quality of Life (QOL) is a multidimensional and holistic concept which includes in its ambit the social, environmental, structural and health related approaches. As Bowling (2005a, b) puts it, quality of life *'theoretically encompasses the individual's physical health, psycho-social wellbeing and functioning, independence, control over life, material circumstances and external environment. It is a concept that is dependent on the perceptions of individuals, and is likely to be mediated by cognitive factors'*. Abrams defines the expression of quality of life as the degree of satisfaction or dissatisfaction felt by people with various aspects of their life (Bond and Corner 2004, pp.6). The emergence of the quality of life in the study of elderly population has taken a major leap in the wake of demographic revolution where changing values and aspirations of the younger generation and disintegration of family are raising questions about the ability of the family to perform its role to look after the aged persons. The spin of research in

gerontology has systematically begun to study the QOL. In the context of India the study of the elderly population's quality of life has assumed significance as there has been a transition in the family structure. With the impacts of globalization the joint family system is eroding which results in the rejection or neglect of the aged.

Growth of individualism has led to the isolation of the elderly from their family members which lead to various socio-psychological problems as family support is counted as an important factor to upgrade the wellbeing of the elderly. This is due to migration of the youth for jobs, increasing participation of women in the work force which is contributing 'a crisis in caring' for the elderly. More and more young people are working in faraway places leaving their parents at home, and as a result the elderly depend on 'money-order economy' and their intimacy with their children is only from a distance (Kumar 1999, pp.2). Women in Indian society are vulnerable throughout their lifetime and it increases in their old age. Many elderly people face loneliness, indignity, abuse, emotional neglect, and are forced to do household chores, their properties being forcefully taken over by their children. The situation of the widows is worse because there is often no one to look after them and thus they remain absolutely neglected. The Supreme Court has asked the Ministries of Social Justice and Health and Family Welfare to respond to a plea to set up homes for senior citizens across the country because 'over-ambitious' children were neglecting their aged parents (Local Correspondent 2015, pp. 5).

Family has always been the social security measure for the senior members but in the transforming scenario of the society the tender love and care which they deserve is shedding off. The increasing number of elderly population has posed a challenge to the policy makers who are striving to improve their quality of lives by providing specific facilities.

1.2. Conceptual Framework

The study will be based on the following concepts:

i) *Gerontology*: According to National Institute on Aging, gerontology is *'the study of ageing from the broadest perspective'* (Kart 1997, pp.23). Ageing is a natural process and the study on ageing through social and socio-cultural facts has introduced social

gerontology. It is a discipline which studies the elderly both as an individual and as social member. Gerontology studies about health, family life, after retirement life, happiness and economic conditions.

ii) *Ageing*: Ageing is defined by Jarry (1995) in Collins dictionary of Sociology as *'the chronological process of growing physically older*. *However, there is also a social dimension in which chronology is less important than the meaning attached to the process. Different cultural values and social expectations apply according to gender and age group and therefore there are socially structured variations in the personal experience of aging'*. Chronological age is generally an instrument which examines the ageing process. Other than chronological age there is biological and social ageing. Chronological age is often a poor criterion for distinguishing between the young and the old. However, oldness is a state of mind (Chowdhury 1992, pp.22). It states that a 67 years old man feels happy while playing which indicates that chronological age does not indicate oldness. There is also a social dimension in which chronology is less important than the meaning attached to the process. Different cultural values and social expectations apply according to gender and age-group and therefore there are socially structured variations in the personal experience of ageing.

iii) *Aged/Elderly*: Elderly or old age consists of ages nearing or surpassing the average life span of human beings. Definition of old or aged is debatable. Old age is the last stage of human life. The beginning of old age is 60 or 65, adopted by various countries on the basis of certain criteria which vary across societies. Government of India adopted 'National Policy on Older Persons' in January 1999 which defines 'senior citizen' or 'elderly' as a person who is 60 years and above (Central Statistics Office 2011, pp.1).

iv) *Population Ageing*: Population ageing refers to the increasing proportion of old people within a population. This process is related to both fertility and mortality where there is continuous fall in birth and death rate which inevitably leads to a growth in the proportion of elderly people in the total population. In many of the developed countries the population pyramid represents a 'broad top' which indicates that more and more people are surviving till higher age brackets.

v) *Quality of life*: Quality of Life is a multidimensional and complex concept. Different organizations and scholars have tried to define it in their own way.

According to Symposium Planning Group (1973, pp.1-4), the quality of life refers to the subjective condition of an individual and can only be partially explained by using such terms as trained, happiness, educated, welfare, self-fulfilled, satisfied, reason, purpose, etc. The same holds true of their opposites: discontent, illiterate, frustrated, apathetic, alienated, etc.

The World Health Organization Quality of Life (WHOQOL) Group defines, *'Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, values and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment'* (World Health Organization 1997, pp. 1).

Bowling (2005 a, b) states, *'Quality of Life theoretically encompasses the individual's physical health, psycho-social wellbeing and functioning, independence, control over life, material circumstances and external environment. It is a concept that is dependent on the perceptions of individuals and is likely to be mediated by cognitive factors'*. Bowling distinguishes between macro (societal, objective) and micro (individual, subjective) definitions of QOL. In the macro roles of income, employment, housing, education, living and environmental circumstances are included whereas among the latter she included perceptions of QOL, individual's experiences, values, wellbeing, happiness and life satisfaction (Bowling 2004, pp. 5).

Similarly, Lawton(1991a) and Tesch-Romer et al., (2001) (As quoted by Bowling 2007, pp. 4) defined QOL as *'an amorphous, multilayered and complex concept with a wide range of components - objective, subjective, macro societal, micro individual, positive and negative - which interact'*.

Flanagan, J. C. (1978, pp. 138) also focused on the objective and subjective indicators of measuring quality of life. According to him, the former includes income, marital

status and such other elements, whereas the latter includes happiness, life satisfaction, contentment, pleasure and such other elements forming quality of life concept.

Indicators of Quality of Life: Different types of indicators are in use to measure the quality of life. Brown et al., (2004) developed indicators of QOL such as, the objective indicators, subjective indicators, satisfaction of human needs, psychological characteristics and resources, health and functioning, social health, social cohesion and social capital, environmental context and ideographic approaches (Quoted by Bowling 2007, pp. 16).

Based on the above concepts the conceptual framework has been prepared reflecting the domains of the quality of life of the elderly:

1. *Economic resources*: Includes all income streams like savings, pensions, salary, returns from shares and dividends, as well as tangible assets like land and rental income.

2. *Social- environmental aspects*: Family and social networks and supports, social activities (meetings, worship), levels of recreational activities and contact with voluntary organization.

3. *Physical environmental factors*: Standard of housing, physical environment (pollution/traffic/climate), access to facilities such as shops, public transport.

4. *Health factors*: Physical well-being, functional ability.

5. *Psychology and Personal autonomy factors*: Psychological wellbeing, morale, life satisfaction, happiness, and ability to make choice, exercise control and negotiate own environment.

1.3. Ageing and Age

1.3.1. Ageing

It is the natural process of growing old that occurs with the passing of time and is inevitable. It is a lifelong process and a universal reality. Since birth a human being or a reproductive organism is said to be ageing. The growth period of a human being is

first 30-35 years after which the growth starts declining or ageing. According to Stieglitz (1954) (As quoted by Srivastava 2010, pp.54), *'Ageing is a part of living. It begins with conception and terminates with death'.* It can thus be viewed as a continuum from womb to tomb. It is seen that ageing may make a person physically weak but on the other hand with the passage of time there is an expansion in the psychological domains. Ageing can be broadly categorized into biological or physiological ageing, chronological ageing, psychological ageing and social ageing.

Biological Ageing

The central feature of biological ageing is how long the individual of the species will live (Dhillon 1992; pp.45). The elderly people form a heterogeneous group for which the biological ageing occurs at different rate for different elderly people. The body generally begins to wear out the functional capability physiologically. There is a decline in physical and mental capability of an old person. It is an irreversible change in which the individual faces deterioration with passage of time. Ageing consists of two components, anabolic building up and catabolic breakdown (Srivastava 2010, pp. 56). The first two decades of life are predominantly anabolic during which there is growth and development. In contrast the last few decades are largely catabolic, during which anthrophy and degeneration dominate (Becker, 1959) (As quoted by Srivastava 2010, pp.56). The physiological and biological ageing is phenotypic as the physical appearance in the process of ageing is visualized. The signs of ageing i.e. grey hair, wrinkled skin, loss of tooth, and loss of energy are apparent. An individual also experiences deterioration in the inner physiological system such as dysfunction in the cardiovascular, skeletal, circulatory, respiratory, digestive, nervous systems. The ageing process affects the person's overall health. The physiological changes seem to herald the onset of ageing which is apparent when the elderly cannot cope up with their activities of daily living (ADL).

Chronological Ageing

The term chronological means in order of time (Dhillon 1992, pp.46) or calculated in terms of passage of time. Chronological age is measured from the time of birth (ibid, pp. 1). It is generally used to define the onset of old age. It is a good criterion for

demarcating the aged. The definitions and demarcations of chronological age differ in respect to sex, place, and longevity of the people and the culture of the society. But, it is very difficult to assign a particular point of time or a particular age in which an individual can be called an aged. In India when the average life expectancy was 27 years, the age of retirement under the government was 55 years which meant that a person of more than 55 years of age was considered as aged or elderly (Chowdhry 1992, pp. 23). Life expectancy at birth for a Swedish woman in 1850 was 47 years. By 2000 it was 82 years (Population Reference Bureau 2008, pp.4). From 1970 to 2002 in Australia, Italy, Western Germany life expectancy increased at the rate of around 1.6 years per decade (ibid, pp. 4). This changes the definition of aged from place to place. The National Policy on Older Persons adopted by Government of India in 1999 defines 'senior citizen' or elderly as a person who is of age 60 years or above (Central Statistics Office 2011, pp.iii).

Further the demarcation of old age is different for people in different professions. According to Visaria (2001, pp. 1967) in India the retirement age of government employees was 58 years till May 1998 which the Central government raised to 60 years in response to the recommendations of the 5th Central Pay Commission. Kerala and Jammu & Kashmir continue to enforce the retirement age of 55 years for its employees (ibid, pp. 1967). It is 60 for government employees including IAS, IPS, scientists, academicians, in Centre and States and 65 for judges and few University Professors. For army personnel it starts from 28 years of service to 50+ years according to rank and experience.

A 5 year old child may consider a 35 year old man as aged; the latter may consider a 60 year old man aged. So basically, there is no demarcation point as to whom we may consider chronologically aged. Poplin (1978) says that, *'A 55 year old person is old to a 15 year old but young to an 80 year old person'*. Hence, the concept of ageing is a purely relative phenomenon and varies from person to person.

Often the elders are categorized as young elderly, middle aged and the old elderly. These criteria are constructed on the basis of the cultural values and ethos of the society. In the traditional societies the elderly people were valued more because they were considered

as the house of wisdom, were very much engaged in imparting aesthetic values and customs, economically active and fewer in number. In the present day society their importance is less felt by the younger generation. The criteria of chronological age is questionable as some elderly may become weak after attaining a particular age while others may still be active even at 80 years of age.

Psychological Ageing

It refers to the adaptive capacities of individuals as observed from their behaviour but may also refer to subjective reactions or self-awareness (Dhillon 1992, pp. 46). When a person gets old his/her personality changes. It is a decline in the mental and emotional capacities of a person with age. The demarcation through psychological ageing takes into various aspects of mental abilities such as memory, learning, awareness, intelligence, emotional changes and attitudes. The psychological aspect varies from person to person. It may be rapid or strong or may set in at an early age for some elderly. It is evident that the aged who are physically and financially weak, the impairments with personality appears faster. With ageing, fluid intelligence or ability to acquire new knowledge and to assimilate it decreases (Ramamurti and Jamuna, 1993. As quoted by Srivastava 2010, pp.61). An aged has difficulty in learning as the memory starts retarding. He may also have problem to remember things, to solve problems, to learn and think. The most important factor in maintaining mental skills in old age is environment which allows the mental faculties to be constantly exercised (Chowdhry 1992, pp.86)

The psychological ageing process is accelerated if there is stress and strain in one's financial incapacity, grief over the death of the loved ones, health problems which prove to be a hurdle in better adjustment in old age. On the other hand, a thing which gives happiness and arouses interest in life creating a positive state of mind helps in reducing the psychological effects. *'The psychological causes of ageing when combined with the physical, accelerate the ageing process by speeding up the rate of decline of mental and physical capacities'* (Bhatia 1983, pp. 5).

Social Ageing

When social factors segregate people into different levels of social habit and roles of individual with respect to his group or society, it is termed as social ageing. The social events in the life of an individual demarcate one as being old (Srivastava 2010, pp. 63-64). These are retirement from employment, marriage of children and birth of grandchildren, decline in expression of interest in opposite sex due to social censorship, assuming new responsibilities, deserving privileges and respect mainly on account of one's age and the expectations of younger members in the family to share more and more responsibilities in the family affairs (ibid, pp. 63-64).

1.3.2. Age

Age is simply the advancement of years which influences the physical abilities, behavioural and socio-cultural activities in the life of a person. The bio-physical and psychological condition of an elderly is measured with age. It is an important indicator to measure the health status, family relation, ownership pattern or economic condition of an elderly. Prof. Bernice Neugarten distinguished between the *'young-old'* 65 to 74 years and the *'old-old'* 75 years and older (Chowdhury 1992, pp.28). With the demarcations made the needs and problems of the elderly can be fully addressed. Laslett (1987; As quoted by Bond and Corner 2004, pp. 13-14) identifies the Third Age which is based on chronological age and life expectancy. They represent the current generation of older people which corresponds to the young old where retirement is taken as the criterion for entering the Third Age. Fourth Age denotes to those elderly who are frail with physical and cognitive impairment.

1.4. International Demography of the Aged

The proportion of population aged 60 or over has increased globally. Worldwide there are 901 million people aged 60 years or over in 2015, an increase of 48 percent over the 607 million older persons globally in 2000. By 2030, the number of people in the world aged 60 years or over is projected to grow by 56 percent, to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion (UN. Department of Economic and Social Affairs 2015, pp.

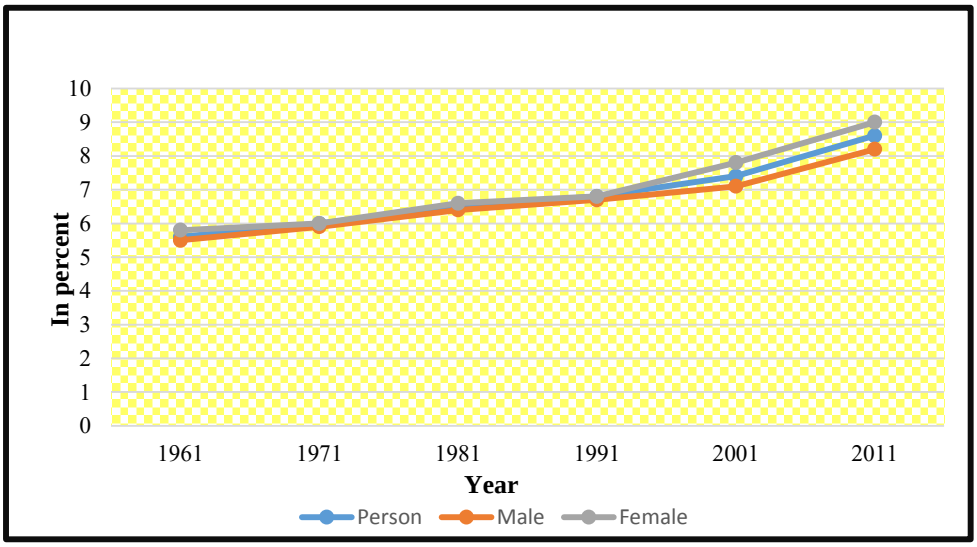
9). In 2018, for the first time in history, persons aged 65 years or over worldwide outnumbered children under age five. Projections indicate that by 2050 there will be more than twice as many persons above 65 as children under five. By 2050, the number of persons aged 65 years or over globally will also surpass the number of adolescents and youth aged 15 to 24 years (UN. Department of Economic and Social Affairs 2019 a, pp.1). There were 703 million person aged 65 years or over in the world in 2019(UN. Department of Economic and Social Affairs 2019 b, pp.1). According to UN. Department of Economic and Social Affairs (2011a, pp.2) it is seen that the developing countries are ageing faster, for example, China (166 million) and India (92 million). Asia accounts for more than half of the total (414 million). Europe is the region with second largest number of older persons (nearly 161 million), followed by North America (65 million), Latin American and the Caribbean (59 million), Africa (55 million) and Oceania (6 million). According to UN. Department of Economic and Social Affairs (2015, pp.12) with 508 million people aged 60 years or over in 2015, Asia was home to 56 percent of the global older population and in 2030, Asia's share of the world's older persons is projected to increase to 60 percent when a projected 845 million people aged 60 years or over will reside in the region. According to the projections, by 2030, Asia will be home to more than half of the worlds' oldest-old as well, up from 48 percent in 2015. Over the next 15 years, the number of older persons is expected to grow fastest in Latin America and the Caribbean with a projected 71 percent increase in the population aged 60 years or over followed by Asia (66 percent) and Africa (64 percent). Globally, the number of people aged 80 years or over, the 'oldest-old' person is growing even faster than the number of older person overall (ibid, pp.9).

1.5. Demography of the Aged in India

The proportion of the elderly is increasing consistently after 1951. In 1901 the proportion of population aged 60 or over in India was 5 percent which marginally increased to 5.4 percent in 1951 (Central Statistics Office 2011, pp.6). While in 1961 the percent of old age population was 5.6 it increased to 8.6 in 2011(Central Statistics Office 2016, pp.19). The trend is same in rural and urban areas. In rural areas while the proportion of elderly persons has increased from 5.8 percent to 8.8 percent, in urban areas it has increased from 4.7 percent to 8.1 percent during 1961 to 2011 (ibid, pp.18).

The size of the elderly population has risen from 12.1 million in 1901 to approximately 77 million in Census 2001(Central Statistics Office 2011, pp.6). The aged population in India has grown very steadily since 1951 at a much faster rate as compared to that of general population (ibid, pp.6). The number of aged has increased from about 19.8 million in 1951 to 24.7 million in 1961 to 56.7 million in 1991 (Central Statistics Office 2016, pp.15). In 1995, India belonged to the category of 'mature nations' with the aged proportions being 6.6 percent of the total population. And during 2001, India entered in the 'old population' category with the aged comprising 7.5 percent of the total population (Srivastava 2010, pp. 25). Their share has increased from 6.8 percent in 1991 to 7.4 percent in 2001, and it increased by 1.2% from 2001 to 2011(op. cit. pp. 19). According to official population projections, the number of elderly persons will rise to approximately 140 million by 2021 (Central Statistics Office 2011, pp.6). According to UN. Department of Economic and Social Affairs (2011b), the population of India's 60 years and older is projected to climb from 8 percent in 2010 to 19 percent in 2050.

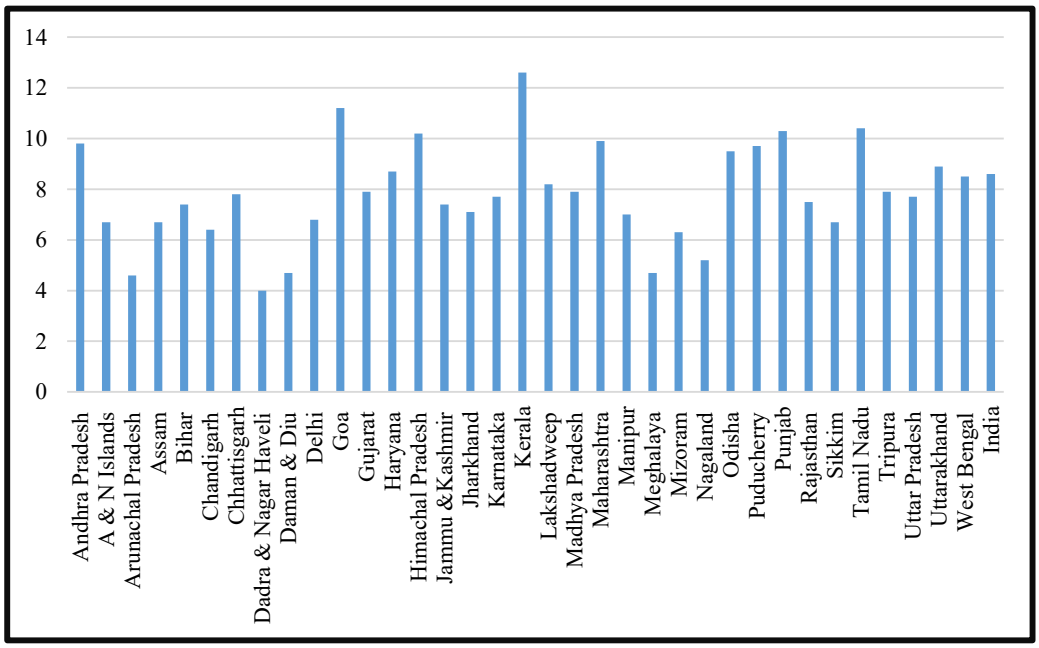
Fig 1.1. Percentage Share of Elderly Population in Total Population (1961-2011)



Source: Central Statistics Office 2016, pp.19

According to the Sample Registration System (SRS) (2014, pp.11), the percentage of elderly increased to 8.7%. According to Population Census 2011, there are nearly 104 million elderly persons in India; 53 million females and 51 million males (Central Statistics Office 2016, pp.14). It is seen on the state-wise data that Kerala has the highest proportion of elderly people in its population (12.6%) followed by Goa (11.2%) and Tamil Nadu (10.4%) as per the population Census, 2011(ibid, pp.26). The high life expectancy in the elderly population may be attributed to better lifestyle and medical facilities. West Bengal has 8.5 percent of the elderly population in the total population of the state (ibid, pp.27). It is seen that the percentages of the elderly persons for India and West Bengal are same. The least number of elderly population is in Dadra & Nagar Haveli (4.0 %) followed by Arunachal Pradesh (4.6 %) and Daman & Diu and Meghalaya (both 4.7 %) (ibid, pp.26).

Fig 1.2. Percentage of the Elderly Population in the Total Population of States/UTs



Source: Central Statistics Office 2016, pp.27

1.6. The Changing Scenario of the Aged

The increasing number of the aged population in the last few years demands attention and concern from both internal and external corners of the society. The lifestyles of the elderly vary according to their age, socioeconomic status, health, living conditions and so are their needs and problems. Due to the unprecedented changes in socioeconomic front, it has led to changes in the aspects of living conditions also. In Indian tradition it is the son who takes care of parents. The family and kinship provide a strong social and emotional security to the older people. The Indian social fabric represents a close knit relationship between younger and older generations. With ever increasing urbanization and migration, parental care by the young has declined. Weakening of several beneficial value systems, namely, respect, love, affection and familial affinity has become apparent (Srivastava 2010, pp. 16). Rift in the joint family system, paucity of space in urban areas which have disintegrated the family system, migration of children for better job prospects have pushed the elderly into an isolated and lonely life. The elderly women suffer more as they are portrayed as dependent individuals often referred to as burden who only consume without producing. Given the rate of population ageing that developing countries like India are experiencing, there is a need to focus on ageing issues and to take effective measures for improvement in the quality of life of elderly in general and elderly women in particular (Raju 2011, pp. 2).

1.7. Research Gap

The problems and issues of grey population have not been given due consideration in India and only a few studies regarding gerontology have been attempted. According to UN (2002), *'there is a need to assess the 'state of art' of existing knowledge as it varies across countries and region and to identify priority gaps in information necessary for policy development'* (As quoted by Raju 2011, pp.3). The review of literature on the elderly has shown that most of the studies have been conducted abroad. The United Nations Assembly on Ageing, held at Vienna in 1982 stressed to give high priority to research related on the humanitarian and developmental aspects of ageing. In addition it gave useful recommendation regarding data collection, training, education and research (Chowdhury 1992, pp. 143). There is a dearth of information about the elderly

in the context of India. With rapid changes in social structure the elderly people have been exposed to emotional, physical and financial insecurity where there has been an exiguousness of attention on behalf of the policy makers and administrators. The work capacity of ageing individuals, economic insecurity at later age, health problems, and changes in social environment need research which to some extent can change their pattern of living. No work on the quality of life of the elderly in Darjeeling hills has been done so far. Considerable work has been done on other age-groups but there is no research concerning the aspects of the elderly or on ageing. Therefore, the study proposes to fill the research gap in this area.

1.8. Statement of the Problem

Darjeeling hills are experiencing a significant demographic change with rapidly expanding number of older adults in the population. Unprecedented transformations in the socio-economic front in Darjeeling hills due to urbanization and industrialization have created new challenges for the elderly. The families have been converted into small units and happen to live as nuclear families. Reduced family size is the outcome of demographic revolution. With modernization in Darjeeling hills, the scope of white collar jobs has increased which resulted in the mobility of young people not only within India; many are moving abroad. These emerging trends have created a number of difficult situations for the elderly in Darjeeling hills. A few decades back, women were mostly confined at home doing the domestic chores, and used to look after the aged family members. This is slowly changing in Darjeeling hills as the women, especially in the urban areas are also participating in activities outside their home in order to supplement family income or fulfill their career ambitions. This has resulted in isolation among the elderly which creates psychological problems such as emptiness, loneliness, and feeling of being unwanted. This creates a negative physical and psychological consequence and is associated with poor life quality as neither children nor relatives are able to give sufficient time. As a result they feel withdrawn. Sometimes, the elderly face abuse which brings a feeling of general unhappiness, despair, distress and disheartenment.

Retirement from employment brings a sharp decline in income, loss of social status, etc. while increasing availability of time which is unused. However, the elderly women in

Darjeeling hills especially in the rural areas do not have respite as they continue to look after their children, grandchildren and perform household chores. The most vulnerable are those elderly who do not own productive assets, have little or no savings or income from investments made earlier, have no pension or retirement benefits and are not taken care of by their children. The elderly workers of the unorganized sector especially in tea gardens and agriculture do not gain any financial security or post-retirement benefits.

Facilities and leisure opportunities for the older people are more widespread in urban areas than in the rural areas. Elderly people can reach essential facilities mainly on foot or public transport. In some places of the hills where transportation is not available people have to reach by foot and it becomes extremely difficult for the aged as it often deteriorates their health. With the onset of the cold and chilly weather the elderly faces difficult situation to cope with. Sometimes, it adversely affects their health condition which disrupts their quality of life. The elderly in Darjeeling are inadequately covered with health security. In case of serious health problems they are recommended to hospitals in Siliguri, far away from their homes and families, which often worsen their physical as well as mental health.

Major problems faced by the elderly are:

- Materialistic and individualistic outlook among the younger generations giving rise to nuclear family.
- Migration of younger generations and employment of women create emotional problems of being away from children.
- Most of the retired persons prefer to stay at their native villages, but their children do not like to live in village home. As a result the elderly are forced to lead a solitary life.
- Psychological problems such as emptiness, loneliness, feeling of being unwanted, sense of loss, inability to make choices and exercise control.
- Social problems arising out of loss of job, social status, spouse and group relationship.
- Absence of ensured and sufficient income to support themselves and their dependents.

- Non-availability of opportunities for creative use of free time.
- Physical problems such as disabilities and chronic illness coupled with lack of nursing and medical facilities.
- Monthly pension of the retiree is spent for day to day household requirement. Disagreement about the utilization of monthly pension with the younger generation creates unfavourable situations.
- Many elderly people are not aware of the old age security scheme.

1.9. Study Area

Darjeeling district lies in the northernmost part of the state of West Bengal between 27°13'N and 26°27' North latitude and between 88°53' E and 87°59' East longitude (Directorate of Census Operations 2011, pp. 8). It occupies the shape of an irregular triangle in the Himalayas at a height of 300 to 12000 feet from the mean sea-level (ibid, pp.6). Darjeeling town is located at an average elevation of 2,134 meters or 6982 feet in the Darjeeling Himalayan hill region and the southern portion lies in the Terai region stretching along the base of the hills. It has an area of 3149 km. Darjeeling district is located at the northernmost part of the state of West Bengal surrounded by Sikkim state to the north, Jalpaiguri district, Bhutan and Bangladesh country to the east, Uttar Dinajpur district and Bihar state to the south and Nepal to the west (ibid, pp.8). The district has remained a place of immense strategic importance since it is encircled by international boundaries.

The name Darjeeling is a corruption of *dorje*, the precious stone or ecclesiastical scepter, which is emblematic of the thunderbolt of Sakhra (Indra) and of *ling,* a place. It means therefore the place of the *dorje*, the mystic thunderbolt of the Lamaist religion, this being the name by which the Buddhist monastery standing on the Observatory Hill was formerly known (Malley 1999, pp. 1).

Historically, the Darjeeling hills were inhabited by the Lepchas, Limbus, Bhutias, Tibetans and various Nepalese castes and tribes since ancient times (Directorate of Census Operations 2011, pp. 6). Part of the Darjeeling was under the dominion of the King of Sikkim in 1670 and Kalimpong area was under the Bhutanese dominion. Recurrent conflicts between the King of Sikkim and the Gurkhas of Nepal occurred

from 1780 onward (ibid, pp.6). Later the East India Company intervened in the fight and the Anglo-Nepalese war broke out between the kingdom of Nepal and British East India Company from 1814 to 1816, with the British emerging victorious(ibid, pp.6). Due to its natural beauty and great strategic importance, the East India Company decided to develop a 'sanitarium' in 1837. As a result, road network was established, building of bungalows and private houses started emerging and many schools and welfare centers were established(ibid, pp.6). The famous Darjeeling Himalayan Railway was built up, while tea and cinchona plantation flourished remarkably. It continued to grow as a favourite tourist destination and was named the 'Queen of Hill' (ibid, pp.7). In 1947, it was formed as a district in the state of West Bengal.

Geologically, the hill areas of Darjeeling are made up of recent rock structures. The hill areas of Darjeeling are a part of the Shivalik Range or Outer Himalayas (ibid, pp.13). The physiography of Darjeeling can be broadly divided into hills and plains as the flat plain (ibid, pp.13). The geology of Darjeeling ranges between Archaean to Pleistocene Sub-Recent and Recent formation. The soil is mainly composed of granite, gneiss, shale, boulders, and pebbles with sandstone (ibid, pp.13). The steep slope and the recent deforestation have made this area fragile. The area falls under seismic zone IV, which makes it hazardous during the event of an earthquake (ibid, pp.13). The soil is recently formed and shallow black, brown or alluvial type is generally found. Geological formation is of Daling and Rangli Group of Darjeeling and Darjeeling Group of Gneiss and Meta-Sediments (ibid, pp.13).

The climate is subtropical and temperate, pleasant during the summers but is cold in winter with occasional snowfall (ibid, pp.18). Overall, the hills have a temperate weather condition. The weather becomes very cold from December to March. Darjeeling hills are rich in vegetation and the species are varied due to its climate and physiography. The vegetation from the plains to about 6000 feet is tropical zone vegetation and the temperate zone vegetation is found from about 6000 to 12000 feet (Malley 1999, pp. 14). The district is drained by various rivers namely Mechi, Mahananda, Teesta, Jaldhaka, Rangeet and Ramman (op. cit. pp.13).

Administratively, district Darjeeling is divided into four Sub-Divisions consisting of 12 Community Development Blocks, namely, (1) Darjeeling-Pulbazar, (2) Rangli-Rangliot, (3) Kalimpong-I, (4) Kalimpong-II, (Kalimpong is now a district, formed on 14th February 2017) 5) Gorubathan, (6) Jorebunglow-Sukiapokhri, (7) Mirik (Presently it is a sub-division with effect from 30th March 2017), (8) Kurseong, (9) Matigara, (10) Naxalbari, (11) Phansidewa and (12) Kharibari; five Urban Local Bodies (ULB) consisting of three Municipalities viz. Darjeeling, Kurseong and Kalimpong, one Notified Area – Mirik, and Siliguri Municipal Corporation (SMC). Siliguri Municipal Corporation due to its jurisdictional peculiarities falls partly under district Jalpaiguri also (Directorate of Census Operations 2011, pp. 8). The Sub-Division wise distribution of the CD Blocks and Urban Local Bodies are as follows:

(a) *Darjeeling Sadar Sub-Division* consisting of Darjeeling-Pulbazar, Rangli-Ranglot and Jorebunglow–Sukhiapokhri Community Development Blocks and Darjeeling Municipality.

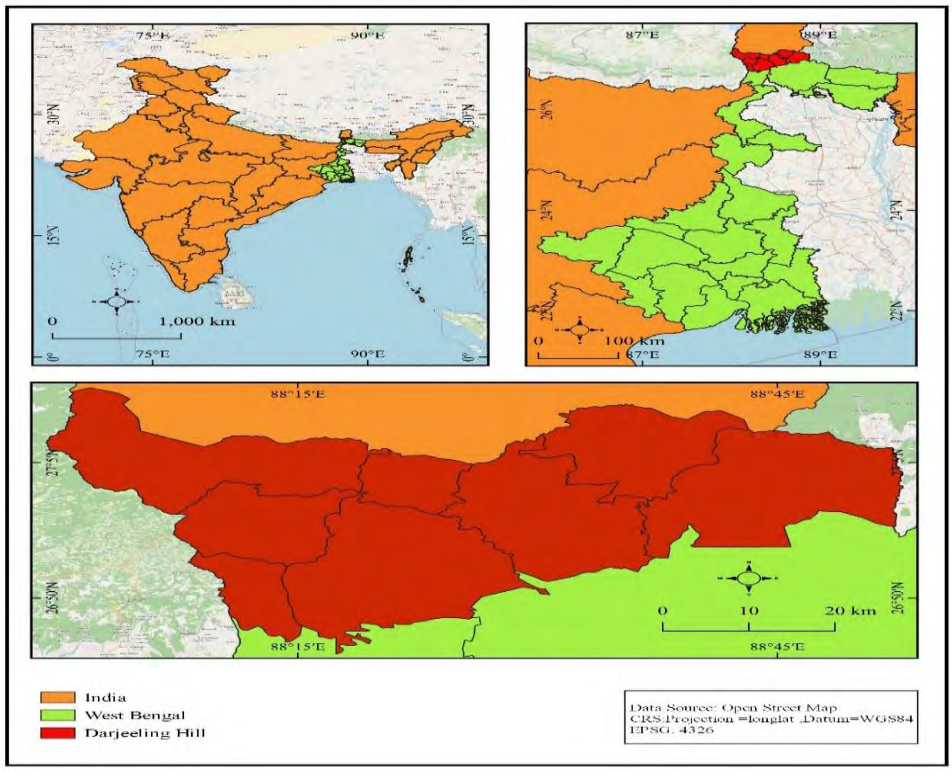
(b) *Kalimpong Sub-Division* (now district) consisting of Kalimpong–I, Kalimpong–II and Gorubathan Community Development Blocks and Kalimpong Municipality.

(c) *Kurseong Sub-Division* consisting of Mirik and Kurseong Community Development Blocks, Kurseong Municipality and Mirik Notified Area.

(d) *Siliguri Sub-Division* consisting of Matigara, Naxalbari, Phansidewa and Kharibari Community Development Blocks and Siliguri Municipal Corporation. (ibid, pp.8).

**Kalimpong is now a district with effect from 14th February, 2017*

Fig 1.3. Location Map



1.9.1. My Study Area

The proposed area of my study comprises of the Darjeeling Sadar, Kurseong and Kalimpong sub-divisions of Darjeeling district (Note: Kalimpong is now a separate district, with effect from 14th February 2017). In West Bengal, the absolute number of elderly population is 77, 42,382, which constitutes 8.46 percent (Census of India, 2011). Total male elderly is 38, 51,314 and female elderly is 38, 91,068 constituting 4.21 percent and 4.26 percent respectively in the state (Census of India, 2011). The census does not provide the statistics of the 60+ people in the subdivisions and blocks. So it is not possible to get the exact numbers of the 60+ age-group of Darjeeling hills who form the universe of my study.

The table below (Table: 1.1) shows that the total population of Darjeeling district is 18, 46,823 out of which 1, 41,340 are elderly (60+ age group), that is 7.45 percent. The

elderly male population of Darjeeling district is 74,218 (4.0%) and female elderly constitute 67,122 (3.6%).

Table 1.1. Number and Percentage of the Elderly in Darjeeling District.

Age-Groups	*Persons (%)*	*Male (%)*	*Female (%)*
60-64	52,160 (2.82)	27,078 (1.46)	25,082 (1.36)
65-69	34,984 (1.89)	18,547 (1.00)	16,437 (0.89)
70-74	24,956 (1.35)	13,269 (0.72)	11,687 (0.63)
75-79	13,851 (0.75)	7,444 (0.40)	6,407 (0.35)
80+	15,389 (0.83)	7,890 (0.43)	7,509 (0.41)
Darjeeling district(TOTAL)	1,41,340 (7.45)	74,218 (4.00)	67,122 (3.60)

Source: Census of India, 2011, C-14series.

For this study only the elderly (60 and above) of the Darjeeling hills have been taken into consideration comprising the three municipalities of Darjeeling, Kurseong and Kalimpong and rest are the Community Development Blocks of the three subdivisions.

1.10. Objectives

The objectives of the study may be outlined as follows:

i. To prepare a demographic and social profile of the elderly population in Darjeeling hills to comprehend the issue as a whole.

ii. To study the indicators of quality of life pertaining to economic, social environmental, physical environmental, health, and psychological and personal autonomy factors in the study area.

iii. To understand the elderly people's perception about quality of life.

iv. To assess the quality of life based on the WHOQOL -BREF with the help of selected indicators and analyze the quality of life of the elderly according to their background characteristics.

v. To suggest way forward to improve the quality of life of the elderly on the basis of the study.

1.11. Research Questions

i. What are the demographic and social statuses of the elderly population in Darjeeling hills?

ii. How do the quality of life indicators of the elderly, viz. economic, health, psychological, social and physical environment behave in Darjeeling hills? How do these indicators affect the lives of the elderly in Darjeeling Hills?

iii. What is the elderly people's perception about their quality of life?

iv. To what extent the quality of life of the elderly men and women differs in Darjeeling hills?

v. What does the WHOQOL -BREF of the elderly indicate in Darjeeling hills?

vi. To what extent are the elderly people enjoying the benefits/incentives provided by the government?

vii. How to raise the quality of life of the elderly?

1.12. Methodology

The framework of methodology adopted during the research is outlined below. It is an arrangement of conditions from collection and analysis of data and to combine it with the research purpose. For the proposed work different aspects of the elderly persons in the Darjeeling hills have been covered. Following are the types of methodologies used.

1.12.1 Research Design

The research design adopted for this study is an exploratory-cum-descriptive one with its main emphasis on the descriptive part. As the elderly do not form a homogeneous group, variations exist among them starting from age to socio-economic and cultural diversities. The research design seeks to gain insights into the quality of life of the aged, their needs and problems with the changing lifestyle.

Though chunks of studies and evidences are available in general, yet no serious and systematic study and findings on the study area are available which could become a

basis for the study. Thus, the work undertaken resembles exploratory research. The study aims at portraying the quality of life of the elderly, both male and female in the Darjeeling Hills. The study plans to determine the association of one variable with the other, for example, age and satisfaction with financial situation, age and health, etc. Various hypotheses have been taken into consideration for this study. Efforts to reduce the biasness in the field survey have been made in order to make the data reliable which reflects the characteristics of descriptive study.

1.12.2. Sampling Design

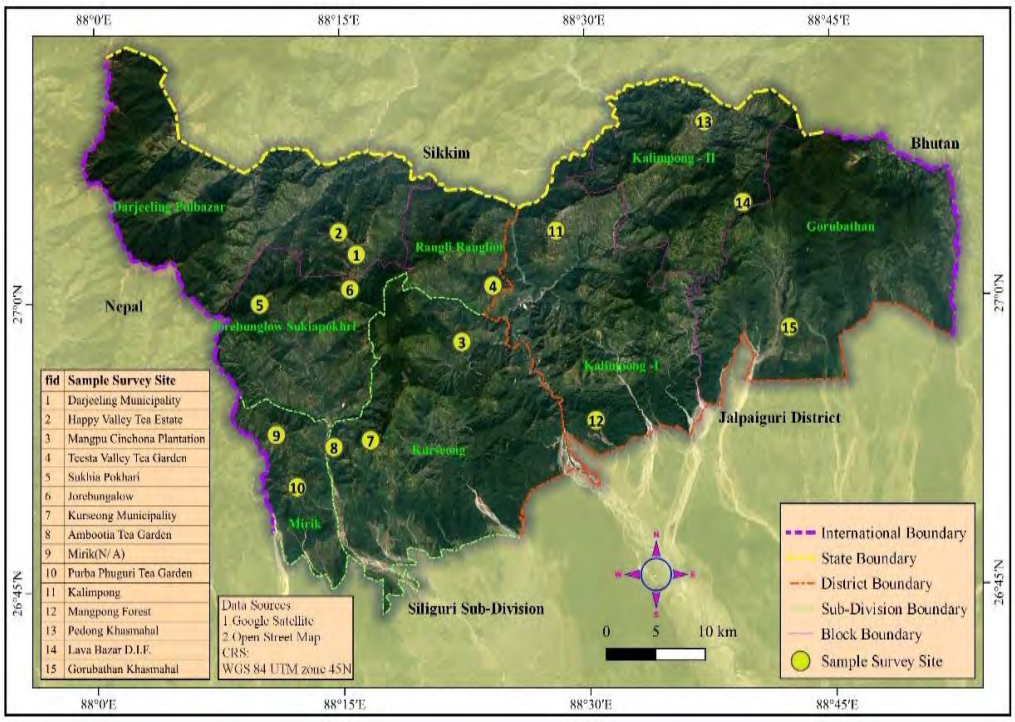
The study area comprises the Darjeeling Hills consisting of Darjeeling Sadar, Kurseong and Kalimpong subdivisions in Darjeeling district (Note: Kalimpong is now a separate district with effect from 14th February 2017). The universe/population of the study includes the persons aged 60 years and above living in the rural as well as urban areas of Darjeeling Hills. All the eight blocks of the three sectors are under study. From each of these blocks, one urban and one rural area have been chosen for sample survey. In some of the blocks where there are no urban areas, two rural areas have been randomly selected. In all, 15 sample areas have been selected from the eight blocks. In the next stage, for identifying the elderly in the selected urban and rural areas, the voter's list was utilized. From the list, 20 persons each from the 15 sample areas were selected randomly, totaling 300 respondents (15 areas×20 persons = 300 respondents). Stratified random sampling and purposive sampling methods were used for the selection of the 300 elderly (150 males and 150 females) respondents, i.e. 1:1 male female ratio.

Table 1.2. Sample Study Area

District/Sub-Division	*Block*	*Urban Area*	*Rural Area*
Darjeeling Sadar	Darjeeling-Pulbazar	1.Darjeeling Municipal	1.Happy valley Tea Garden
Darjeeling Sadar	Rangli-Rangliot		1.Mangpu Cinchona Plantation 2. Teesta Valley Tea Garden
Darjeeling Sadar	Jorebunglow-Sukhiapokhri	1.Sukhiapokhri	1. Jorebunglow
Kurseong	Kurseong	1.Kurseong Municipal	1. Ambootia Tea garden
Kurseong	Mirik	1.Mirik (N.A.)	1. Purba Phuguri Tea Garden
Kalimpong	Kalimpong-I	1.Kalimpong-I Municipal	1.Mangpong Forest
Kalimpong	Kalimpong-II		1.Pedong Khas Mahal 2. Lava Bazar D.I.F
Kalimpong	Gorubathan		1.Gorubathan Khas Mahal

**Kalimpong is now a district with effect from 14th February, 2017*

Fig 1.4. Study Area Map



fid	Sample Survey Site
1	Darjeeling Municipality
2	Happy Valley Tea Estate
3	Mangpu Cinchona Plantation
4	Teesta Valley Tea Garden
5	Sukhia Pokhari
6	Jorebungalow
7	Kurseong Municipality
8	Ambootia Tea Garden
9	Mirik(N/ A)
10	Purba Phuguri Tea Garden
11	Kalimpong
12	Mangpong Forest
13	Pedong Khasmahal
14	Lava Bazar D.I.F.
15	Gorubathan Khasmahal

1.12.3. Sources of Data

To examine the above given situations the data for the study were collected from primary as well as secondary sources:

I. Primary Sources: With the help of knowledge and information base made available through secondary literature review and review of government reports about elderly in India, the process of survey schedule/interview was initiated. The primary data were collected on the basis of the response to the survey schedule during field survey of the selected area through intensive field study. The survey schedule was divided into various sections, covering different aspects of the life of an elderly. The intensive field study was done through empirical study with the help of different tools and techniques namely: schedules, observations, case studies and personal interview.

II. Secondary Sources: Secondary data were collected from various sources like Census of India, National Sample Survey Office (NSSO), Sample Registration System (SRS),

National Family Health Survey (NFHS), and relevant published and unpublished literatures in the form of books, research papers, dissertations, articles, journals and reports.

The data were supplemented by consulting officials and reports/documents of different government ministries and departments.

1.12.4. Data Processing and Analysis

The collected data were processed and analyzed by applying both quantitative and qualitative techniques. The quantitative data were processed through tabulation and statistical calculation using SPSS 19 and presented both statistically and graphically. Various maps and thematic mapping were done using GIS software (Global Mapper and Quantum GIS). Qualitative techniques were used to determine the significance of findings. Further the data were analyzed on the basis of systematic and analytical description of facts in the form of case studies.

1.12.5. Study Design

The study has broadly been organized into nine chapters as follows:

Chapter 1 Introduction

Chapter 2 Review of Literature

Chapter 3 Demographic and Economic Profile of the Elderly in Darjeeling Hills

Chapter 4 Social Resources

Chapter 5 Residential Environment

Chapter 6 Health

Chapter 7 Psychology and Personal Autonomy

Chapter 8 Assessment of Quality of Life of the Elderly using WHOQOL-BREF

Chapter 9 Summary, Major Findings and Conclusion

1.13. Conclusion

This chapter provides a brief background of ageing, problems and needs related to the elderly people, and the concept of quality of life. It provides a brief introduction of the scenario of ageing in India since 1961 as well as the ageing scenario of Darjeeling district. A brief introduction of the study area and the reason for selecting the specific area has been given. The objectives and research question have been outlined. Besides, it highlights the methodology in terms of sampling design, selection of data sources and the methods to answer the research question. Lastly, the scheme of chapterization has been added.

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