Living Arrangements and Marginalization in Old Age – A Study in Uttar Pradesh

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DECLARATION

I, Prashant Upadhyay hereby declare that the thesis entitled **"Living Arrangements and Marginalization in Old Age – A Study in Uttar Pradesh"** is based on my original research work under the supervision of Prof. D.N. Das. I hereby submit this thesis in partial fulfillment of the requirements for the award of the degree of **Doctorate of Philosophy** of this University. This study has not been submitted in part or full for any other diploma or degree of any other University to the best of my knowledge.

Prashant Upadhyay

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CERTIFICATE

It is hereby recommended that this thesis may be placed before the examiners for evaluation.

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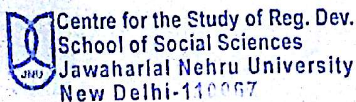

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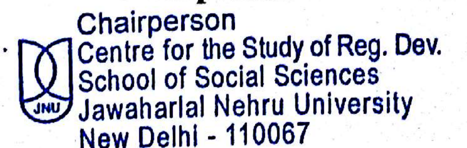

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CHAPTER I

INTRODUCTION

Due to immense improvement in public facilities and public awareness across various section of population resulted in declining in both fertility and mortality; consequently, a large pool of an elderly population is formed. If a population is having such large size of an elderly population, it requires special attention from society and individual as well. Though the elderly people are believed to be given much respect in both society and in the family still aged people are one of the most vulnerable sections of the population in terms of their socio-economic and political concerns. The respect of aged people varies from family to family and from individual to individual. The nature and type of problems elderly people are facing is almost similar to the rest of the population is suffering from, but the way it should be tackled and dealt with needed a different approach and efficiency. At this juncture of life of elderly where sources of finance are limited, health condition is deteriorating, the family is not giving expected attention, self-realization of helplessness is damaging the confidence of the elderly and several other problems are confronting to the elderly then there is need to get into the various solutions for these problems. These lines show the importance of ageing, the problems related to aged and the approach needed to address this issue.

"Mainstreaming ageing into global agendas is essential. A concerted effort is required to move towards a wide and equitable approach to policy integration. The task is to link ageing to other frameworks for social and economic development and human rights. It is essential to recognise the ability of older persons to contribute to society by taking the lead not only in their ownbetterment but also in that of society as a whole." (Para. 15 of the Madrid International Plan of Action on Ageing, 2002).

Studies on the ageing of the human population are of a quite recent origin. The phenomenon of ageing being conceived in terms of chronological measurement became an area of demographic research in the initial years of gerontological research. With the ongoing rapid social and economic changes, it is expected to have serious implications on the circumstances under which the future elderly will live. These socio-economic changes comprise emergence of nuclear families, smaller number of children per couple, greater longevity, physical

separation of parents from adult children as a result of rapid urbanization and age selective rural-urban migration, together with the changing values of younger generations against the older ones[1].

Fertility plays a predominant role in inducing the ageing process as compared to mortality. As far as India is concerned, there has been the substantial improvement in mortality compared to fertility since 1950. For instance, the crude birth rate per 1000 persons in India has declined from 47.3 during 1951-61 to 20.22 in 2013, whereas there has been a phenomenal decline in the crude death rate per 1000 persons from 28.5 to 7.4 during the same period. Currently, the total percentage of old age population in India is 7.9 and it is highest in Kerala with 12.38 percent and lowest in Meghalaya with 3.07 percent. Thus India is expected to have faster decline in fertility in the immediate future compared to mortality because the latter is already at a low level. Hence, the ageing process in India will faster than certain other developing countries. Moreover, the transition from high to low fertility is expected to narrow the age structure at its base, broadening the same at the top. In addition, improvement in life expectancy will allow old people to survive further, thus intensifying the ageing process.

One of the major features of demographic transition across the world has been the considerable increase in the absolute and relative numbers of elderly people. This is especially true in the case of developing countries like India. About 60% of the elderly live in the developing world. Further, the older population itself is ageing, with the Oldest Old (80+) constituting more than 10% of the world's elderly[2].

The age, which qualifies, for senior citizen status varies widely. In governmental contexts, it is usually associated with an age at which pensions or medical benefits for the elderly become available. In commercial contexts, where it may serve as a marketing device to attract customers, the age is often significantly lower.In the United States, the standard retirement age is currently 66 (gradually increasing to 67). In Canada, the OAS (Old Age Security) pension is available at 65 (gradually increasing to 67, starting in the years 2023-

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[1] S Irudaya Rajan, U. S. Mishra, P Sankara Sharma (1999), "India's Elderly Burden or Challenge" Sage Publications, New Delhi

[2] Report on State of Elderly in India 2014, Help Age India, New Delhi.

2029), and the CPP (Canada Pension Plan) as early as age 60.The AARP (American Association of Retired Persons) allows couples in which one spouse has reached the age of 50 to join, regardless of the age of the other spouse. Generally, the age of retirement in India is 58 to 60 years, and at this particular age, every individual is eligible to avail government policies.

Old age, also called senescence, in human beings, the final stage of the normal life span. Definitions of old age are not consistent from the standpoints of biology, demography (conditions of mortality and morbidity), employment and retirement, and sociology. For statistical and public administrative purposes, however, old age is frequently defined as 60 or 65 years of age or older.

Inequality is a central notion of every social theory and society that has stood on time. Inequality refers to relative deprivation and privileges among individuals and groups. For the proper understanding of gerontology, emphasis must be given to the life course-related hierarchy in respect of status, power, and citizenship rights. An associated argument is that age and generation comprise increasingly important dimensions of social inequality. In this perspective life course, differences are treated as an expression of inequality especially post-retirement era (60+ age). So old age is perceived as a period of some privileges and some disadvantages but mostly old age is characterised as a relative disadvantage and unequal treatment from the family members and by the society.

Elderly men and women used to enjoy respected and strong social position in traditional Indian society. Three generations used to live under the single roof in an extended family with elderly people. It was the time when most of the India used to reside in the rural area and agriculture was the main occupation of that period. Most of the family member worked on the land and there was no reason to migrate away. The elderly people needed not to leave their home and been taken care of the family members when they get sick. The family members comforted even the dying elderly member and they rarely die in the hospitals, which was the very rare phenomenon at that time. On the whole, elderly used to enjoy very high social status in the household.

Certain social changes in India have taken place since1947. Prof.M.G.Husain has distinctly documented these following eight social changes below that have impacted that Indian elderly[3].

1. Demographic Transition

2. Decline of Indian Joint Family System

3. Urbanisation of Rural India

4. Increasing Employment of Women in Workplace

5. Emigration of Young Indians

6. Commercialization of Entertainment

7. Increasing cost of Elder Care

8. Rise in the Number of Destitute Elderly

Some major aspects (Chakraborti 2004) of the various kinds of inequalities and realities among elderly people in India are revealed and the whole scenario of elderly in India should be explored in the light of these facts:

- There are more elderly in rural areas. There is also a movement of elderly from urban to rural areas.
- Old age dependency is higher in rural areas than in urban areas.
- There are more females than males among the aged, and in contrast to the general sex ratio, the elderly sex ratios are rising.
- The elderly are much less literate and educated than the general population.
- There is a considerable number of single elderly of whom a majority are widows. However, the proportion of widows is on the decline.
- About more than 90 per cent of elderly in India have children but a large number of the elderly are without any children.

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[3]Husain,M.G.(Ed) *Changing Indian Society and the Aged*.New Delhi: Manak Publication, 1997.

- The elderly generally live with their spouses/children and other relatives, however more and more elderly are now living without their children.
- The elderly are still working for living in the absence of any suitable social security.
- More than half of the aged people are depending on others for their day to day maintenance. The situation is far worse for elderly females, who are more dependent than males.
- More elderly men than women are supported by their family.
- A majority of elderly are not supported by any retirement benefits and the problem is compounded in rural areas.
- More than half of the elderly own financial assets and housing, though many of them do not have any management rights or control over them.
- The prevalence of chronic disease among the aged is quite high and it is higher still in urban areas. Problems of the joints and throat are the most common.
- A great majority of the elderly participate in social and religious matters and in household chores, though a large number of them cannot participate in household activities.

I.1. Living Arrangements of Elderly

"Living arrangement refers to the familial system. The concept of living arrangement is usually explained in terms of the type of the family in which the elderly live, the headship they enjoy, the place they stay in and the people they stay with, the kind of relationship they maintain with their kith and kin, and on the whole, the extent to which they adjust to the changing environment"(Rajan 2006).

One of the major issues in Gerontology is the living arrangements of the elderlypersons.Modernization theoristshave argued that the status and well-being of the elderly are closely linked to their living arrangements.Extensive research has been made on this issue in the Western countries. But comparativelyless attention has been paid tothis topic in the developing countries including India. This is because of the reason that in these countries the responsibility for the support and care of the elderly rests largely with the family and within the family, primarily with the children.

However, with the changing family and household structure, social changes such as migration, urbanisation andincreased female labor participation and adoption of Western values of individualism instead of traditional values of familism and filial piety bythe younger generation, the traditional living arrangements (mostly co-residence with children) has been disturbed. This has lead to severe adverse social, economic and psychological effects on the elderly. (Martin 1988; Zhou 1994; Knodel 1994). Furthermore, in this process, elderly women are likely to face more problems as compared to elderly men. The problems are likely to be acute in the case widowed elderly women as against their married counterparts (N. Audinarayana, et al. 1999).

However, there are no clearpatterns of co-residence by age orbysex (Andrews et al., 1986). On the other hand, using the logit and multi-nomial logit regression analysis for the same data, Martin (1988) observed that:"Hypotheses based on modernization theory and related economic hypotheses of increased ability to purchase privacy received only weak support. When residence in urban areas affected living arrangements, it did sobyincreasing co-residence with children, contrary to the expectation.There was an indication in somesettings thatself-supportand homeownershipwere negatively associated with living with childrenand positively associated with living with aspousealone," "The survivalofthe spouse reduced living with children, but the availability of a child reduce living with a spouse only. The number ofsurviving children also had a positive effect on co-residence with children (in simple logit analysis). Males and the young-old were generally more likely to live with their children than females or the old-old".

In the light of given arguments the proposed study will try to explore and highlight living arrangement of the elderly by observing the patterns, differentials and determinants of their living arrangements.

Pattern-

1. Living Alone
2. With Spouse Only
3. With Spouse, Children and Grand Children

Differentials by-

1. Age
2. Sex
3. Place of Residence
4. Social Groups
5. Marital Status
6. Education

The study will also analyse the factors (Determinants) responsible for the prevalence of different kinds of patterns with the special focus on the dominant practice of living arrangement in old age. As the theory of modernization says that family system is eroding and the economy is the main driving force for the preferences of living arrangement in old age either from the elderly or from the offspring. So this study will try to cover these dimensions and test the theory of modernization.

I.2. Marginalization and Elderly

Marginalization refers to the social process of becoming or being made marginal (especially as a group within the larger society) or treat (a person or group) as insignificant or peripheral or to relegate to an unimportant or powerless position within a society or group, so the dominant discourse on aging and old age have traditionally consisted of the construction of aging process of economic, social and physical decline. For many commentators the process of growing older leads to popular stereotyping and attributions of difference (e.g. Featherstone and Wernick 1995; Biggs 1993; Elias 1985). Here, writers argue that in the cultural imagination, and in social and economic institutions, there is an association between the presumed effects of ageing and the nature of older people. Just as theories of disability identify cultural fears of distance from the able-bodied ideal, so perceptions of the distance of the elderly from this ideal generate cultural ambivalence, if not hostility from other age groups. Relatively trivial physical manifestations of difference turn into markers of otherness. At least until recently, retirement has tended to provide a ready cultural marker of entry into ‘old age'. In this way, institutionalised patterns of differentiation across the life course reveal an age segregated society and reinforce, as well as draw on, ideas about

differential competencies (Hockey and James 1993; Riley et al. 1994). Additionally, some argue that the perceived proximity of older people to death positions them as reminders of human mortality. Existential anxieties surrounding death mean that there is a further embedding of the idea of older people as ‘other'. For Elias, social and death denial, whilst for Marshall, there is a society-wide devaluation of those seen to temporally proximate to death.

For some writers, attributions of difference are so embedded in the cultural psyche that they contribute a contradictory edge to the experience of growing older. The mask of ageing has been advanced as a description of a tension between bodily appearance and capacities on the one hand, and self-identity on the other (Featherstone and Hepworth 1991). The mask refers to the ageing body or ‘exterior' which hides the true, young, spirit, ‘within'.

Many writers witness a historical decline in the salience of class, and an increase in the salience of status and consumption based division, in shaping people's identities and in structuring social inequality. In this context, a number of writers have stressed the growing significance of forms of age-based difference and inequality (e.g. Preston 1984, Turner 1988, Foner 1988, Hockey and James 1993). Within this kind of analysis, work remains central, as a mechanism of social inclusion. Participation in paid employment is fundamental to social identity and prestige and those not so engaged are seen to be marginalised in a variety of ways. For some writers, recent decades have seen an entrenchment of this state of affairs, with a growing ideology of individualism increasingly marginalising those around the perimeters of the productive sphere (Hockey and James 1993). Independence is highly valued, dependence increasingly problematic. Vertical lines of cleavage which separate age groups or co-eval generations become more important as markers of social differentiation and inequality. These lines of cleavage are basically the transition points between childhood, independent adulthood and retirement/old age. This phenomenon we can observe in the intergenerational completion in the job market and out of such conflict of interest, within the setting of an impersonal, highly- differentiated society with the emphasis on youth and new occupations, older people are eventually pushed out of the labor market. In the modern word, this has led to the phenomenon which we know as retirement thus loss and decline in income and resulting into decline into status.

With the increasing age, people withdraw voluntarily from roles and relationships or alternatively that they form a sub-culture distinct from wider society. Independent adulthood is the key to inclusion and relative advantage, whilst childhood, youth and later life are characterised as socially disadvantaged or marginalised positions. The young and the old are seen to experience exclusion from various forms of meaningful social participation and their voices are unlikely to be heard in contemporary society. In all these approaches life course stages, in particular, as they cleave around the tripartite division between childhood (and youth), ‘independent adulthood' and later life, appear to have a new significance as the dimension of inequality. Quite how these dimensions should be placed within a more general theorization of inequality is less well established.

There is institutional and structural more or less marginalization in old age which inevitable, so the proposed study will deal the issue of marginalization two ways. One with those elderly who were throughout their life lived a secondary position in the family and were subjected normal or relegated position in their later life and second to those who lived a dignified life throughout their life and enjoyed independence and what changes are occurring to these type of elderly. So the key variables to be identified during proposed study are:

Variables for Marginalization

1. Headship of the family
2. Role in family decision making
3. Freedom of movement
4. Preference for living arrangement
5. Availing similar facilities as other members of family
6. Possession and utilisation of assets and property
7. Family care

I.3. Statement of the Problem

Elderly lose their status and respect when inactive, incoherent, dependent, and senile. The other side of the picture is build up by the moral, social and cultural values on the one hand and self-images and personality of the aged himself on the other. A large number of factors

determine the social situation of a particular aged person. So in general, the economic status of a person is a function of his or her past work status, the level of education as well as the present activity status. Under usual circumstances, most of the elderly are supposed to be out of labour force in old age, depending on their past income (in the form of rentier prisoner), but some of them, however, continue to be in the workforce because of financial necessity or others (Rajan 1999). Given the vulnerability and vulnerable condition of the later age of life, it is obvious that socio-economic condition of elderly is not well off as compared to the younger working population and this picture is true of caste, class, region, religion, language and gender.

Mostly socio-economic compulsions and individual aspirations to facilitate himself and his belongings take him to be part of the economy producing mechanism. Each individual prefers a job which is suitable for him and gives him maximum possible money out of this if he or she is in a position to make choices. If someone is coming in the job market without any choice then there is the likelihood of getting any kind of job at anywhere with a little adjustment and negotiations from the individual's side.

The capacity of human body changes from time to time and generally deteriorates with the increasing age to handle most of the jobs and at one point of time, it becomes impossible to do any kind of job. So in the most idealistic case someone has to do a dignified and most profitable job till the age of 60 to 65 and then take retirement and then after get benefits of different socio-economic schemes and pensions or one must save a good amount of money at the time of working and when his or her body stops facilitating him then at that time he should use that saved money at the later phase of his life.

The question of whether if an elderly is working in his later phase of life then it should be considered as a condition where his socio-economic condition is better off than those who are not working or vice verse? Then this question can be solved in the light of what kind of job elderly is doing? Whether his body allows him to work or not? Is it inevitable to work for earning? And several other issues will determine the validity of this question.

But in a country like India where people engaged in organized sector is far less than those who are in unorganized sector and especially elderly people who are the product of the

generation which witnessed a period of economic hardship and better and easy career prospectus in unorganized sector than the organized sector are mostly engaged in sectors like manufacturing and construction and some other similar kind of jobs. These jobs are most extensive in nature and require a maximum number of intense human labour and there is the large gap in the level of income from top to bottom level than some of the sectors like education and administration in the organized sector as there is very less requirement for the managerial and technical post than the labours. And once a person has worked throughout his life in these sectors and has to work until the end of his life then obviously he is so much vulnerable.

My basic premise is that people work in India mostly in the unorganized sector where there is very less social security and these jobs are so much volatile in terms of money as well, and after getting the release from this kind of jobs and services there is no financial security for elderly in their later age. Gainful employment and wealth are perceived to be a very predominant source for social reputation as well which also comes down after reaching to old age. So in such condition, the life of elderly becomes so much vulnerable.

I.4. Objectives

1. To examine the socio-economic characteristics of elderly people.
2. To know the living arrangements of the old age population.
3. To examine the financial sources to fulfil the expenditures among elderly people.
4. To know the health condition of old age population and engagement of elderly in recreational activities.
5. To know the nature and process of marginalization of old age people in family and society.

I.5. Research Questions:

1. What is the socio-economic condition of elderly?
2. How social stratification on the lines of social groups creates a difference in property ownership, accumulation of capital and educational attainment during elderly's life and its effect on the economic condition of elderly?

3. What are the financial sources available to elderly people and utilisation of hereditary property for financial gains?
4. What are the pattern, differentials and determinants of living arrangement and conditions of elderly among social groups across gender, space in the elderly population?
5. What are the health conditions of elderly among social groups across gender, space in the elderly population?
6. What are the roles played by the elderly in family and society among social groups across gender, space in the elderly population?
7. What is the level of participation and role of elderly in family decision making and how the level of participation of elderly in family decision making and his/her role in society is changing?

For achieving the answer of research question of the last objective, the descriptive analysis will be done and personal comments and responses will be used to reach any formulation and conclusion.

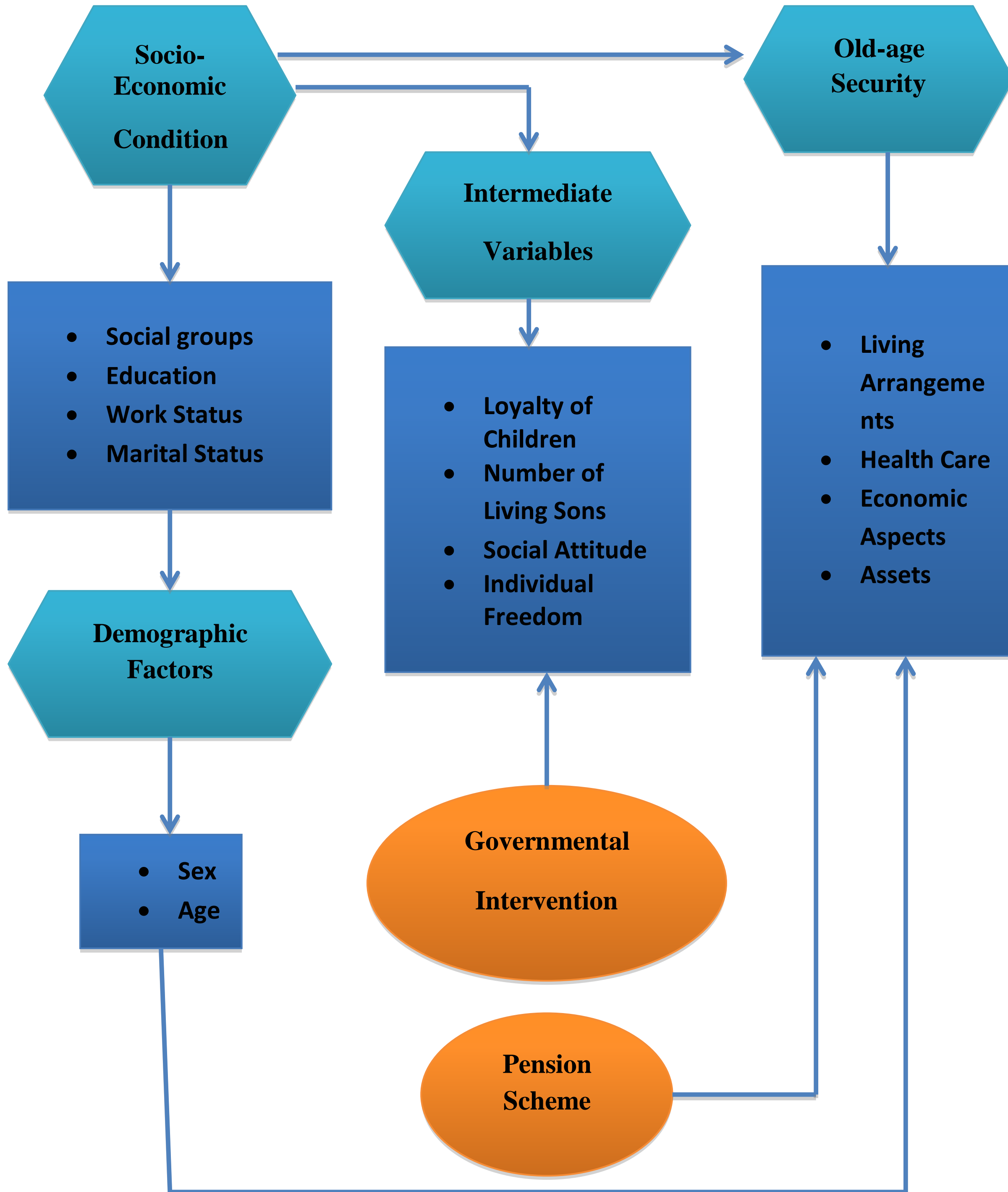
I.6. Hypothesis

Old age is marked by the reduction in status and power due to the low level of resources and restricted access to resources. Due to various socio-economic and political factors disadvantage in terms of health, education and expenditure exist with old age population among social groups across gender and space.

Social stratification on the basis of caste has been one of the prominent determinants for any socio-demographic phenomenon in Indian society. Modern day concept of social groups are formed on the lines of caste groups, so lower the position in social groups greater the chances for the low level of resources and restricted access to resources. Old age is also characterised by this factor and inequality in terms of health, education and expenditure are being affected by inequalities imposed by this system in the historical course of time.

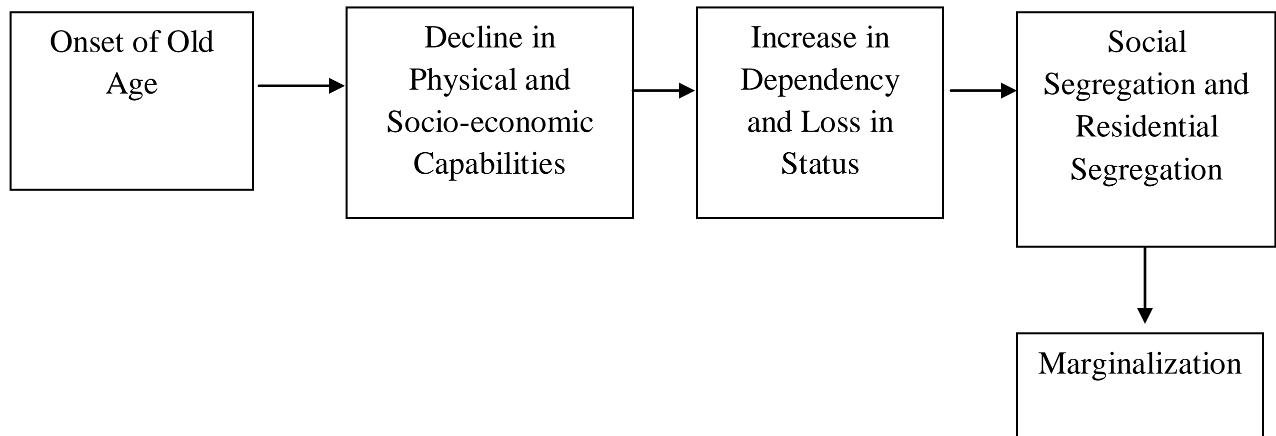
In Indian Society generally, gender decides the role and prospects of the individual in his/her life. Elderly people of the current time are the product of that generation where they were

denied to easy and prolong access to education consequently they were mostly engaged in the primary and secondary sector of the low earning workforce or no job leading to the lack of resources and regression in role and power in family with onset of old age. The condition becomes even grimmer when it comes to women. Women generally live longer than men. So throughout their life, they were dependent upon their spouse but with the death of their husband, they become so vulnerable. Due to the absence of any kind of economic activities throughout their life the role and status of women in the family are always found to be on margins.


Conceptual Framework
Socio-Economic Condition
Old-age Security
Intermediate Variables
Social groups
Education
Work Status
Marital Status
Loyalty of Children
Number of Living Sons
Social Attitude
Individual Freedom
Living Arrangements
Health Care
Economic Aspects
Assets
Demographic Factors
Sex
Age
Governmental Intervention
Pension Scheme

The later age of life is determined and influenced by the multiple factors, socio-economic conditions (social group, education, work status, and marital status), old age security (living arrangements, health care, economic aspects, assets), demography (sex, age), governmental interventions and various intermediate variables (loyalty of children, number of living sons, social attitude, individual freedom) are basically responsible for the shaping and architecting the life of elderly.

I.7. Salient aspects of Old Age



"Old age is the quality or state of being old and near the end of one's life"[4].

So generally with the onset of the old age, every person experiences a gradual decline in physical and socio-economic capabilities, which leads to increase in dependency of the elderly towards the other members of the family and loss of earlier status in family and society. This phenomenon leads to social segregation of the individual and sometimes there is residential segregation can also happen. So at this juncture of the life, elderly becomes tangibly and intangibly marginalised in the later life.

I.8. Theoretical Framework

General Theory of Disengagement of elderly, propounded by Cumings and Henry in 1961. Three basic feature of this theory is:

[4]Collins English Dictionary, 2012

- Ageing is an inevitable, mutual withdrawal or disengagement, resulting in decreased interaction between the ageing person and others in the social system he/she belongs to.
- A person gradually disconnects from other people in anticipation of death.
- Intrinsic changes in personality occur which allow a person to psychological withdraw from society’s expectations.

This is opposite of the Continuation Theory, where elderly does not experience any change in either his/her behaviour or others behaviour after the occurrence of the old age. So with the increase of disengagement from both sides, this leads to a unique kind of marginalization of elderly in family and society. This phenomenon can also be observed in the concept of Ageism where perception on the basis of age creates segregation and hostility towards the elderly. This is a two-way process where one elderly is disengaging and withdrawing himself from various kind of roles and responsibilities and at one side elderly is explicitly or implicitly cornered in the family and in the society.

Political Economy of Ageing

The relationship of age and ageing to the means of production, hence they typically argue that old age is defined by the exit from work. (Green, Kohli, Rein, Guilemard 1993) Social Construction of reality perspective to describe the role of ideology in systems of domination and social marginalization of aged. (Estes 1979).

Modernization Theory of Ageing

Urbanisation, industrialisation, bureaucratization, erosion of family, decrease in social capital and contracts, increase in life expectancy created "role-less-role" in which aged are left with little of any consequences to do in society. (Burgess 1960)

Exchange Theory

Every individual is trying to maximise his wins.

Costs Rewards

Marginalised status of elderly is due to old had fewer resources to contribute to intergenerational exchanges. Old age is characterised with fewer resources as elderly itself is dependent on other for livelihood if certain cases are left aside. In such situation, it is not possible for the elderly to contribute for the other members of the family especially to those who belong to the next generation. This leads to the situation where elderly are perceived as the burden in family and society because elderly have nothing to give back tangible stuff to the family society in return. Thus elderly are pushed to be marginalised in the family and society.

Theory of Ageism

This theory says that Ageism is a process of systematic stereotyping or discrimination against people because they are old. Ageism allows the younger generations to see older people as different than themselves, thus they subtly cease to identify with their elders as human beings. (Butler 1975) This is a kind of hostility and feeling of otherness towards the elderly. As the new generation perceive elderly as someone who is slower than them, having a different ideology than them, having the different way of life than them thus the new generation is unable to mix with the elderly. Sometimes this phenomenon can be reciprocal as elderly maycan have certain hesitation to get mixed with the elderly.

I.9. Methodology:

Sampling

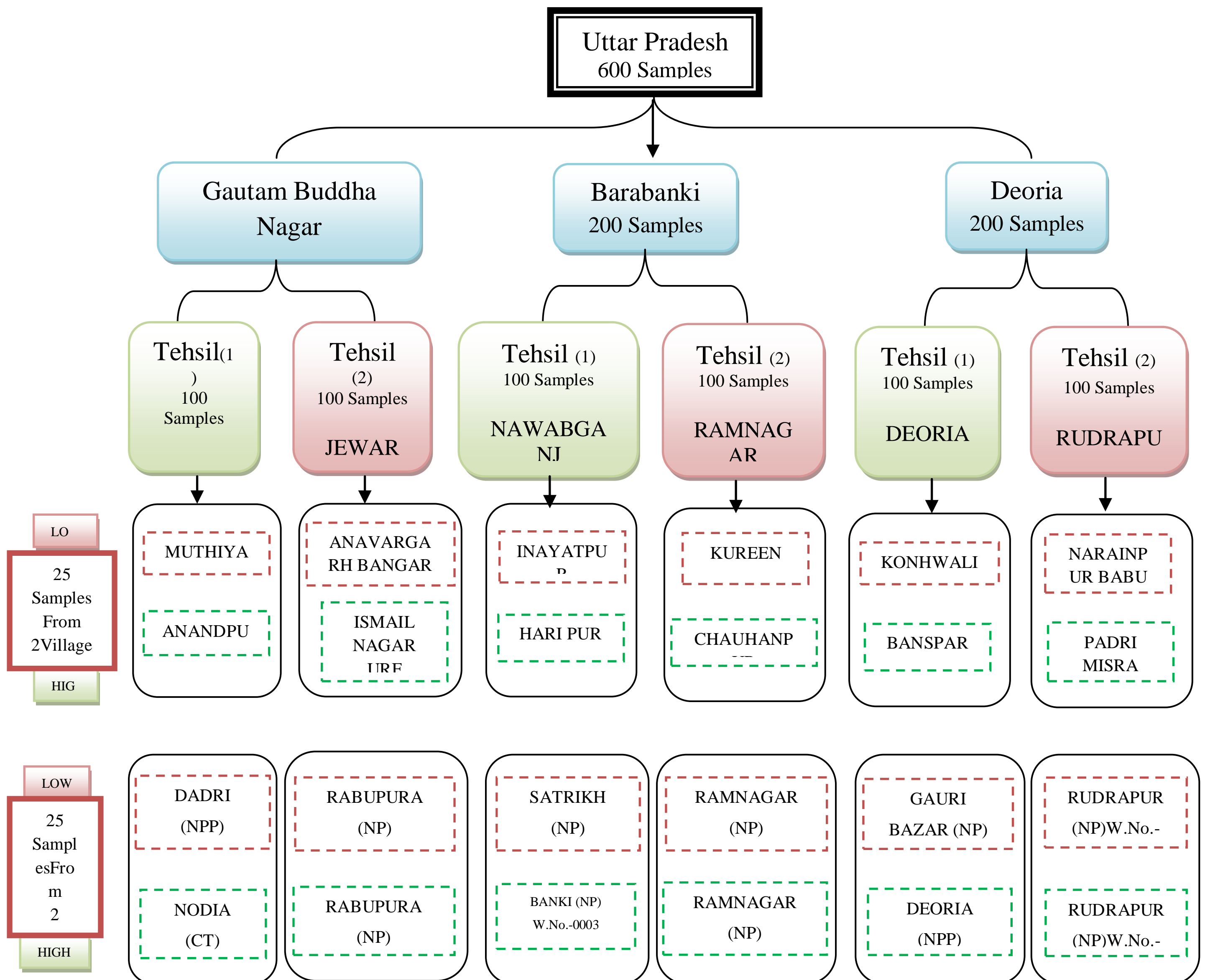


Table 1.1 Indicators for composite index

A	Share of disabled persons	
B	Ageing Index	
C	Married women with no surviving children	
D	Old dependency ratio total	
E	Share of 60+ total population	
F	Single old age share of total population	Males
		Females
		Persons
G	WPR total	Males
		Females
H	Widowed	Males
		Females
I	Never married	Persons
J	Share of HH with aged person ou of total HH	
K	Share of ONLY AGED Person HH out of total HH with aged	
L	Illiteracy males	
M	Illiteracy females	
		Total
N	SHARE OF NON-Pensioners Out of Total Aged Population	Males
		Females
O	SHARE OF NON Pensioners out of NON WORKERS	Males
P		Females
Q	Share of households having NO latrine facility within the premises	RURAL
R	Share of households having NO latrine facility within the premises	URBAN
S	Share of 60+ without metric level of education	

Variables listed above used for the composite index for the purpose of sampling. These are underdeveloped indicators so the high value shows that least development and low value shows the high development. Because of the elongated shape of Uttar Pradesh, one needs to take three districts from east, west and central of Uttar Pradesh.

Table 1.2 Ranking of districts on the basis of Composite Index

District	CI	District	CI
Gautam Buddha Nagar	-39.12	Ghazipur	1.74
Lucknow	-28.16	Firozabad	1.85
Ghaziabad	-25.58	Ballia	2.38
Kanpur Nagar	-17.38	Rae Bareli	4.12
Varanasi	-16.07	Kushinagar	4.44
Meerut	-15.93	Bahraich	4.85
Jhansi	-12.59	Etah	5.02
Bareilly	-11.88	Hardoi	5.19
Sonbhadra	-11.73	Unnao	5.44
Chandauli	-10.17	Jalaun	5.49
Rampur	-9.73	Lalitpur	5.61
Farrukhabad	-7.72	Sant Kabir Nagar	5.66
Bijnor	-7.53	Azamgarh	5.72
Moradabad	-7.52	Kheri	5.80
Mirzapur	-6.78	Banda	6.08
Aligarh	-6.71	Chitrakoot	6.52
Allahabad	-6.65	Jaunpur	6.63
Saharanpur	-6.41	Sitapur	7.10
Mathura	-5.99	Kanpur Dehat	7.50
Agra	-5.69	Ambedkar Nagar	7.54
Kannauj	-5.53	Faizabad	7.81
Sant Ravidas Nagar	-5.08	Sultanpur	8.16
Etawah	-4.80	Budaun	8.41
Muzaffarnagar	-4.62	Pratapgarh	8.55
Bulandshahr	-4.00	Mahoba	8.67
Gorakhpur	-3.90	Hamirpur	9.82
Mahamaya Nagar	-1.33	Bara Banki	11.65
Mainpuri	-1.15	Fatehpur	11.77
Mau	-1.13	Mahrajganj	12.65
Pilibhit	-0.20	Gonda	12.79
Deoria	0.08	Kaushambi	14.12
Shahjahanpur	0.45	Balrampur	17.44
Jyotiba Phule Nagar	0.89	Siddharthnagar	17.61
		Shrawasti	19.19

Source: Primary Survey 2016

The region with low value was from western Uttar Pradesh and region with high value was from the central Uttar Pradesh and region with average composite index were eastern Uttar Pradesh. So Gautam Buddha Nagar was selected from western Uttar Pradesh, Barabanki was selected from the central Uttar Pradesh and Deoria was selected from the eastern Uttar Pradesh.

Total 600 samples collected from three districts, 200 each from every district. Again on the basis of five variables, two tehsils were selected, one good performing and another poor performing from every district. 100 samples each selected from every tehsil. On the basis of same criteria two urban centres, one good and one poor centre with 25 sample each and two rural centres one good and one poor centre with 25 samples each were selected. The Same process was done at another Tehsil and to the other districts as well. The following indices were calculated to integrate different aspects of health, family and economic status into single values.

1. Health Vulnerability Index

It includes the variables of morbidity prevalence, perception regarding own health, perennial health problem, mobility and not enough money for medicines. Each component of the index was assigned weights in a manner such that higher weights were assigned to better health status. The summing up and averaging these weights gives the Health Vulnerability Index (HVI) for each individual. A Higher value indicates less vulnerability and a lower value indicates higher vulnerability.

2. Standard of Living Index

The status of the living index includes the variables of physical assets in the household, which affect the life of elderly. It includes type of house, facility of drinking water, facility of lighting fuel, cooking fuel type, latrine facility, ownership of the house, and durable goods ownership. The methodology of calculation is same as the earlier index but her higher value shows the better standard of living and lowers the value shows the lower standard of living.

2.Index of Multiple of Deprivation

This index points out the deprivation of the elderly at multiple levels thus variables for this index has been selected from the different aspect of the life of the elderly. This includes the variable of bad health, children don't stay, bank account, illiteracy, mobile availability and availability of latrine.

3. Ageing Index:

Number of person 60 years old or over per hundred persons. This index shows that what is the ratio of how many people are entering in the productive age group and how many are going out of this category. Its cumulative effect signifies a population whether it is ageing or not.

$$\frac{\text{Number of person 60 years old}}{\text{Number of person under 15 year}} \times 100$$

4. Old Age Dependency Ratio

Number of persons 60 years and over per one hundred persons 15 to 60 years. This index shows what are the situations of old age people depending upon those who are in working age category.

$$\frac{\text{Number of persons 60 years and above}}{\text{Number of persons 15 to 60 years}} \times 100$$

5. Labour Force Participation Rate of Aged People:

The number of economically active persons 60 and above divided by the total population of the aged people. This index shows what is the rate of the involvement of old age people within their own age group. It helps to calculate the economic productivity of the old age people.

$$\frac{\text{Number of economically active persons 60 and above}}{\text{Total population of the 60 and above}} \times 100$$

6. Total Dependency Ratio

The number of persons under age 15 plus persons aged 60 or older per one hundred persons 15 to 60. This index helps to understand what are the actual conditions of dependency of aged people and children over productive population.

$$\frac{\text{Number of persons under age 15} + \text{Persons aged 60 or older}}{\text{Number of persons age 15 to 60}} \times 100$$

7. Bivariate Analysis:

In a Bivariate analysis, cross tabulation method and chi-square test method will be used to see the association and differential in background characteristics and different dependent variables.

8. Binary Logistic Regression

a. If predictable variables are categorical and dependent variable is in dichotomous form then Binary Logistic Regression is the most appropriate way for analysing the relationship in between those variables.

Regression is useful for situations in which you want to be able to predict the outcome based on values of a set of predictor variables. If the dependent or response variable is dichotomous (binary), such as presence or absence; success or failure; binary logistic regression is used. Logistic regression allows one to predict a discrete outcome, such as group membership, from a set of predictor variables that may be continuous, discrete, dichotomous, or a mix of any of these. There are two main uses of logistic regression: Firstly, to predict the group membership, since logistic regression calculates the probability of success over the probability of failure. Logistic regression coefficients can be used to estimate odds ratios for each of the independent variables in the model. Secondly, logistic regression also provides knowledge of the relationships and strengths among the variables.

The basic form of the logistic function is:

$$P=1/ \llbracket 1+e \rrbracket ^{(-z)} \qquad (1)$$

Where P is the estimated probability (here the probability of using contraception), z is the explanatory variable and e is the base of the natural logarithm (e = 2.7183).

The quantity p/(1-p) is called the odds and the quantity of log(p/(1-p)) is called the logit of P. simplifying the equation (1) we get:

Odd= P/(1-P)=(Probability of Presence of Characteristics)/(Probability of Absence of Characteristics) (2)

$$\text{Logit}(P) = \ln [P/(1-P)]$$

The Multivariate logistic function involving K predictor variables x1, x2, x3..... xn is given by:

$$\text{Logit}(P) = b0 + b1x1 + b2x2 + b3x3 + \ldots bnxn$$

$$\text{Odds} = P/(1-P) = e^{(b0)} \times e^{(b_1 x_1)} \times e^{(b_2 x_2)} \times e^{(b_3 x_3)} \times \ldots e^{(b_n x_n)}$$

The coefficient b1 represents the additive effect of one unit change in explanatory variable xi on the log odds of the dependent variable.

The quantity $e^{(bi)}$ is called the odds ratio, which represents the multiplicative effect on one-unit change in the explanatory variable on the odds of the dependent variable. The odds ratio is interpreted and not ‘b' for it is readily understandable.

In this study usual subsidiary status of old age, people is taken as the dependent variable and all other variables are considered as the independent variable.

I.10. Database

Both secondary and primary data are used for the study but primary survey is the main source of this study. Data available from Census of India and NSSO (66the Round) have been analysed. Other Official data from the state was incorporated in the study. For the primary survey, structured, pre-coded schedule was prepared in English and Hindi language and administered. The survey was done throughout the three districts.

I.11. Limitation of the Study

The study suffers from the limitations, which would commonly relate to the dual problem of primary data based on sample survey and data on social parameters, where the element of subjectivity does enter into the picture, though efforts were made to minimise it at all levels. Some of the major limitations of the study have been listed below:

a) The study based on the sample has led to an inadvertent bias towards poorer households in rural Uttar Pradesh since the villages had a larger population in the lowest income strata.

b) The urban samples also could not reach to highly income strata as urban high-income elite houses were strictly fenced and secured that it was not possible to reach out to them.

c) Much of the information based on lay reporting can possibly be influenced by the fact that often respondents actually facing difficult circumstances may not report so for fear of the shame it would bring to the family name. Aged women specifically were often non-commital about their position in the family. They also often had the tendency to disregard their morbidity status and treatment behaviour.

d) The relationship between variables does not manifest themselves strongly in the data analysis. A combination of one or several of the above-mentioned limitations may be responsible for this. The strength of the data has a large role to play in the results of the statistical analysis. This is a limitation of all primary data related studies on health and other such social variables.

e) Most of the time question regarding the question of respect and decision making in the family was asked infront of the family members of the household, thus there is the likelihood that cases reported were underreported in situational pressure.

CHAPTER II
AN OVERVIEW OF LITERATURE

The process of ageing was considered as a western phenomenon till the last quarter of the 20th century but now it spreads over all the emerging economies due to their large investment into the field of health and public services. In the process of demographic transition, India is also witnessing Ageing population with rapid rate mainly due to its vast size of population base and so on so forth. Elderly and their life were generally covered in the field of sociology from the social point of view but as it turned as a very crucial issue for the policymakers, demographers are also dealing with the various dimensions of the old age people. The available pieces of literature dealt about the elderly from various dimension especially socio-political and cultural point of view. The various issues covered by the kinds of literature are as their size, structure, composition, health, literacy, marital status, workforce participation, social perception, individual perception, recreational works, old age homes, policies and programmes etc.

II.1. Ageing, old age people and modernization

The topic has deep root in human contemplation since virtually all individuals, as well as human societies from the start of human history, have aspired to prolong life and find the mystic elixir that would keep death at bay, empowering people to live extended lives. Only a limited people really would desire to die young and ageing societies are prosperous societies (Susan A. MacDaniel, 2008).

Elder (1985) conception of social structure is a structure of roles; and life course is seen as a sequence of transition, role entries and exits, constituting a trajectory or "pathway defined by linking states across successive years, marked by sequence of life events and transitions, changes in state that are more or less abrupt". Donald O. Cowgill (1974) comprehends that the rapid social change, mobility, urbanisation, literacy, the decline of ancestor worship, breakup of the extended family, loss of useful roles for the aged and increased proportions of aged in the population were declared to be associated with the lower status of the aged.

Simmons (1945) stated that the wish for a prolonged, healthy and functional life was a cultural universal. The quest for analyzing what regulates successful ageing has engrossed on various components of biological, social, psychological, and cultural components of ageing. Age is both a physical and social arrangement. It supports consolidate an individual's self-perception, identity, and social role expectations across the life time Crawford (2000). Barrow et all (1992) urges that alterations in lifestyle, upgraded health care, and improved life expectancy have caused in an cumulative number of older adults who have dared the conventional images of old age as the time of decline and ill health. However, older adults remain to be seen as depressed, unpleasant, ill, disabled, deserted, deteriorated, and even likely to to die. McConatha et al. (2003) says that contemporary society has transformed biological and chronological age into social and cultural phenomena. Widespread ageism (negative and hostile perception towards aged people), in turn, accelerates ageing consciousness and increases the anxiety associated with the ageing process. John Alan Lee (1987) says that as the individual enters his later years, his expectations are lowered.

II.2. Old Age Income, Dependency and change in the roles

By giving the importance of work status in the ‘work society’ Martin Kohli (1988) argues that work not merely delivers the economic foundation of society, therefore of political conflicts, but is also the focus of its basic principles and world-view. Work is an actuality not only of the economy and the polity but also of culture and the life-world. He justified the engagement of individual in gainful activities as he says that society is indirectly treated as consisting of people who are profitably employed (and of their dependents) as there is no straight equivalent to the influence of work on everyday life. Peter Townsend (1981) comments about the retirement and says that persons attaining retirement age do not appreciate it as warmly as they had thought they would. Many who have discharged deeply repentance their inactivity or loss of status. He says that replacing technology and the continual adoption of forms of training and educational requirements have stimulated over-evaluation of the constructive capacity of younger workers and under-valuation of the productive capacity of older workers. The predisposition to poverty in old age could be said to be a function of low levels of resources, and restricted access to resources, relative to younger people. Secondly, it is due to circumscribed access to the fresh styles and

approaches of living being supported in the community. Alan Walker (1981) comprehends that household income is merely one feature of the inclusive supply of resources which regulate the comparative position of diverse groups in the social and economic arrangement, but a alike pattern of disparity between old and younger adults could be established on the basis of evidences about assets, property, investments and income in kind from a extensive range of social services, which support or directly alternate for income, he further adds that the procedure of retirement, which results in an average reduction in income of about one-half, is of enormous importance in determining the structural association between young and old and miserable social position of elderly people. Semi- skilled and unskilled men and semi-skilled women are over-represented amongst early retires. He argues that it is not age as such that decides untimely retirement but the social association between age, health and the labour market. The obligation of unchanging retirement age essentially eliminates a considerable proportion of older workers from labour force participation and is, therefore, a major factor of economic and social position in old age. He further contemplates that employment is not only the principle source of income and standing in industrial societies, it also has a important integrative role in providing the foundation for participation in a extensive variety of roles and affiliations. So the segregation of elderly workers from the labour force decreases their choice of social contacts, in addition, an elderly individual co-opts society's adverse stereotype of old age he or she possible to become isolated.

R. Havighurst and R. Albrecht (1953) says that just as the farmer enjoys the fruits of the harvest at the close of the year's work so the older person is able to enjoy the fruits of his lifework. If he has worked hard and been thrifty, he can enjoy the physical comforts his work has earned for him. Marie Guillemard (1982) says that in our society the transition from adulthood to old age is equaled by a decrease in social reputation and by a reduction of the role structure, even though the loss of certain functions may be "partially compensated" by the postulation of other new roles. He further says that the way in which the family is made up, the manner in which family exchanges take place, and the course followed in professional life are all largely determined by class position. Sarah Irwin (1999) urges that in ageing related study work remains essential, as an instrument of social inclusion. Participation in remunerative employment is necessary to social identity and reputation and those not so occupied are seen to be marginalised in a range of ways. With a growing ideology of

individualism increasingly marginalizing those around the perimeters of the productive sphere. Independence is highly valued, dependence increasingly problematic.

II.3. Theorising the ageing and old age people

The question asked by the Victor W. Marshall (1996) is that what is the theory and why do we have not one theory but a set of social science theories in ageing? So he further classified the ageing theories in three major categories- Micro-level theories, Linking Theories and Macro Level theories. Martin Kohli (1988) placed his argument that the challenge of ageing for sociological theory can be examined first with regard to social structure – the arrangement of social disparity – and then with regard to culture – the language of action and accomplishment and these micro sociological opinions are reaffirmed on the micro sociological level, i.e. with regard to distinctive individual socialisation. Alan Walker (1981) in his paper Towards a Political Economy of Old Age says that methodologies to age and ageing based on the covert assumption that the elderly can be treated as a separate social group, in isolation from the remainder of the social structure, have delivered a totally insufficient basis for an description of the prevalence of poverty in old age, and continue to hinder the formation and application of social policies intended to solve this problem. He further adds that age like time itself is a great leveller.

Cicero, in writing about old age, said that each season of life should have its own special fruit, its own special qualities and advantages. What are the acceptable fruits of the autumn of life? R. Havighurst and R. Albrecht (1953) says that in these later years one can love without selfishness. Older people have much more to give than to receive. While they enjoy attention and appreciate being loved, they do not have as fierce a need for these favours as when they were younger. And, having a lifetime's accumulation of material and spiritual good things of life, they can really enjoy giving these things to other people. Matilda White Riley (1971) argues that a person's health, his wish to attain, his intelligence of mastery over his own destiny, or the way he associate to his family and to his job depend to a substantial extent upon his social class. Bernice L. Neugarten, Joan W. Moore and John C. Lowe (1965) says that in all societies, age is one of the ground for the attribution of status and one of the fundamental dimensions by which social contact is regulated. They further quote the idea of

Comte and says that if the average length of life of every distinctive individual were either compressed or stretched, he said, the tempo of development would also modify. W. Andre Achenbaum and Vern L. Bengtson says that the field of gerontology is currently long on facts and short on explanations. Vern L. Bengston, Elisabeth O. Burgess and Tonya M. Parrott say that asking two questions are necessary while doing any research on old age population which is what are the effects of population ageing on the present and future social structures? What public policies can best reduce poverty among the aged? Bengston et. al. says that " social exchange, social constructionist, feminist, life course, the political economy of ageing, age stratification, and critical theory perspectives points out that a rich and diverse speculative future for understanding improvement in social gerontology and they further add that no one theory can perfectly describe all social ageing experiences".

Simon Biggs and Jason L. Powell (2001) says that dominant discourse aging have customarily comprised of the development of aging as procedure of financial, social and physical decay. They have taken consideration of the Foucaultian notion of status and power towards aged people and generally three perspective of how such power is made and kept up. In the first place the investigation must look at the family history of existing relations, how they have risen, and the talks they both reflect and strengthen as for aging. Second, consideration must be given to the appropriation of power and learning that these relations suggest. At last, advancements of welfare, for example, psycho-casework and case administration should be fundamentally evaluated as ways to deal with the self that hold certain networks of power set up.

Toni Calasanti (2004) urges in feminist gerontology that we should consider how gender orientation is inserted in social contacts at all levels, from singular collaborations to basic or institutional procedures, and how gender shape relations. Anne – Marie Guillemard (1982) argues that many of studies on old age have caused the topic to become self- confining because they have attached so much weight to age grading and to the individual's role and status in an age-graded system. They have disregarded what old age owed to the general social mechanisms for the distribution of power and riches, as they function in our society. Thus the analysis of old age promoted is more fatalistic than critical. He adds with arguing old age can no longer be regarded as the locus of specific mechanisms peculiar to a particular

stage in life and endowed with a nature of their own; it is to be seen, instead, as the focal point of general social mechanisms, the cumulative effect of which is to produce concomitantly social exclusion, marginality and isolation. The source of isolation will then have been established, thus revealing the logic of the cumulative patterns. Donald O. Cowgill (1974) gives the possibilities about the old age and says there is some impressionistic support is that there is a softening of the work ethic; that work is no longer such a high virtue and that not working does not connote such disgrace. With declining work hours and increasing leisure, even during the prime working years, it is reasonable to believe that increased leisure in old age in the form of retirement would be less destructive to one's status.

A second possibility is that only after a society reaches a certain stage of affluence is it able or willing to provide adequate incomes to non-productive members such as the aged retired and this occurs long after the extended family has lost its capability for adequately fulfilling this function. Martin Kohli (1986) summarised his argument in his study by saying that four factors largely determine the condition of old age in any society of any individual which are temporalization, chronologization, individualization and individual's activity in particular socio-economic setup. John Alan Lee (1987) went into the eight basic concepts of ageing and aged which is Activity Theory, Disengagement Theory, Continuity Theory, Social Exchange, Subculture Theory, Symbolic Interactionism, Stratification Theory, and finally Conflict Theory.

II.4. Health

Since long, health has been recognised as a significant indicator of human welfare and determinant of the degree of poverty (deprivation or inequality) as mentioned by Gumber (1997). Determinants of health: Individual attributes like education, age, birth order etc. and the outer socio-economic environment and public health care provision are the factors which affect the health status of an individual. Among these, the socio-economic condition is a very important factor in determining individual health status. Public investment in health in a country is an imperative determinant of higher increase and better health wellbeing status and funds should be used against anti-poverty projects and health wellbeing is the most ideal approach to empower financial development in India (Gupta & Mitra, 2004).

Relationship between income and health: Re-establishing the hypothesis, “Wealthier is Healthier” on the basis of international comparison of health and income, between India and South Africa, (Case and Deaton 2005) have found that individual health status is a perception and a subjective measure and could be compared with individual economic level which can be measured objectively.

The pattern of relationship between health and income is not always consistent across groups, individuals etc. Individuals in the upper quintile income distribution usually report more health problems than those in lower income quintiles, perhaps because they are more aware of their own health status (Sen, 2002).

Regression of health and family size, for a given total household expenditure, shows that household size does not affect the individual health condition, as argued by (Banerjee, Deaton and Duflo 2003). This proves that the joint family system in India does not affect the health status of individuals living in rural areas.

Causality from income to health: In NBER Working Paper Series, Deaton and Paxson (1999) have argued that there is a direct causality from income and income inequality to health; it is not the absolute income but the relative income (income inequality) which matters a lot at both the ends, high and low economic development. At the mean level of economic development, income inequality does not have any link with individual health, but absolute income directly affects the health status of an individual.

With the advancement of age physical, biological and mental status does not allow an old man to cope up with any change in the normal process of body functioning. Of all these health conditions, elderly people are casualties of poor emotional well-being, which emerges from infirmity, anxiety and degree of life fulfillment (Irudya Rajan, 2006). Elderly people neglect the early symptoms of a disease and do not seek any medical treatment unless it becomes too acute to cope (Indrani Gupta, Dasgupta and Sawhney, 1995).

In a significant observation made by S Irudaya Rajan (2006) was that functional issues go before biological issues, which wind up plainly after reaching the age of seventy. On the premise of the primary National Sample Survey (NSS) conducted in 1980s, concentrated on

the elderly showed that around 45 percent of the elderly experienced some constant disease like agony in the joints and problem of cough. Different ailments noted in the NSS study included circulatory strain, coronary illness, urinary issues and diabetes. The real executioners among the elderly comprised of respiratory issue in rural areas and circulatory issue in urban zones. Another survey on rural area detailed that around 5 percent of the elderly were disabled and another 18.5 percent had just constrained versatility. He further said on the basis of NSS 52nd round (July 1995-June 1996) that among the eight severe sicknesses inquired in the National Sample Survey, near 33% of the elderly revealed experiencing torment in joints, trailed by a cough (around 20 percent) and circulatory strain (around 10 percent).

H.B. Chanana and P.P. Talwar (1997) observed that elderly are more helpless against malady in view of diminished physiological capacity and immunity mechanism.

At present elderly individuals profit themselves of general medicinal and health facilities; no deliberate exertion has been made to give geriatric restorative care. Nonetheless, there is an earnest requirement for pros providing food for the elderly, these individuals would be reliant either on their families or altruistic organizations or without such help, they would look towards the Government for help.

Prakash Bhattacharya (2005) in his study based on NFHS-2 (1997-1998) found that chewing of tobacco, liquor utilization or smoking is seen among 50 percent a greater number of individuals in the rural regions than the urban ones. Be that as it may, the frequency of biting tobacco is twofold and that of devouring liquor is treble for an unskilled individual contrasted with an educated one. It has been analyzed that the higher the way of life, the lower the possibility of having these propensities. The living arrangements of elderly people are another basic factor for the appropriation and continuation of such propensities.

As indicated by the above study, tobacco biting, liquor utilization or smoking is seen among 50 percent a bigger number of individuals in the country zones than the urban ones. Notwithstanding, the occurrence of tobacco chewing is twofold and that of devouring liquor is treble for an uneducated individual contrasted with an educated one. It has been watched that the higher the way of life, the lower the chances of having these propensities.

Pravin Visaria (2001) in his study says that elderly tend to participate in the household activities but not every elderly are capable of participating in the household activities so those who are unable to take part in these activities are more vulnerable and their problems are grimmer and unaddressed.

Rajagopal Dhar Chakroborty (2004) in his book The Greying of India says that in contrast to the developed countries where breast, colorectal and lung cancers are more prevalent, in developing countries cancers of the stomach, breast and cervix predominate. From the asset use perspective, he says that there is a critical contrast between nature of disease among the old age population and whatever remains of the populace. An old age person takes longer time to get healthy from the same disease as compared to a younger person. Most of the diseases suffered by the elderly are chronic in nature. Treatment of the elderly in institutional facilities and in nursing homes takes so much of time and resources. The standards of rudimentary financial health matters propose that such long constrainment cases be dealt with at home.

Gail Wilson (2000) in his book did the comparison in between the bedridden elderly of UK an Japan and says that In Japan large number of elderly individuals are delegated confined to bed and consequently are weaker from the establish western standards. Since 1986 the rate of bedridden older are seems to have stayed unfaltering at around 4.7 percent of the populace, more than 65 despite the fact that the numbers more than 65 expanded from 13 to 18 million throughout the decade. In the UK, by comparison, only 2 percent of over 65s were unable to get in and out of bed. So it is not possible to assume that Japanese people are physiologically twice more likely to become immobile in later life than others, but it is quite possible that there are cultural reasons for late life immobility. He further says that we know that individuals are living longer by and large, however there is no agreement on whether longer life implies a more time of disability. Is being old simply a matter of survival with more and more incapacity, or is the quality of life as food or better than in the past? To those who believe that old age is synonymous with the disability, the answer is obvious. They assume that the longer people are ‘old', the longer they will be disabled, and the more they will cost in terms of health and social care. This is widely held the popular view. Like the most stereotypes, it is not completely without foundation. He additionally says that elderly ladies

are factually more prone to experience the ill effects of impairing conditions than men of comparable age and it is less easy to identify a stereotype of healthy old age for women. Joachim Vogel (2002) says that there is good evidence of improved global health among the elderly and increased psycho-social problems in the youngest generation since the early 1980s.

II.5. Education among elderly

In his study about elderly S. Irudaya Rajan (2006) suggested that despite the fact that the proficiency levels among the elderly are quite low, the future elderly is relied upon to be more educated and will be demanding more from the government for social security and other economical benefits. Is the government of India ready to restructure the expenditure pattern to suit the needs of the elderly in the future? He further added that the planners and policy makers in the nation should observe the expanding proficiency level among elderly people in light of the fact that the future elderly people are relied upon to request more social security from them contrasted with the present era of old people. In the same book, he quoted from the writings of Granhan (1972) that the well-being and prosperity of the elderly is personally connected to their education. Longevity also has a strong association with education as literacy levels and life expectancy at birth are highly correlated.

H.B. Chanana and P.P. Talwar (1997) after studying the investigation of old age populace for various decades says that illiteracy among the elderly was higher than that of the overall population amid every decade. Additionally, absence of education was more predominant among elderly females than elderly male, which parallels the example of illiteracy among the all-inclusive community.

Pravin Visaria (2001) by his article says that there was a sufficient decrease in the rate of uneducated elderly male and females in succeeding decades. The elderly of today are survivors of a period when the educational facilities were extremely compelled. The decrease in absence of education in urban areas affirms that the circumstance will change after some time as the after independence cohorts join the positions of the old age population.

Rajagopal Dhar Chakroborty (2004) in his book says that elderly are the product of that society which was not having sufficient facilities for educational attainment, so they are lagging behind from the general population in terms of literacy. He further says that most of the elderly in the nation are unskilled and along these lines appreciate a low status in the public eye. Regard towards older folks is dissolved impressively when the younger eras see the considerable difference between their level of education and that of their seniors.

P.H. Reddy (1996) by his study says that the spread of education among females, joined by their work outside the home in workplaces and companies, leaves no time for those ladies to deal with old individuals at home. More imperative, there is presently a more prominent venture by the family in the education and childhood of kids. The high expenses of living, and changing needs influence the intrafamily dispersion of salary for kids. In the phraseology of Caldwell (1982), the riches stream in India is rotating toward the ground. All these financial changes have unfavorably influenced the circumstance of the elderly in Indi

Gail Wilson (2000) in his book says that in developed countries the new generations of active and affluent elders with time to spare have also led to a massive expansion in services and activities, with a corresponding increase in jobs and investment. Older men and women provide services for each other, for example, the University of the Third Age (U3A), which now has branches in most affluent countries. Courses taught by elders themselves or by hired staff allow them to catch up on education or to take up new interests. Then there are clubs of all types, often subsidised by a grant from government or a charity or, increasingly, by sponsorship from related private-sector businesses.

II.6. Marital status among old age population

Irudaya Rajan (2006) says that In India, conjugal status strongly affects the circumstance of elderly women in regards to the accessibility of family care and support. Indeed, marital status determines women's position within the family unit as well as her status in society. Indian female who are widowed are known to be broadly victimized and rarely get regard and care from the joint family. Therefore it is extremely crucial to know the marital status of the people when they are old.

Rajagopal Dhar Chakroborty (2004) in his book says that three factors are responsible for such a high percentage of widowhood. First, women are at a much lower risk of death at the age of 60 than men. Second, dowagers by and large don't remarry. Third, women wed men a couple of years seniors to them and these higher matured men are in this manner subject to a higher danger of dying. Curiously, with the anticipated decrease in mortality, the danger of widowhood will be come down later on and this pattern is as of now obvious. He further added by arguing on the basis of his NSS survey that only 0.4% of elderly females are divorced or separated. While this is certainly not an alarming figure, countless elderly ladies will be separated with elderly men, not at all like dowagers, have no claim on their late spouses' benefits rights. In the event that the separation happens at a later age, they may not have the capacity to acquire enough to make arrangement for their old age. In such circumstances, separated women are in a more terrible position than their widowed partners who in any event hold the annuity privileges of their late spouses.

Myers (1986) says that conjugal status investigation of the elderly additions conspicuousness from the accord that wedded passage superior to the single on various measurements, e.g. monetary, social, passionate and emotional amid the movement through more established life.

Gail Wilson (2000) in his book says that the world is witnessing the big changes in marital status that have accompanied changes in population structure. Lower death rates have meant older widows (and fewer young ones) along with the constancy of marriage for men in later life. The rise in divorce is concentrated among women once the age of 65 has been passed. A mini-boom of elders was due at the turn of the century, earlier than in the UK where the increase is not expected before 2008. He further says since in many societies ladies wed men more seasoned than themselves and men pass on prior, an ascent in older women implies an expansion in the quantity of dowagers. Numbers can be high, for instance in India 70 percent of women with more than 65 years of age were dowagers in 1980. (United Nations, 1991: 78, Table 9). High rates of widowhood in nations where the status of women is low, indicates large amounts of neediness and burden. As birth rates fall, the quantity of old women without kids is likewise set to increment. The quantity of more elderly men without any children, or

who have lost contact with their kids, appears to probably rise considerably quicker as a result of separation, and this will cause issues in the event that they require support and care.

Kumudini Dandekar (1993) says that loneliness is one of the major problems of old age which makes people feel helpless. In the advanced world and particularly the US the old women are more alone than men. But in India, it is the men who are alone both in rural (12.4 per cent) and urban areas (9.5 per cent). The percentage of such women is very low (near about I per cent) both in rural and urban areas. There are two reasons for this low number of lonely women. One is that the number of old females itself is not what is expected elsewhere. Secondly, the peculiar social conditions in India leave the old women to hang on to some family such as the son, daughter or other relative's often in a difficult position. In the US the number of women living alone far exceeds that of men because women live much longer than men and they can afford to live alone financially as well as socially.

Pravin Visaria(2001) in his article says that as in the general population, women, who suffer from lower risks of death than men at ages 60 and above, also follow the tradition of not remarrying after widowhood more than men. As a result, the percentage of widows among the aged females is much higher than that of widowers among aged males. Malini Karkal(1999) after analysing Census 1991 data reports that about 44 per cent of the elderly women and 81percent of the elderly men were living with their spouses. While men are likely to be cared for by their spouses the same cannot be said for women. There are several reports of elder abuse and 'single' persons are likely to face abuse more than those with spouses and on the basis of NSS 42nd round he says that 89 per cent of the elderly women as attending to household duties and 97 per cent of the men and only 14 per cent of the women were independent.

Sivamurtthy and Wadakannavar in a survey of the aged in rural north Karnataka say that Conjugal status determines an imperative part in day-to-day living conditions of elderly people. Particularly for women in India, the wedded state symbolizes the economic wellbeing, respect, regard, and power in the family and also in the general public. The information from the study uncover that the elderly people turned to living with wedded daughters or with different relatives predominantly in case of widowhood. A large number of

such people were females instead of men. In the Indian culture a man, notwithstanding when widowed, would not like to live with his wedded daughter's family, while a lady would wouldn't fret living with the daughter's family in such a situation.

H.B. Chanana and P.P. Talwar (1997) states that a genuinely extensive extent of the elderly populace is single attributable to the passing away of the marriage accomplice. The frequency of widowhood is considerably more prominent among females than among guys owing incompletely to the nearly higher desire of life among the more established females and mostly to taboos against remarriage, especially of females.

II.7. Economy of elderly

H.B. Chanana and P.P. Talwar (1997) say that, In India, most of the populace, including the elderly, is poor. In any case, one positive component concerning the elderly populace is that the majority of those at least 60 years of age are financially active, probably in light of the fact that they are occupied with areas for which there is no particular time of retirement.

The Planning Commission of India evaluated that around 92 percent of working Indians do not have any formal seniority income. Therefore, the Project Old Age Social and Income Security (OASIS) 1997 Committee anticipated that these individuals might sink underneath the destitution line because of the non-accessibility of satisfactory post-retirement income.

Prakash Bhattacharya (2005) says more seasoned Indians are staying in the workforce after their official retirement because of their physical quality. The private area organizations are progressively commanding organizations in India. Along these lines, the present inconsistencies in the work market might be redressed over the long haul, while the expanding supply of more seasoned and experienced individuals in the work constrain may diminish the wages. He further quoted the OASIS committee report and says “even for these individuals, incomes generally fall below the poverty line during old age despite the high levels of contribution (over 20%—among the highest in the world) prevailing in India. This is primarily due to low real returns and generous withdrawals”.

Irudaya Rajan (2006) on the basis of NSSO 52nd round says that around 60 per cent of rural and urban females and around 30 percent of rural and urban males in India had no valuable assets in their names. Leela Gulati and Irudaya Rajan (1999) in his study of Kerala elderly observe that elder women, as well as the men, continue to work much beyond what is considered working life. As long as their physical condition allows them they would look for employment or other possibilities to earn money even if it is collecting firewood, herbs or another chore. The main job opportunity for elderly women was that of domestic work, a job considered by all sections in Kerala as demeaning. The exceptions were those who had sons working in the Gulf. Even among low-income households, if the economic condition improves children do not want parents to work.

Pravin Visaria (2001) in his study found that rural male elderly are involved in economic activities more than urban elderly, this is the same in the case of female elderly, a greater share of the elderly laborers were independently employed. The second most essential class of work was casual work and the third most vital classification is the regular worker. He additionally says that given the moderate development of employment in public and formal sector, there is the little prospect in the years in front of an expansion in the offer of formal regular employment. Truly, it is hard to assess the extent of the elderly population, who were truly independent on account of past investment funds. The nature of work generally Indians do, does not provide them any social security in the later age of life, especially when the person is not able to work.

Aparajita Chattopadhyay (2004) suggests that formation of special firms and sheltered workplaces specializing in lighter works and welfare activities where the elderly who are physically fit and/or in need can be employed on a part-time basis or can be given an employment fellowship for their service. Non-governmental organizations and private agencies should be encouraged to join the initiative. The government can provide tax incentives both to firms that employ elderly persons and to the retirees, who are contributing to these firms.

In a survey undertaken in Maharashtra Kumudini Dandekar (1993) found that among the reasons for coming to OAH (old age home) 64 per cent had nobody to take care of them.

They included 45 per cent having no money either. Nineteen per cent were alone but money was not a stated serious problem. Those who had good health continued to live and work, while those with bad health were rapidly weeded out since medication was mostly unavailable. People worked until death in the majority of cases out of need. He further says that low income in old age means poor nutrition, inadequate housing, neglect of medical services and failure to fulfil psychological needs which were more or less non-existent in youth or were accepted as ‘given'. Thus for a non-Indian, the old in India presented a poor picture. But is it surprising that proper attitudes and philosophies provide the people adequate strength to face old age gracefully?

Gail Wilson (2000) in his book says that, In developing countries and where pension coverage is inadequate, older people must still do paid work or grow food whenever they can. The term economic activity excludes a wide range of activities that are essential to free other family members to take paid work- water collection, cooking, cleaning, child care and subsistence cultivation or gardening. All these activities need to be added to get the real activity rates of older men and women in developing countries. He further says that the unsafe part of globalization to the extent more seasoned men and women are concerned is the developing ideological energy of the confidence in free markets and auxiliary modification arrangements. Until the emergencies of the late 1990s in Asia and Russia, it was conceivable to see rebuilding as an unavoidable and even gainful aftereffect of the globalization of monetary movement. As indicated by this arrangement of convictions, structural adjustment was basically a symptom of developing success, achieved by the fast extension of world exchange, the free development of capital and merchandise and the unification of world money related markets. It was trusted that the abrogation of sponsorships and exchange boundaries was basic with the goal that merchandise, particularly nourishment, could be circulated all the more proficiently.

While focusing on pensions as a measure to improve their later life he says that in most of the world pensions are not an issue because very few older men or women have any pension at all. To the young in countries where pension systems are well developed, the subject may be dull or confusing but, as more and more money tied up in pension funds, we can expect to get a higher profile. He says the independence to live without earning cash or to create products

available to be purchased is something obscure in mankind's history aside from the extremely favored few. Indeed, even today there are very few nations outside Western Europe and North America where pensions gives a reasonable good quality of life, so early retirement is a popular policy wherever pensions are adequate. He further suggested that it is, however, cheaper to encourage older people to stay in work than to pay pensions and many countries have policies for helping older people earn. Throughout the Western world there are moves to raise the pension age, but once labour market is ageist a delay in pension eligibility only means that older men and women have to fall back on public assistance until they can claim their (reduced) pensions.

On the basis of the NSSO survey for the elderly status in India Rajagopal Dhar Chakroborty (2004) says that Old age dependency is higher in rural areas than in urban areas. The elderly are still working for living in the absence of any suitable social security. As many as 70 per cent of the aged depend on others for their day to day maintenance. The situation is far worse for elderly females, 85 to 87 per cent of whom are dependent on others. Majorities of the elderly are not supported by any retirement benefits and the problem is compounded in rural areas. About 54 percent of the aged own financial assets and housing, though many of them do not have any management rights or control over them. On the basis of 1991 census he further says that in the rural areas, the elderly workforce participation rate is larger than the all ages' population. The urban elderly, however, participate in the workforce little less than the general population. The female workforce participation for the aged category is lower everywhere as compared to the all ages' population. In India, even people in the age group 80 plus participate in the workforce. Most of the elderly are engaged in agriculture and here the shares of females are higher than their counterpart because there is no age limit in self-employed agriculture. Most of the elderly workers were main workers and not marginal workers. In the urban areas, the elderly are generally engaged in work requiring considerable use of manual labour. Being uneducated and not adequately skilled, they have to be satisfied with low wages, insecurity of work and unhealthy working condition.

II.8. Workforce participation among the elderly in India

On the basis of the Census data, Rajan, et al. (2003) have shown that the workforce participation (WFP) of the elderly in India decreased from 1961 to 1991, with the rural WFP rate being higher than the WFP in urban areas. Disaggregating by gender, they have found that the elderly male participated more in economic activities than the elderly female. Further, elderly workers were increasingly involved in the agricultural sector, with almost 80 per cent of the aged workers being engaged in this sector in 1991. Selvaraj, et al. (2011) have also analysed the WFP trend in India on the basis of the usual activity status (usual principal status1 and usual subsidiary status2) using NSSO data from 1983 to 2004-05. The total number of elderly workers in India was approximately 7 per cent of the total workforce (Selvaraj, et al., 2011). They have also shown that the WFP rate for the elderly decreased marginally from 42 per cent in 1983 to 39 per cent in 2004-05, mainly due to the growing number of elderly in the higher age group who are less 224 the Indian Journal of labour economics likely to participate in the workforce. The WFP of the elderly is higher in rural areas as compared to urban areas.

Selvaraj, et al. (2011) also report that the educational attainments of elderly workers are low—more than 70 per cent of the elderly are illiterate or have not acquired any primary education. This implies that it is economic vulnerabilities which ‘force' the aged to work in India. Most of the elderly workers are self-employed, with the proportion of self-employed elderly workers further increasing with age. The incidence of casual employment is higher among the elderly females. In urban areas, significant proportions of the elderly female workers are engaged in regular employment. On the basis of current weekly status3 data of the NSSO, Selvaraj, et al. (2011) have also shown that the real wages of regular and casual workers increased by 60 per cent from 1983 to 2005. Although the elderly are receiving lower income than the non-aged workers, their (aged workers’) contribution to the total household income is substantial, amounting to about 4 to 5 per cent, on an average.

Singh and Das (2012) have analysed the determinants of old age wage labour participation and supply in India from 1993-94 to 2009-10 on the basis of the current weekly status data generated by the NSSO. The descriptive analysis shows that the wage labour participation of

the elderly from 1993-94 to 2009-10 decreased in urban areas (from 7.45 per cent to 6.01 per cent) but increased in rural areas (from 9.66 per cent to 11.35 per cent). However, the average number of weekly days of work supplied by the working elders decreased in rural areas (from 6.22 per cent to 5.80 per cent) but remained the same in urban areas (6.42 per cent) (Singh and Das, 2012). Econometric analysis undertaken by using the probit regression model indicates that in urban areas, there is a negative relationship between the probability of wage labour participation and the age of the elderly.

In rural areas, they showed the same result only for the year 1993-94, but for the year 2009-10, they exhibited an insignificant relation. In rural areas, the Scheduled Castes (SCs) and Scheduled Tribes (STs), and in urban areas, the SCs were observed to be participating more than the others in 2009-10. In both the NSS Rounds, females are seen to be participating less than the males in both rural as well as urban areas. They have observed that in both rural and urban areas, the elderly from poorer households exhibit a higher probability of wage labour participation in both the Rounds. They report that education does not play any systematic role in wage labour participation, as the pattern of participation of those having acquired secondary level education and that of a higher educated person is significantly different from that of the illiterate. On the basis of descriptive analysis within the econometric analysis, they have found that the elders from smaller families are more likely to participate in the workforce. Using the Heckman sample selection regression, they have found that in 2009-10, in both rural and urban areas, the number of weekly days of work supply by the working population of the elderly does not have any significant relation to their age.

Rajan, et al. (2003) have analysed the elderly WFP only during the pre-globalisation period. Although Selvaraj, et al. (2011) have studied the WFP trend from 1983 to 2004- 05, their study is limited to the description of trends and does not involve any analytical work. Only the study of Singh and Das (2012) is analytical. However, it suffers from some workforce participation among the elderly in India limitations, as delineated below. 1. For instance, they have used data on current weekly status which is not as reliable as (say) principal status, because the reference period is very small (the week preceding the data of survey). The use of the current weekly status increases the probability of unemployment. 2. Another limitation is that Singh and Das (2012) have considered only wage labour. However, unpaid family

labour is also important for aged workers. For instance, in the context of rural China, Pang, et al. (2004) report that the elderly tend to participate in the informal sector after withdrawing from the formal labour market. They report that about 62 per cent of the elderly and near-elderly people in rural China are participating in the informal sector, by undertaking activities like household chores and taking care of the grandchildren.

II.9. Living Arrangements of Elderly

Rajagopal Dhar Chakroborty (2004) in his book says that home ownership for aged is more common in the rural area than the urban area. Fifty per cent (more or less) of the Asian elderly do not own any house and are dependent on the houses owned or rented by their children and relatives. Due to overcrowding and lack of resources with urban administrators, houses in urban areas hardly large enough to accommodate more than one nuclear family. So when adult sons get married, elderly parents find themselves short of living space. Housing costs prevent the urban elderly from living in independent dwelling units. Ageing may produce specific demands for the certain types of housing. The emerging system of smaller families, compounded by rising divorce rates, increase in the number of widows and widowers and increasing incidence of solitary living among young adults, will reduce the demand for large housing.

Gail Wilson (2000) in his book says that there is a strong and almost certainly growing demand for residential care that is not going to go away. While it is untrue that all frail elders were cared for by their families in the past (many died and some were abandoned in more or less subtle ways), the modern ability to buy care, rather than deliver it hands on, is a welcome choice for many women. It is also welcome to older people in Western countries where the tradition of independence is very strong. Older women, in particular, seem unwilling to become a burden on their children if they can avoid it. There is no reason to believe that this trend will not be repeated as incomes rise in other parts of the world.

D Souza (1989) observes that change in living arrangements, family structure and method of sudden retirement unfavorably influence the old and further that the old individuals are in expanding extents losing the status and security which they delighted in the conventional Indian family structure. Concerning the change in Indian family framework, Dreze (1990)

sees an extensive cover between the issues of dowagers and seniority in rustic India i.e., for a monetarily autonomous couple the choice on co-living arrangement with the youngsters (children specifically) depends on the circumstances and inclinations of the more seasoned and additionally the younger generations. Also, there seems to be a differential situation between the elderly with or without surviving offspring, no matter whether the elderly live with the surviving offspring or not. A slum study by Darshan et al. (1987) finds 20 per cent of the elderly in the slum community living alone, a majority of them physically challenged, thus being unable to provide for themselves. The elderly who were within families too were in precarious circumstances. In this regard, NSSO (1987-88) of the elderly finds loneliness to be one of the major problems among the aged in India.

Living arrangements among the Indian elderly utilizing National Family Health Survey-I were tended to by Irudaya Rajan and Kumar (2003), the investigation presents nitty gritty attributes of living arrangements among the elderly in India in terms of headship, normal family estimate and conjugal status. The article attracts regard for the way that only 6 percent of the elderly in India live in a family where their close relatives are absent. Besides, the paper advanced a couple of arrangement remedies to improve the prosperity of the Indian elderly.

CHAPTER III
DYNAMICS OF OLD AGE POPULATION

While population ageing represents, in one sense, a success story for mankind (massive survival to old ages has become possible), it also poses profound challenges to public institutions that must adapt to a changing age structure. The first challenge is associated with the dramatic increase in the older retired and non-working dependent population relative to the shrinking population of working ages, which creates social and political pressure on social support systems. In most of the countries, rapid population ageing places a strong pressure on social security programs.

Population ageing is also a great challenge for the health care systems. As nations age, the prevalence of disability, frailty, and chronic diseases are expected to increase dramatically. Some experts raise concerns that the, may become a ‘global nursing home' (Eberstadt, 1997).

As society is progressing on time scale, various traditional norms are breaking and eroding thus leads to the gradual marginalisation of elderly. This creates the social challenge where an elderly is struggling to prove his existence. An elderly are facing various kinds of insecurities within family and society and find himself mostly alone to deal with these insecurities. The concerns belong to elderly population is due to transition imposed on the society during the process of socio-economic development in Uttar Pradesh.

Uttar Pradesh is passing through the phase of institutional inefficiency where the funds and policies launched by the government to the betterment of the elderly population in the region is either insufficient or inefficient. This phenomenon is similar to the other failure story of the state in a different field.

Uttar Pradesh consists of immense diversity and inequality the place of residence, social group, gender, region etc. The problems related to elderly population aggravate on these lines, for example, an elderly of the rural area have more problems than the urban elderly residents and an elderly woman have the more challenging life than the male elderly. The problems of elderly vary to the different social group due to an inheritance of physical

resources and social attitude and fewer statuses of the elderly vary from one group to another group.

This chapter deals with the dynamics of the old age population in Uttar Pradesh. Before going to the core chapters of this study, this chapter will give an elaborate account of the various indicators influencing the life in Uttar Pradesh. This chapter the on the secondary data calculated from the Census of India.

III.1. Demographic dynamics

Most of the demographic variables have been added to the socio and economic dynamics here some of the variables, which can surely be put in the demographics of the old age population, are discussed here.

Demographic Transition in India

The first stage of demographic transition in India continued till about 1920 when both birth and death rate was very high. The second stage of demographic transition in the country began from the early 1920s and spread well up to early 1970s. During this period the major cause of high mortality due to famines and epidemics were brought under control and between 1921 and 1951, the country witnessed a gradual rise in population growth.

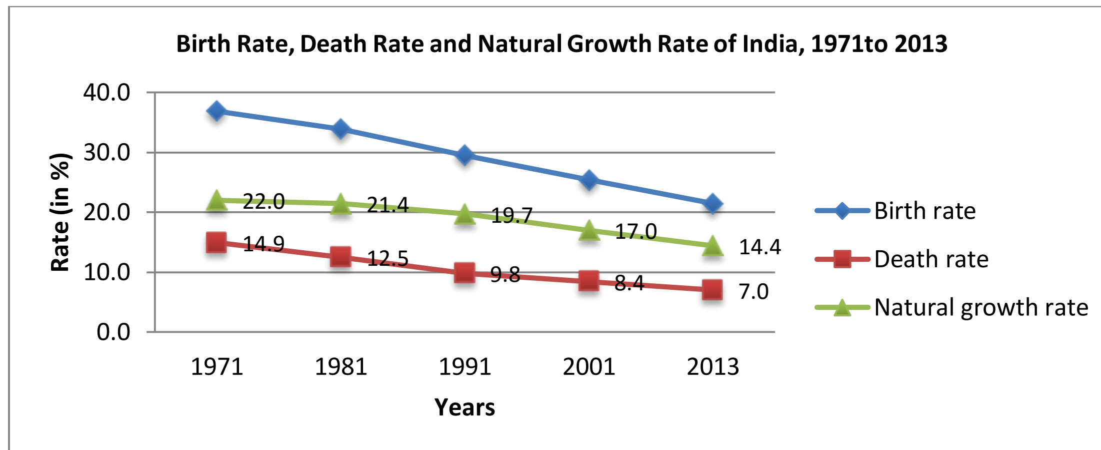
The third stage of demographic transition started during the late 1970s when birth rate also started declining. This trend continued during the 1980s and it is expected that in next couple of decades there would be a faster decline in both birth rate and death rate. India will enter into the fourth stage of demographic transition by the year 2020. (RGI)

Premi (2009)[1] also, opines that in India the major states would achieve total fertility rate of 2.1 (equivalent to net reproduction rate of one). Kerala and Tamil Nadu have already achieved that goal. The states in this respect are Bihar, Chattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and Uttaranchal where the goal of TFR of 2.1 is likely to be achieved by 2030. The difference in fertility and mortality rate will manifest themselves in differences in the pace of demographic transition and BIMARU states, Assam, Haryana, and Orissa will take 10 to 15 years longer to complete their demographic transition. States, in

[1] Premi, M.K.., (2009), *"India's Changing Population Profile",* New Delhi. National BookTrust, pp202-203.

demographic transition (Visaria, L. and P. Visaria, 2003)[2]. There are also rural-urban differentials in the pattern of ageing.

Figure 3.1 Birth Rate, Death Rate and Natural Growth Rate of India



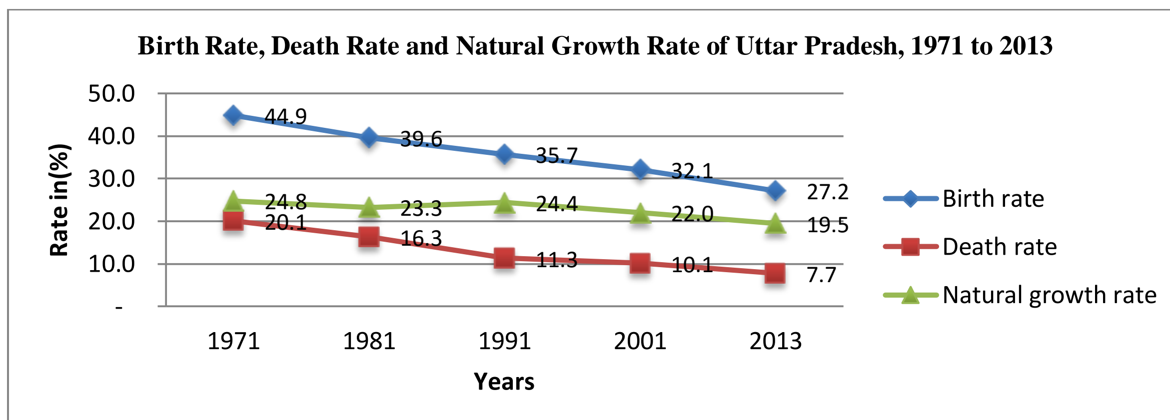
Source: *Sample Registration System (SRS), 1971-2013*

The decline in death rate during the 1970s was almost the same as the decline in birth rate leading to a plateau in population growth rate during 1960s and 1970s. Fig. 1 there has been a faster decline in birth rate than the decline in death rate during the 1990s. The major cause of high mortality was famines and epidemics. However, the pace of decline in fertility has been slower in the 1980s. The mortality rate has been declining at a faster pace in the 1990s. Continued decline in birth rate and death rates till 2009 has been due to development of medical facilities and improvement in the level of literacy particularly in the rural part of the country. Especially in the last two decades, the crude birth rate (CBR), although "still high has been showing a declining trend all over the country" (Subramanian and James 2003)[3].

They have also analysed the impact of demographic transition in India. The first impact is observed in the age pyramid. The declining mortality rate would result in increased longevity of the people. Further, declining fertility would result in less number of people in the young ages. This would result in the increase the proportion of old age people.

[2] Visaria, L. and P. Visaria, (2003). *"Long-Term Population Projections for Major States, 1991-2101"*, Economic and Political Weekly, No.38(45), Nov.8, pp63-75.
[3] Subramanian, S.V. and James K.S, (2003). *"Towards a Demographic Transition". Economic and Political Weekly,* Vol 38, No. 12/13, pp.19-29.

Figure 3.1



Source: *Sample Registration System (SRS), 1971-2013*

The growth rate of the aged population increased almost continuously from the start of the transition. TFR higher than two will indicate that population will increase and TFR lower than two will result in the decrease the population (Karkal, M. 1999)[4]. It is clearly seen that birth rates declined at a slower pace during the period from 1971-2013. Even in the states like Uttar Pradesh, birth rates have shown a drastic decrease 44.9 in 1972 to 27.2 per 1000 persons in 2013, a decline of almost 17.7 percent in almost four decades. It has continued to remain above 27 till 2013. Crude death rate (CDR) declined from 24.8 in 1971 to 7.7 in 2013 in Uttar Pradesh. Uttar Pradesh has always experienced a very high of death rate during the 1980s and 1990s, but the data shows a significant decline from about 20.1 per 1000 persons in 1971 to 12 in 1990 almost 8.1 point decline in two decades. Deaths rate were high due to poor diet, primitive conditions of sanitation and lack of preventive and curative medical facilities and several other factors in Uttar Pradesh. The decline in death rate was a result of better medical facilities and control over communicable diseases. Death rates continued to decline in the last two decades in India (Premi, M. K. 2009)[5]. The process of demographic transition in Uttar Pradesh is far behind than that of southern states of India due to the lower socio-economic status of the people.

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[4] Karkal, M. (1999), "Ageing and Women in India", Economic and Political Weekly, Vol 34, No. 44, pp 54-56.
[5] Premi, M.K. (2009), *"India's Changing Population Profile",* New Delhi. National BookTrust, pp202-203.

Table 3.1 Share of Single aged population in percent points (%)

	India single 60+			Up single 60+		
	Persons	Males	Females	Persons	Males	Females
Total	34.42	17.88	50.43	32.89	24.22	42.30
Rural	34.34	18.50	49.63	32.80	24.78	41.50
Urban	34.61	16.40	52.35	33.27	21.90	45.64

Source: Calculated by Author from 2011 Census data

This table counts single elderly to those who are single, separated, divorced and widowed and in general living life as a single. Total percentage of single elderly is equal across rural and urban areas thus leading to a similar situation at national level. Around half of the elderly women are single and 17.88 percent elderly men are single. Out of total female elderly population, around 50 percent are living a single life whereas around only 17 percent people are single and this pattern is maintained at rural and urban level.

The single elderly female is higher than the single elderly male in Uttar Pradesh. Percentage of singleness is around 32 percent which is almost equal to rural and urban areas in Uttar Pradesh and there is no change in their percentage share when singleness is observed from the gender perspective across space in Uttar Pradesh.

Table 3.2 Share of Single Elderly out of Total Aged Population in Percent points (%)

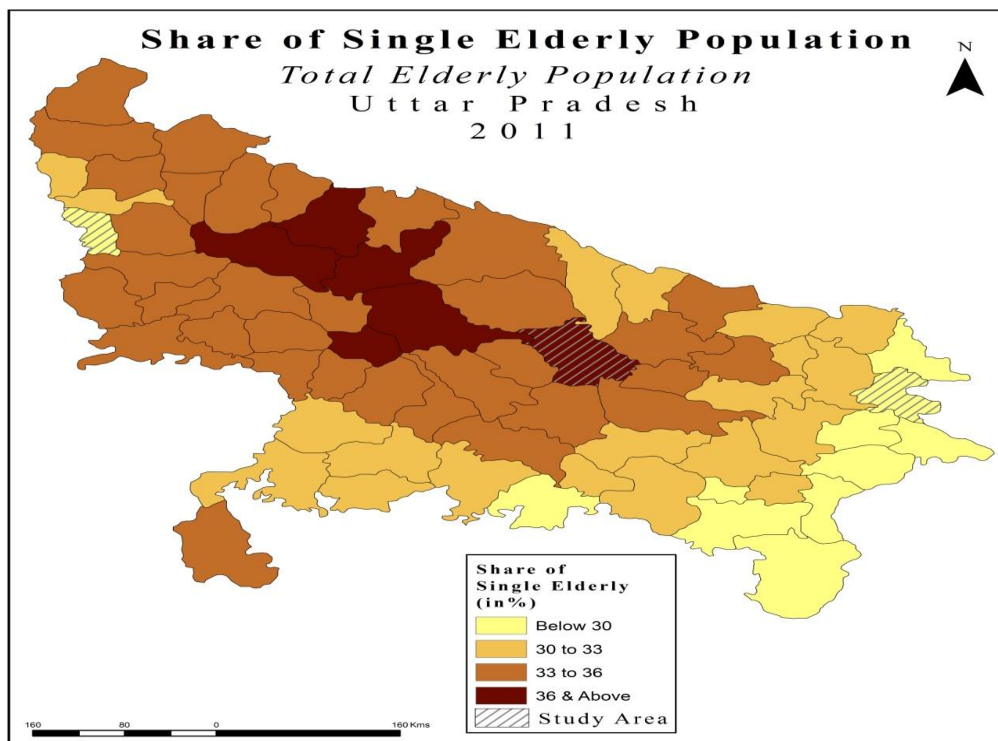
	GB Nagar			Deoria			Barabanki		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total	29.6	19.5	40.2	30.0	22.7	37.8	36.1	27.1	45.5
Rural	33.2	23.1	43.3	30.0	22.9	37.6	36.1	27.4	45.1
Urban	26.5	16.6	37.4	29.6	20.1	40.1	36.8	23.3	50.3

Source: Calculated by Author from 2011 Census data

This table explains about the share of the single elderly population out of a total elderly population. The share of a single elderly population is highest in Barabanki with 36.1 percent elderly single population followed by Deoria with 30 percent population followed by Gautam Buddha Nagar with 29.6 percent elderly population. Female are more single across three districts than male thus they are leaving a lonely and segregated life than male. There is almost no difference in the share of the single elderly population in rural-urban areas in

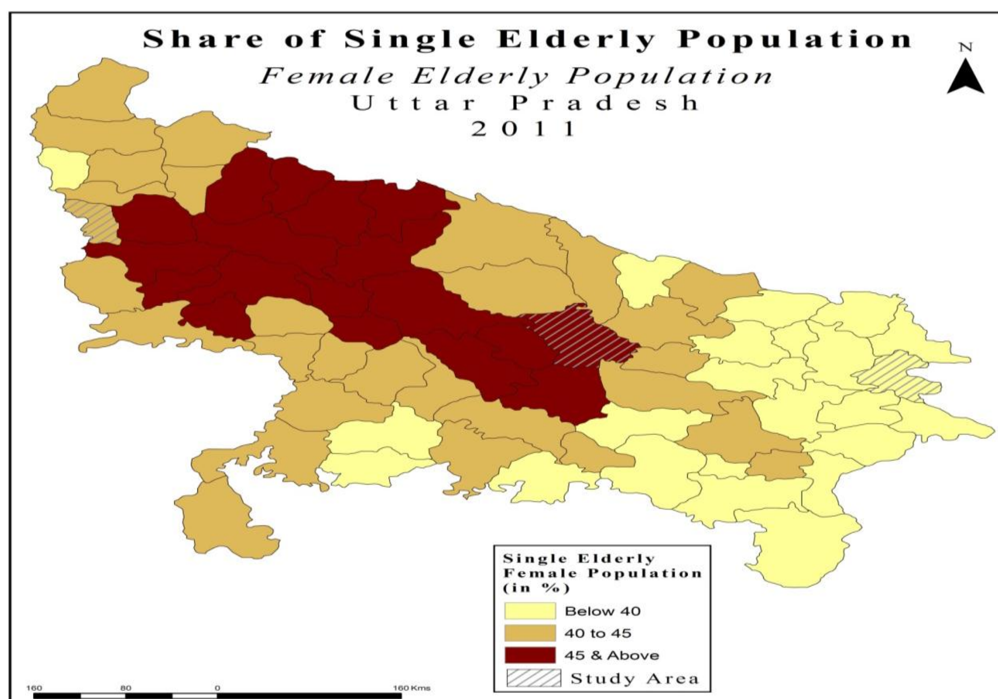
Barabanki and Deoria whereas there is the higher share of rural single elderly in comparison to urban share in Gautam Buddha Nagar.

Map III.1. Distribution of Single Elderly Population in Uttar Pradesh



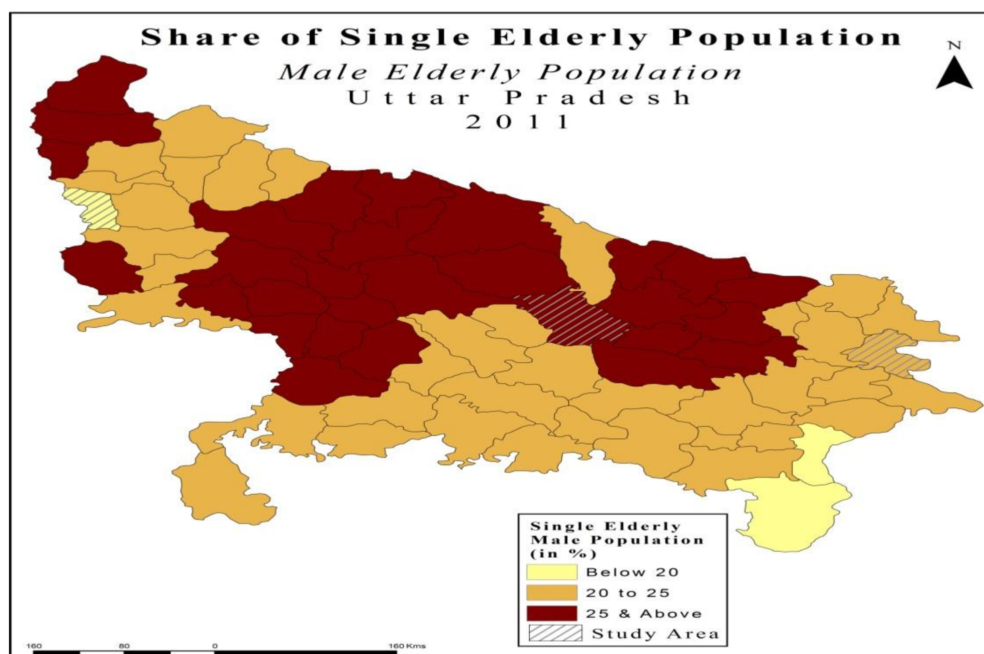
Source: computed from 2011 Census data

Map III.2. Distribution of Female Single Elderly Population in Uttar Pradesh



Source: computed from 2011 Census data

Map III.3. Distribution of Male Single Elderly Population in Uttar Pradesh



Source: computed from 2011 Census data

Share of Aged Population

This simply shows the share of the aged population in total population in all districts of Uttar Pradesh. Where the share of old age population is high there is more likelihood for the dependency. Higher the share of the elderly also put pressure on the other resources available in the region. Higher the proportion of the elderly also shows the higher life expectancy and low fertility and mortality rate in the region.

Table 3.3 Share of old age population out of Total Population in percent points (%)

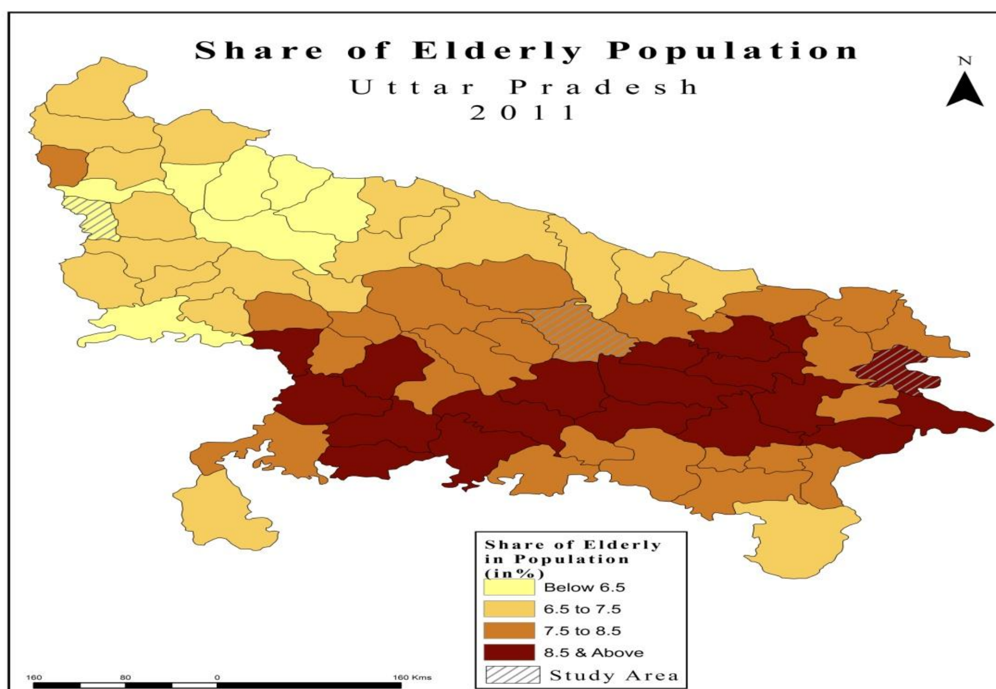
	INDIA			Uttar Pradesh		
	Persons	Males	Females	Persons	Males	Females
Total	8.6	8.2	9.0	7.7	7.7	7.8
Rural	8.8	8.4	9.2	8.0	8.0	8.0
Urban	8.1	7.7	8.5	6.7	6.6	6.8

Source: computed from 2011 Census data

The percentage share of the elderly population in total elderly population is 8.6 percent out of which 8.2 percent are elderly male and 9 percent are elderly female and this pattern is maintained at rural and urban level. Percentage of elderly population is slightly higher in rural areas in comparison to urban areas in India.

The percentage share of the elderly population in the total population is 7.7 percent whereas the share of male elderly is also 7.7 percent and female elderly is 7.8 percent. Percentage of elderly in urban areas is higher than the rural areas. The percentage share of elderly male and female are higher in rural areas in comparison to urban areas in Uttar Pradesh. Elderly people reside in more numbers in rural areas in comparison to urban areas in Uttar Pradesh.

Map III.4. Distribution of Elderly Population in Uttar Pradesh



Source: computed from 2011 Census data

Table 3.4 Share of old age population out of the total population in percent points (%)

	GB NAGAR			DEORIA			BARABANKI		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Female s
Total	6.1	5.8	6.5	9.1	9.5	8.7	8.0	7.8	8.3
Rural	6.8	6.4	7.3	9.3	9.7	8.8	8.2	8.0	8.4
Urban	5.6	5.3	5.8	7.8	7.9	7.8	6.7	6.4	7.0

Source: computed from 2011 Census data

This table explains about the share of an elderly population out of total population. The share of the elderly population is highest in Deoria 9.1 percent followed by Barabanki 8 percent, followed by Gautam Buddha Nagar 6.1 percent. the share of the male elderly population is highest in Deoria and lowest in Gautam Buddha Nagar. Elderly residing in rural areas is highest in Deoria 9.3 percent whereas it is lowest in Gautam Buddha Nagar 6.8 percent. Maximum share of urban elderly resides in deoria and lowest in Gautam Buddha Nagar. The

share of female elderly is slightly higher in Barabanki and Gautam Buddha Nagar and lower in Deoria.

Single Aged sex ratio

This ratio was used to know the ratio single aged men to the single aged women per thousand. This ratio was selected because singleness is characterised as one type of Marginalisation and those who are single can be taken as a kind of marginalised person itself.

Table 3.5 Single Aged sex ratio in India and Uttar Pradesh in percent points (%)

Place of Residence	INDIA	UTTAR PRADESH
Rural	2779	1543
Urban	3279	1916

Source: Computed from 2011 Census data

Sex ratio is very high among the single elderly population. The sex ratio of single elderly people in India is 2914 whereas in rural areas it is 2779 and 3279 in urban areas, so sex ratio is higher in urban areas in comparison to rural areas.

The sex ratio of single elderly in Uttar Pradesh is lower than the India and this pattern is maintained in rural and urban regions. The sex ratio of elderly in urban areas is higher than the rural areas but the value of both regions are very high than the normal sex ratio which Rural-urban be around one thousand.

Table 3.6 Single Aged sex ratio in percent points (%).

	GB NAGAR	DEORIA	BARABANKI
Total	1965	1553	1616
Rural	1874	1529	1576
Urban	2068	1832	2143

Source: Computed from 2011 Census data

This table explains about the sex ratio of elderly who are single as their marital status. Single elderly sex ratio is highest in Gautam Buddha Nagar (1965), followed by Barabanki (1616), and followed by Deoria (1553). Urban sex ratio is high in all three districts the and it is highest in Barabanki and lowest in Deoria. Rural sex ratio is highest in Gautam Buddha Nagar and lowest in Deoria.

Aged Sex Ratio

This indicator is similar to the normal sex ratio, this ratio is used to observe how many women are living per thousand women. Because of the feminization of the elderly population, most of the time it goes into the favour of the elderly women and comes more than thousand.

Table 3.7 Sex Ratio above 60 years of Age in percent points (%)

	INDIA	UTTAR PRADESH
Total	1033	921
Rural	1036	921
Urban	1027	919

Source: Computed from 2011 Census data

A sex ratio of elderly population in India is 1033. A sex ratio of old age population is slightly higher in rural areas in comparison to urban areas. The sex ratio of elderly in Uttar Pradesh is 921, which is less than the national average of sex ratio. The rural sex ratio of elderly is slightly higher than the urban sex ratio of elderly.

Table 3.8 Sex Ratio above 60 years of Age in percent points (%)

	GB NAGAR	DEORIA	BARABANKI
Total	953	931	962
Rural	998	932	959
Urban	917	916	993

Source: Computed from 2011 Census data

This table explains about the sex ratio of old population. The sex ratio of old age population is highest in Barabanki and lowest in Deoria. Rural sex ratio is highest in Gautam Buddha Nagar and lowest in Deoria. Rural sex ratio is high in Gautam Buddha Nagar and Deoria in comparison to urban areas but rural sex ratio is low in comparison to urban areas in Barabanki.

Household with Aged person

These are households having aged persons. This can increase dependency at household level thus leading towards dependent society. As the number of elderly increases in household thus it impinges extra pressure over earning adults from many ways.

Table 3.9 Share of Households with aged persons out of total Households in percent points (%).

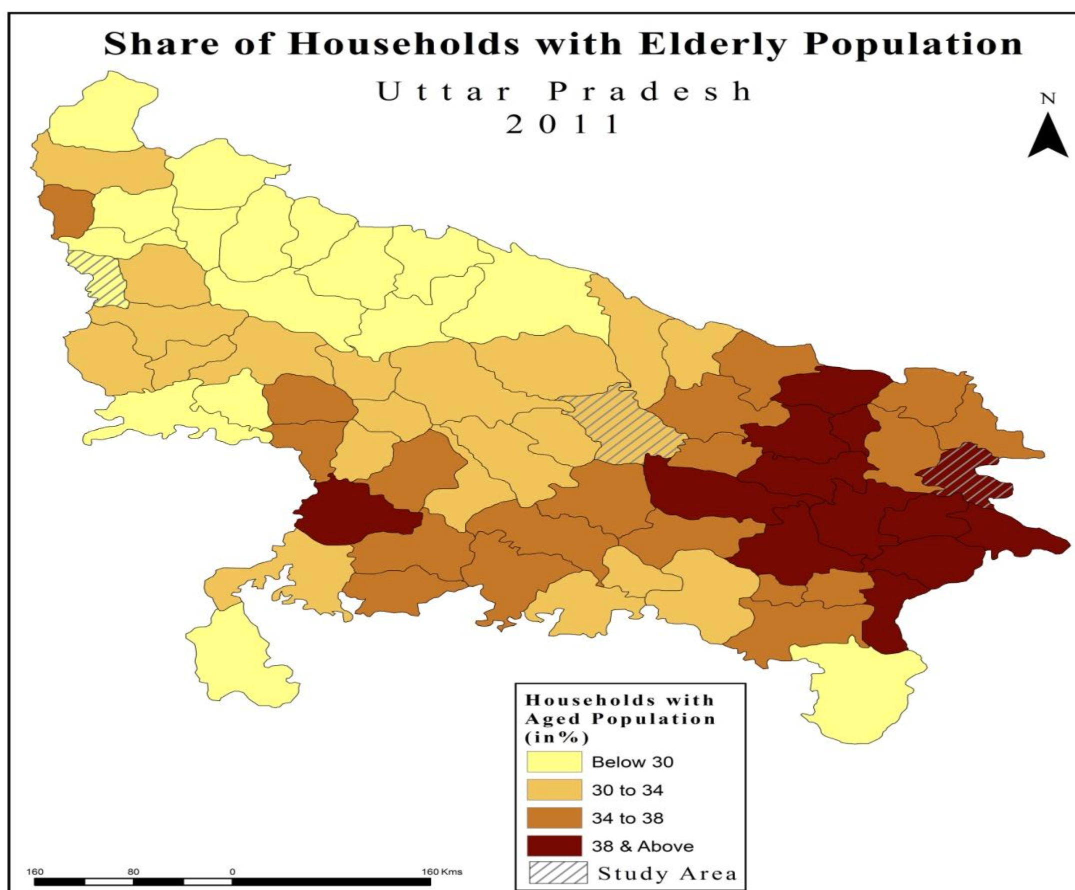
	GB NAGAR	DEORIA	BARABANKI
Total	22.3	42.1	33.3
Rural	21.35	40.31	31.36
Urban	23.12	44.53	35.87

Source: Computed from 2011 Census data

This table deals with the share of household with aged person out of the total household. The share of household with aged person is highest in Deoria 42.1 percent followed by Barabanki 33.3 percent and followed by Gautam Buddha Nagar 22.3 percent. Thus it is highest in Deoria and lowest in Gautam Buddha Nagar.

This table explains about the share of the household having any number of elderly. The share of the household having elderly is around 2 percent higher in Uttar Pradesh in comparison to India and share of the household having elderly is higher in Rural India in comparison to Urban India.

Map III.5. Distribution of household with Elderly population in Uttar Pradesh



Source: Computed from 2011 Census data

Only aged person household

Household generally comprises with various age individuals which create a support system where every individual is reciprocal and responsive to each other so in this situation old age person can get care and help from their younger and parallel ones. But those households where there is only aged person whether there is one or more elderly can be perceived as an insecure and may be facing day to day problem. So the household with only old age person is more marginalised than a usually mixed age household.

An alone elderly in the household can be seen as highly vulnerable in terms of care, help and needs. So these elderly are highly vulnerable who are living alone in their houses. Old age

requires to certain level external physical and emotional support. A household with the aged single household is very much dependent upon some other person from the neighbourhood or some paid man who will voluntarily or involuntarily provide assistance to elderly for getting pensions, getting LPG cylinders and getting medicines and another kind of help which is not possible for the elderly to do alone.

Table 3.10 Share of Only Aged Person Households out of total Households with Aged Person in percent points (%)

	INDIA	UTTAR PRADESH
Total	13.08	9
Rural	14.3	10.5
Urban	10.21	9.4

Source: Computed from 2011 Census data

This table explains about the only (single) aged person in household out of total households with aged person. Only aged person household is higher in Uttar Pradesh in comparison to India. There is 9 percent only aged person Household out of the total household with aged in Uttar Pradesh in comparison to 13 percent household in India.

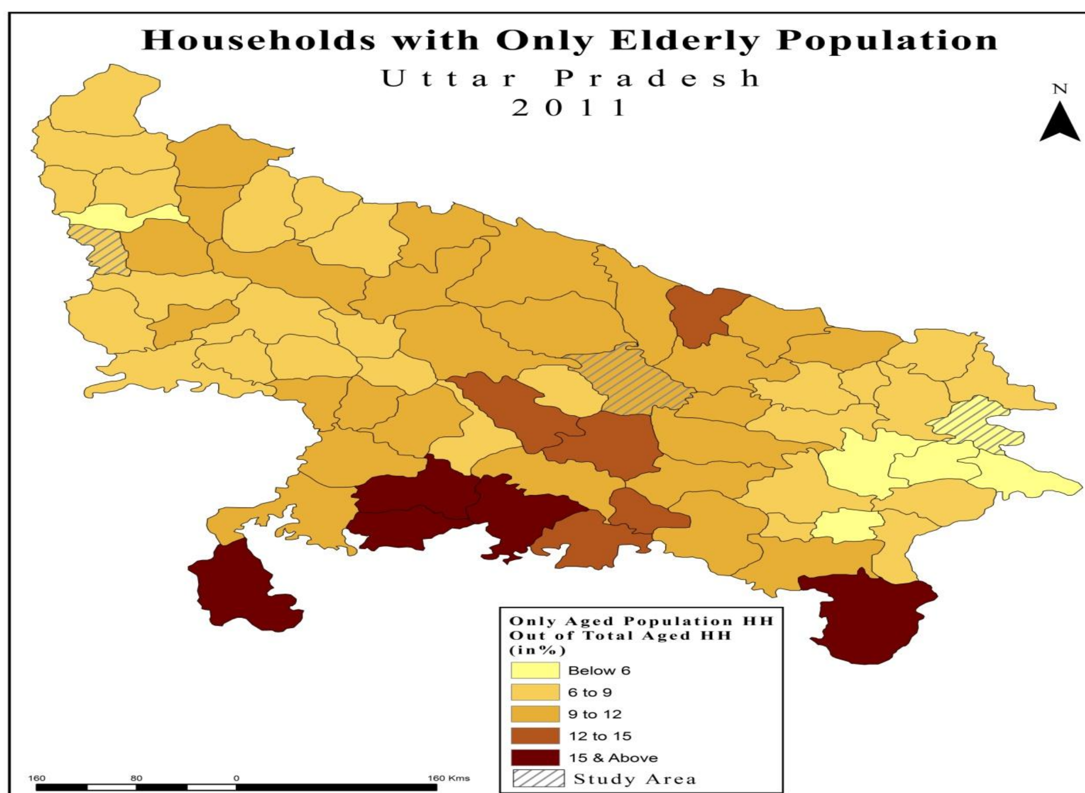
Table 3.11 Share of Only Aged Person Households out of total Households with Aged Person in percent points (%)

	GB NAGAR	DEORIA	BARABANKI
Total	8.4	5.8	11.5
Rural	7.3	6.3	10.6
Urban	8.9	5.4	11.9

Source: Computed from 2011 Census data

This table deals with the share of only aged person household out of the total household with the aged population. The share is found to be highest in Barabanki 11.5 percent followed by Gautam Buddha Nagar 8.4 percent and followed by Deoria 5.8 percent.

Map. III. 6. Distribution of Households with Only Elderly Person



Source: Computed from 2011 Census data

Old age dependency ratio

This indicator shows the level of dependency of elderly towards the working population. The resources earned by the youth are used by the aged population, which works as burden towards the economy. Where dependency is higher there is more marginalisation than where is less dependency.

Table 3.12 Old Dependency Ratio in percent points (%)

	INDIA OLD AGE DEPENDENCY			**UP OLD AGE DEPENDENCY**		
	Persons	Males	Females	Persons	Males	Females
Total	14.2	13.6	14.9	13.9	13.9	13.8
Rural	15.1	14.5	15.8	14.8	14.9	14.8
Urban	12.4	11.8	13.1	10.9	10.8	11.0

Source: Computed from 2011 Census data

This table explains about old age dependency among elderly, it basically deals with how much burden old age population is putting over 15 to 59 year age (economically active) population. India's old age dependency (14.2 percent) is slightly higher in comparison to Uttar Pradesh old age dependency (13.9 percent). Rural old age dependency is around 3 percent higher in rural areas, in comparison to urban areas in India. Old age dependency is around 1 percent higher in females in comparison to male. Female dependency is higher across total, the rural and urban population in India.

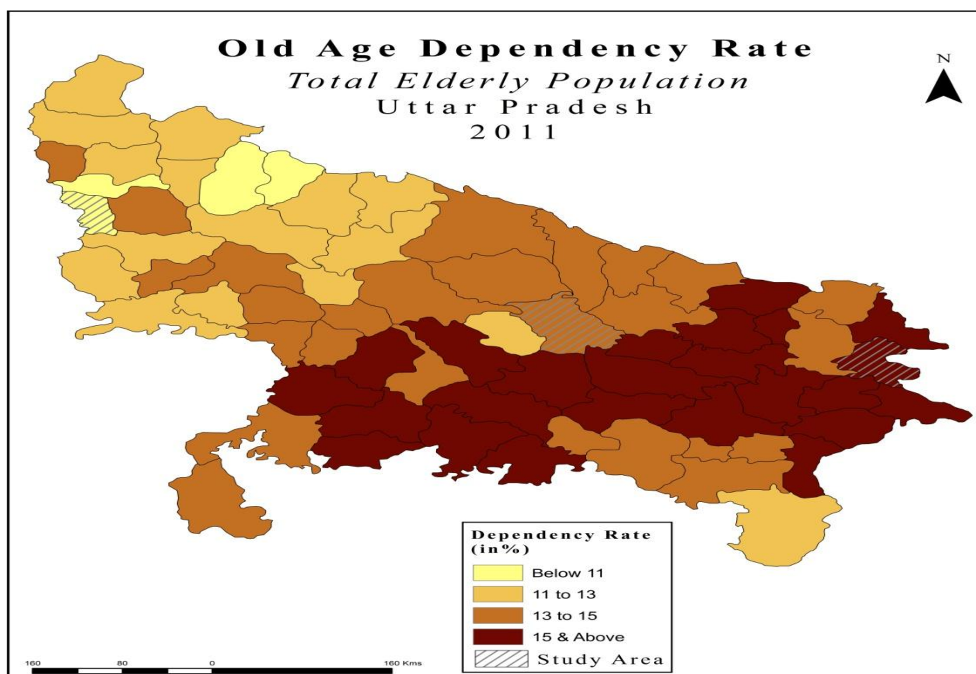
Table 3.13 Old Dependency Ratio in percent points (%)

OLD DEPENDENCY RATIO	**GB NAGAR OLD AGE DEPENDENCY**			**DEORIA OLD AGE DEPENDENCY**			**BARABANKI OLD AGE DEPENDENCY**		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total	10.3	9.8	10.9	16.7	18.0	15.4	15.0	14.5	15.5
Rural	12.4	11.8	13.2	17.1	18.7	15.7	15.4	14.9	16.0
Urban	9.0	8.5	9.5	12.9	13.1	12.8	11.2	10.7	11.8

Source: Source: Computed from 2011 Census data

Old age dependency is higher in in Deoria 16.7 percent, followed by Barabanki 15 percent and followed by Gautam Buddha Nagar 10.3 percent. Rural old age dependency is higher in comparison to urban old age dependency. Old age dependency is higher among female across rural and urban space in Gautam Buddha Nagar and Barabanki but Male dependency is higher in Deoria in both rural and urban space.

Map III. 7. Distribution of Old Age Dependency in Uttar Pradesh



Source: Computed from 2011 Census data

Married Aged woman with no surviving children

In a traditional society like India where the woman is considered as a secondary element of the family and society, whose utmost objective of the life is to marry and to reproduce the child especially a male child. So a married woman without the children is more likely to have various kind of discrimination in the family than those who have children. Physical and emotional care is needed for the elderly, which can be best served by their own kids. If a married woman does not have a kid at this stage of life there are chances that the elderly woman will be marginalised.

Table 3.14 Ever married elderly women with No surviving children in percent points (%)

	INDIA	UTTAR PRADESH
Total	11.6	12.1
Rural	11.1	11.3
Urban	12.8	15.1

Source: Computed from 2011 Census data

This table explains the percentage of ever-married women who had no surviving children throughout her life among old age female population. Ever married woman with no surviving children is slightly higher in Uttar Pradesh in comparison to national average, as it is 11.6 percent in India and it is 12.1 percent in Uttar Pradesh. Non-worker with no children are slightly higher in urban areas (12.8 percent), in comparison to rural areas (11.1 percent) in India, the same pattern prevails in Uttar Pradesh as it is 15.1 percent in urban area and 11.3 percent in rural areas.

Table 3.15 Ever married elderly women with No surviving children in percent points (%)

	GB NAGAR	DEORIA	BARABANKI
Total	13.4	9.3	17
Rural	11.9	9.2	16.9
Urban	14.8	10.4	17.7

Source: Computed from 2011 Census data

Ever married elderly women with no surviving children are highest in Barabanki 17 percent followed by Gautam Buddha Nagar, followed by Deoria 9.3 percent. Same pattern and ranking are maintained at the rural and urban level in these three districts. But the percentage of ever-married the with no surviving children is more in urban areas in comparison to rural areas in these three districts.

Ageing Index

This indicator shows at what rate population is getting aged. Districts, where rates are higher, are those districts where the elderly population are higher than the under 15 years of age population. This phenomenon can be explained by the various factors such as out-migration of the youth population with family and kids, increased longevity and so on.

Table 3.16 Ageing Index in percent points (%)

	INDIA AGEING INDEX			UP AGEING INDEX		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	26.1	24.5	27.7	20.2	19.9	20.5
Rural	25.1	23.6	26.6	20.1	19.9	20.4
Urban	28.8	27.0	30.8	20.4	20.0	20.9

Source: Computed from 2011 Census data

This table explains the ageing index (old age population and child ratio), that how under 15 years of age population is replacing 60 plus population and it shows the age structure with special emphasis on the rate over with population is getting aged. Ageing rate is lower in Uttar Pradesh (20.2), in comparison to India (26.1). Ageing rate is higher in urban areas in comparison to rural areas but there is almost no variation in ageing rate in Uttar Pradesh's total population, rural population and urban population. The process of ageing is higher in female elderly and there is almost 3 point difference in India whereas there is also the gender difference in the ageing index in Uttar Pradesh but there is only around 1 point difference. So there is almost negligible variation in gender and at space in Uttar Pradesh of ageing rate.

Table 3.17 Ageing Index in percent points (%)

	GB NAGAR AGEING INDEX			DEORIA AGEING INDEX			BARABANKI AGEING INDEX		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total	17.7	16.6	18.9	23.7	23.7	23.6	20.7	20.2	21.1
Rural	18.3	16.8	20.1	23.7	23.8	23.7	20.8	20.4	21.2
Urban	17.2	16.5	18.0	23.0	22.9	23.1	19.2	18.3	20.1

Source: Computed from 2011 Census data

The demography of Deoria (23.7 percent) is more rapidly becoming ageing followed by Barabanki (20.7 percent), followed by Gautam Buddha Nagar (17.7 percent). Female ageing is also highest in Deoria followed by Barabanki and Gautam Buddha Nagar and the same pattern is maintained in terms of male ageing across three districts. Rural ageing is slightly higher than the urban ageing across three districts. Deoria is leading in terms of total population ageing, rural population ageing, urban population ageing, male population ageing

and female population ageing across three districts and Gautam Buddha Nagar scored lowest on these indexes.

Disability among Aged Population

Old age is characterised with deterioration in physical capabilities and this becomes worse when there is any kind of physical disability and thus those elderly who are having any kind of disability is more vulnerable and marginalised than those who are not.

Table 3.18 Share of Elderly disabled persons out of total old age population in percent points (%)

	INDIA DISABLED out of AGED POPULATION			UP DISABLED out of AGED POPULATION		
	Persons	Males	Females	Persons	Males	Females
Total	5.18	5.31	5.05	4.3	4.4	4.2
Rural	5.59	5.71	5.48	4.3	4.4	4.2
Urban	4.18	4.36	4.01	4.2	4.3	4.1

Source: Computed from 2011 Census data

Disability is a very profound and common characteristics of old age, so this table deals with the share of disable old age population. 5.18 percent of old age population in India is disabled whereas 4.3 percent elderly are disable in Uttar Pradesh. There is almost no gender difference of disability among the elderly population in India and Uttar Pradesh and even there is no rural and urban difference in Uttar Pradesh and India elderly population. But at national level disability in higher rural India and it is lower in urban India in old age population.

Table 3.19 Share of Elderly disabled persons out of total old age population in percent points (%)

	DISABLED ELDERLY in GB NAGAR			DISABLED ELDERLY in DEORIA			DISABLED ELDERLY in BARABANKI		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	4.3	4.1	4.4	4.3	4.6	4.1	4.5	4.7	4.4
Rural	4.9	4.9	4.9	4.4	4.6	4.1	4.6	4.7	4.4
Urban	3.7	3.5	3.9	3.8	4.1	3.6	3.9	4.2	3.6

Source: Computed from 2011 Census data

The table gives the share of the disabled population out of total old age population in three districts of Uttar Pradesh. The probability of the onset of the disability in old age is very high and the addition of this problem increases the pain and vulnerability in old age, thus requires special attention and assistance from the family, society and the State in such situation. In each three sample districts, the share of disabled aged is around 4 percent in each category of given table. So it can be concluded that this problem is uniform in terms of number in each district.

Table 3.20 Elderly Marital Status in percent points (%)

		INDIA			UP		
		Persons	**Males**	**Females**	**Persons**	**Males**	**Females**
Currently Married	Total	65.6	82.1	49.6	67.1	75.8	57.7
	Rural	65.7	81.5	50.4	67.2	75.2	58.5
	Urban	65.4	83.6	47.7	66.7	78.1	54.4
Not Living with Spouse*	Total	34.5	17.9	50.3	32.9	24.3	42.3
	Rural	34.4	18.5	49.6	32.9	24.9	41.5
	Urban	34.6	16.4	52.4	33.3	21.9	45.6
Widowed	Total	31.5	14.6	47.8	28.9	19.2	39.4
	Rural	31.7	15.4	47.4	29	19.9	38.9
	Urban	31	12.7	48.8	28.3	16.2	41.4
Never married	Total	2.5	2.9	2	3.8	4.8	2.7
	Rural	2.2	2.7	1.7	3.6	4.7	2.4
	Urban	3.1	3.3	2.9	4.8	5.5	4
Separated	Total	0.4	0.3	0.4	0.1	0.2	0.1
	Rural	0.4	0.3	0.4	0.2	0.2	0.1
	Urban	0.4	0.3	0.5	0.1	0.1	0.1
Divorced	Total	0.1	0.1	0.1	0.1	0.1	0.1
	Rural	0.1	0.1	0.1	0.1	0.1	0.1
	Urban	0.1	0.1	0.2	0.1	0.1	0.1

Note: (*) Provides the clubbed figures for Widowed, Never Married, Separated and Divorced.
Source: Computed from 2011 Census data

This table shows that most of the old age population is currently married followed by widowed then widowed followed by ever married and very few are separated and divorced. Most of the elderly women are currently married in India and this status prevails in Uttar Pradesh.

Table 3.21 Elderly Marital Status in percent points (%)

Marital status		GB NAGAR			DEORIA			BARABANKI		
		P	M	F	P	M	F	P	M	F
Currently Married	T	70.4	80.5	59.8	70	77.3	62.2	63.9	72.9	54.5
	R	66.8	76.9	56.7	70	77.1	62.4	63.9	72.6	54.9
	U	73.5	83.4	62.6	70.4	79.9	59.9	63.2	76.7	49.7
Not Living with Spouse*	T	29.6	19.6	40.2	30	22.7	37.8	36.1	27.1	45.5
	R	33.2	23	43.4	30	22.9	37.6	36.1	27.4	45.1
	U	26.6	16.7	37.4	29.6	20.1	40.1	36.7	23.3	50.3
Widowed	T	25.7	14.8	37.2	27.1	19.3	35.4	31.1	20.7	41.9
	R	28.8	17.2	40.5	27.1	19.5	35.2	31.1	21	41.6
	U	23.1	12.8	34.3	27.2	17.2	38	31.4	17.5	45.3
Never married	T	3.7	4.6	2.8	2.8	3.3	2.3	4.7	6	3.3
	R	4.2	5.6	2.7	2.8	3.3	2.3	4.6	6	3.2
	U	3.3	3.7	2.9	2.3	2.7	2	5.1	5.6	4.6
Separated	T	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.2
	R	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.2
	U	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
Divorced	T	0.1	0.1	0.1	0	0	0	0.1	0.1	0.1
	R	0.1	0.1	0.1	0	0	0	0.1	0.1	0.1
	U	0.1	0.1	0.1	0	0.1	0	0.1	0.1	0.2

Note: (*) Provides the clubbed figures for Widowed, Never Married, Separated and Divorced.
Source: Computed from 2011 Census data

Male elderly are highly married than elderly women in India and Uttar Pradesh. Widow feminisation is more prevalent among elderly in comparison to elderly men in both India and Uttar Pradesh, thus most of the elderly are living without spousal support. Male elderly are more never married (who did not marry) than the female elderly. Percentage of the elderly male who never get married is higher in Uttar Pradesh, in comparison to India. Total population share of elderly who are divorced or separated is almost negligible in India and Uttar Pradesh.

The table gives the old age population share according to the marital status. As aged person not living with the partner is lonelier than those living with the partners, so the loss or lack of the partner in old age is more detrimental. The table shows that share of the currently married aged population out of total aged population is more than others in all three districts followed by the share of the widowed population. The data reveals more share of old age females in

widowed population than old age males. The share of never-married is 2% to 5%, while The sex of separated and divorced is 0.1%.

The share of the widowed population is highest in Barabanki 31.1% followed by Deoria 27.1% and GB Nagar 25.7%. The share of widow females is almost two times more than the share of widowed males. The urban sector records more widow population than rural sector in all three districts. Urban females in all districts record high share of widow population with highest among urban females of Barabanki i.e. 45.3%.

III.2. Economic Dynamics

In an Indian context, generally, men or women in the formal sector are eligible to work up to 58 or 60 years of age depending upon their occupational position and type of establishment they work. For such person's mostly social security policies like pension, gratuity, etc. benefits would be provided after retirement from their services. However, how effectively they will keep up that money for maintaining a decent life during old age is a million dollar question? Conversely, the situation would be entirely different for those who work in the informal sector wherein such benefits would not be there. This situation would be worst in the case of women than men since the work participation of women during adult ages itself will be much lower. Of course, some elderly would work beyond age 58 or 60 years mostly for livelihood. However, here again, the wages may not be as equal to as that of adults. With all these difficulties, elderly persons seek money from different persons for day-to-day survival. In such circumstances, they demand/request money, firstly from their family members for fulfilling the variety of needs, viz., personal, nutrition, health, medicare, etc.[6]

The financial and economic well-being of the elderly is often cited as a serious problem by many mini-surveys conducted on the elderly in the past. The economic situations of the aged are closely associated with the socio-economic environment in which they reside. In general, the economic status of a person is a function of his or her past work status, a level of education as well as the present activity status. Under usual circumstances, most of the elderly are supposed to be out of labour force in old age, depending on their past income (in

[6] Audinarayana, N. (2012), "Urban Elderly in India: Care and Support", Page no.115, B. R. Publishing Corporation, Delhi.

the form of rentier pensioner), but some of them, however, continue to be in the workforce because of financial necessity or other reasons[7].

Given India's present longevity, many of the problems of old age have been avoided. Those who had good health, continued to live and work, while those with bad health were rapidly weeded out since medication was mostly unavailable. People worked until death in the majority of cases out of need. Retirement led to poverty in many cases, especially in a country like India even full adulthood many people were only eking out of living. Those who had saved a little in younger days as a provision for the future also experienced poverty in in old age due to continuing inflation, expenditure on medicines, marriages and deaths.[8]

Work Participation Rate of Aged

Participation in the workforce has a multidimensional impact on individual's life betterment in various spheres of life. Old age, as relative monetary deprivation due to the sudden drop in earning with the onset of 60 years of age thus leads to loss of status in family and society. In such a case an ideal ageing will be characterised as there will be enough money in the later part of your life and this is only possible if you had a good job then good saving or pension or there is still a productive job to do. And in a country like India where still maximum people work in unorganized sector thus they have no job security and social security at the end of their life so they are forced to work at the later age of their life so at least working can be taken as variable which shows that those who are working can be taken as both as marginalized and empowered.

Table 3.22 Work Participation Rate (WPR) in percent points (%)

	INDIA WPR			UP WPR		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	41.6	60.4	23.4	47.4	70.8	22.0
Rural	47.1	66.4	28.4	49.8	73.3	24.2
Urban	28.5	46.1	11.3	37.6	60.4	12.9

Source: Source: Computed from 2011 Census data

[7] S Irudaya Rajan, U. S. Mishra, P Sankara Sharma (1999), "India's Elderly Burden or Challenge", Page No. 217, Sage Publications, New Delhi

[8] Dandekar Kumudini (1996), "The Elderly in India" Page No. 47-49, Sage Publications India, New Delhi.

The workforce participation rate of elderly is higher in rural areas in comparison to worker-pensioner in India. The participation of worker-pensioner men in economic activities is higher than the elderly women. The predominance of elderly men in economic activities prevails in both rural and urban areas at national level. Around half of the elderly people are participating in the workforce in Uttar Pradesh. More than half of the elderly population is engaged in the workforce. Participation of elderly women in economic activities is very less than elderly men. Participation of urban aged in economic activities is less than rural areas and this equation prevails in both elderly male and female in Uttar Pradesh.

Table 3.23 Work Participation Rate (WPR) in percent points (%)

	GB NAGAR			**DEORIA**			**BARABANKI**		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	38.6	59.1	17.1	43.8	65.8	20.1	52.2	75.9	27.5
Rural	44.5	67.7	21.3	44.5	66.4	21.1	53.4	77.1	28.5
Urban	33.6	52.1	13.4	36.3	60.6	9.7	39.5	62.1	16.7

Source: Source: Computed from 2011 Census data

Work participation rate, out of three sample districts, is highest in Barabanki that is 52.2 percent followed by Deoria 43.8 percent and Gautam Buddha Nagar 38.6 percent. Participation of male elderly in economic activities is higher than the female elderly and there is the huge gap between them. Participation of rural elderly in workforce participation is higher than the rural elderly. So it can be concluded that the male elderly are more economically active than the female elderly and rural elderly are more economically active than the urban elderly.

Pensions

Getting pension at the later phase of life is very important for individual's economic aspirations and social security. If an individual is getting the pension then he need not do any other extra physical work at their old age and he can also fulfil his or her material and non-material requirements. So where elderly are getting less number of pensions those districts are more marginalised.

Table No 3.24 Elderly Pensioners out of Elderly Population in percent points (%)

	INDIA TOTAL AGED PENSIONERS			**UP TOTAL AGED PENSIONERS**		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	11.2	14	8.4	6.6	8.1	5
Rural	8.9	9.6	8.2	5.6	6.2	5
Urban	16.6	24.4	9	10.7	15.9	5.1

Source: Computed from 2011 Census data

This table discusses the aged elderly population out of the total elderly population. Only 11.2 percent of old age population of India receives old age pensions, out of which only 14 percent male and only 8.4 percent female receive pensions. Percentage of urban elderly receive pension is actually two times higher than the rural elderly. Gender difference between urban elderly pension receivers is 1.4 percent whereas the gap between rural pension receivers and urban pension receivers is 15.4 percent.

Mere 6.6 percent elderly are receiving old age pension in Uttar Pradesh, out of which 8.1 percent male and 5 percent females are receiving pensions. 10.7 percent of urban elderly are getting pension whereas only 5.6 percent of elderly are receiving pensions. Around 5 percent of rural and urban female elderly are receiving pension whereas there is only 1 percent increase in male pensioners whereas there is 10 percent increase in urban male The percentage.

Table 3.25 Elderly Pensioners out of Elderly Population in percent points (%)

	GB NAGAR TOTAL AGED PENSIONERS			DEORIA TOTAL AGED PENSIONERS			BARABANKI TOTAL AGED PENSIONERS		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total	11.8	17.3	6.1	6.3	9.2	3.2	7.3	7.0	7.5
Rural	6.1	6.9	5.3	6	8.6	3.1	7.2	6.5	7.8
Urban	16.7	25.7	6.8	9.9	15.6	3.7	8.7	12.8	4.5

Source: Computed from 2011 Census data

This table explains the share of the elderly pensioner out of the total aged population among three sample districts. Percentage of pensioners is highest in Gautam Buddha Nagar 11.8 percent, followed by Barabanki 7.3 percent and followed by Deoria 6.3 percent. Urban pensioners are higher than the rural pensioners across three districts. Percentage of the urban pensioner is highest in Gautam Buddha Nagar 16.7 percent and lowest in Barabanki 8.7

percent. Male pensioners are higher than the female pensioners. Male pensioners are highest in Deoria and also lowest in Deoria

Table 3.26 Pensioners out of Non-Workers in percent points (%)

	INDIA NON WORKER PENSIONERS			UP NON WORKER PENSIONERS		
	Persons	Males	Females	Persons	Males	Females
Total	18.1	33.3	10.4	11.4	24.7	5.9
Rural	15.4	25.9	10.7	9.9	20.0	6.0
Urban	22.8	44.3	10.0	16.3	37.9	5.6

Source: Computed from 2011 Census data

This table explains about the pensioners out of the non-working population. 18 percent old age population is getting pension whereas 33.3 percent male elderly and 10.4 percent female elderly are getting the pension. Elderly people who are receiving the pension and having no participation in the work force is higher in urban areas and in contrast there are few elderly who are still working and getting the pension in rural areas in India. 15.41 percent rural elderly are getting the pension and doing no work whereas 22.75 percent urban elderly are still participating in workforce and receiving pension. There is around 10 percent difference in male rural and urban elderly non-worker-pensioner, whereas there is no difference in female rural and urban elderly non-worker-pensioner in India.

Non working elderly pensioner is higher in the urban area and it is lower in rural area in Uttar Pradesh. the 9.9 percent rural elderly are getting the pension without doing any kind of work whereas 16.3 percent urban elderly are getting the pension without participating in the workforce in Uttar Pradesh. the Male non-working elderly are leading in terms of getting the pension in comparison total, the rural and urban female elderly population.

Table 3.27 Pensioners out of Non-Workers in percent points (%)

	GB NAGAR NON WORKER PENSIONERS			DEORIA NON WORKER PENSIONERS			BARABANKI NON WORKER PENSIONERS		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total	18.2	40	6.9	9.8	23	3.7	13.7	25.6	9.6
Rural	10.1	19.4	6.3	9.2	21.3	3.7	13.7	24.6	10.1
Urban	24	51.4	7.5	14.9	38	4	13.7	32.3	5.2

Source: Computed from 2011 Census data

This table explains about the pure pensioners and those who do not indulge in any kind of economic activity. Non worker elderly pensioner is highest in Gautam Buddha Nagar 18.2 percent, followed by Barabanki 13.7 percent and followed by Deoria 9.8 percent. The Urban non-worker pensioner is higher in comparison to rural non-worker-pensioner in Deoria and Gautam Buddha Nagar but it is equal in Barabanki where there is 13.7 percent rural non-worker pensioner and also 13.7 percent urban non-worker pensioner. Male, especially urban male are getting more pensions across three districts. The rural female is getting lower pension than urban females in Gautam Buddha Nagar and Deoria but a share of rural female receiving the pension in Barabanki is higher than the urban female.

Table 3.28 Pensioners out of Marginal Workers in percent points (%)

	INDIA MARGINAL WORKER PENSIONERS			UP MARGINAL WORKER PENSIONERS		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	6.0	7.2	4.6	4.7	5.6	3.3
Rural	5.7	6.8	4.5	4.3	5.1	3.2
Urban	8.1	9.8	5.4	7.8	9.3	4.7

Source: Computed from 2011 Census data

This table explains the elderly population who are doing marginal works (less than 180 days in a year) and receiving pensions as well. Only 6 percent elderly are receiving pensions while doing marginal works. Old age marginal worker-pensioner is higher in urban areas whereas it is lower in rural areas. 8.1 percent urban elderly are doing marginal works and getting pensions whereas 5.7 percent rural elderly are getting pensions in same category. Elderly marginal worker pensioners are leading their counter gender across total, the rural and urban population in India.

Total elderly marginal worker pensioners in Uttar Pradesh are less than the national average. The rural-urban gap is high, as 7.8 percent urban elderly are receiving pensions while doing marginal works whereas mere 4.3 percent rural marginal worker elderly are getting pensions. Male elderly marginal worker pensioners are leading across rural and urban sphere. The gender gap is almost similar in total and rural elderly population but it is higher in urban elderly population.

Table No 3.29 Pensioners out of Marginal Worker in percent points (%)

	GB NAGAR MARGINAL WORKER PENSIONERS			DEORIA MARGINAL WORKER PENSIONERS			BARABANKI MARGINAL WORKER PENSIONERS		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	8.0	10.1	5.0	4.5	5.8	1.9	5.5	6.3	4.5
Rural	4.5	5.3	3.7	4.5	5.8	1.8	5.5	6.4	4.6
Urban	14	17.2	7.9	5.2	6.0	2.7	4.4	5.5	2.5

Source: Computed from 2011 Census data

This table deals with the elderly populations who are getting pensions and also engaged in any kind of subsidiary works. The share of marginal worker-pensioner is highest in Gautam Buddha Nagar and lowest in Deoria. The share of elderly male marginal worker pensioner is highest in Gautam Buddha Nagar and lowest in Deoria and female marginal worker-pensioner is also highest in Gautam Buddha Nagar and lowest in Deoria. Urban marginal worker pensioner is higher in Gautam Buddha Nagar and Deoria whereas rural marginal worker pensioner is higher than the urban marginal worker pensioner in Barabanki

III.3. Social Dynamics

The status of elderly in any society very much depends upon how the public views them and are disposed towards them. By public, we mean men and women of all age groups from rural and urban localities. Studies suggest that urbanisation, industrialisation and education influence social attitudes towards the elderly (Chang 1984; Tobin 1987; Haris & Fielder 1987; Kimmel, 1988). In the Indian context, the status of the elderly may primarily depend upon the evaluative perceptions of their family members and secondly on others (Ramamurti &Yamuna, 1984; Yamuna et al. 1986; Reddy, 1990). Thus the contemporary social status of the old people depends on how people think and perceive the elderly.

Indian culture and tradition have always honoured the elderly and given them a respectable place in society. Sociologists and psychologists believe that the position the elderly enjoyed was due to the joint family system and the common landholdings by the family. But the breakdown of the joint family system due to urbanisation, migration and partition of common holdings has depleted the economic power and taken away the respect that the elderly enjoyed; accrued to them by virtue of landholdings and joint family.India is passing through the process of urbanisation, modernization and migration. The joint families in the rural areas

are fast disappearing. Hence, it would be natural to expect that as a result of these changes the status of the elderly would have gone down[9].

Due the fast increase in a number of elderly population added by a disintegration of joint families and rapidly increasing impact of modernization and new lifestyles, the care of elderly has evolved as an important issue in India. Providing care for the aged has never been a problem in India where a value based joint family system was dominant. However, with a growing trend towards nuclear family set-up, and increasing education, urbanisation and industrialisation, the vulnerability of elderly is rapidly increasing. The coping capacities of the younger and elder family members are now being challenged under various circumstances resulting in neglect and abuse of elderly in many ways, both within the family and outside.

Sociologically, ageing marks a form of transition from one set of social roles to another, and such roles are difficult. Among all role transformation in the course of ageing, the shift into the new role of the 'old' is one of the most complex and complicated. In an agriculture based traditional society, where children followed their parent's occupation, it was natural that the expertise and knowledge of each generation were passed on to the next, thus affording older persons a useful role in society. However, this is no longer true in modern society, in which improved education, rapid technological change and new forms of organisation have often rendered obsolete the knowledge, experience and wisdom of older persons. Once they retire, elderly people find that their children are not seeking advice from them anymore, and society has not much use for them. This realisation often results in the feeling of loss of status, worthlessness and loneliness. The growth of nuclear families has also meant a need for changes in role relations. Neither having authority in the family nor being needed, they feel frustrated and depressed. If the older person is economically dependent on the children, the problem is likely to become even worse[10].

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[9] Dasgupta Bishnupriya, Mitra Srijata "*The International Journal of Interdisciplinary Social and Community Studies",* Vol 7, Issue 3, pp. 129-140.

[10] Dasgupta Bishnupriya, Mitra Srijata "*The International Journal of Interdisciplinary Social and Community Studies",* Vol 7, Issue 3, pp. 129-140

Nuclear households, characterised by individuality, independence, and desire for privacy are gradually replacing the joint family, which emphasises the family as a unit and demands deference to age and authority. Children who migrate often find it difficult to cope with city life and elect to leave their old parents in the village, causing problems of loneliness and lack of caregivers for old parents. Parents in this circumstance cannot always count on financial support from their children and may have to take care of themselves. They continue to work, although at a reduced pace.

Another development impacting negatively on the status of older people is the increasing occurrence of dual career families. Female participation in economic activity either as workers or as entrepreneurs has increased considerably in the recent past in the urban informal sector, and the middle-class formal sector, as well as in the rural areas. In the rural informal sectors, increased expenditure on education, health and better food require high incomes. This development has implications for elderly care. On the one hand, working couples find the presence of old parents emotionally bonding and of great help in the caring for their own children. On the other hand, high costs of housing and health care are making it harder for children to have parents live with them. This is true in both rural and urban areas.

Hence the changing factors in the family in its structure and function are undermining the capacity of the family to provide support to elderly and the weakening of the traditional norms underlying such support' leading to neglect and abuse of older people in family[11].

In traditional Indian society, the informal support systems of family, kinship and community are considered strong enough to provide social security to its members, including older people. Urbanisation, industrialisation and the ongoing phenomenon of globalisation have cast their shadow on traditional values and norms within society. Gradual nuclearisation of the joint family, erosion of morality in the economy, changes in the value system, migration of youth to urban areas for jobs or work and increasing participation of women in the workforce are important factors responsible for the marginalisation of older people in rural

[11] Shakuntala. C. Shettar. 2017, *Problems of Aged in Changing Indian Scenario,* "Yojana", New Delhi India

India. As a result, the elderly depend on 'money-order economy' and their intimacy with their children is only from a distance (Vijaykumar, 1999)[12].

Table 3.30 Changing Value System of India

Traditional values	Modern values
1.Family solidarity	1.Individualism
2.Attachment to community	2.Migration
3.Regard for older people	3.Less regard for older people
4.Caste-based occupations	4.Caste irrelevant in occupations
5.Prohibition of eating with lower caste	5.Less rigid in rules
6.Social hierarchy in caste	6.Rejection of caste based hierarchy

Source: Husain, M. G. (Ed) M. G. *Changing Indian Society and the Aged*. New Delhi: Manak Publication, 1997.

These all traditional values which are being replaced by modern values have the cumulative impact upon the continuously eroding condition of the elderly in the society and the family. Some of these replacements are positive in nature and very much needed any forward-looking society but some negative impacts are inevitable worker-pensioner and this phenomenon is one of them.

Households without Latrines

Having latrines in the household is the very important socio-economic indicator as it shows the affluence and awareness in society and non-working individuals. The available census data does not show the households having latrines which have any above 60 age person. So the indicator consists only of the households which are having latrines. This can be assumed that if the latrine facility in the district is better than the other districts then this facility will also be used by the elderly and in these better performing districts old age person will also be having the comfort to use the toilets inside the households.

[12] Kumar, Vijay S., 1999. *The quality of Life and Social Security for the Elderly in Rural India.* Council for Social Development, Hyderabad.

Table 3.31 Percentage of households having latrine facility within the premises in percent points (%)

	INDIA	UTTAR PRADESH
Total	46.9	35.6
Rural	30.7	21.8
Urban	81.4	83.1

Source: Source: Computed from 2011 Census data

Around half of the Indian household is having latrine facility whereas only 35.6 percent household is having latrine facility in Uttar Pradesh. Urban households have more toilet facility than the rural areas. 81.4 percent urban household have latrine facility than only 30.7 percent household having latrine facility. 83.1 percent urban household in Uttar Pradesh has latrine facility than 21.8 percent rural households with latrine facility.

Table 3.32 Percentage of Households having latrine facility within the premises in percent points (%)

	GB NAGAR	DEORIA	BARABANKI
Total	77.7	21.2	18.3
Rural	51.7	16.7	13.2
Urban	91.5	62.4	67.8

Source: Computed from 2011 Census data

Households having latrine facility is highest in Gautam Buddha Nagar 77. 7 percent followed by Deoria 21.2 percent followed by Barabanki 18.3 percent. Urban areas are more equipped with toilet facility than the rural areas across three districts. 91.5 percent of urban households of Gautam Buddha Nagar have a toilet facility which is highest among three districts and it is lowest in Deoria where 62.4 percent urban households have toilet facility. 51.7 percent rural households of Gautam Buddha Nagar have toilet facility which is highest in three districts and Barabanki is at lowest with only 13.2 percent rural households have toilet facility.

Illiteracy of Aged Population

Literacy is a very important social indicator for any individual as well as any community as a whole. But when any individual or any section of the population is illiterate, it becomes a matter of concern. This research work deals with the marginalization of elderly so illiteracy

of elderly is taken as a indicator to show the marginalization of the elderly population because old age population is product of that generation when accessibility and affordability for education at that time was not very common phenomenon so those who had education at that time will be less marginalized than those who had not attained education and remain illiterate.

Table 3.33 Literacy Rate among Elderly in percent points (%)

	INDIA AGED LITERACY RATE			**UP AGED LITERACY RATE**		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	43.5	59.1	28.5	35.9	51.7	18.8
Rural	34.2	50.5	18.4	30.7	47.0	13.1
Urban	66.0	79.6	52.7	57.6	71.2	42.8

Source: Computed from 2011 Census data

Literacy among elderly of Uttar Pradesh is lower than the literacy rate of India. 59.1 percent male elderly are literate whereas only 28.5percent female elderly are illiterate in India and this pattern is maintained at the rural and urban sphere. Literacy among elderly in urban areas is higher in urban areas in comparison to rural areas in India and the same pattern prevails in Uttar Pradesh. The elderly male is more literate than the elderly female. Literacy gap is very high when it comes to rural elderly male and female whether at the national level or state level in Uttar Pradesh.

Table 3.34 Literacy Rate among Elderly in percent points (%)

Literacy Rate	**GB NAGAR AGED LITERACY RATE**			**DEORIA AGED LITERACY RATE**			**BARABANKI AGED LITERACY RATE**		
	Persons	**Males**	**Females**	**Persons**	**Males**	**Females**	**Persons**	**Males**	**Females**
Total	56.8	73.0	39.8	36.5	55.8	15.8	28.4	42.3	13.9
Rural	38.4	61.2	15.5	34.6	54.0	13.8	26.7	40.8	12.1
Urban	72.5	82.7	61.4	56.3	74.3	36.7	46.6	59.7	33.4

Source: Computed from 2011 Census data

A person who can both read and write with understanding in any language is considered as literate. The literacy rate is the number of literates per 100 persons in any population. The table gives the share of literates out of total old age population in three districts of Uttar

Pradesh namely, Gautam Buddha Nagar, Deoria and Barabanki. Literacy rate among old age population is highest in GB Nagar i.e. 56.8% followed by Deoria i.e. 36.5% and Barabanki i.e. 28.4%. Urban sector maintains its literacy rate more than rural sectors in all three districts. The share of literate old age males is more than females. Urban male constitutes the highest literacy rate and rural female constitutes the lowest literacy rate in all three districts.

III.4. Summary

Following are the significant patterns observed in the analysis in the chapter:

- The elderly population is engaged in various kinds of economic activities due to the absence of social security, insufficient saving throughout the life and meagre financial support from the family.
- A small share of the elderly population is getting pensions and women are even in very less numbers getting pensions.
- 32.89 percent of elderly are single, these elderly are those who are single, separated, divorced and widowed and in general living life as single.
- Percentage share of the elderly population is slightly lower in Uttar Pradesh than India.
- Sex ratio of single elderly in India and Uttar Pradesh is very high and it is lower in Uttar Pradesh than the national average.
- The sex ratio of elderly in India is higher than the Uttar Pradesh.
- Old age dependency ratio is around 14 percent in India and Uttar Pradesh, however old age dependency is slightly higher in India than Uttar Pradesh.
- Ever married woman with no surviving children is slightly higher in Uttar Pradesh in comparison to national average.
- 5.18 percent of old age population in India is disabled whereas 4.3 percent elderly are disable in Uttar Pradesh.
- Most of the old age population is currently married followed by widowed then followed by ever married and very few are separated and divorced.

- Literacy among elderly of Uttar Pradesh is lower than the literacy rate of India. 59.1 percent male elderly are literate whereas only 28.47percent female elderly are literate in India and this pattern is maintained at rural and urban sphere. Whereas just 35 percent elderly are literate in Uttar Pradesh and only 18.8 percent of the elderly female are literate.

CHAPTER IV

LIVING ARRENGMENTS OF ELDERLY

Living Arrangement refers to the kind of space an individual is living in and how the person is reciprocating with the surrounding social and filial environment. Living arrangements define various aspects of the life of an individual. Living arrangements can be changed and manipulated according to the life an individual wants to create around. To whom an individual is residing with and to whom an individual is comfortable with all comes under the living arrangements. So the home and the society where the home exists all are covered by the living arrangements.

Living arrangement is a crucial aspect of the elderly in their later age of the life. With whom they are living with, how is their relationship with the family and society, and how they are managing in their day-to-day chores is a part of the living arrangements of the elderly. This chapter will try to explore the living arrangements of the elderly in the Uttar Pradesh.

Home ownership for aged is more common in rural areas than urban areas. Fifty per cent (more or less) of the Asian elderly do not own any house and are dependent on the houses owned or rented by their children and relatives. Due to overcrowding and lack of resources with urban administrators, houses in urban areas hardly large enough to accommodate more than one nuclear family. So when adult sons get married, elderly parents find themselves short of living space. Housing costs prevent the urban elderly from living in independent dwelling units. Ageing may produce specific demands for the certain types of housing. The emerging system of smaller families, compounded by rising divorce rates, increase in the number of widows and widowers and increasing incidence of solitary living among young adults, will reduce the demand for large housing.

There is a strong and almost certainly growing demand for residential care that is not going to go away. While it is untrue that all frail elders were cared for by their families in the past (many died and some were abandoned in more or less subtle ways), the modern ability to buy care, rather than deliver it hands on, is a welcome choice for many women. It is also

welcome to older people in Western countries where the tradition of independence is very strong. Older women, in particular, seem unwilling to become a burden on their children if they can avoid it. There is no reason to believe that this trend will not be repeated as incomes rise in other parts of the world.

Change in living arrangements, family structure and mode of sudden retirement adversely affect the old and further that the old people are in increasing proportions losing the status and security which they enjoyed in the traditional Indian family structure. With regard to the transformation in Indian family system, Dreze (1990) views a considerable overlap between the problems of widows and old age in rural India i.e., for an economically independent couple the decision on co-residence with the children (sons in particular) is based on the situations and preferences of the older as well as the younger generations. Also, there seems to be a different situation between the elderly with or without surviving offspring, no matter whether the elderly live with the surviving offspring or not. A slum study by Darshan et al. (1987) finds 20 per cent of the elderly in the slum community living alone, a majority of them physically challenged, thus being unable to provide for themselves. The elderly who were within families too were in precarious circumstances. In this regard, NSSO (1987-88) of the elderly finds loneliness to be one of the major problems among the aged in India.

Living arrangements among the Indian elderly using National Family Health Survey-I were addressed by Rajan and Kumar (2003) the study presents detailed characteristics of living arrangements among the elderly in India in terms of headship, average household size and marital status. The article draws attention to the fact that only 6 percent of the elderly in India live in a household where their immediate relatives are not present. Furthermore, the paper put forward a few policy prescriptions to enhance the well-being of the Indian elderly.

Family plays a very important role for the care and well-being of elderly in developing countries. In the later and final phase of the life, elderly become senile and begin to lose physical health and get affected by the physical ailments and disabilities that make it very difficult to cope up the day-to-day living needs. They become dependent on other members of family, relatives and others for their financial, physical and emotional support. This

becomes very crucial because social security institution and other institutional support in developing countries are not very well developed and insufficient.

The family also allocates different roles for its members, maintaining a balance between the different kind and age groups in such a way that they all reflect and contribute to the fundamental structure of the society as a whole[1].

Bongaarts and Zimmer reconstructed the demographic data of households for 43 developing countries, including 11 Asian countries that participated in the Demographic and Health Survey (DHS) programme between 1990 and 1998, to analyse the pattern of living arrangements of the elderly. The findings do corroborate with data from India and other countries on the living arrangements of the elderly. To be more specific, the study shows that most older adults tend to live in the large household and that they are likely to be living with an adult child, who is more likely to be male than female. It also finds that on average, nearly one put of 10 older adults live alone and that the probability of living alone is greater for the older woman than men. Women are much less likely to live with a spouse in the household, while a slightly greater proportion of older women that men live with adult children. The programme also noted a weakening of extended family links in conjunction with socio-economic development.

There is an inverse relationship between the educational levels of the elderly and their living arrangements with adult children: where levels of education are higher, older adults live in smaller households, with fewer children and other adults, and are more likely to be alone. The reasons for this are: (a) older adults with higher levels of schooling have more skills and are therefore generally better able to care for themselves; (b) the better-educated older adults have a stronger preference for privacy than the poor and least educated. Conversely, where education is lower, older adults own fewer resources. They are, therefore, more dependent on adult children, especially the male offspring, who are more likely to control household

[1] John B. Casterline, "Differences in Living Arrangements in Four Asian Countries: The Interplay of Constraints and preferences, Comparative Study of elderly in Asia", Research report no. 91-10, Population Studies Centre, University of Michigan, Ann Arbor, 1991.

resources than female members, who in general move to another house after marriage. It is also likely that cultural taboos make them stay away from their sons' residence[2].

People live a life with phases in Indian traditional setup, where generally one has to marry after a certain age. Marriage as an institution plays a vital role in defining different aspects of the individual life. The spouse becomes very inherent to understand the later age of life from the different point of views. If someone is married and living with the spouse then one can at least get this notion that he or she is not alone. It was observed in the field that around 64 percent of the elderly were residing with the spouse and they mostly do so many general things together like dining, walking, sunbath, taking rest and so many other things.

IV.1. Family Arrangements

Table 4.1: Elderly Living with Spouse

	Spouse lives with the person District			Total
	GB Nagar	Barabanki	Deoria	
Yes	132	128	126	386
	22.0%	21.3%	21.0%	64.3%
No	68	72	74	214
	11.3%	12.0%	12.3%	35.7%

Source: Based on Primary Survey 2016

Large average household size has both positive and negative impact upon the domestic well-being of the elderly. It is good if most of the family members are taking care of the elderly, more hands and more resources and elderly can have so many people to do chat and to share his or her grievances. It can become negative if the there is so much quarrel and if there is the crisis to sustain day to day business of the family then how will it take care of the needs of the elderly people. The Same case is with the small household size, this too has positive and negative impacts of the differential level of the care of the elderly. Average household size of the study area was around 4.5 but it increases when the age of the elderly get the increase. It was observed that average household size of the currently married woman was less than the not married and other categories of marital status.

[2] John Bongaarts and Zachary Zimmer, 'Living Arrangements of Older Adults in the Developing World: An Analysis of DHS Household surveys', Working Papers No. 148, Population Council, New York 2002.

Table 4.2: Distribution of Elderly by Average Household Size

Distribution of Elderly by Average Household Size			
Individual Characteristics	Average HH Size		
	Male	Female	Total
Age			
60-70	4.3	4.8	4.6
70-80	4.2	4.9	4.6
80-90	5.7	5.3	5.5
90+	5.0	5.5	5.2
Marital Status			
NM	5.0	6.0	5.5
CM	4.1	3.0	3.6
W/D/S	4.2	4.7	4.5

Source: Based on Primary Survey 2016

Children are perceived as a caregiver for the parents in every phase of life and especially in the later phase of life in the conventional social setup in India. Expectations go on very high when it comes to the male children because of the male dominant and patriarchal nature of the Indian society. The conventional social mechanism of the Indian family is such that as the age of the parents grows he physically, socially and economically becomes dependent on their children. The present study has found that around 82.3 percent of the elderly are living with their children. But one problem, which was noticed in this study, was that rural out-migration is very prevalent among the job-seeking youth and they rarely come to the family but they are part of the family and there is no official break-up of the family has taken place though elderly have never taken them out of their family.

As a societal norm, the co-residence of the elderly with the children is of particular interest. There is a general assumption that the children would provide support in the old age. It is observed that around 17.7 percent of the surveyed elderly are not residing with any of their children and further the extent of co-residence with own children comes down with the increase in age. Co-residence with children seems to be more common among the female elderly compared to the males. The extent of co-residence with children irrespective of age, sex and marital status to be an average with two children. The elderly co-residing with their own children are further differentiated with respect to sons and daughters too.

Table 4.3: Children living with elderly parents figures in percent point (%)

	Children living with elderly parents		
	Rural	**Urban**	**Total**
Yes	85.4	79.2	82.3
No	14.6	20.8	17.7

Source: Based on Primary Survey 2016

Table 4.4: Co-Residence with Children

Percentage Distribution of Surveyed Elderly by Co-Residence with Children

Individual Characteristics		Number of Children			
		0	1 to 2	3 to 4	4+
Age					
	60-70	17.2	61.7	19	2.1
	70-80	26.3	67.1	6.6	
	80-90	18.5	77.8	3.7	
	90+	26.7	66.7	6.6	
	Total	17.7	64.6	12.3	5.4
Marital Status					
	NM	.	.	.	.
	CM	14.8	60.3	22.5	2.4
	W/D/S	15.4	72.4	11.6	0.6
Sex					
	Male	13.4	59.9	23.2	3.5
	Female	16.9	71.2	11.3	0.6

Source: Based on Primary Survey 2016

Table 4.5 Pattern of Living Arrangement of the Elderly

(Figures are in %)	Spouse, Children and Grandchildren	Spouse Only	Living Alone	Total
		Place of Residence		
Rural	78.7	14.0	9.0	50
Urban	71.0	21.7	5.7	50
Total	74.8	17.8	7.3	100
		Gender		
Male	76.8	17.1	6.1	71
Female	70.1	19.5	10.3	29
Total	74.8	17.8	7.3	100
		Age		
60 to 69 years	76.8	20.2	3.0	67.8
70 to 79 years	78.8	13.1	8.0	22.9
80 & Above Years	50.9	12.3	36.8	9.3
Total	74.8	17.8	7.3	100
		Marital Status		
Married	71.4	25.9	2.7	68.8
Widow & Others	82.4	0.0	17.6	31.2
Total	74.8	17.8	7.3	100

Source: Based on Primary Survey 2016

While analysing this table the category of the spouse, children and grandchildren will be clubbed and termed as Family. More than 70 percent of the elderly are living with the family. Elderly living only with the spouse is higher in the urban area, whereas elderly living with the family is higher in the rural area. Living alone is slightly higher in rural are in comparison to the urban area.

Elderly male residing with the family is higher than elderly female, whereas female living with spouse only is higher for female than male elderly. Around 10 percent of the elderly women were living alone whereas only 6.1 percent of the male elderly were living alone.

Till the age of 79 around 78 percent elderly are living with the family, but after the age of 80 years, only half of the population is residing with the family. Around 12 percent of 80 years

or above years old elderly are living with the spouse only. Around 36 percent of the elderly whose age is more than 80 years are living alone.

Around 90 percent-married elderly are living with the family, whereas only 47 percent widow and others are living with the family. More than half of the widow and others are living alone.

IV. 2. Social Arrangements

Table 4.6: Education Status of Elderly figures in percent point (%)

Education Status	GB Nagar			Barabanki			Deoria			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Primary	14.9	4.3	12.5	23.8	2.9	16.5	21.1	5.2	16.5	19.7	4	15.2
Middle	11.7	0	9	13.1	8.6	11.5	14.8	12.1	14	13.1	7.5	11.5
Secondary	5.8	4.3	5.5	3.1	2.9	3	5.6	3.4	5	4.9	3.4	4.5
Senior Secondary	3.9	0	3	9.2	0	6	15.5	0	11	9.4	0	6.7
Higher and Above	8.4	13	9.5	6.9	0	4.5	4.9	0	3.5	6.8	3.4	5.8
Illiterate	55.2	78.3	60.5	43.8	85.7	58.5	38	79.3	50	46	81.6	56.3
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

Literacy is a universal indicator to assess the overall condition and development of the individual and society as a whole, but the Elderly of current time is the product of that generation when there was less exposure and access to education thus their education status is very poor. Illiteracy is the most profound phenomenon across three sample districts and across gender. There is mark decrease in percentage share as a level of education increases. Female are worst hit when it comes to education as illiteracy is more common and dominant among elderly women than elderly men. The share of primary and middle education achievers is more than those who have achieved education above this level.

The percentage share of illiterate elderly are almost equal in Barabanki and Gautam Buddha Nagar and illiteracy among elderly is less in Deoria. The highest number of female illiteracy is found to be Barabanki, followed by Deoria and followed by Gautam Buddha Nagar.

Education is considered as one of the most important aspects of human life as it is not related to the quantity of population but with the qualitative aspect of the population and thus creates the high quality of human capital in today's knowledge-based society. Education is considered to be an important mechanism for development. More specifically, it has been viewed as the instrument through which people can be equipped with a social structure in which status is determined, not by ascription but by individual achievement and worth. It is regarded as one of the prime instrument for improving the condition. Not only this, education is also considered as an instrument to serve the social object of equalising the underprivileged in the matters of opportunities for advancement and enabling them to use their educations as a lever for improvement of their condition. Education is the social institution in human society, though education makes its impact in the larger society, it is constantly affected in various ways by the social institutions like stratification, polity, economy and religion.

Chakraborti (2004) has come up with some facts about the educational attainment of the elderly in India. He observed that:

1. As expected, the general population is more literate than the elderly population.
2. The elderly urban population is more literate than the rural elderly.
3. Elderly males are more literate than elderly females.
4. The levels of literacy among the elderly have been rising since the 1961 census.

Table 4.7 Level of Education among Elderly figures in percent point (%)

Education Status of Elderly		**District**			**Total**
District	**Social Group**	**GB Nagar**	**Barabanki**	**Deoria**	**Total**
Primary	General	24	18.2	57.6	34.1
	OBC	44	39.4	33.3	38.5
	SC	32	42.4	9.1	27.5
Middle	General	38.9	17.4	28.6	27.5
	OBC	50	56.5	57.1	55.1
	SC	11.1	26.1	14.3	17.4
Secondary	General	36.4	33.3	40	37
	OBC	36.4	50	40	40.7
	SC	27.3	16.7	20	22.2
Senior Secondary	General	50	41.7	40.9	42.5
	OBC	33.3	50	40.9	42.5
	SC	16.7	8.3	18.2	15
Higher education	General	89.5	22.2	28.6	60
	OBC	5.3	77.8	71.4	37.1
	SC	5.3	0	0	2.9
Illiterate	General	9.9	4.3	8	7.4
	OBC	60.3	49.6	63	57.4
	SC	29.8	45.3	28	34.6
	ST	0	0.9	1	0.6
Total	General	24.5	12	25	20.5
	OBC	50	50	54	51.3
	SC	25.5	37.5	20.5	27.8
	ST	0	0.5	0.5	0.3

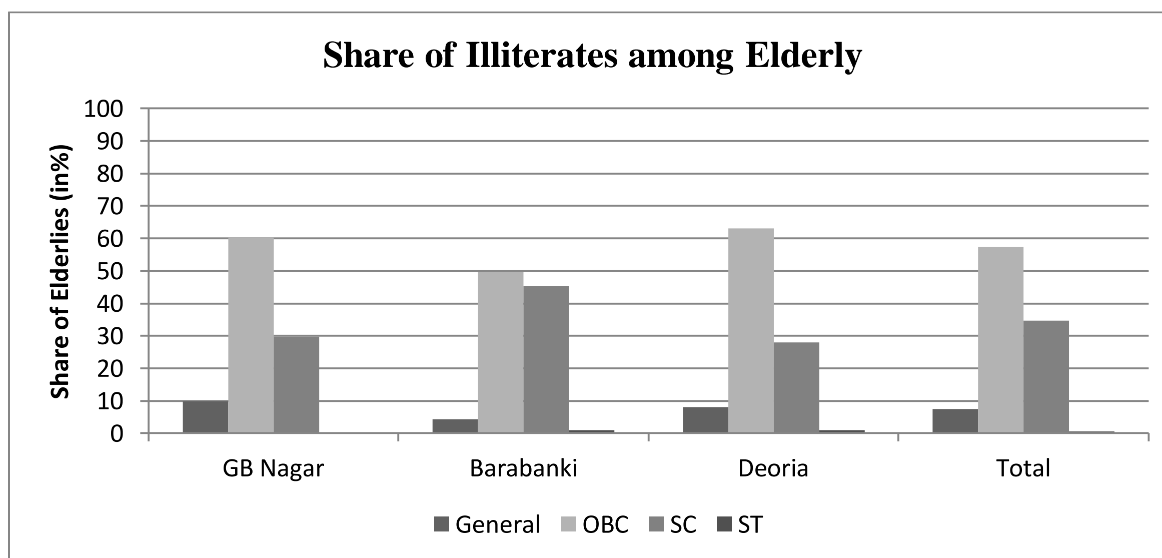
Source: Based on Primary Survey 2016

Caste is the basic attribute of the Indian social system which operates as an institution in society from past. As a social institution, education does not exist in isolation from the other social institutions in society. It exists in constant interaction with them and performs its function in the context of its relationship with them. In the process, education affects and is constantly affected by, the other social institutions. The major social institutions that are in interaction with education are stratification, economy, religion and polity. As a function of

social stratification towards the educational system, every society faces the phenomenon of inequality in access to, and achievement in, education[3]

The conclusion can be drawn from the given table that the level of education Scheduled caste elderly population is quite low then the Non-scheduled population; even the illiteracy is also very pertinent among a non-scheduled population.

Figure 4.1. Illiteracy prevalence among Elderly



Source: Based on Primary Survey 2016

Table 4.8 Work Status of Elderly figures in percent point (%)

Work Status of Elderly	GB Nagar			Barabanki			Deoria			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Regular Salaried	2.6	0.0	2.0	0.8	0.0	0.5	2.8	0.0	2.0	2.1	0.0	1.5
Self Employed	26.6	2.2	21.0	36.9	5.7	26.0	19.0	1.7	14.0	27.2	3.4	20.3
Casual Labour	29.9	17.4	27.0	12.3	7.1	10.5	9.9	6.9	9.0	17.8	9.8	15.5
Not Working	40.9	80.4	50.0	50.0	87.1	63.0	68.3	91.4	75.0	52.8	86.8	62.7
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

[3] Jacob, Aikara, "Education: Sociological Perspective", Rawat Publication, 2004.

Work status of elderly is very crucial in terms of getting himself or herself engaged or active and it gives a kind of economic independence to deal with pity and larger issues of the life. Workforce structure of India has been creating an environment where most of the individuals are engaged in casual labour or they are self-employed, but when it comes to old age population then inactiveness or cases of not working increases. Most of the elderly women are doing nothing and they were housewives throughout their life.

The percentage share of not working elderly population is highest in Deoria, followed by Barabanki, and followed by Gautam Buddha Nagar. 27.2 percent of elderly in this district are self-employed (cultivator etc) and it is highest in Barabanki, followed by Gautam Buddha Nagar, and followed by Deoria. The percentage share of regular salaried women is zero throughout these sample districts and it also almost negligible among male elderly as well because a person gets retirement after crossing the age of 60.

Table 4.9 Marital Status of Elderly figures in percent point (%)

Marital	GB Nagar			Barabanki			Deoria			Total		
Status	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Unmarried	1.3	0	1	0	0	0	0	0	0	0.5	0	0.3
Married	81.2	17.4	66.5	83.1	47.1	70.5	78.9	46.6	69.5	81	39.1	68.8
Divorced	0.6	0	0.5	0	0	0	0	0	0	0.2	0	0.2
Separated	0.6	2.2	1	0	0	0	0	0	0	0.2	0.6	0.3
Widow	16.2	80.4	31	16.9	52.9	29.5	21.1	53.4	30.5	18.1	60.3	30.3
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

In a conventional society like India where family system plays a very important role at various times of an individual to deal with the situation, it becomes even more important for an elderly to give and take emotions and care at a time when it is mostly needed. Being married or been married is not mere a marital status in Indian society but it works as a seed to grow a tree and it provides necessary fruits when it required most at senile age in general. In a very orthodox society in various parts of India, women are seen as secondary and supplementary role to play in family and society thus they were not allowed to be engaged in work force or they were not well trained and educated to be recruited of entertained by job

marked thus their role is limited within family and due to feminization of old age, the family plays a very pivotal role to come out from difficult situations.

Most of the elderly samples in these three districts are married and it is highest in Barabanki, followed by Deoria, and at last Gautam Buddha Nagar. The share of widow women is three-time high than widow men thus one can conclude that there is widow feminization. The percentage share of the widow is around thirty percent in these three districts. Widows are highest in Gautam Buddha Nagar and it is lowest in Barabanki.

IV. 3. Economic Arrangements

Occupation

The occupation has significant connections with caste organisations, but its importance to the system seems to be still an open question. The occupation of a caste is assumed to be as fundamental and as ancient as the social order itself.[4]

The social and economic development of any region depends on the number of persons who are economically active and the quality and regularity of their work. The proportion of the economically active population in various occupations indicates the economic profile of various groups of society. The occupation depends upon the degree of economic development of a region. The occupational structure is one of the important indicators to look into the levels of economic development of any region. Many sociologists opined that the occupation of a person reflects his socio-cultural status. Occupational status is the function of working population and economic activities. Occupation is one of the best indicators of class because people tend to agree on the relative prestige they attach to similar jobs.

It is generally assumed that a community or a caste follows one occupation which is primary and traditional to it, from which most of them derive their identity and nomenclature, with two or three subsidiary occupations.[5]

The study pattern of change in occupation suggested that optimal occupational changes have occurred among artisans groups who moved away from their traditional occupation and there

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[4] D.G.Mandelbaum (1970), *Society in India*, vol.2, Change and Continuity, London: University of California Press, p. 60

[5] K. S Singh (1992), *People of India- An Introduction*, Calcutta: Anthropological Survey of India, p.86

were instances when the traditional occupation was abandoned or was pursued only as a subsidiary occupation and new occupation was taken up, particularly by smaller communities. The changes in occupation based on land and agriculture were not very marked; there was a growth in the number of landless and casual labourers. But this should not create an impression that large-scale occupational changes took place all over India which upset traditional occupational structure.[6]

The range of occupations open to the men of any jati is now wider than it was at the beginning of the twentieth century, but many still follow their jati's traditional work, and many keep within the range of occupations open to those of their jati.[7]

Table 4.10 Occupation Type of Working elderly population figures in percent point (%)

Background Characteristics	Currently Working	Not Currently Working	Current Occupation	
			Agricultural	Non-Agricultural
Age				
60-70	51.3	48.7	72.1	27.9
70-80	31.2	68.8	65	35
80 and above	10	90	67	33
Sex				
Male	59.4	40.6	58	42
Female	16.7	83.3	59.6	40.4
Marital Status				
Currently Married	58.1	41.9	73.5	26.5
NM/W/D/S	31.5	68.5	69.4	30.6
Place of Residence				
Rural	42.9	57.1	80.3	19.7
Urban	49	51	15.9	84.1
Health Status (Self-Rated)				
Very Healthy	45.2	54.8	73	27
Fairly Alright	45.2	54.8	60.7	39.3
Unhealthy	11.1	88.9	59.5	40.5

Source: Based on Primary Survey 2016

[6] ibid.
[7] D. G. Mandelbaum (1970), *Society in India*, vol. 1, Continuity and Change, London: University of California Press, p. 14-15

Out of the total working population of elderly, most of the elderly are engaged as a cultivator, agricultural labour, agricultural labourers and shopkeepers. With the increase in the age work participation of the elderly declines, thus is due to the physical incapability emerges due to growing age. Uttar Pradesh is basically an agrarian society thus most of the elderly are found to be engaged in agricultural work in their later age of the life.

Women are generally not allowed to work outside the family. If they are allowed then they are not even allowed to choose the occupation of any kind and can't to choose a job away from their family. So this study has found very less participation of elderly women in the workforce in comparison to their counterpart. Even they are similarly engaged in agricultural activities like the male elderly.

Urban elderly are more engaged in economic activities than the rural elderly. Urban space is characterised with the several avenues for income generation without any age barrier thus this is very easy for an urban elderly to get any job at any point of the time in life if they want to do so. This also gives them as a recreational activity in the monotonous and busy life of towns. Though they are mostly engaged in non-agricultural activities. Rural elderly are mostly engaged in the agricultural activity.

Married elderly are more in occupation than those who are single. This factor is because those who are single as a marital status are mostly dependent due to less opportunity and the usual trend to reside with their children.

Health also plays a crucial role in deciding any kind of physical activity done by the elderly in later age. Thus as the age grows, health deteriorates thus create problems for elderly to participate in any kind of economic activities.

Generally, the current socio-economic status of the elderly is defined by what kind of the last occupation he or she has done throughout their life. Elderly of the field area was mostly cultivator because Uttar Pradesh is predominantly an agrarian society where if you don't have anything to do but still you must be doing self-subsistence farming. After cultivation, most of the elderly were engaged as the non agricultural labourer. Around 25 percent of the total male elderly and 22 percent of the total elderly were engaged in non-agricultural activity as a

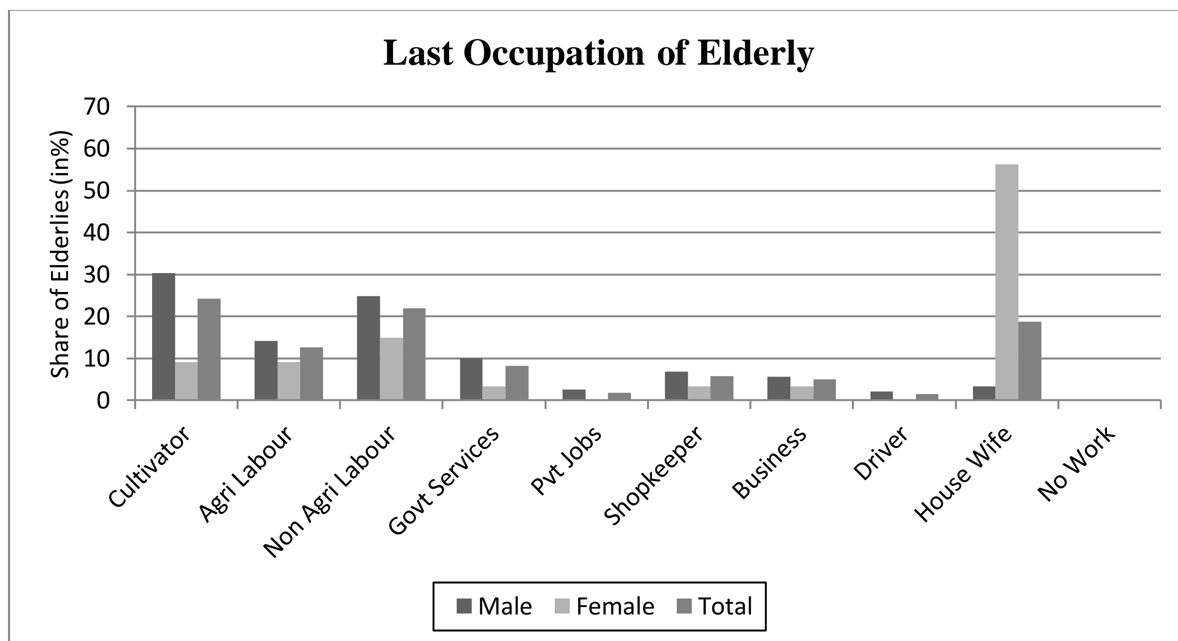
labourer. Female elderly were mostly occupied with the household activities as a housewife throughout their life.

Table 4.11 Last Occupation of Elderly, figures in Percent point (%)

Last Occupation of Elderly	Sex of Elderly		Total
	Male	Female	
Cultivator	30.3	9.2	24.2
Agri Labour	14.1	9.2	12.7
Non-Agri Labour	24.9	14.9	22
Govt Services	10.1	3.4	8.2
Pvt Jobs	2.6	0	1.8
Shopkeeper	6.8	3.4	5.8
Business	5.6	3.4	5
Driver	2.1	0	1.5
House Wife	3.3	56.3	18.7
No Work	0.2	0	0.2
Total	100	100	100

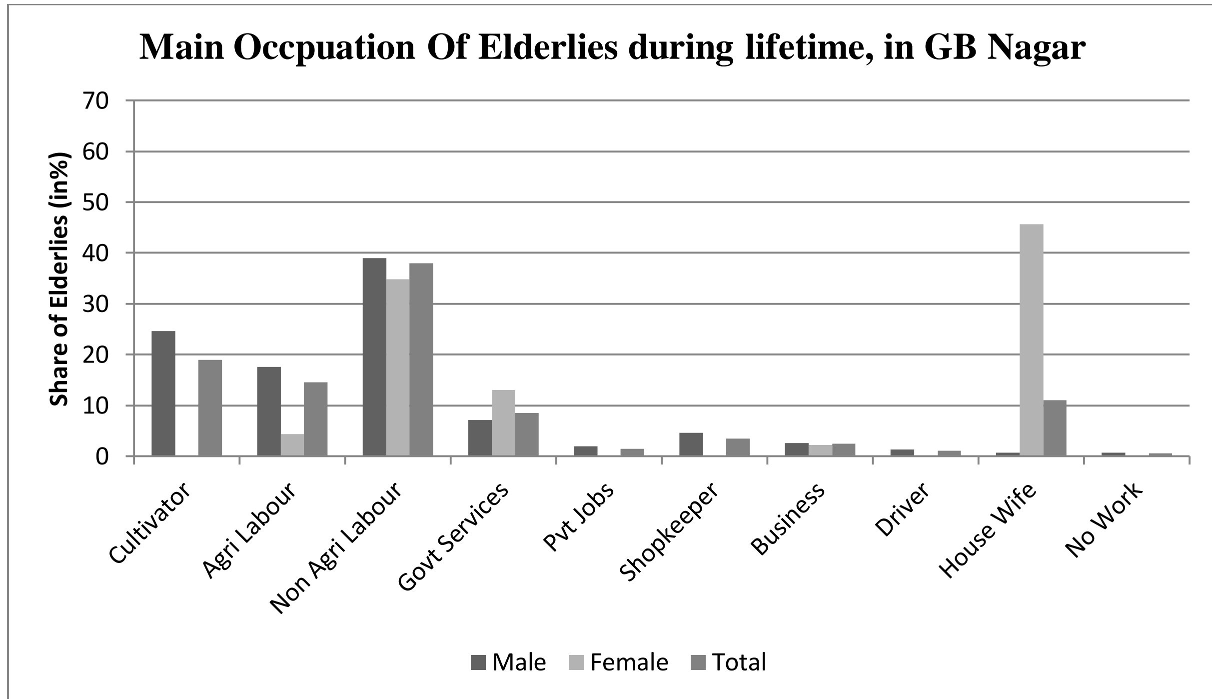
Source: Based on Primary Survey 2016

Figure 4.2. Last Occupation of Elderly



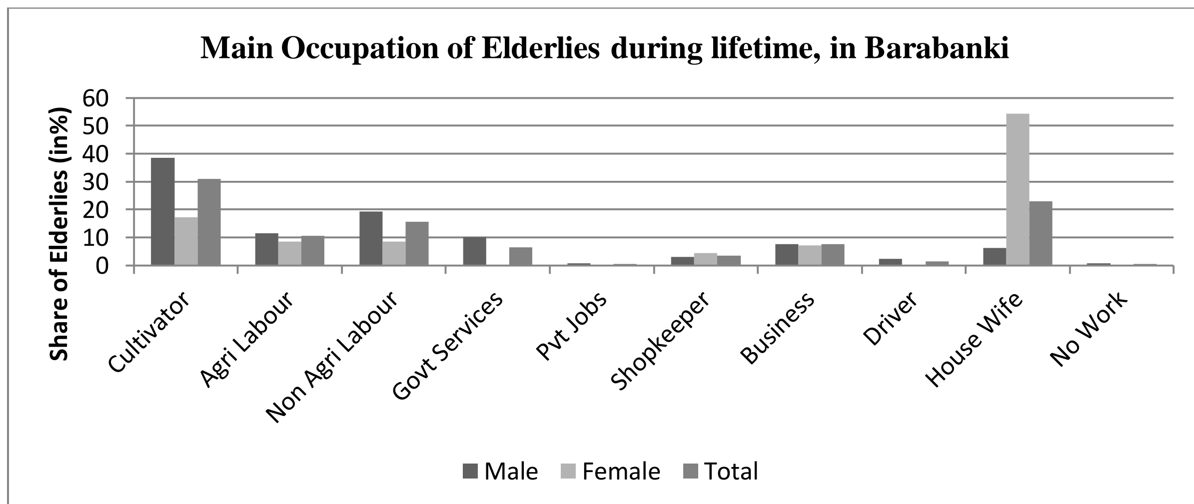
Source: Based on Primary Survey 2016

Figure 4.3 Main Occupation of Elderly during lifetime in GB Nagar



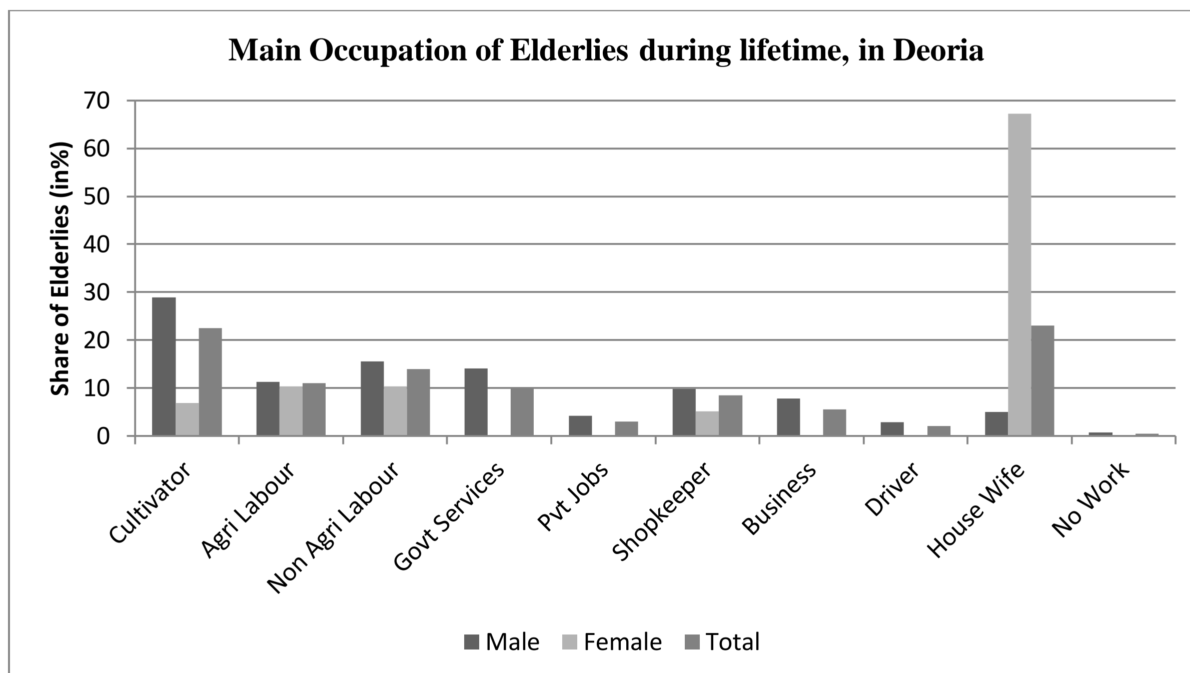
Source: Based on Primary Survey 2016

Figure 4.4 Main Occupation of Elderly during lifetime in Barabanki



Source: Based on Primary Survey 2016

Figure 4.5 Main Occupation of Elderly during lifetime in Deoria



Source: Based on Primary Survey 2016

The pattern of occupation among elderly across three districts remains the same as elderly were mainly engage as a cultivator and then followed by the agricultural labourer but this pattern slightly changes when it comes to Gautam Buddha Nagar, as here elderly were mostly doing labour job as a non-agricultural labour throughout life followed by cultivator and agricultural labourer.

Table 4.12 Age of Elderly, figures in percent point (%)

Age Of Elderly Samples (in %)	GB Nagar Sex of Elderly			Barabanki Sex of Elderly			Deoria Sex of Elderly			Total Sex of Elderly		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
60 to 69 years	66	56.5	63.8	73.8	67.1	71.5	65.5	74.1	68	68.2	66.7	67.8
70 to 79 years	24.2	30.4	25.6	16.9	28.6	21	22.5	20.7	22	21.4	26.4	22.9
80 & Above Years	9.8	13	10.6	9.2	4.3	7.5	12	5.2	10	10.4	6.9	9.3
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

Most of the elderly observed in the field were in the age group of 60 to 69 followed by 70 to 79 and followed by more than 80 years of the old. As the age grows the share of the elderly decreases. This might happen due to two cause, first is that due to increase in age the mobility of the elderly decreases and thus leads to limit itself inside the walls of the house and they can't properly communicate their problems so they were not allowed from the family members to give interview to the outsider, second is the as the age grows the population of elderly naturally decreases, which is a natural phenomenon.

Table 4.13 Elderly Income figures in percent point (%)

Income Group (In Rs)	GB Nagar			Barabanki			Deoria			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Less than 500	36.4	80.4	46.5	37.7	80.0	52.5	56.3	82.8	64.0	43.4	81.0	54.3
500 to 1000	1.9	0.0	1.5	12.3	5.7	10.0	7.7	5.2	7.0	7.0	4.0	6.2
1000 to 2000	14.3	8.7	13.0	27.7	8.6	21.0	10.6	5.2	9.0	17.1	7.5	14.3
2000 to 5000	30.5	8.7	25.5	17.7	4.3	13.0	21.1	5.2	16.5	23.5	5.7	18.3
Above 5000	16.9	2.2	13.5	4.6	1.4	3.5	4.2	1.7	3.5	8.9	1.7	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Based on Primary Survey 2016

Income is required to live a normal life especially when old age occurs because it requires monetary investments to the self and around at various occasions. Elderly are prone to have less income, in comparison to other section of population, apart from the child.

Income of the Elderly in the three sample districts is very less and around half of the population is earning below 500 rupees per month. 64 percent of elderly are receiving less than 500 rupees per month in Deoria and this is the lowest income district among three sample districts. As the amount of income increases the share of old age population receiving

those incomes also decreases. Around 80 percent of the elderly female is receiving less than 500 rupees per month from any source.

Table 4.14 Perception about Income

Enough Income		District			Total
		GB Nagar	**Barabanki**	**Deoria**	
Yes	Count	75	37	14	126
	% within District	37.5%	18.5%	7.0%	21.0%
No	Count	125	163	186	474
	% within District	62.5%	81.5%	93.0%	79.0%
Total	Count	200	200	200	600

Source: Based on Primary Survey 2016

Due to very low of the income or no income, around 80 percent elderly have said that they don't have enough income to sustain day to day needs though this figure is little exaggerated because there is human tendency that human being does not have satisfaction for the physical needs and it is very complicated and relative notion, though it is fact that there is complete crisis of money among the elderly for their daily needs. This factor leads to the very high level of dependency among elderly.

Management of Money in Scarcity

In a country like India where the formal and institutional source of monetary needs or loans are insufficient or one can say almost absent for elderly, then in such situation, other sources of support which are part of social capital becomes very crucial. Individual take the loan on behalf of his own credit in society and family circle without interest or with interest upon actual amount.

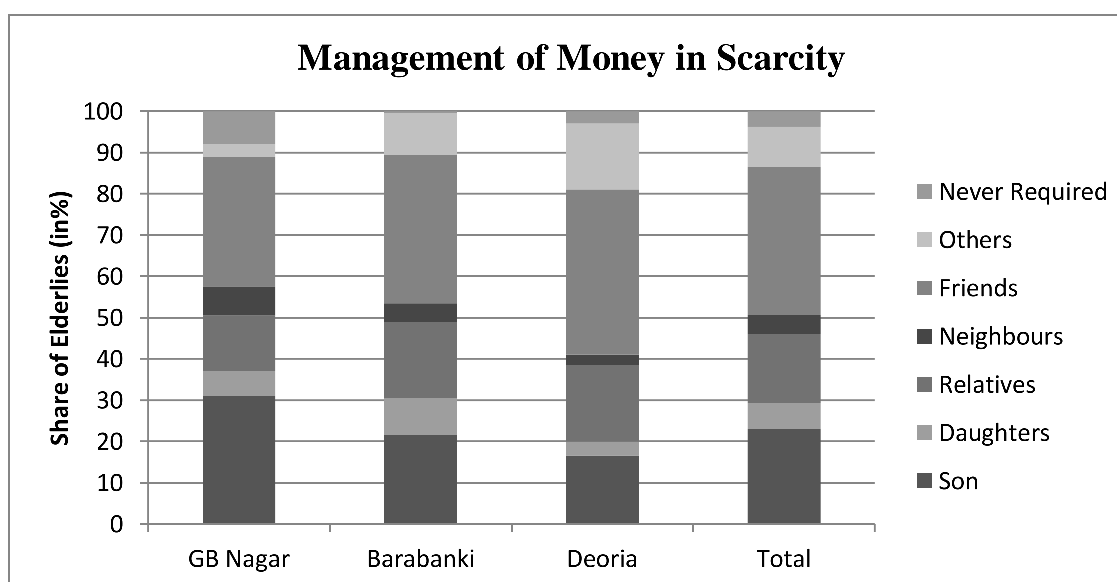
So in the scarcity of money, elderly at first go to their closer one (friends) to borrow money and secondly elderly borrow money from son (23%) and lowest share come from the neighborhood.

Table 4.15 Financial Management figures in percent point (%)

Elderly Management of Money in Scarcity				
Manage Scarcity of Money	District			Total
	GB Nagar	Barabanki	Deoria	
Son	31	21.5	16.5	23
Daughters	6	9	3.5	6.2
Relatives	13.5	18.5	18.5	16.8
Neighbours	7	4.5	2.5	4.7
Friends	31.5	36	40	35.8
Others	3	10	16	9.7
Never Required	8	0.5	3	3.8
Total	100	100	100	100

Source: Based on Primary Survey 2016

Figure 4.6 Management of Money in Scarcity



Source: Based on Primary Survey 2016

Money is required to sustain life at any point of time in life. Old age is generally characterised as the decline of income or devoid of financial assistance at the time when it is the most need for day to day chores. Elderly are generally dependent for their economic affairs towards the other members of the family or to some friend of him or relatives. This study has found that elderly generally go their friends when there is the scarcity of money.

This finding is quite astonishing when this is viewed from conventional cultural set up of India. Generally, children were considered as the primary supporter for the elderly in their later part of life though they are still second rank assistance provider to the elderly due to some untold reasons, elderly parents are hesitant to go their children for financial assistance. They feel very convenient to their friends to ask money.

Table 4.16 Source of Income

Pension or Other Income		District			Total
		GB Nagar	Barabanki	Deoria	
Yes	Count	30	36	50	116
	%within district	15.0	18.0	25.0	19.3
No	Count	170	164	150	484
	% within district	85.0	82.0	75.0	80.7
Total	Count	200	200	200	600

Source: Based on Primary Survey 2016

It is essential that elderly are provided with reliable sources of income security throughout their old age. As people grow older, they can rely less and less on income from employment for a number of reasons: while highly educated professionals may often continue well-remunerated occupations until late in their life, the majority of the population is usually excluded from access to well-paid jobs at older ages. Private savings and assets (including housing ownership) make a difference, but for most people are usually not sufficient to guarantee an adequate level of income security until the end of their lives. Private, intra-family transfers may be important as an additional source of income security but are very often far from sufficient and not always reliable, in particular for families already struggling to live on a low income.

For all these reasons, in many countries, public pension systems became a foundation on which at least basic income security has been built. While in most countries contributory pension schemes exist that protect those who have had the possibility of contributing, non-contributory pensions play a greater role in ensuring at least a basic level of protection for all (in the case of universal pensions) or for those who do not have a sufficient level of pensions from other sources (in the case of means-tested pensions).

Income security in old age depends also on the availability of and access to publicly provided social services – provided free or at low charge – including health care and long-term care. If secure and affordable access to such services is not provided, older persons and their families are pushed into extreme poverty.

Around just 20 percent of the total elderly are receiving pensions or another source of income. Some of them are government retired pension holder and some of them are getting a benefit of the state government-run pension schemes which is very meagre and inconsistent and given to few of the elderly in the local body. Some are getting remittances from their children or other relatives, but there is only 16.8 percent of elderly who are having perennial income because they are getting the pensions from different sources.

Table 4.17 Availing any Pension Scheme

	availing pensions	District			Total
		GB Nagar	Barabanki	Deoria	
Yes	Count	33	28	40	101
	% within District	16.5%	14.0%	20.0%	16.8%
No	Count	167	172	160	499
	% within District	83.5%	86.0%	80.0%	83.2%
Total	Count	200	200	200	600
	% within District	100.0%	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

Another major economic challenge facing older adults is that around 15 percent of them are unbanked or underbanked. Many of these unbanked/underbanked older adults are turning to non-traditional financial transactions, such as payday loans. This is money that could provide more benefit to an older adult if it were in an interest-bearing account or other well-developed and secure financial product. The government has been trying hard to pursue elderly citizen to open bank accounts so most of the elderly have opened bank accounts that are why percentage has increased. Half of the elderly's bank account holder has reported that their bank account is two to three years old.

Table 4.18 Having Bank Account

Bank Account		District			
		GB Nagar	Barabanki	Deoria	Total
Yes	Count	151	181	176	508
	% within District	75.50%	90.50%	88.00%	84.70%
	% of Total	25.20%	30.20%	29.30%	84.70%
	Count	49	19	24	92
No	% within District	24.50%	9.50%	12.00%	15.30%
	% of Total	8.20%	3.20%	4.00%	15.30%
	Count	200	200	200	600
Total	% within District	100.00%	100.00%	100.00%	100.00%
	% of Total	33.30%	33.30%	33.30%	100.00%

Source: Based on Primary Survey 2016

Loans are taken when there is no option left to the individual to take money from the known person or there is no financial source of money. 27.30 percent of elderly have taken loans. These were of small to the large size of a loan but mostly of small amount loan. One pattern was observed during the field was that those who do not take loan never took the loan in their life and those who were indebted at the time of the survey were consistent loan takers.

Table 4.19 Taken any Loan

Taken any Loan		**District**			
		GB Nagar	**Barabanki**	**Deoria**	**Total**
Yes	Count	63	40	61	164
	% within District	31.5%	20.0%	30.5%	27.3%
	% of Total	10.5%	6.7%	10.2%	27.3%
No	Count	137	160	139	436
	% within District	68.5%	80.0%	69.5%	72.7%
	% of Total	22.8%	26.7%	23.2%	72.7%
Total	Count	200	200	200	600
	% within District	100.0%	100.0%	100.0%	100.0%
	% of Total	33.3%	33.3%	33.3%	100.0%

Source: Based on Primary Survey 2016

The elderly have reported that out of the 27.30 percent total loan taken, a preferable choice to take loan was govt. banks, as around 12 percent of the elderly have taken the loan from the government banks. Second option to take the loan was from the relative and friends as 10.20

percent of the elderly have said that they borrowed money from their relative and friends. The third choice to take loan was from the moneylenders.

Table 4.20 Source of Loan

Source of Loan		District			Total
		GB Nagar	**Barabanki**	**Deoria**	
Govt. Banks	Count	29	18	30	77
	% within District	14.5%	9.0%	15.0%	12.8%
Pvt. Banks	Count	6	0	0	6
	% within District	3.0%	0.0%	0.0%	1.0%
Money Lenders	Count	16	4	5	25
	% within District	8.0%	2.0%	2.5%	4.2%
Relatives/Friends	Count	16	18	27	61
	% within District	8.0%	9.0%	13.5%	10.2%
Not Applicable	Count	133	160	138	431
	% within District	66.5%	80.0%	69.0%	71.8%
Total	Count	200	200	200	600
	% within District	100.0%	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

Analysing Elderly Status through Standard of Living Index

The question related to this index was asked from the elderly individuals, and generally determine the living standard of the household but the elderly are the part of the household thus this index also influence the living standard of the elderly. This index can also be used as a one of the predictors of living arrangement of the elderly.

Calculation of Standard of Living Index (SLI)

Different scores have been given to different assets available in the household for calculation of standard of living index. Standard of living index is calculated by adding the following scores: House type:- Pucca-4, Semi Pucca-2, Kacha-0; facility of drinking water:- Personal-4, Shared-2; facility of lighting fuel:- Electricity-4, Kerosene and others-2; Latrine Facility:- Yes-4, No-0; cooking fuel:- Cooking gas-4, Kerosene and firewood-2; ownership of house:- Owned-4, Rented-2; ownership of land:- Yes-4, No-0; and durable good ownership:- 5 for

car and tractor, 4 each for motorcycle, computer/laptop and internet and 2 each for mobile, radio, bicycle, sewing machine, fan and TV.

Index scores range from 0-15 for low SLI, 16 to 30 for medium SLI and 30 to 45 for high SLI.

Table 4.21 Standard of Living Index

Standard of Living Index		
Rank	**Frequency**	**Percent**
Low	215	35.8
Medium	244	40.7
High	141	23.5
Total	600	100

Source: Based on Primary Survey 2016

The study has found that around 35 percent of the elderly living with the lower life standard. 40.7 percent of the elderly living with the medium standard of the living so around 75 percent of the elderly are living in the low and medium level of living standard. Standard of the living is directly proportional to the living standard of the household. Samples encountered during the survey were mostly from the lower income group thus it was observed that living standard of the elderly was also very poor.

Table 4.22 Standard of Living Index with Background Characteristics

District		Standard of Living Index			
		Low	Medium	High	Total
GB Nagar	Count	61	83	56	200
	% within District	30.50%	41.50%	28.00%	100.00%
Barabanki	Count	96	70	34	200
	% within District	48.00%	35.00%	17.00%	100.00%
Deoria	Count	58	91	51	200
	% within District	29.00%	45.50%	25.50%	100.00%
Total	Count	215	244	141	600
	% within District	35.80%	40.70%	23.50%	100.00%
Sex of Elderly					
Male	Count	134	194	98	426
	% within Sex of Elderly	31.50%	45.50%	23.00%	100.00%
Female	Count	81	50	43	174
	% within Sex of Elderly	46.60%	28.70%	24.70%	100.00%
Total	Count	215	244	141	600
	% within Sex of Elderly	35.80%	40.70%	23.50%	100.00%
Social Group					
General	Count	21	53	49	123
	% within social group	17.10%	43.10%	39.80%	100.00%
OBCs	Count	96	134	78	308
	% within social group	31.20%	43.50%	25.30%	100.00%
Scheduled Population	Count	98	57	14	169
	% within social group	58.00%	33.70%	8.30%	100.00%
Total	Count	215	244	141	600
	% within social group	35.80%	40.70%	23.50%	100.00%
Place of Residence					
Rural	Count	133	123	44	300
	% within rural-urban	44.30%	41.00%	14.70%	100.00%
Urban	Count	82	121	97	300
	% within rural-urban	27.30%	40.30%	32.30%	100.00%
Total	Count	215	244	141	600
	% within rural-urban	35.80%	40.70%	23.50%	100.00%

Source: Based on Primary Survey 2016

Standard of the living has been observed from four major points of view (districts, gender, social group and place of residence). The living standard of the elderly of the Barabanki district was found to be lowest and elderly of the Gautam Buddha Nagar was having the better standard of the living than other two districts. This may be due to the proximity of

Gautam Budha Nagar with Delhi, the condition of the elderly household was better in this region in terms of the physical assets. The effect of the proximity of the Delhi was easily observed in this district but the effect of the Lucknow on the Barabanki was not positively observed in this study, as Barabnki is the adjoining district of the state capital. Female elderly were living poorer standard of living in comparison to the male elderly. The scheduled population has been historically not allowed to access physical resources though the current situation is much improved from the past but still scheduled caste population is living the lower standard of life in comparison to OBCs caste and general castes. Standard of living increases from scheduled caste population to other backwards classes to the general population. Around 60 percent of the elderly households are living in the poorer conditions. The condition of the rural elderly in terms of physical assets is poorer than the urban elderly. Around 45 percent of the rural elderly were left in the low standard whereas only 27.30 percent of the urban elderly were left in the low standard. Elderly residing in the urban areas were comparatively well of than their counterpart because some of the physical assets used for the index are very common in the urban areas but are considered as costly and luxurious affairs for rural life.

IV.4. Summary

The following are the significant patterns observed in the analysis in this chapter are:

- Around 64 percent of the elderly were residing with the spouse. Spouse has been the prime source of caregiver for the elderly and is an integral part of old age.
- Around 82 percent of the elderly are living with their children.
- Around 18 percent of the surveyed elderly are not residing with any of their children and further, the extent of co-residence with own children comes down with the increase in age. Co-residence with children seems to be more common among the female elderly compared to the males.
- Illiteracy is the most profound phenomenon across three sample districts and across gender. There is mark decrease in percentage share as a level of education increases. Female are worst hit when it comes to education as illiteracy is more common and dominant among elderly women than elderly men.

- Educational level Scheduled caste elderly population is quite low than the Non-scheduled population; even the illiteracy is also very pertinent among a non-scheduled population.
- Most of the individuals are engaged in casual labour or they are self-employed, but when it comes to old age population then inactiveness or cases of not working increases.
- Most of the elderly samples in these three districts are married. The share of widow women is three-time high than widow men thus one can conclude that there is widow feminization. The percentage share of widow is around thirty percent in these three districts.
- Out of the total working population of elderly, most of the elderly are engaged as a cultivator, agricultural labour, and shopkeepers. Elderly cultivators are highest followed by elderly agricultural labourers.
- Most of the elderly observed in the field were in the age group of 60 to 69 followed by 70 to 79 and followed by more than 80 years of the old. As the age grows the share of the elderly decreases.
- Income of the elderly in the three sample districts is very less and around half of the population is earning below 500 rupees per month. As the amount of income increases the share of old age population receiving those incomes also decreases. Around 80 percent of the elderly female is receiving less than 500 rupees per month from any source.
- Around 80 percent elderly have said that they don’t have enough income to sustain day-to-day needs.
- In the scarcity of money, elderly at first go to their closer one (friends) to borrow money and secondly elderly borrow money from son (23%) and lowest share come from the neighborhood.
- Just around just 20 percent of the total elderly are receiving pensions or another source of income.
- Most of the elderly have opened the bank account that is why percentage has increased. Half of the elderly bank account holders have reported that their bank account is two to three years old.

CHAPTER V

HEALTH AND RECREATIONAL ACTIVITIES OF THE ELDERLY

The health of the elderly has become a point of attention with the increasing pace of old age population in India. The health status and health facilities for the elderly are dependent upon the demographic and socio-economic characteristics. Poor health and illness adversely effect day-to-day life of elderly. Several factors determine the health of the elderly such as gender, economic status, living standard, marital status, and availability of social support etc. Malnutrition is considered as the important index for poor health in developing countries. Poverty is also major challenge and risk for elderly in developing country like India. Poverty has declared as the root cause for malnutrition, diseases and deaths in old age.

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease. One possible method to consider the importance of life's quality in old age is to combine survival with a concept of health to calculate healthy life expectancy as an indicator of the population's health status. Disability-free life expectancy and life expectancy without chronic disease are two estimates of healthy life expectancy[1].

Rapid demographic transition without a concomitant epidemiological transition forms the dual load of infections and degenerative diseases in older persons. The health issues faced by an elderly are compounded by the lack of limited financial, emotional and social support provided by their families (Johnson, et al. 2010)[2]. Improvement in health and health care is associated with the spread of modem medicine and public health measures that accompany socio-economic status (SES) of elderly. (Johnson, C.S, et al. 2010). Salinity, respiratory disorders and lifestyle disease are considered as dominant killers for the death of the elderly in India.

Unfavourable psychosocial working condition and negligence towards the health by the elderly or other members of the household are the factors that are largely responsible for the poor health of the elderly. There is also enough evidence that economic status of the elderly and the family also play the crucial role for health attainments.

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[1] Kumar Vinod, "Health Status and Health Care Services Among Older Persons in India", *Journal of Aging and Social Policy,* Vol. 15, No.2/3, 2003, pp.67-83.

[2] Johnson, C. S. And Duraiswamy, M., (2010). "Health Service Provider's Perspectives on Healthy Ageing in India", *Springer Science.* pp, 25-26.

Determinants of health: Individual attributes like education, age, birth order etc. and the outer socio-economic environment and public health care provision are the factors which affect the health status of an individual. Among these, the socio-economic condition is a very important factor in determining individual health status. Public investment in health in a country is an important determinant of higher growth and better health status, and expenditure on anti-poverty programmes and health is the best way to encourage economic growth in India (Gupta & Mitra, 2004).

Relationship between income and health: Re-establishing the hypothesis, “Wealthier is Healthier” on the basis of international comparison of health and income, between India and South Africa, (Case and Deaton 2005) have found that individual health status is a perception and a subjective measure and could be compared with individual economic level which can be measured objectively.

The pattern of relationship between health and income is not always consistent across groups, individuals etc. Individuals in the upper quintile income distribution usually report more health problems than those in lower income quintiles, perhaps because they are more aware of their own health status (Sen, 2002).

Regression of health and family size, for a given total household expenditure, shows that household size does not affect the individual health condition, as argued by (Banerjee, Deaton and Duflo 2003). This proves that the joint family system in India does not affect the health status of individuals living in rural areas.

Causality from income to health: In NBER Working Paper Series, Deaton and Paxson (1999) have argued that there is a direct causality from income and income inequality to health; it is not the absolute income but the relative income (income inequality) which matters a lot at both the ends, high and low economic development. At the mean level of economic development, income inequality does not have any link with individual health, but absolute income directly affects the health status of an individual.

With the advancement of age physical, biological and mental status does not allow an old man to cope up with any change in the normal process of body functioning. Of all these health conditions, elderly people are victims of poor mental health, which arises from senility, neurosis and extent of life satisfaction (Rajan, 2006). Elderly people neglect the

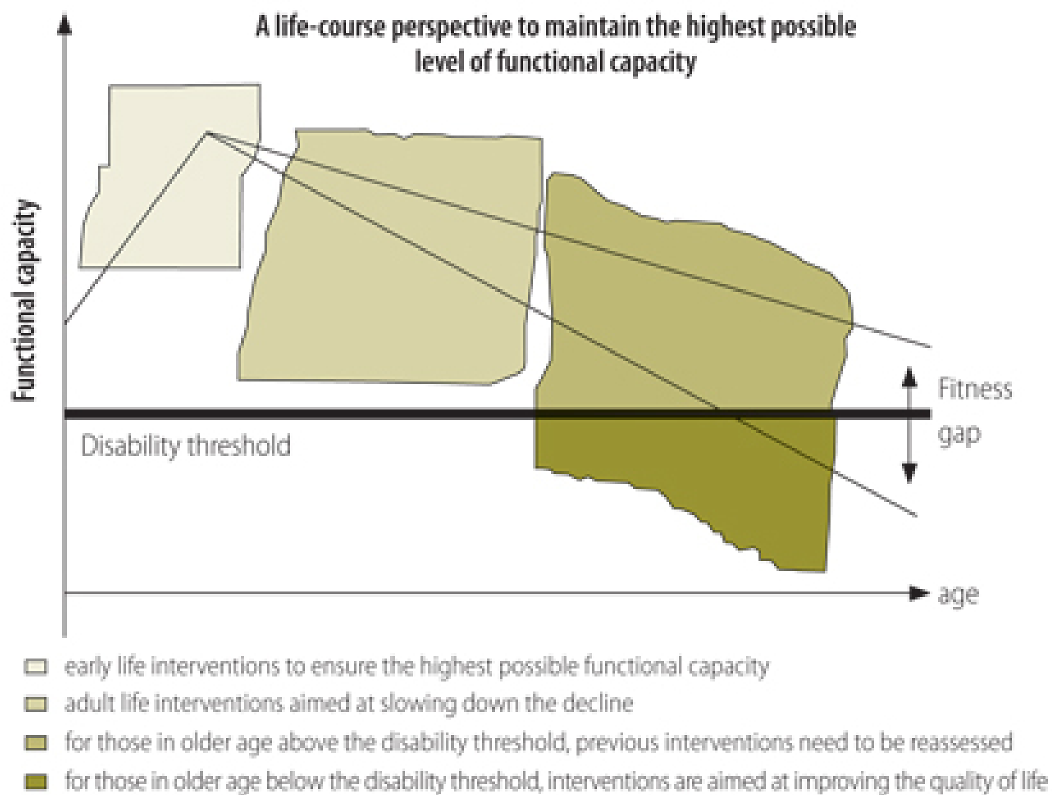
early symptoms of a disease and do not seek any medical treatment unless it becomes too acute to cope (Indrani Gupta et al. 1995).

Factors favourable to healthy ageing operate over different stages of the individual life course. They are related not only to health but also to financial, occupational and educational attainment, as well as family circumstances and housing environment. Social factors operational in childhood and adulthood can exert a cumulative effect on the quality and health of late life. Medical factors, such as long-term sequelae of polio and rheumatic fever, along with poor hygiene and poverty, can lead to 'premature ageing' seen in poor countries[3].

[3] Kumar Vinod, "Health Status and Health Care Services Among Older Persons in India", *Journal of Aging and Social Policy,* Vol. 15, No.2/3, 2003, pp.67-83.

V.1. Health Intricacies among Elderly

Fig. 5.1. Theoretical framework illustrating changes in functional capacity across the life course and potential interventions for maintaining the highest possible level of functional capacity



Source: Ageing and Health Programme, World Health Organization. Reproduced with permission from Kalache & Kickbusch, 1997[4]

Maintaining an optimal physical, mental and social capacity from birth to death is a lifetime process requiring interventions by individuals, communities and health services throughout the whole span of life.

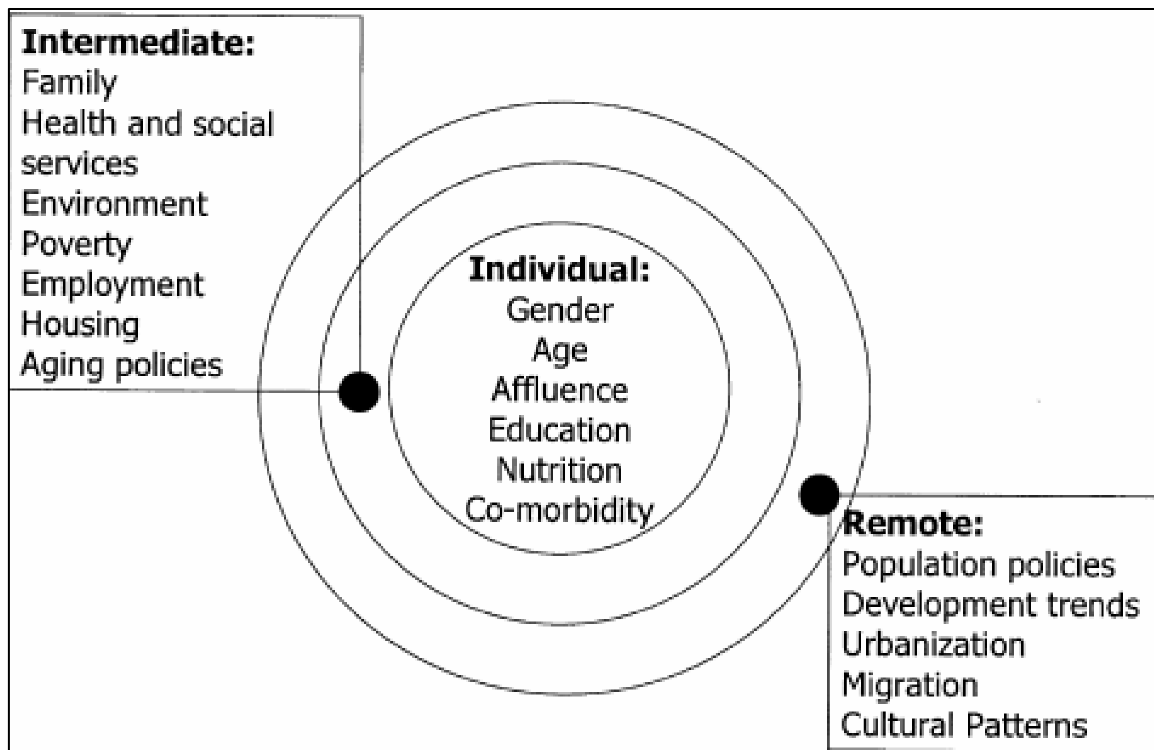
The model represented by the figure describe that the functional capacity of the individual is highest at the early age and it decreases when an individual reaches to the middle ages but functional capacity in the middle age is higher than the old age. There is a certain age

[4] Kalache A, Kickbusch I. A global strategy for healthy ageing. *World Health* 1997; 50: 2.

of disability threshold after which functional capacity of every individual decrease. Fitness and physical activity are required to improve the functional capacity at the same age in old age.

The prospecting of ageing, society, and health represents the challenge of estimating, in a timely manner, the health, social, and economic consequences of the demographic transition over the next years, to allow the countries to respond to these consequences through an in-depth restructuring of their health and social services. It also means to surmise and pre-determine the future factors that are going to modify the diverse patterns of morbidity, disability, and mortality in a regional context. In order to approach these complexities, we have to consider the remote, intermediate, and proximal determinants of the health of the elderly, which are depicted in Figure 1.

Figure 5.2. Remote, Intermediate and Proximal Determinants of the Health of the Elderly[5]



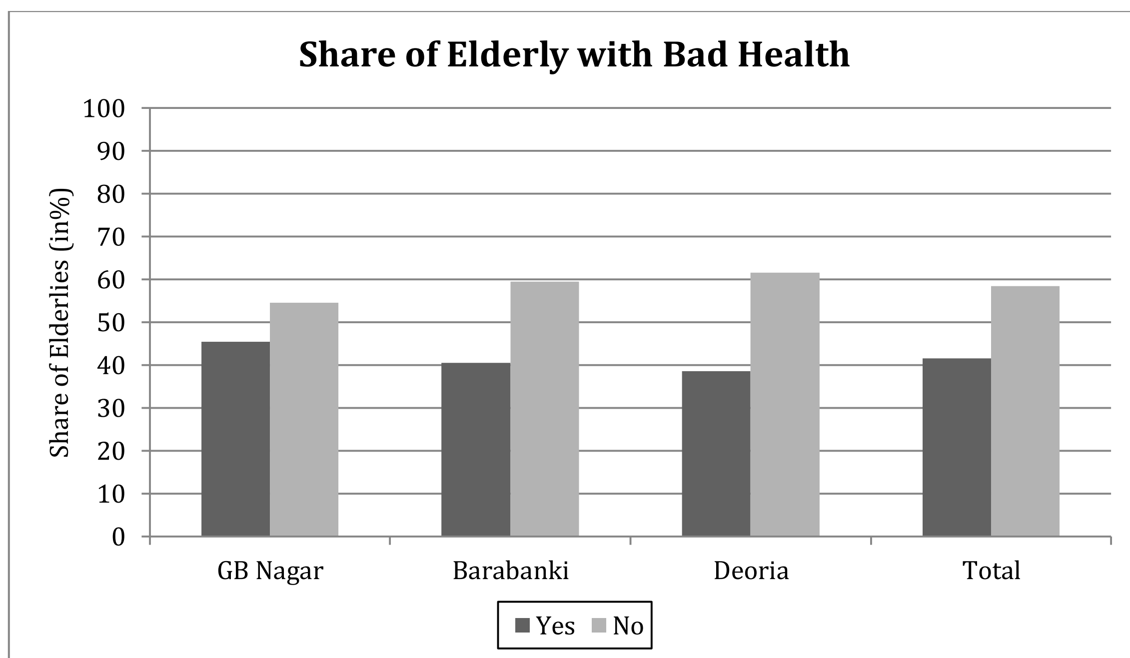
Source: Source is given in footnote on this page

The elderly population is facing a very serious problem of health. Old age added by

[5] Looking at the Future of Geriatric Care in Developing Countries (PDF Download Available). Available from:https://www.researchgate.net/publication/11493871_Looking_at_the_Future_of_Geriatric_Care_in_Developing_Countries [accessed Jun 2, 2017]

erosion of health because less resistance is developed due to the ageing process in the body. Economic and social roles of the elderly decrease with the poor health. Therefore the health problem can be regarded as a major problem for the elderly.

Figure 5.3. Elderly with Bad Health



Source: Based on Primary Survey 2016

Health is a sensitive and inevitable concern for any individual and it becomes an even more serious issue when it comes to old age. Human body starts to decay and become senile with the increasing age so in this case, someone's perception about his or her health is very important for taking care of the health.

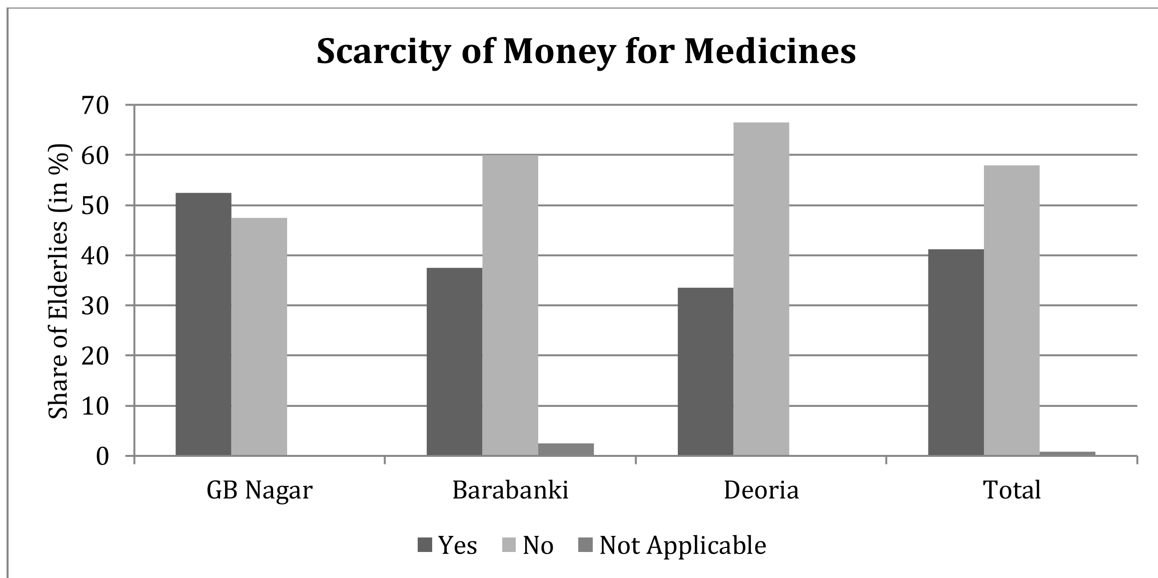
One perceptional question was asked to know about the health of elderly from himself, so 41.5 percent elderly people have said that their health is not good and it was highest in Gautam Buddha Nagar and lowest in Deoria.

Scarcity Of Money For Medicines

Medicines have become and inherent part of physical life. Due to various reasons an individual needs medicines at any juncture of life. This requirement becomes stronger when someone reaches to the later phase of life. Human health starts to weaken as it grows older, thus the need of medicines come. The accessibility, availability and affordability of medicines depend upon various reason but here in this study, most of the cases suggest that the distance from the medical practitioner and availability of money

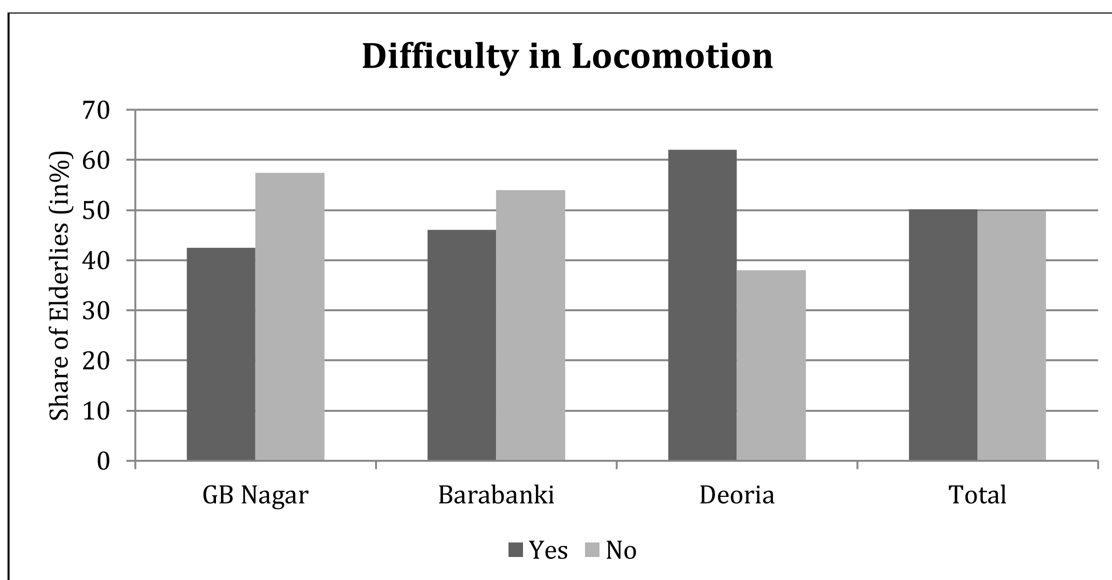
were the most influential direct reason for the unavailability of medicines. Around 40 percent of the elderly have said that they have the scarcity of money to afford medicines. The scarcity of money for medicines was highest in GB Nagar and it was lowest in Deoria. The higher reporting from GB Nagar was due to self-awareness for their own health.

Figure 5.4. Elderly facing scarcity of Medicines



Source: Based on Primary Survey 2016

Figure 5.5. Problems in Movement



Source: Based on Primary Survey 2016

Osteo related problems especially problems of joints in legs are the very profound feature of the elderly health. This problem curbs the free movement of elderly thus leads to a slow and dependent life. Around half of the elderly population (50.2%) has reported joint problems and this kind of problem was highest in Deoria and it was lowest in Gautam Buddha Nagar.

Health in General among Elderly

Table 5.1 Health in General among Elderly

Health in General	District			Total
	GB Nagar	Barabanki	Deoria	
Very Healthy	22	28	10	60
	36.7%	46.7%	16.7%	10%
Fairly All Right	146	112	103	361
	40.4%	31.0%	28.5%	60.1
Unhealthy	32	60	87	179
	17.9%	33.5%	48.6%	29.8
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.0%

Source: Based on Primary Survey 2016

Naturally, human body starts declining in terms of health with the onset of old age. The

situation can be avoided more or less by taking care of health with medicines, exercise, yoga and other things. So the condition of health varies from person to person and from place to place. With the advancement of age physical, biological and mental status does not allow an old man to cope up with any change in the normal process of body functioning. Of all these health conditions, elderly people are victims of poor mental health, which arises from senility, neurosis and extent of life satisfaction (Rajan, 2006). Elderly people neglect the early symptoms of a disease and do not seek any medical treatment unless it becomes too acute to cope (Indrani Gupta, et al. 1995).

Only 10 percent of elderly have perceived themselves as very healthy whereas around 30 percent of elderly have said that they are unhealthy. There is typical mindset problem with elderly they do not want to be taken as unhealthy, so despite having several problems, they never say this and do not go to medical checkups.

Experience Of Chronic Disease

Elderly suffer from the various kind of chronic diseases, but some of them very common to the elderly population. In the case of this study from the collected sample, it was found that osteo problem was most prevalent among elderly and it was highest in Deoria and it was lowest in Gautam Buddha Nagar. Blood pressure health problem was second largest in the study area among elderly. Around 38.7 percent of the population was not having any chronic disease.

Table 5.2 Experienced Chronic Diseases

Experienced Chronic Disease	District			
	GB Nagar	Barabanki	Deoria	Total
Osteo Problem	31	55	67	153
	20.3%	35.9%	43.8%	25.5
Cardiovascular	10	12	21	43
	23.3%	27.9%	48.8%	7.2
Alzheimer	3	7	5	15
	20.0%	46.7%	33.3%	2.5
Diabetes	13	2	12	27
	48.1%	7.4%	44.4%	4.5
Blood Pressure	28	21	24	73
	38.4%	28.8%	32.9%	12.2
Obesity	2	5	1	8
	25.0%	62.5%	12.5%	1.3
Others	9	16	24	49
	18.4%	32.7%	49.0%	8.2
None	104	82	46	232
	44.8%	35.3%	19.8%	38.7
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.0%

Source: Based on Primary Survey 2016

Table 5.3 Treatment after Detection for Chronic Disease

Treatment after Detection for Chronic Disease	GB Nagar	Barabanki	Deoria	Total
Yes	85	94	135	314
	27.1%	29.9%	43.0%	52.3
No	12	31	22	65
	18.5%	47.7%	33.8%	10.8
Not Applicable	103	75	43	221
	46.6%	33.9%	19.5%	36.8
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.00%

Source: Based on Primary Survey 2016

Most of the elderly went to treatment after commence of any chronic disease. 52.3 percent elderly went for treatment after detection of chronic diseases. Those who were not having any chronic disease they need not go for the treatment so this question was not applicable to them. Around 10.8 percent of elderly did not go for treatment after the occurrence of chronic disease.

Table 5.4 Treatment of Chronic Diseases

Type of Treatment for Chronic Disease		District		
	GB Nagar	Barabanki	Deoria	Total
Allopathic	76	91	130	297
	25.6%	30.6%	43.8%	49.5
Ayurvedic	5	4	0	9
	55.6%	44.4%	0.0%	1.5
Homeopathic	2	4	11	17
	11.8%	23.5%	64.7%	2.8
Others	2	2	3	7
	28.6%	28.6%	42.9%	1.2
Not Applicable	115	99	56	270
	42.6%	36.7%	20.7%	45
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.00%

Source: Based on Primary Survey 2016

To seek the medical treatment 49.5 percent went for allopathic treatment. Though in most

of the cases medical practitioners were unqualified and unregistered doctors they are very popular in the maximum part of the study are the especially rural area. The second choice of the people is necromancy and black magic and at the end, people go for Ayurveda. Those who were not having any chronic disease need not go to any treatment so this question was not applicable to them.

Table 5.5 Place of Residence variations in type of treatment

Place of Residence		Type of Treatment				
		Government	Private	Not Applicable	Government & Private Both	Total
Rural	Count	134	142	13	11	300
	(%)	44.7%	47.3%	4.3%	3.7%	100.0%
Urban	Count	130	157	5	8	300
	(%)	43.3%	52.3%	1.7%	2.7%	100.0%
Total	Count	264	299	18	19	600
	(%)	44.0%	49.8%	3.0%	3.2%	100.0%

Source: Based on Primary Survey 2016

Rural area is characterised by lack of basic amenities, awareness and relative poverty, so was found in the study as around 45 percent of the rural went for the treatment in government hospitals and around 48 percent went for the treatment in private clinic, whereas elderly generally prefer for the treatment in the private clinic in urban areas. Quality of the treatment also varied from rural area to urban area, most of the elderly have gone for the treatment, they were not aware of the medical degree of the practitioner, they are mostly some unregistered and unqualified kind of fraud, who generally give medicine for any kind of the health issue without any medical check-up. These frauds know the financial capability of the rural dwellers and generally, offer only that much of the amount which a rural poor and helpless elderly can afford Rural elderly generally hesitant of moving to long distance or some distant medical centre for their treatment so, in most of the health related issue, they prefer to go to these private medical practitioner.

Table 5.6: Payee of Medicines for Elderly

Place of Residence	Payee of Medicines	Sex of Elderly		Total
		Male	Female	
Rural	Children	44.4%	72.7%	51.7%
	Other Relatives	4.5%	1.3%	3.7%
	Neighbors	3.1%		2.3%
	Self	16.1%	7.8%	14.0%
	Others	1.8%		1.3%
	Not Applicable	30.0%	18.2%	27.0%
	Total	100.0%	100.0%	100.0%
Urban	Children	50.7%	56.7%	52.7%
	Other Relatives	3.4%	2.1%	3.0%
	Neighbors	1.0%		0.7%
	Self	18.2%	11.3%	16.0%
	Others	2.0%	5.2%	3.0%
	Not Applicable	24.6%	24.7%	24.7%
	Total	100.0%	100.0%	100.0%
Total	Children	47.4%	63.8%	52.2%
	Other Relatives	4.0%	1.7%	3.3%
	Neighbors	2.1%		1.5%
	Self	17.1%	9.8%	15.0%
	Others	1.9%	2.9%	2.2%
	Not Applicable	27.5%	21.8%	25.8%
	Total	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

The financial arrangement at the time of poor health and sudden health breakdown is the very important indicator of well-being in the later age of life. Old age is also characterised as shrink of social capital and physical capital, thus getting financial support at that point of time is very important. A large proportion of the aged is retired from their occupations and surviving on their savings. Often these savings are not sufficient and some needs have to be met through help from their kin, mostly children. This is especially true in the case of illnesses, and overall expenditure on health when often sons and other relatives have to meet the health care expenses of their aged parents/relatives. This has several implications on the quality of care and the level of expenditure on treatment. The aged have greater control over expenditure from their own resources as compared to that

of others, and therefore have greater choice in terms of source and quality of treatment sought. In the case of others paying they have to depend on the decisions taken by the others, rather than by themselves, which may or may not be the best for them. In most cases, the treatment was financed either by the aged themselves or by their sons. Though in urban areas, the contribution from the son and by self is little higher than the urban areas.

Personal Habits of the Elderly

In the present study, information about selected personal habits for the elderly has been collected. Such information would be useful for understanding the lifestyles as well as physical health of the elderly. Generally, the personal habits like smoking beedis/cigarettes, drinking alcohol, taking betel leaves/nut and chewing tobacco as it is or in combination of betel leaves/nut, are initiated at their young age, at the beginning of fun and later become as addictions, if there is no or less restriction from their parents/relatives, friends as well as their spouses after marriage. Of course, continuing of these habits would mostly depend upon the economic status and also to some extent upon their health status. Moreover, men will be more prone to these habits than women because of cultural restrictions in some of the personal habits like smoking and drinking alcohol.

Chewing tobacco was the most profound bad habit among elderly in the study area and it was highest in Deoria followed by Barabanki followed by Gautam Buddha Nagar. Smoking was the second most popular habit among elderly in the study area and it was highest in Gautam Buddha Nagar and it was lowest in Barabanki. 65 percent of the elderly don't have any bad habit and addiction at the time of the survey.

Table 5.7 Personal habits among Elderly

Bad Habits	Districts			
	GB Nagar	Barabanki	Deoria	
Smoking	48	6	8	62
	77.4%	9.7%	12.9%	10.3
Drinking	11	16	8	35
	31.4%	45.7%	22.9%	5.8
Chewing	12	35	44	91
	13.2%	38.5%	48.4%	15.2
Hookah	8	2	2	12
	66.7%	16.7%	16.7%	2
Snuff	2	0	5	7
	28.6%	0.0%	71.4%	1.2
Other	0	0	3	3
	0.0%	0.0%	100.0%	0.5
NO	119	141	130	390
	30.5%	36.2%	33.3%	65
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.00%

Source: Based on Primary Survey 2016

Table 5.8 Association of Health and Income Among Elderly

Income		Treatment after Detection for Chronic Disease Yes	No	Not Applicable	Total
Below 2 Thousand Rs	Count	36	22	38	96
	% within level of income	37.5%	22.9%	39.6%	100.0%
	% within Treatment after Detection	11.5%	33.8%	17.2%	16.0%
2 thousand to 5 thousand Rs	Count	91	20	30	141
	% within level of income	64.5%	14.2%	21.3%	100.0%
	% within Treatment after Detection	29.00%	30.8%	13.6%	23.5%
5 thousand to 10 thousand Rs	Count	81	13	57	151
	% within level of income	53.6%	8.6%	37.7%	100.0%
	% within Treatment after Detection	25.8%	20.0%	25.8%	25.2%
10 thousand to 25 thousand Rs	Count	67	2	61	130
	% within level of income	51.5%	1.5%	46.9%	100.0%
	% within Treatment after Detection	21.3%	3.1%	27.6%	21.70%
More than 25 thousand Rs	Count	39	8	35	82
	% within level of income	47.6%	9.8%	42.7%	100.0%
	% within Treatment after Detection	12.4%	12.3%	15.8%	13.7%
Total	Count	314	65	221	600
	% within level of income	52.3%	10.8%	36.8%	100.0%
	% within Treatment after Detection	100.0%	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

Socio-economic status is the very important factor for the poor health among elderly. Education level had the crucial impact on health and self-awareness of health among the elderly. Various studies have found that elderly with primary or lower education had poorer self-management for health. Education is an important influence on shaping the values, problem- solving skills, health care ability, behaviour, and social psychology of

an individual. There are chances of getting higher occupational status with higher education levels, thus can lead to better access to social resources. People with higher level of education will have better economic standing, medical care, and problem-solving skills; at an advanced age, they will be aware of their health condition and would normally consult the physician on time bound manner and will be in situation to follow the prescriptions of the physician and can live a good lifestyle. Studies have also found that the elderly with low education levels have poor problem-solving skills, tend to live in rural areas, have fewer health care resources, and lack a proper approach to health care, therefore health-promoting behaviours such as medical treatment and health care and poor self-management for health.

The income of the elderly reflected their lives, diet, economic consumption level, and access to health care resources. The low-income group was distributed in the rural or the low-education elderly; they were more dependent on their children, their consumption mainly focused on clothing, food, and other physiological needs; and they paid less attention to health. Conversely, the high-income group was distributed among the urban or high-education elderly, who paid more attention to health and health care, had the economic capacity to develop their own way of life actively, accepted new health care knowledge and approaches, and promoted health management. This may be related to the urban and rural subsistence allowances, pensions, medical treatment, and other related policies.

The elderly go for the treatment after detection of the chronic disease is increased with the level of income increase. The study has found that only 37 percent of elderly with below 2 thousand of monthly income go for the treatment after the detection of disease. Whereas in all other income categories, more than half of the elderly population go for the treatment, after detection of the disease.

Table 5.9 Association of Education Level and Health among Elderly

Educational Level		Treatment after Detection for Chronic Disease			
		Yes	No	Not Applicable	Total
Illiterate	Count	165	49	124	338
	% within level of education	48.8%	14.5%	36.7%	100.0%
	% within Treatment after Detection	52.5%	75.4%	56.1%	56.3%
Primary	Count	50	10	31	91
	% within level of education	54.9%	11.0%	34.1%	100.0%
	% within Treatment after Detection	15.9%	15.4%	14.0%	15.2%
Middle+Secondary	Count	55	1	40	96
	% within level of education	57.3%	1.0%	41.7%	100.0%
	% within Treatment after Detection	17.5%	1.5%	18.1%	16.0%
Senior Secondary	Count	22	1	17	40
	% within level of education	55.0%	2.5%	42.5%	100.0%
	% within Treatment after Detection	7.0%	1.5%	7.7%	6.7%
Higher and Above	Count	22	4	9	35
	% within level of education	62.9%	11.4%	25.7%	100.0%
	% within Treatment after Detection	7.0%	6.2%	4.1%	5.8%
Total	Count	314	65	221	600
	% within level of education	52.3%	10.8%	36.8%	100.0%
	% within Treatment after Detection	100.0%	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

Two major problems can be encountered when education is used as a socio-economic indicator among the elderly: firstly the fact that education may not be a good presentation of the socio- economic trajectory that elderly may have followed during their adult life and secondly the skewed distribution of the level of education among the elderly. As expected, the results did show that a large percentage, of elderly women in the study area, belonged to the lowest education level. This problem will however slowly disappear in future populations, as education opportunities have been increasing among the younger populations. Despite these limitations, large education differences in health were found among both elderly men and women in the current study. Therefore, it seems that

education does have some value as the socio-economic predictor of health among the elderly.

How can education, as a socio-economic indicator that finds its origin in childhood and young adulthood, have an influence on the health even at old age? During different phases of the life course (childhood, adulthood, but also in old age) education may be associated with intermediary factors, which all have their influence on health at old age. First of all, education may determine someone's level of knowledge, ability and willingness to acquire new information, with more education being associated with more effective coping strategies (Liberatos, Link, & Kelsey, 1988). Secondly, education is likely to be associated with the socio- economic conditions in childhood (Martelin, 1994), particularly among older cohorts of the population. Childhood socio-economic conditions in their turn may be associated with both living conditions and with health at old age (Galobardes, Lynch, & Davey Smith, 2004; Kuh & Ben Shlomo, 1997; Power & Hertzman, 1997). Thirdly, health problems in childhood may have disrupted school attendance and influenced levels of education. Finally, a higher education level itself is a predictor of future social success, through higher status jobs, higher incomes and better housing and working conditions (Lynch & Kaplan, 2000) and more accumulated wealth. Our results indicate that, although higher education implies a higher income at old age, the effect of education on health is to a large extent irrespective of the income level achieved by elderly. However, the question remains whether education would maintain its independent effect if a complete information on the socio-economic status in adult- hood and old age could somehow be incorporated into the analyses.

We should note that the observed effect of education on health might have been different if other age groups were considered. Several mortality studies have shown that both the relative and absolute socioeconomic differences of education on mortality change with age. A study by Huisman (Huisman et al., 2004) showed that while relatively large relative differences were still observed for men and women aged 60–69 years, the differences were much smaller (but still existent) at ages 80 and over.

The study has found that illiterates went for the treatment after detection of diseases lesser than those who were literates. Up to senior secondary level the share of elderly for the treatment after the detection of the disease was around similar but once it reached the level of higher and above the awareness among elderly for the treatment just after the

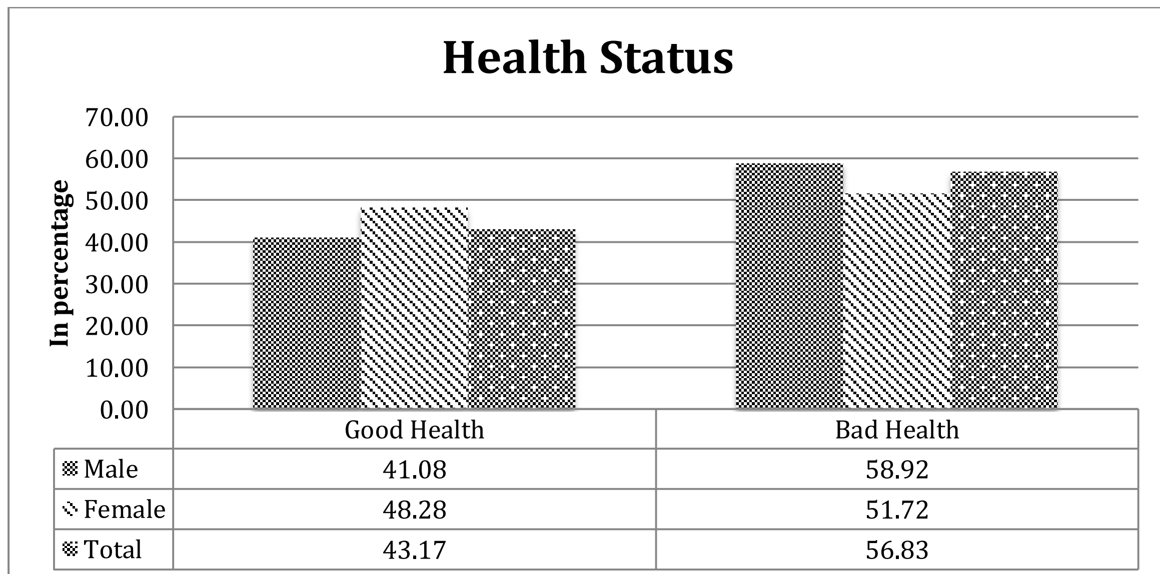
detection of the disease as around 63 percent of the elderly went for the treatment after the detection of the disease.

Table 5.10 Association of Gender of elderly on Health

Sex of Elderly		Treatment after Detection for Chronic Disease			
		Yes	No	Not Applicable	Total
Male	Count	213	35	178	426
	% within gender of Elderly	50.0%	8.2%	41.8%	100.0%
	% within Treatment after Detection	67.8%	53.8%	80.5%	71.0%
Female	Count	101	30	43	174
	% within gender of Elderly	58.0%	17.2%	24.7%	100.0%
	% within Treatment after Detection	32.2%	46.2%	19.5%	29.0%
Total	Count	314	65	221	600
	% within gender of Elderly	52.3%	10.8%	36.8%	100.0%
	% within Treatment after Detection	100.0%	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

Figure 5.6 Health Status of Elderly



Source: Based on Primary Survey 2016

It has become accepted wisdom that 'men die and women become disabled'. Women have an expectation of life, which is 5–6 years longer than men (Waldron, 1976; ONS,

1996), but have higher morbidity rates. Verbrugge (1979) demonstrated that "females have higher rates of illness than males" and examined reasons for "the discrepancy between the male excess of mortality and the female excess for some morbidity measures". A number of the explanations put forward related to gender roles, for example, that women tend to over-report morbidity more frequently than men, and that women are more predisposed than men to rate their health as poor (Waldron 1983).

Over 10 years after Nathanson's pioneering article was published in 1975, little had changed, Verbrugge and Wingard (1987) stated "regardless of how the questions are worded, women consistently report worse health status than men do" (emphasis in the original), but this was based on analyses of US data from 1979. The orthodoxy remained extreme, stating "A cursory look at morbidity and mortality statistics indicates that 'females are sicker but males die sooner'" (p. 135). They concluded that "from a sociomedical viewpoint, females have less healthy lives. They simply do not feel well as often as men do" (p. 137).

Meanwhile, other researchers had moved away from examining gender differences in health towards a more explicit focus on differences in health *among* women, but their focus was exclusively on working age women. Early work was cast in a role analytic framework examining to what extent additional roles, such as the parental role and paid employment, had beneficial or adverse consequences for women's health (e.g. Gove, 1978; Nathanson, 1980; Waldron, 1980; Verbrugge, 1983; Arber et al 1985). Predating and alongside this strand of work was the growing body of research on inequalities in men's health, stimulated by the publication of the Black Report (Towsend and Davidson, 1982).

During the late 1980 s and early 1990 s, feminist researchers began to examine to what extent similar structural factors, associated with social class and material disadvantage, were associated with both women's and men's health (Arber 1989; Arber 1997; Popay et al., 1993; Macran et al., 1996). Researchers stressed the importance of examining women both in terms of their structural position within society and their family roles, although family roles had little effect on men's health (Arber and Lahelma, 1993). This approach, which compared gender differences in the nature and extent of inequalities in health, has tended to eclipse the earlier concern with gender differences in health. Indeed it has become commonplace to analyse men and women separately, examining gender differences in the magnitude of the relationships between socio-economic characteristics and ill health.

The study has found that male elderly were gone for the treatment after detection of any chronic disease was lower than the female elderly. But this can be argued that female elderly are less assertive and completely dependent on the family so they were hesitant to admit that they were not taken for the treatment thus they responded that they were taken for the treatment. But the health status of the elderly women was poorer than the elderly men.

Table 5.11 Association of Place of Residence on Health among Elderly

Place of Residence		Treatment after Detection for Chronic Disease			
		Yes	**No**	**Not Applicable**	**Total**
Rural	Count	147	41	112	300
	% within sector	49.0%	13.7%	37.3%	100.0%
	% within Treatment after Detection	46.8%	63.1%	50.7%	50.0%
Urban	Count	167	24	109	300
	% within sector	55.7%	8.0%	36.3%	100.0%
	% within Treatment after Detection	53.2%	36.9%	49.3%	50.0%
Total	Count	314	65	221	600
	% within sector	52.3%	10.8%	36.8%	100.0%
	% within Treatment after Detection	100.0%	100.0%	100.0%	100.0%

Source: Based on Primary Survey 2016

The Urban area is characterised with the better health facilities, residents with the awareness for the health better income than their counterpart. This theoretical framework was justified in the present study as it was found that urban elderly got the treatment just after the detection of the chronic disease was higher than the rural elderly residents. The study has also found that rural elderly went for the exercise, unqualified medical practitioners and house remedies for the treatment but urban elderly directly went for the better medical facilities for their treatment.

Health Vulnerability Index (HVI) Analysis

Morbidity as such does not adequately reflect the health status of an individual since it is a much more comprehensive concept. Several other details are important to arrive at a more comprehensive measure of health status. Such information is difficult to obtain and can be assessed only through some qualitative questions put to the respondents. The term 'good health' is relative to individual perception and is also -influenced by the prevailing socio-cultural norms in a region. In the case of the elderly, this is especially true.[6] Morbidity is a very common feature in old age, but what matters is that how elderly manage and cope with the changes negatively affecting their life, and what they are supposed to do to keep themselves healthy.

Keeping these facts in mind, a Health Vulnerability Index (HVI) has been formulated here, which combines the essential morbidity prevalence with other related parameters. Each component index was assigned weights in a manner such that higher weights were assigned to better health states. The constituents of the health status index are as follows:

Chronic Morbidity Prevalence: Physical health problem gets severe with the presence of chronic disease, which was found to be very significant in the surveyed population. Therefore, the elderly respondent suffers from a chronic disease or not has been taken as a health status indicator. A weight of 4 was assigned to the absence of chronic ailment and 0 to the presence of chronic ailment.

Perception regarding one's own health: Question regarding individual elderly own health was also asked during the field survey. This information reflects upon experience and feeling regarding own well-being and can be taken as an indicator of happiness for the satisfaction of him or herself. Responses to health perception ranged from 'unhealthy', 'fairly alright', and 'very healthy' in the survey. They were given weights of 0,2 and 4 respectively.

Perennial Health Problem: Information on any perennial and old health problem was also asked. Some of the elderly are having diseases like blood pressure and diabetes from since a long time and they have to take medicines for checking the growth of this disease

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[6] Sharma, R. (1998): 'Emerging Problems of Elderly: Some Steps for Public Action, *Indian Journal o f Gerontology,* 12 (1 & 2), pp 10-21.

and they know that they have to take medicines for these diseases for entire life. So those who have responded yes were given 0 weight and those who responded no were given 4 scores.

Physical Mobility: Elderly are predisposed to falls, fractures and joint disorders. These are disorders, which make it difficult for people to walk on their two legs. These disorders come under the locomotive organs failure. This disorder is very common and obvious at the later age of life, and even elderly does not notice that some of the locomotive disorders are actually any concern for the medical treatment. Though the question was asking regarding physical mobility, if the elderly was knowing this problem, then answer was reported and if elderly was not recognising this problem but the problem was visible for the interviewer then the problem was written down by the interviewer only. So those who have responded yes were given 0 weight and those who responded no were given 4 scores.

Money for Treatment: Economic sufficiency is very important at the later age of life. Day to day life of elderly is directly affected by the economic status of the elderly individual and the economic condition of the household. So the question was regarding the availability of money for the treatment of the health problems. Those who have reported that they have money for the treatment were given 4 weight points whereas those who do not have money for the treatment were given 0 scores.

The summing up and averaging of these weights gives the health vulnerability index (HVI) for each individual. Therefore, the higher value indicates less vulnerability and the lower value indicates higher vulnerability. 0-6 is denoted as high vulnerability, 7-12 is the medium vulnerability and 13-18 is denoted as the low vulnerability for health.

Table 5.12 Health Vulnerability Index

Health Vulnerability Index		
Rank	Frequency	Percent
Low	157	26.2
Medium	321	53.5
High	122	20.3
Total	600	100

Health vulnerability index tries to explain the vulnerability of elderly for their health. Around 20 percent of elderly are highly vulnerable to their health due to various indigenous and external reasons. Around one-fourth of the elderly population in the study area were found to be lowly vulnerable for their health. But half of the elderly population was found to be medium level vulnerable for their health.

Table 5.13 Description of Health Vulnerability among Elderly

District		Health Vulnerability Index			Total
		Low	Medium	High	
GB Nagar	Count	53	111	36	200
	% within District	26.5%	55.5%	18.0%	100.0%
Barabanki	Count	54	94	52	200
	% within District	27.0%	47.0%	26.0%	100.0%
Deoria	Count	50	116	34	200
	% within District	25.0%	58.0%	17.0%	100.0%
Total	Count	157	321	122	600
	% within District	26.2%	53.5%	20.3%	100.0%
Gender					
Male	Count	98	238	90	426
	% within Sex of Elderly	23.0%	55.9%	21.1%	100.0%
Female	Count	59	83	32	174
	% within Sex of Elderly	33.9%	47.7%	18.4%	100.0%
Total	Count	157	321	122	600
	% within Sex of Elderly	26.2%	53.5%	20.3%	100.0%
Social Groups					
General	Count	29	66	28	123
	% within social group	23.6%	53.7%	22.8%	100.0%
OBCs	Count	85	171	52	308
	% within social group	27.6%	55.5%	16.9%	100.0%
Scheduled Population	Count	43	84	42	169
	% within social group	25.40%	49.7%	24.9%	100.0%
Total	Count	157	321	122	600
	% within social group	26.2%	53.5%	20.3%	100.0%
Place of Residence					
Rural	Count	62	174	64	300
	% within rural-urban	20.7%	58.0%	21.3%	100.0%
Urban	Count	95	147	58	300
	% within rural-urban	31.7%	49.0%	19.3%	100.0%
Total	Count	157	321	122	600
	% within rural-urban	26.2%	53.5%	20.3%	100.0%

Source: Based on Primary Survey 2016

Low health vulnerability was found in Deoria where 25 percent elderly were vulnerable regarding their health. Health vulnerability was found to be highest in Barabanki where around 26 percent of elderly are highly vulnerable in terms of their health. Around 54 percent of the elderly population is on the verge of becoming highly vulnerable to health as they are at the medium level on health vulnerability index. High vulnerability of health was found in male rather than female as 21.10 percent of female elderly was found high vulnerable for health. The scheduled population was highly vulnerable to health followed by general elderly population, followed by other backwards class elderly population. The low vulnerability of health was found to be high in General elderly population. Health vulnerability of elderly was slightly higher in rural areas in comparison to urban areas as 21.30 percent of rural elderly comes under the high vulnerability of health whereas 19.3 percent of urban elderly was vulnerable for health.

V.2. Recreational Activities among Elderly

Recreation is an activity of leisure, leisure being discretionary time. The "need to do something for recreation" is an essential element of human biology and psychology. Recreational activities are often done for enjoyment, amusement, or pleasure and are considered to be "fun".

Recreation has many health benefits, and, accordingly, Therapeutic Recreation has been developed to take advantage of this effect. The National Council for Therapeutic Recreation Certification (NCTRC) is the nationally recognised credentialing organisation for the profession of Therapeutic Recreation. Professionals in the field of Therapeutic Recreation who are certified by the NCTRC are called "Certified Therapeutic Recreation Specialists". The job title "Recreation Therapist" is identified in the U.S. Dept of Labor's Occupation Outlook. Such therapy is applied in rehabilitation, psychiatric facilities for youth and adults, and in the care of the elderly, the disabled, or people with chronic diseases. Recreational physical activity is important to reduce obesity, and the risk of osteoporosis and of cancer, most significantly in men that of colon and prostate, and in women that of the breast; however, not all malignancies are reduced as outdoor recreation has been linked to a higher risk of melanoma. Extreme adventure recreation naturally carries its own hazards.

It is perhaps the best form of physical exercise for all age groups. The chance to breathe fresh air and see the trees helps in alleviating depression and helps maintain emotional

well-being. It also gives an opportunity to meet other people. You must, however, wear comfortable walking shoes, which will give support to your feet and they will not feel tired. For those who feel the need for intermediate support, or a need to hold on to something, carrying a stick is a good idea. For those who can go for long walks, or prefer to go and sit in the park, or garden, carrying a small bottle of water would help take care of thirst. However, if one is in a wheelchair, going to parks and gardens may not be very feasible owing to the physical barriers. There is, however, another boon – the malls, which can be accessed even in wheelchairs, with a helper. For the wheelchair borne, these walks may not be possible every day but can be clubbed with window shopping, if one is interested and perhaps a coffee, with a friend, acquaintance, or a family member. In fact, apart from Malls, it could be other places that interest you – a museum perhaps which you could visit with a companion or alone, and then maybe stop by for lunch or coffee. But these are some elite recreational activities as when we go to rural areas the nature of recreational activities change even some of them don't know that they are doing some kind of recreational activities.

Table 5.14 Time spend on Sitting alone and Thinking

Time spend on Sitting alone and Thinking	District			
	GB Nagar	Barabanki	Deoria	Total
Never	45 38.8%	54 46.6%	17 14.7%	116 19.3
Sometimes	150 48.4%	77 24.8%	83 26.8%	310 51.7
Often	5 2.9%	69 39.7%	100 57.5%	174 29
Total	200 33.3%	200 33.3%	200 33.3%	600 100.0%

Source: Based on Primary Survey 2016

Elderly mostly found themselves alone so they are generally seen sitting and thinking with the growing age especially in the old age. More than half of the elderly population in the study area has said that they sometimes sit alone and around 29 percent has said that they often sit alone and keep on thinking because they have no work to do. Only 19.3 percent elderly said that they never sit alone and think because they don't have free time to do so.

Table 5.15 Watching TV and Listening Radio

Watching TV and Listening Radio	GB Nagar	District Barabanki	Deoria	Total
Never	104	165	129	398
	26.1%	41.5%	32.4%	66.3
Sometimes	83	19	54	156
	53.2%	12.2%	34.6%	26
Often	13	16	17	46
	28.3%	34.8%	37.0%	7.7
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.0%

Source: Based on Primary Survey 2016

Television and radio have become a source of information and entertainment in every household. Elderly people are also enjoying with these instruments and these are also the common meeting point for the elderly and other to sit together and pass lighter moments. But most of the elderly don't watch television or listen to the radio, around 66.3 percent respondents have said that they do not watch television or listen to the radio. 26 percent respondent has said that they sometimes get time to do this and 7.7 percent elderly population in the study area has said that they are regularly watching the television and listen to the radio.

An elderly lives a life of two characters, one is care receiver and other is the care provider. Elderly also have a vast amount of experience to share with the younger generation especially child. Grandchildren and the elderly of the family are the two components of the family who found themselves very free to interact with each other. Even in the most of the cases, parents of the kids ask for the grandparents to take care of the kids in their absence.

Table 5.16 Playing with Grandchildren

Playing with Grandchildren	GB Nagar	District Barabanki	Deoria	Total
Never	65	86	87	238
	27.3%	36.1%	36.6%	39.7
Sometimes	117	83	77	277
	42.2%	30.0%	27.8%	46.2
Often	18	31	36	85
	21.2%	36.5%	42.4%	14.2
Total	200	200	200	600
	33.3%	33.3%	33.3%	100.0%

Source: Based on Primary Survey 2016

More than half of the elderly population in the study area play with the grandchildren, out of which 46.2 percent play sometimes with grandchildren and 14.2 percent, has said that they often play with the grandchildren. 39.7 percent elderly said that they don't play with the children.

Table 5.17 Elderly Doing Exercise

Exercise	District			Total
	GB Nagar	Barabanki	Deoria	
Never	134 31.5%	141 33.2%	150 35.3%	425 70.8
Sometimes	48 35.3%	54 39.7%	34 25.0%	136 22.7
Often	18 46.2%	5 12.8%	16 41.0%	39 6.5
Total	200 33.3%	200 33.3%	200 33.3%	600 100.0%

Source: Based on Primary Survey 2016

To maintain a healthy and smooth life, one needs to do exercise. Exercise is good for every person of every age group but those who are in their later age need to do it more seriously and regularly. But still, 70.8 percent of elderly in the study never do the exercise.22.7 percent of elderly sometimes do the exercise while only 6.5 percent of the elderly do the exercise on regular basis.

Table 5.18 Religious Activities

Playing Religious Rite	District			Total
	GB Nagar	Barabanki	Deoria	
Never	62 36.3%	53 31.0%	56 32.7%	171 28.5
Sometimes	76 35.5%	61 28.5%	77 36.0%	214 35.6
Often	62 28.8%	86 40.0%	67 31.2%	215 35.8
Total	200 33.3%	200 33.3%	200 33.3%	600 100.0%

Source: Based on Primary Survey 2016

Religious activities are most profound recreational activities done by the elderly in their later phase of life. Given table shows that around 36 percent of the elderly do worship and another kind of religious activities most often while 35 percent does sometimes. Around 28 percent have reported that don't do any kind of religious activities due to various reasons.

It can be concluded that elderly are mostly engage in religious activities and playing with grandchildren, except this elderly as just passing their days without any kind of recreational activities.

V.3. Summary

The following significant patterns observed in the analysis in this chapter are:

- Around 40 percent of the elderly are having some or other kind of health problem. This remains a common phenomenon across three districts.
- Most of the elderly have said that they have the scarcity of the money for their treatment and purchasing of the medicines. Some of the elderly even don't want to go to the hospital or clinic as the physician will prescribe some checkup or medicines, which they can't afford, so they did not go for the hospitals. Even in some cases, medicines were stopped in between the course due to the absence of money.
- Around 30 percent of the elderly have said that they perceive themselves as unhealthy. Half of the elderly samples in the study have the problem in moving as pain in knee and osteo problem is very prevalent in the later age of the life. Most of the elderly have multiple of the diseases at the same time.
- Osteo problem remains most profound health problem in the later age of the life, followed by blood pressure problems and cardiovascular problems.
- Around 10 percent of the elderly have got no treatment after detection of chronic disease due to various factors, but money remains an important factor for this negligence.
- Elderly mostly preferred the allopathic treatment for their health problem, followed by homoeopathic and Ayurvedic. But for the major health problem elderly generally, prefer to go to the allopathic treatment.

- Around 15 percent of the elderly have some or other kind of bad inhibitions. Chewing tobacco is the most profound inhibitions found in this study followed by smoking and drinking.
- With the rise of income the chances of the elderly to go for the treatment increases, so in the lower income group, elderly goes for the treatment lesser than those elderly who are in the upper group of income categorised by the author.
- Literates and educated were found to be more aware of their health as compared to the illiterates. As the level education increases the chances for the elderly to go for the treatment after the detection of the disease also increases.
- Female were avoided for the treatment after the detection of chronic diseases than the male elderly. So the health of the female was treated as secondary than the male elderly. Illiteracy was found to be higher in the urban area so urban elderly were more concern for their health. Even those elderly who resides in the rural area but are educated were more concern for their health than their counterpart.
- Elderly are mostly doing nothing as a recreational activity except playing with the grandchildren and sometimes doing religious activities.

CHAPTER VI
MARGINALIZATION IN OLD AGE

Marginalization refers to the social process of becoming or being made marginal (especially as a group within the larger society) or treat (a person or group) as insignificant or peripheral or to relegate to an unimportant or powerless position within a society or group, so the dominant discourse on aging and old age have traditionally consisted of the construction of aging process of economic, social and physical decline.

The subject has deep root in human thought since virtually all individuals, as well as human societies from the beginning of human history, have wanted to extend life and find the magic elixir that would keep death at bay, enabling people to live long lives. Only a few really would prefer to die young and ageing societies are affluent societies. (Susan A. MacDaniel, 2008). But the process of growing older leads to popular stereotyping and attributions of discriminations (e.g. Featherstone and Wernick 1995; Biggs 1993; Elias 1985). Here, writers comprehend that in the cultural imaginations of social and economic institutions, there is an association between the presumed effects of ageing and the nature of older people. Various theories of disability identify the cultural fears of distance from the physically fit younger people to the senile older, so a distinct kind of cultural perplexity is created due to perceptions of the distance of the elderly from this ideal. Even if relatively insignificant physical manifestations of difference can turn into markers of otherness. Retirement from the job provides an established cultural benchmark to entry into 'old age'. This reflects the institutionalised patterns of differentiation across the life course disclose an age segregated society and strengthen, as well as draw on, ideas about differential competencies (Hockey and James 1993; Riley et al. 1994). Some commentators argue that the perceived proximity of older people to death positions them as reminders of human mortality. Existential anxieties surrounding death mean that there is a further embedding of the idea of older people as 'other'. For Elias, social and death denial, whilst for Marshall, there is a society-wide devaluation of those seen to temporally proximate to death. (Marshall 1986).

For some writers, practices of difference are so embedded in the cultural psyche that they contribute a contradictory edge to the experience of growing older. The mask of ageing has

been advanced as a description of a tension between bodily appearance and capacities on the one hand, and self-identity on the other (Featherstone and Hepworth 1991). The mask refers to the ageing body or ‘exterior' which hides the true, young, spirit, ‘within'.

Various writers in their research argue a historical decline in the prominence of class, and an increase in the prominence of status and division on the basis of consumption, in creating people's identities and in structuring social inequality. In this context, the stress was put on the growing significance of forms of age-based difference and inequality (e.g. Preston 1984, Turner 1988, Foner 1988, Hockey and James 1993). It was argued that being in the employment and earning for the self and to the family members play a crucial role in social inclusion. Participation in paid employment is fundamental to social identity and prestige and those not so engaged are seen to be marginalized in a variety of ways. Some scholars confine their argument by stating that recent decades have seen an unchanging state of affairs, with the increase of individualism aggravating marginalization to those around the perimeters of the productive sphere (Hockey and James 1993). Society gives the importance to the independence over dependence at any point of the time of the life once an individual is the adult and can sustain his/her economy. Independence is highly valued, dependence increasingly problematic. Compartmentalization on the basis of separate age group or equal age generations becomes very significant as identification of social differentiation and inequality. The margin of this compartmentalization is basically the transition points between childhood, independent adulthood and retirement/old age. This phenomenon we can observe in the intergenerational completion in the job market and out of such conflict of interest, within the setting of an impersonal, highly- differentiated society with the emphasis on youth and new occupations, older people are eventually pushed out of the labor market. In the modern word, this has led to the phenomenon, which we know as retirement thus loss and decline in income and resulting into decline into status.

With the increasing age, people withdraw voluntarily from roles and relationships or alternatively that they form a sub-culture distinct from wider society (Alan Walker 1980). Independent adulthood is the key to inclusion and relative advantage, whilst childhood, youth and later life are characterised as socially disadvantaged or marginalized positions. The young and the old are seen to experience exclusion from various forms of meaningful social

participation and their voices are unlikely to be heard in contemporary society. In all these approaches life course stages, in particular, as they cleave around the tripartite division between childhood (and youth), 'independent adulthood' and later life, appear to have a new significance as the dimension of inequality. Quite how these dimensions should be placed within a more general theorization of inequality is less well established (Irwin, S. 1999).

There is institutional and structural more or less marginalization in old age, which is inevitable, so the proposed study will deal the issue of marginalization. Nature and type of problem elderly are facing and how the elderly cope with the emerging challenges coming out due to structural transformation. Some variables have been used to prepare the deprivation index which also leads to marginalization in the old age. Binary Logistic regression is been used to analyse the effect of certain explanatory variables on the dependent variable.

Participation in paid employment is fundamental to social identity and prestige and those not so engaged are seen to be marginalized in a variety of ways. For some writers, recent decades have seen an entrenchment of this state of affairs, with a growing ideology of individualism increasingly marginalising those around the perimeters of the productive sphere (Hockey and James 1993). Independence is highly valued, dependence increasingly problematic. Vertical lines of cleavage which separate age groups or co-eval generations become more important as markers of social differentiation and inequality. These lines of cleavage are basically the transition points between childhood, independent adulthood and retirement/old age. This phenomenon we can observe in the intergenerational completion in the job market and out of such conflict of interest, within the setting of an impersonal, highly- differentiated society with the emphasis on youth and new occupations, older people are eventually pushed out of the labor market. In the modern word, this has led to the phenomenon which we know as retirement thus loss and decline in income and resulting into decline into status.

VI.1. Change of Role and Status in Old Age

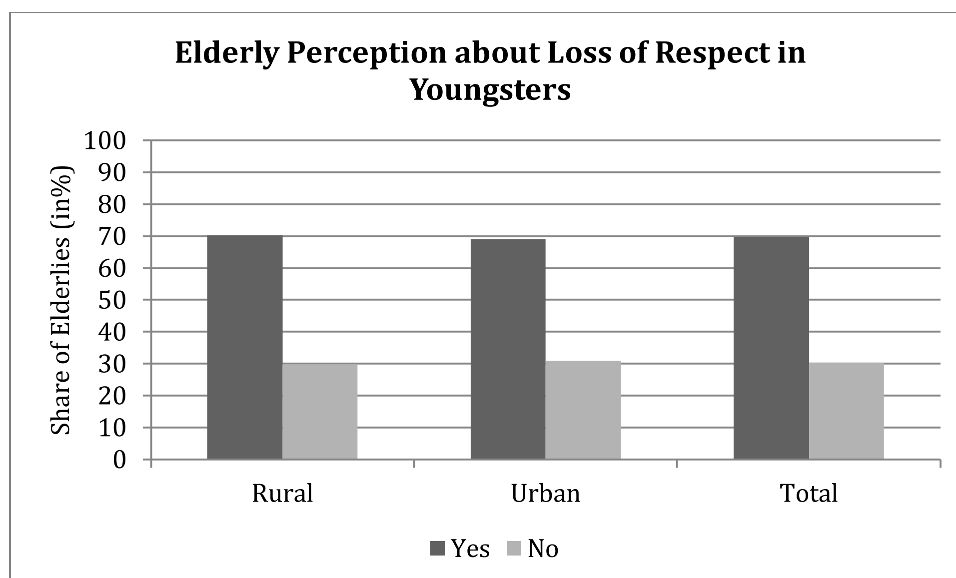
Table 6.1 Respect for Elderly in Youngsters

Respect For Elderly in Youngsters	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	53.2	58.7	54.5	64.6	81.4	70.5	84.5	82.8	84.0	67.1	75.9	69.7
No	46.8	41.3	45.5	35.4	18.6	29.5	15.5	17.2	16.0	32.9	24.1	30.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Source: Based on Primary Survey 2016

Respect by the youngsters for the elderly in the society and in the family is needed for a cordial environment for old age population to leave with. Total 69 percent elderly have said that they are getting respect from the youth and 30 percent said that they are not getting respect from the current generation and they are observing a decline of respect towards them. The respect for the elderly is highest Deoria, followed by barabanki and it is less in Gautam Buddha Nagar. Respect for the elderly women is less in comparison to elderly men.

Figure 6.1 Rural-Urban Differential for the loss of Respects towards Elderly



Source: Based on Primary Survey 2016

It's quiet ironical and paradoxical that old age brings respect and it also takes away the respect. This situation varies from individual to individual, from family to family and society to society. Even in India, the society which has been conventionally a rural society where elderly used to enjoy a privileged status, are nowadays astonishingly losing respect from the youngsters.

This study has found that 69.7 percent elderly have said that they are facing less respect from the youngsters. This phenomenon is equal across the rural and urban spectrum, even it is slightly higher in rural areas.

Table 6.2 Proportion of family seeks elderly consultations

Family Seeks Elderly Consultations (%)	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	96.1	93.5	95.5	81.4	82.9	81.9	77.5	72.4	76.0	85.4	82.2	84.5
No	2.6	6.5	3.5	18.6	12.9	16.6	22.5	25.9	23.5	14.1	15.5	14.5
NA	1.3	0.0	1.0	0.0	4.3	1.5	0.0	1.7	.5	.5	2.3	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Based on Primary Survey 2016

14.5 percent elderly have said that they are not asked in family matters. Elderly those are sought to the consultation is highest in Gautam Buddha Nagar, followed by Barabanki and Deoria. The elderly female is less asked for consultation in Gautam Buddha Nagar and Deoria whereas in Barabanki male elderly are less asked for the consultation than their counterpart.

Table 6.3 Proportion of Family respects Elderly Opinions

Family Respects Elderly Opinions (%)	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Yes	96.1	93.5	95.5	82.2	77.1	80.4	71.1	60.3	68	83.5	75.9	81.3
No	3.2	6.5	4	17.8	18.6	18.1	28.9	37.9	31.5	16.2	21.8	17.9
NA	0.6	0	0.5	0	4.3	1.5	0	1.7	0.5	0.2	2.3	0.8
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

Families respect for the elderly opinions is higher than the families do not respect the elderly opinion. 81.3 percent elderly have said that their opinion is respected in family matters and 17.9 percent have said that their opinion is not respected in family matters.

Table 6.4 Proportion of Elderly as Final decision maker in family

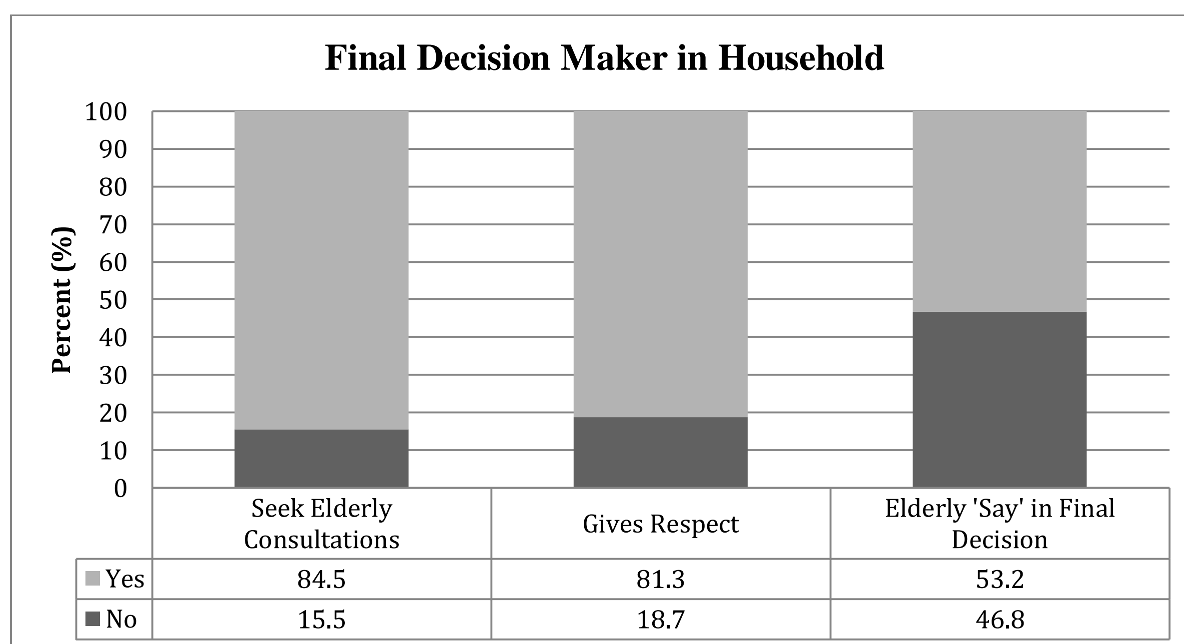
Final Decision Maker in Family (%)	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	M	F	T	M	F	T	M	F	T	M	F	T
You	37.7	19.6	33.5	46.5	35.7	42.7	50.7	29.3	44.5	44.7	29.3	40.2
Others	3.9	4.3	4	14	35.7	21.6	30.3	56.9	38	15.8	34.5	21.2
Together	58.4	76.1	62.5	39.5	28.6	35.7	19	13.8	17.5	39.5	36.2	38.6
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

The percentage share of elderly women saying that their opinion is not respected in family matters is higher than their counterpart across three districts. Elderly who have said that their opinion is not respected in family matters are highest in Deoria, followed by Barabanki and followed by Gautam Buddha Nagar.

It was observed in the field that the elderly respondent replied most of the time positively when it was asked about his position and status in the field but visibility it was not and they were declining the truth of their poor condition in the family. This I will prove from the discussion I had with the elderly at the later stage. Though as per the information given around 20 percent of the respondent said that others are doing decision-making in the family, while 40 percent said that they are the decision maker of the family. The elderly population who are taking the decision in family issues was highest in Deoria and it was lowest in Gautam Buddha Nagar. Mainly male elderly are the decision makers of the family and again it was highest in Deoria and it was lowest in Gautam Buddha Nagar. The decision taken together with elderly people is highest in Gautam Buddha Nagar and it is lowest in Deoria.

Figure 6.2 Final Decision Maker in Household



	Seek Elderly Consultations	Gives Respect	Elderly 'Say' in Final Decision
Yes	84.5	81.3	53.2
No	15.5	18.7	46.8

Source: Based on Primary Survey 2016

A separate binary question was again asked that who is the final decision-maker of the household, where around 53 percent of the elderly have said that they are the final decision maker of the household. The conclusion can be drawn from the above four tables and figure that, traditionally, in the Indian society, although the elderly apparently seem to be respected and designated as heads of the households, they seldom enjoy the actual power or authority.

Table 6.5 Society is Co-operative to Elderly

Society is Co-operative to Elderly (%)	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	60.4	60.9	60.5	47.7	51.4	49.0	45.1	65.5	51.0	51.4	58.6	53.5
No	39.6	39.1	39.5	52.3	48.6	51.0	54.9	34.5	49.0	48.6	41.4	46.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Based on Primary Survey 2016

The table shows the proportion of elderly agreeing to the fact that society is cooperative to the elderly. In total 53.5% elderly agreeing to the fact that society is cooperative to elderly. In G.B. Nagar 60.5% Aged agree and in Barabanki 49% and in Deoria 51% ageds agree to the fact. Male-female variation is less in this table only in Deoria 45.1% males and 65.% females reported cooperation from society.

The table shows just more than half of the elderly population has said that society is co-operative towards elderly and did not create any problem due to their age. But around 46 percent of elderly have said that the society is not cooperative towards them and have hostile felling due to ageism. Non-cooperation is found to be highest in Deoria, followed by Barabanki, and followed by Gautam Buddha Nagar. Non-cooperation is almost equal in Gautam Buddha Nagar, which is at around 39 percent. Non-cooperation towards male elderly is higher than the female elderly in Deoria and Barabanki.

Table 6.6 Proportion of elderly experiencing Societal Change for elderly

A feel of Society is Changing for Elderly (%)	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	44.8	52.2	46.5	56.2	58.6	57.0	76.1	70.7	74.5	58.7	60.9	59.3
No	55.2	47.8	53.5	43.8	41.4	43.0	23.9	29.3	25.5	41.3	39.1	40.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Based on Primary Survey 2016

Table shows the societal experience of elderly in which they realise the change in society towards elderly. In total 59.3% of elderly are reporting changes in the experience of societal attitude for elderly. This table shows the slight variation in male-female experience and marked distinction in the regional pattern where 46.5% elderly are experiencing the change in G.B. Nagar, 57% elderly experiencing the change in Barabanki and in Deoria 74.5% elderly experiencing the change. In total 58.7% males are experiencing the change in societal attitude towards elderly and among females, 60.9% are experiencing the change.

Table 6.7 Elderly face problem to access public places (Figures in %)

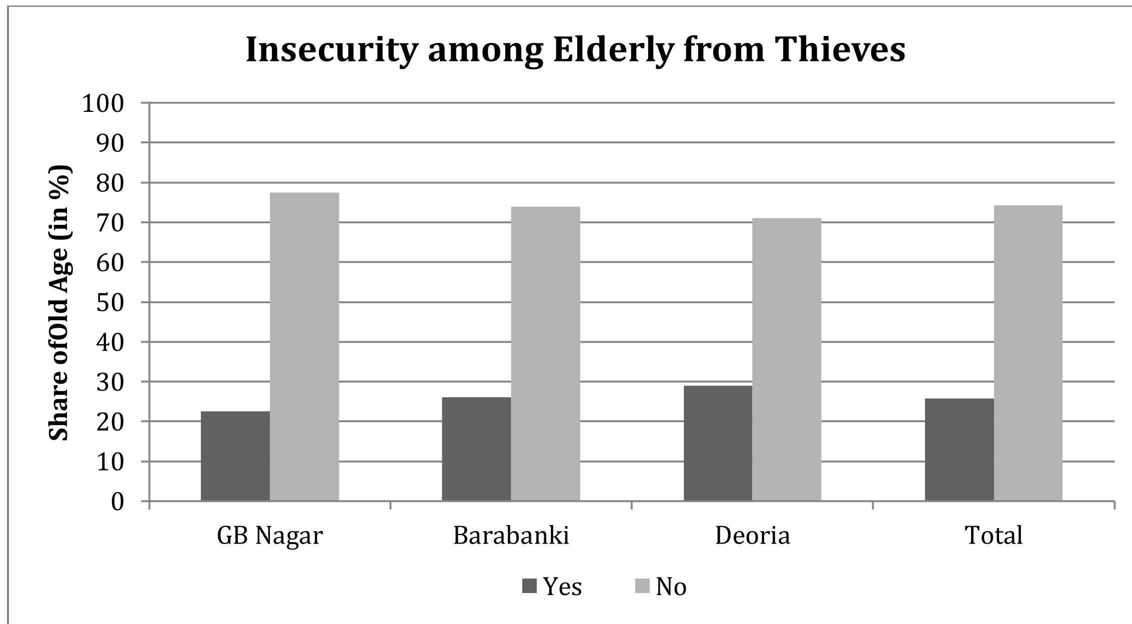
	GB Nagar			Barabanki			Deoria			Total		
	Sex of Elderly			Sex of Elderly			Sex of Elderly			Sex of Elderly		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	37	60.9	42.5	29.2	52.9	37.5	35.9	51.7	40.5	34.3	54.6	40.2
No	63	39.1	57.5	70.8	47.1	62.5	64.1	48.3	59.5	65.7	45.4	59.8
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: Based on Primary Survey 2016

Table shows the proportion of elderly who face problem in access to public places like banks, markets, etc. across gender in three districts. The table gives clear division between the male and female experience of public places as in all districts proportion of females agreeing to the fact that they encounter problems while accessing the public places is more than males. In total 34.3% males and 54.6% females encounter problems in access. In G.B. Nagar 37% males agreeing that they come across problems in access to public places, while for females, 60.9% of them encounter problems. In Barabanki 29.2% males and 52.9% females, while in

Deoria too, the pattern in almost same with 35.9% males and 51.7% females encounter problems in access to the public places.

Figure 6.3 Insecurity among Elderly from Thieves

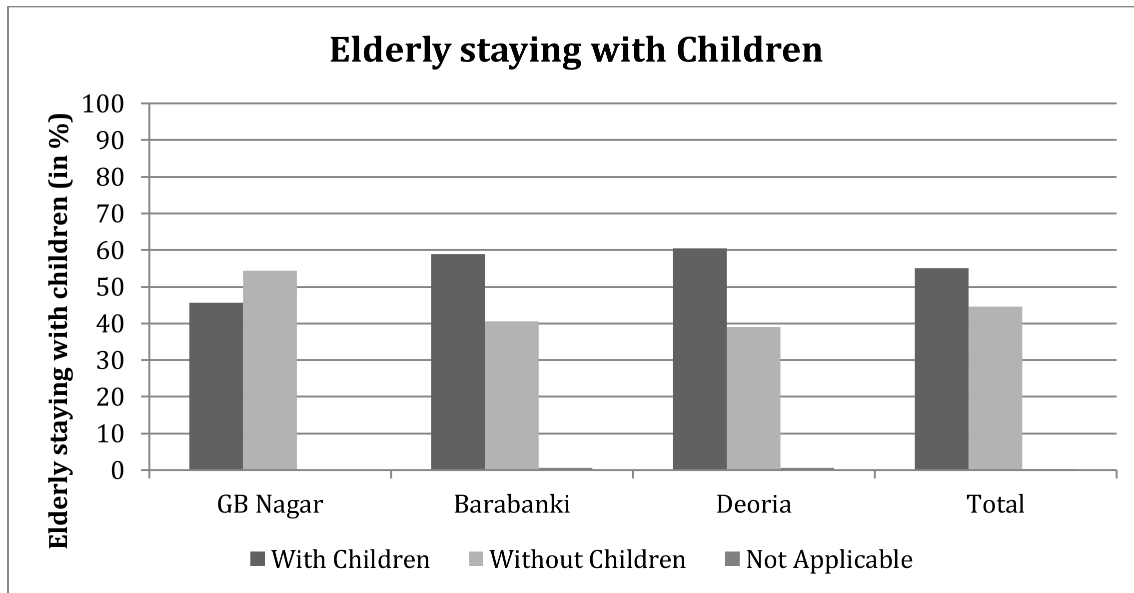


Source: Based on Primary Survey 2016

Old age is characterised by loss of physical health and social and familiar capital. In such situation, there is a likelihood of developing a fear for the physical and material asset. As we have heard much news regarding assault over elderly a when they are at their home. Elderly become the very soft target for the miscreants to attack over the elderly whether they are at their home or outside their home because elderly are also unable to produce physical resistance.

25.8 percent of an elderly population of the total sample in the study area were felt unsecured and they said that they are afraid of thieves. Fear for the thief was highest in Deoria (29.0 percent) and it was lowest in Gautam Buddha Nagar (22.5 percent).

Figure 6.4. Elderly Staying with Children

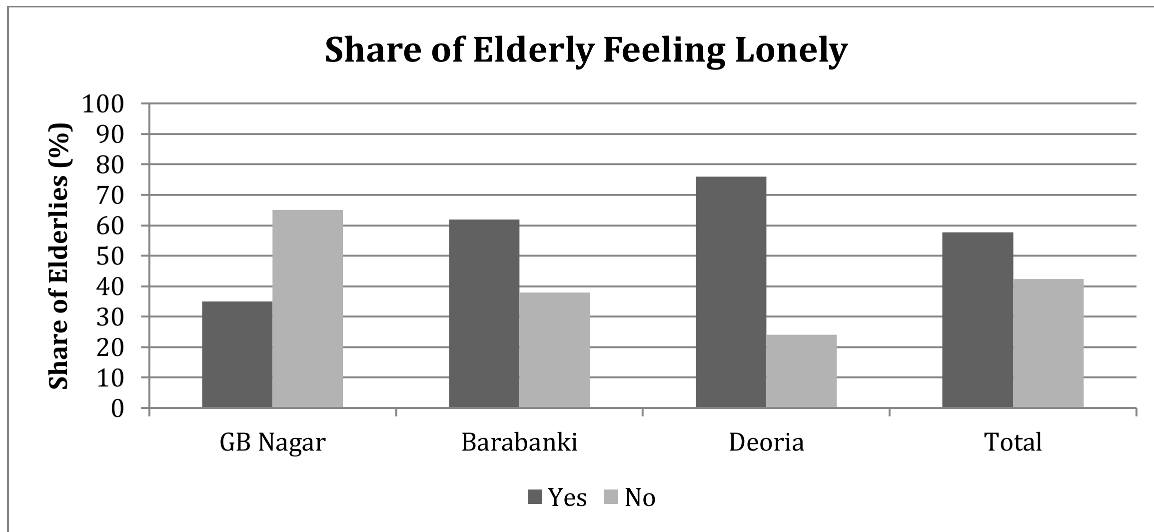


Source: Based on Primary Survey 2016

The family system is eroding due to various factors thus leads to increase the vulnerability of elderly in their later days. Old age demands for special care and attention by their near and dear one and in the absence of care, elderly subjected to relative deprivation and poverty. Children are the basic support system in old age in the conventional society like India, but when children don't stay with the person they become marginalized. Or one can say that they are marginalized due to loneliness.

More than half of the total elderly sample taken reported that their children don’t stay with the elderly parents. It was highest in Deoria and was lowest in Gautam Buddha Nagar in Uttar Pradesh.

Figure 6.5 Share of Elderly Feeling Lonely

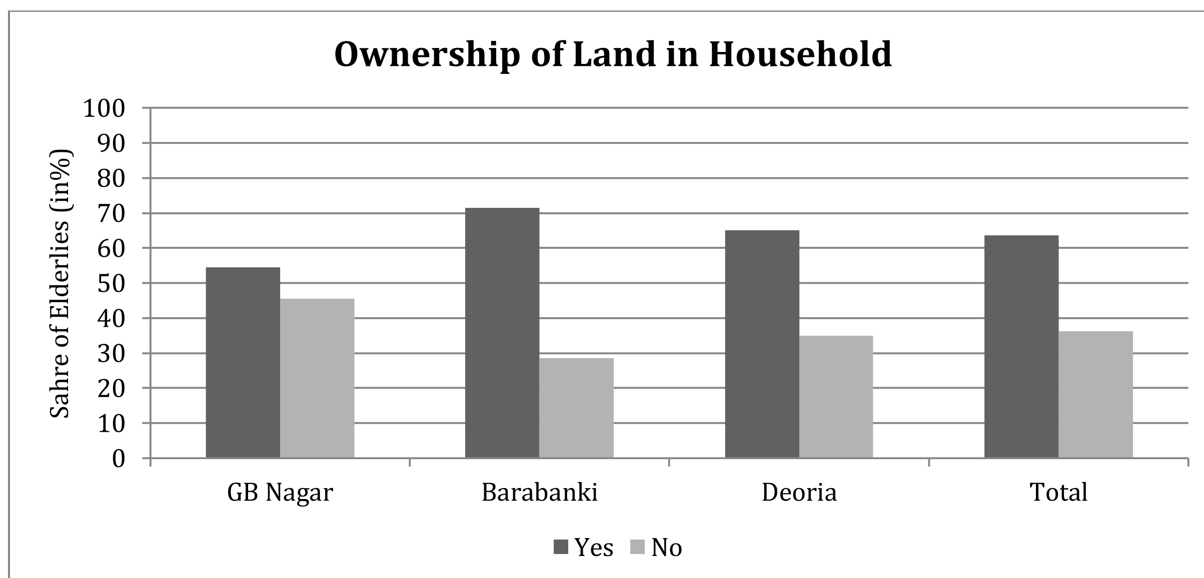


Source: Based on Primary Survey 2016

Elderly are entrapped with the loneliness sometimes due to volunteer causes and sometimes due to forced causes and sometimes due or external factors. More or less each and every elderly face certain degree of loneliness. The situation becomes, even more, worse when their spouse is dead. The onset of old age in itself brings the notion of othering and hostility from the younger generation and elderly are pushed to segregation and loneliness.

From the selected samples of the study area, more than half of the elderly feel loneliness and it was higher in Deoria with 57.7 percent of the elderly population and it was lowest in Gautam Buddha Nagar.

Figure 6.6 Ownership of land in Household



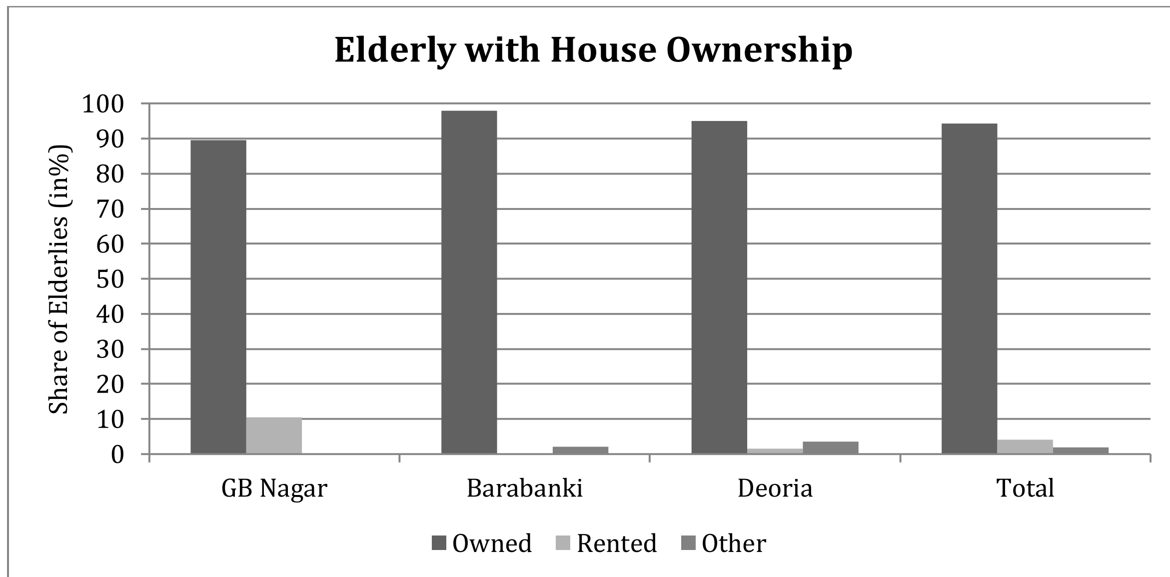
Source: Based on Primary Survey 2016

The land is a kind of resource which generates resources itself and provides various kinds of socio-economic security and stability. In the absence of social security from state and financial help from family, ownership of land becomes the very important source of sustaining life in India, irrespective of whether someone reside in rural areas or urban area.

63.7 percent of the elderly population possesses land in the study area. Possession of land was highest in Barabanki and it was lowest in Gautam Buddha Nagar where only 54.5 percent elderly population holds land.

While analysing the living arrangements in a broader context we need to stress on aspects such as the position of the elderly in the household, their property ownership as well as their role in household decision making. In this context, the male elderly are more frequently found as the head of the household compared to their female counterparts. In fact, only one tenth of the elderly females are designated as the heads of the household.

Figure 6.7 Elderly with House Ownership



Source: Based on Primary Survey 2016

The elderly himself mostly owns houses and at the time of the survey, they were residing in their own house. Around 94.2 percent population of elderly has said that they are the owner of their house. It was highest in Barabanki (98%) and lowest in Gautam Buddha Nagar (89.5 %) though the difference is very less.

Note: This study could not cross-examine the real ownership of the houses of females as most of them said that houses are in their name.

VI.2. Binary Logistic Regression Analysis

In order to examine changes of relative position of elderly in the household, binary logistic regression has been applied. The main individual level variables considered are 1. Age 2. Gender 3. Marital Status 4. Place of Residence 5. The level of Education and 6. Income from any source. Elderly as a final decision maker or have the role in the family decision making process is considered as a dependent variable.

Table 6.8 Logistic Regression for Elderly Role in Decision Making in Family according to their background characteristics

		Exp(B)	Sig.	Frequency
Age	Age 60 to 69 Years **(RC)**	1	0.426	406
	Age 70 to 79 Tears	1.446	0.259	137
	Age 80 Years and Above	1.187	0.624	56
Gender	Male **(RC)**	1		425
	Female	0.349**	0.051	174
Marital Status	Married **(RC)**	1		412
	Widows/ divorced/ Separated	0.801	0.617	187
Place of Residence	Rural **(RC)**	1		300
	Urban	0.605***	0.006	300
Level of Education	Illiterate **(RC)**	1	0.082	338
	Primary Education	1.201	0.533	91
	Middle + Secondary Education	1.411	0.253	95
	Senior Secondary	0.884	0.776	40
	Higher and Above Education	1.628	0.631	35
Income/ Earning/ Remittances	Less than 500 Rs **(RC)**	1	0.011	326
	500 to 2000 Rs	0.907	0.791	123
	2000 to 5000 Rs	0.852	0.684	109
	Above 5000 Rs	1.189	0.136	41
	Constant	0.681	0.533	0.616
	-2 Log Likelihood		576.7549	
	Nagelkerke R^2		0.130	
	Model Chi-Square (Sig.)		46.324* (.029)	
	N		600	

Note: p<0.01=***, p<0.05=**, p<0.1=*; (RC) – Reference Category

Differentiation on the basis of place of residence and gender of elderly were found significant. Female elderly are less likely to have the role in final decision making in the household. Patriarchal nature of society, widespread of illiteracy, economic and social dependency of the woman over her spouse and family are the main possible attributes for the

lower status of the elderly woman in the family and thus leads to having less role in the decision-making process in the family.

Urban elderly have less say in the final decision making in the family than their rural counterpart. The status of elderly were more or less same during the field observation but due to good articulation for their grievances and awareness of the urban elderly for their rights, urban elderly straightforwardly reported that they are not considered in the final decision-making process of the family and they explicitly feel loss of status in the family after retirements in old age.

VI.3. Multiple Deprivations in Old Age

A range of data was collected from older people's income, material resources and various other aspects of the elderly for this research, which allows me to construct an index of multiple deprivations. Author has modified and developed the index which was used in the study "Older People in Deprived Neighbourhoods: Social Exclusion and Quality of Life in Old Age" which was published by the Centre for Social Gerontology, Keele University in 2002.

The index was modified with the consideration of socio-cultural setup of the India especially rural part of the Uttar Pradesh. In the earlier study, the index of multiple deprivation comprises seven items considered of particular importance to older people, for example, lives in the household without central heating, lives in a household without a phone, lives without a car, rented accommodation, more than one person per room, receives income support, no formal qualifications.

This measure allows people to be categorised according to the degree of deprivation they face, ranging from deprivation (where a person is not disadvantaged on any of the seven categories) to high deprivation (disadvantaged on at least five characteristics).

Table 6.9 Older People Experiencing Deprivation

	Frequency	Percent
No Deprivation	43	7.2
Low Deprivation	197	32.8
Medium Deprivation	258	43.0
High Deprivation	102	17.0
Total	600	100.0

Source: Based on Primary Survey 2016

Index of Multiple Deprivation

A person scores 1for each of the following characteristics

- Health is not good
- Children don't stay with you
- Receives any pension or regular cash income
- Do you have bank account
- Illiteracy
- Do you have mobile
- Does the household possess latrine

No Deprivation:

Score 0: not disadvantaged on any of these characteristics

Low Deprivation:

Score1-2: disadvantaged on one or two characteristics only

Medium Deprivation:

Score 3-4: Disadvantaged on three or four characteristics

High Deprivation:

Score 5 or more, disadvantaged on at least five characteristics

This study found the very high level of deprivation among older people in deprived rural and urban setting of Uttar Pradesh. Only a minority of respondents (7.2 percent) were not disadvantaged on any of these characteristics of deprivation. Almost 32 percent experienced low levels of deprivation. The majority of older people interviewed could be categorised as experiencing Medium level of deprivation (43 per cent), being disadvantaged on between three and four of the seven characteristics. There is also the very good size of the population (17 percent) falling into the category of high deprivation. Very few of the people interviewed did not report at least some disadvantage and in most cases, this was multiple rather than a single item of deprivation.

Deprivation leads to a very distinct type of marginalization. Those who are marginalized on the basis of these indicators can be categorised as marginalized and the level of marginalization varies from the level of deprivation as those who are less deprived are less marginalized and those who are highly deprived are highly marginalized.

VI.4. Case Studies

The Statistical data presented and analysed in this chapter, while illuminating the community of the old in general, do not give an idea about the living conditions and problems of individual elderly persons. The case study presented here aims to fill this gap.

A very important factor in assessing the marginalization and peace of mind of the elderly is the relationship with their families. However, perhaps the most significant and overriding factor is temperament, which shapes the way in which the elderly face their many physicals, emotional and psychological problems. The author's comments are placed after the brief description of the case.

> *"An elderly, 68 years old, lost his wife 23 years back. He was working in the private factory in Chandigarh and was earning the good salary until he was retired. He had two sons. He used to send remittance to the family. His two children grew in the absence of his father as he was working to another place. His wife was there to take care of his children but there was no proper check from him on their children. Later on, both sons started to consume alcohol and became addicted to it. They both got married after some time they raised one child each. But unfortunately, they both sons*

of the elderly died simultaneously due to kidney failure. Now the elderly are retired and taking care of his two daughter-in-laws and grandchildren. He lost his all saving during the treatment of his sons and after remaining after that. He does not have any source of income or pension. He borrows money and gravely indebted. He does not even aware of the old age pension scheme from the government."

Here is the example of a person who had enjoyed a comfortable life but due to the tragic loss of his sons and retirement, he suddenly entrapped into the grip of poverty and unable to meet the daily needs of his family and himself. This case put the light on the fact that he at first is marginalized by the situation and secondly because of his age. He does not find any job because he does not fit in the criterion of 'able body' that can function properly and suitable to job requirements. His family still gives respect to him and he is the head of the family but he is facing induced external marginalization, just because of his age.

"An elderly couple, aged 78 and 75, are settled in a village of Deoria. They had one daughter, who is married and does not live with them and she occasionally comes to meet them. The elderly couple belongs to Brahmin community and they used to have the good size of land but now the only small size of land is left. They don't have any source of income. Since last 18 years, he is in bed and cannot move without help. He fell from the stairs and got paralysis. He sold most of his land in the treatment of himself and some land he sold for the marriage of his daughter. He cannot move and her wife is also senile and bent to her knees. She comes after every two hours to see him whether he is fine/alive or not. Whatever limited land is left is given to a person who produces grain and gives the share to them but the elderly claim that that person is cheating them because they are unable to go to their field and check the conditions of the crops. That person every time gives excuses of poor crops thus gives fewer grains to them as it was agreed. Their siblings had tried to pressurise them and do not have any relationship with them because they want this land and other property to be given to them. But this land is the only source left to them, as they sell the land and by this money, they try to survive for few years and they repeat the same process again".

Economic sufficiency and number of members in the family seem to be two very important determinants of independence and confidence in old age. This case study is the explicit example of a lonely old age where they suffered in the absence of any kind physical and non-physical help. They hardly manage to arrange required articles to manage their needs. They are being cheated because they are unable to put their terms on anyone. They have siblings and relatives but they rarely come to visit them. This is a case, which explains why old age becomes very severe when it is added by the absence of money, and no internal and external support either inside the family or outside the family.

"A widow elderly, with age 69, whose only son earns and resides in Delhi was encountered in Barabanki. Her son is doing a good job with good salary and residing with his wife and sons and this is not possible to come back to home. He sends remittances and calls regularly on the mobile phone, which was given to her by the son himself. She has been in Delhi but could not adjust with the compactness and suffocation in the city. Her daughter in law too did not like her. So at the end, she came back to home. Live alone and taking care of the ancestor property. She is totally dependent on others for her daily needs. She gives commission or charges for her purchases such like grocery and LPGs. Two years before she had a minor heart attack, her neighbours took her to the hospitals, her son managed to reach there after two days when she was already discharged and reached home."

This is a very common case emerging up in rural areas and in the small town, where economic compulsions are forcing the new generation to out-migrate for career aspiration and old parents are left behind and even if they want to settle with their children, then they are unable to adjust in new environment. Here is an example of where economic compulsions are forcing the emotional bonds to compromise thus at the end this is the old age which gets relegated and leads to marginalization.

"This old man age is 72 and wife age is 69. They were teachers and after retirement settled at their ancestor's place. They have one son and one daughter. Daughter is married and occasionally comes. Son is in a good job in Noida and residing with his family. Before coming to their ancestor's place they tried to go to his son's place but

found themselves alone in the new environment where husband and wife both were working and grandsons used to go to schools. After being there for few months they came back to their ancestor's place. Where they have the maid and they spend time gossiping with their siblings' family. Though they had been retired from Gorakhpur where they both were teachers. They don't ask their son for any kind of help. They mostly spend time together or with siblings family, who are also alone and their son are also not living in their place. Whenever they face any major health issue they generally prefer to be get treated from Delhi. So the only help his son provide to them is provided to them is health facilities and a sense of proudness".

This couple with well-settled children was confident that the children will take care of them when old but again this is similar kind of the case of elderly living alone and their children reside somewhere else. They go to ask help from their neighbour and siblings rather than to their son. Though they are very proud of to their children as daughter was married to good family and son is an officer in the government department. Elderly residing in such situation are unable to cope up with any emergency situations.

"A very old elderly, with the age of around 85 years. Her husband died 8 years before. I was in the field in the chilled month of January. I had been in this village for around one week and she died two days after giving us the interview. She did not have any source of income but a good size of land and house on big land. She was a caretaker of this property. She had four sons and resides in another place. Her sons used to come two times in the year to take their share of the crop and provide her with some money. Apart from this, they don't have any relationship with their mother. She does not have any mobile phone to contact their sons. She was totally dependent on children of the village for purchasing of grocery and medicines. She does every chore of the day by self. Since morning to the dawn of the day she used to sit on the gate of her house and say hi to every known person who goes from that way. Maybe she just wanted to show that she is still alive and when you will not find me here there

is something wrong. And the day she did not sit to the door, villagers realised that something went wrong and her death was disclosed on the same day."

This is an outstanding example of how elderly women are suffering in the absence of any support. She was alone for a long time. In the absence of any social security and counter facilitating mechanism, the elderly women who are living alone are suffering the most. This is the case where so much neglect has created a situation where the elderly was waiting for death because living a life for her was tougher than death.

"An elderly widow woman, age 71 years resides with his son and his family. Though they reside under the same roof they cook separately. Her son even considers her as an enemy. He does not even bother to come to her when she was very ill and was taken to hospital by the neighbours. That broken home has two rooms and is equally dived among them. Even the grandchildren are not allowed to talk to her. While asking for the reason of this enmity, she told that everything was until he was not married but once he married he started to ignore her and this turns even very severe when his wife has given birth of the male baby. She borrows money from here and there and survives herself. Sometimes she even works in MNREGA. Though she considers herself as the head of the household".

This is an example of how with the change in the role of elderly, importance get decreases and sometimes the family members consider him or her as the competitor in the family. Until her son was with her and dependent on her, there was no problem but once he came close to his life partner he started to go further to the elderly woman. At the time when she was most needed someone and her son residing in the same building. She still lives a lonely life.

"An elderly couple, aged 77 and 73, are settled and the elderly man is the teacher in the school and he also gives tuition to the students. Once his family and he used to be the landlord of this town and one of the richest person in the area. He was well educated. He refused the job of the government lawyer. He has one son and one daughter and both are married. His son became the drug addict and alcoholic and started to sell land one by one. They needed not to worry about the money at that time

because they own so many lands. They donated land to many poor and institutions in this town. But his son started to sell precious land at the cheap price. None of the family members thought of doing something to plan future. Now they don't have any land, their ancestor home is completely broken and they don't have any money to repair it. He is completely debt-ridden and his son has left his wife and two children with him. His son now doing some low paid job in Surat and managing himself only and does not send any money to them. Though he is the very respected person in the area and now he is forced to earn by circumstances."

This is another example of how the situation changes with the time and how the responsibilities that hypothetically should be decreased but here, in this case, it has increased. Whatever happened to him, can happen to anyone but with the help of providing social security in the later phase of life, elderly can be eased out with these kinds of difficulties.

"An elderly widow man, age 83 resides in the temporary hut just after the pucca house, however, the family members consider this place part of the house. He gets food from the family in this hut. While asking the question regarding the place of his food, he said that the family members send the food to this place without his wish. He wanted to eat with the family members. Some of the family members were also sitting there while this interview and they said that elderly is not comfortable taking the meal with the family members as daughter-in-laws are residing there. Though the family member and he himself claimed that he is been given required respect from the family. Family members said that he is the head of the household. Another thing, which was quite noticeable that family members claimed that he is very fit though, he was unable to watch properly, he was having pain in knees. H was having the problem in listening as well, which is an issue of laughter for the younger generation as those who were sitting at the time of interview were enjoying and laughing whenever he was unable to listen".

This is the case of mutual understanding for the marginalization in old age, as the elderly himself with other family members were taking everything as normal with whatever happening to the elderly. This case also identifies the problem of elderly

being taken as granted in their later age, even some of their genuine problems are taken very lightly.

"An elderly couple aged 65 and 63, residing in an apartment in the posh colony in Gautam Buddha Nagar (Noida). His son is working in a multinational company with very high salary and their daughter in law is a dietician in a popular hospital. His younger son is a medical student and pursuing his Masters from a prestigious medical college. The elderly man used to sell vegetables in Delhi. An elderly couple is illiterate and lived an entire life in scarcity. He endured a lot for the study of his sons. Once his son got this job they shifted to this place. Now in this apartment, all so-called elite people are residing so elderly couple are considered as inferiors. Nobody wants to be friends with them. They have been totally cut off from their neighbours and society members. Now at this juncture, they have lost all social capital, which they have gained when they were the vegetable seller and here they are living a lonely life due to social boycott and busy schedule of the family members".

Here is an example of a couple who have suffered entire life and thought everything will turn better once their sons get settle but they never thought of that this kind of problem can also come. This case shows the busy and competitive life of the cities where class prevails though they filled the gap of class economically but could not change their class socially thus social stigma and stereotype still prevails.

"A Brahmin widow age 68 resides alone in the village. She has one son only who is married and settled in Lucknow. Son never comes to see her. She is illiterate. Her son deceitfully got her signatures on the property documents and sold all the property and ran away though he was the only heir of her property and at that time there was no property conflict among them. Now she resides in her sister's place. She does not even know, why her son this to her."

This is one of the examples which shows that how vulnerable for cheating elderly are. Elderly are mostly the product of the generating that did not have accessibility and affordability to the education. This weakness of elderly is turning out to be very

dangerous to them as similar kind of cases are coming up against the elderly inside the house and outside the house.

These all case studies illustrate the marginalization of the elderly in old age. Marginalization has become inevitable in old age. An elderly widow is worst sufferer of this problem. Elderly getting marginalized has become an established norm. Though the degree of marginalization varies from family to family and society-to-society and individual-to-individual. Elderly are losing the support from family and society when they actually direly need it.

VI.5. Summary

- The following are the significant patterns observed in the analysis in this chapter:
- Elderly are losing the respect in the family and society. Around 70 percent of the elderly interviewed have said that they are experiencing loss of respect than earlier. This problem remains same across the rural and urban sphere.
- Elderly are also loosing their status as the decision maker in the family as around 81 percent of the elderly have been asked for the suggestion but only 53 percent have said that they are a final decision maker in the family.
- Elderly are also witnessing non-cooperation from the society than the earlier time. Around half of the elderly population has said that there is sheer apathy from the younger generation towards the elderly and also around 70 percent of the elderly have said that there is the adverse attitudinal change of the society towards the elderly. Gradually this problem is increasing. They see no hope of any kind of improvement in this trend. Nearly 40 percent have said that they face problem in accessing the public places, so they generally avoid going to the public places.
- Children are supposed to be the primary caregiver at the later age of life. The family is kind of institution which gives responsibility to the every member of the family to provide necessary care especially at the time of need, elderly

need this support at most when they are old, so this study has found that around half of the old age population were living with their children. But in the rural area out-migration of the younger generation in search of the job is very prevalent thus they still live together, but they barely come once or twice in a year. So they are living with their children but they are alone as well. More than half of the elderly population feels that they are lonely.

- More than half of the elderly owns the land and around 90 percent of the elderly have said that they own house in their name, in certain cases some of the widows, they don't even know that who is the new owner of the house after the death of her husband.
- On the basis of multiple deprivation indexes, it can be concluded that elderly are living in deprivation, around 17 percent of the elderly highly deprived, whereas around 60 percent of the elderly are the medium and high level of deprived.
- Deprivation leads to the marginalization thus marginalized on the same scale as well. Qualitative case studies were also done to know the nature, type and magnitude of the marginalization and inference could be drawn from the case studies that elderly are secluded and left alone to their places, and living a life in marginalization.

CHAPTER VII

CONCLUSION

Research on ageing and social gerontology is of recent origin. This is because of the slow and steady growth of aged population. Such trend is made possible in the case of less developed countries because of drastic decline in mortality rates as well as medical and technological advancements and thereby, an increase in expectancy of life of their populations. On the other hand, even the birth rates of most of these countries have also started to decline and thereby, the growth of population has started to decline. With these two happenings, the age-sex pyramids of their populations have changed from broad-based and narrow tip to somewhat cylinder and or square type. Such pyramids have the effect of the twin-edged sword, viz., and increase in the total populations of the elderly and lesser number of younger persons to take care and or support the elderly. In the process, while majority perceive the elderly persons as vulnerable, a substantial number of persons do feel that they are the persons of responsibility, kind enough in providing care and support to the younger generation as well as masters of resourcefulness and champions in overcoming the challenges. Because of the latter contention only, in the Indian context, the younger generation is most affectionate to the elderly persons and thereby, try to live with them to a larger extent. However, because of modernization, urbanisation, a disintegration of joint families and losing of filial piety such percentage of elderly living with children is slowly decreasing, which in turn paving the way to increase the percentage of living alone and or themselves (elderly by themselves). Moreover, in most of the settings around the world women appears to be the most disadvantage side than their men counterparts in all facets of life, viz., socio-economically, as well as across their living arrangements, heath, nutrition and employment groups. What is the socio-economic condition of the elderly in Uttar Pradesh? What are the living arrangements of the elderly in the state? What is the health condition of the elderly in Uttar Pradesh? How elderly are being marginalized? These are the latest issues that need to be known and therefore, the present research work intends on this direction.

VII.1. An Overview of Old Age in Uttar Pradesh: An analysis on the basis of Secondary Data

Various attributes have been used for analysing backwardness and deprivation of the elderly in Uttar Pradesh. An effort has been made for profiling of the elderly population in Uttar Pradesh, which can provide the basis for the further study in the third chapter.

The share of old age population in Uttar Pradesh is lower than the national average, though it is highest in absolute number among all other states of India the sex ratio of old age population in India is higher than the Uttar Pradesh. The share of married elderly is higher than the other marital status categories. Elderly married men are slightly higher in Uttar Pradesh in comparison to India. Around two third of the elderly are single, single elderly are those who are separated, divorced and widowed. So the life of the elderly who are residing alone as a single is vulnerable in comparison to the other elderly thus they are predisposed to the marginalization in comparison to the elderly who are not single. Literacy among the elderly of Uttar Pradesh is lower than the national average. Only 35 percent elderly of Uttar Pradesh are literate and only 18.8 percent of the elderly female are literate in Uttar Pradesh. Most of the miseries of the elderly are related to this problem as due to illiteracy they were out of the job market from where they could have generated some money and also could have saved some money for the later age of life. Due to this most of the elderly are unaware and inactive for health and hygiene. So the lack of education is one of the major cause of elderly are marginalized in the later age of life. The pension is considered as a major social security in the later age of life, but only a few of the elderly are getting pensions in Uttar Pradesh, thus they are forced to work in old age or they are economically dependent on the family members. Old age dependency ratio is high in Uttar Pradesh in comparison to India.

VII.2. Living Arrangements in Old Age

Most of the aged lived in joint or extended families, though the trend was towards nuclear families, more so in urban areas. In urban areas mostly older persons often have to live alone under the force of circumstances. This is gradually being accepted in urban society and the aged are adjusting to the trend. They may not be living with their children but even then they constitute their primary support group in times of need. In the rural areas though, aged

parents living alone could not bank on the support of their kin who were away since the interaction was very little.

More than half of the elderly are residing with their spouse. Spouse has been the primary caregiver and integral component throughout the life, especially in the later age. Those who are living with the spouse are those who are without spouse (may be due to death or other reasons), marked behavioural difference can be noticed among both of them. The demise of the spouse at any age of life can be a life-shattering experience. This can have both physical and mental adverse impact on the elderly. Elderly couples in itself are the independent entity and mutually they maintain independence by compensating for one another. A wife with limited mobility can rely upon her husband to assist her to get up and help her to down the stairs or can carry items etc. In return she can help him to fill his memory loss by pushing him to take medications on time, having the meal on time etc. They both can pass leisure time together and they don't need others if people are unwilling to join them.

Children are conventionally seen as an inheritor of the family and to whom a person can trust to care and increase the family by marrying and rearing child can end the boredom of the old age. Generally, parents have lots of expectations from their child and most of them are related to responsibility taken by the children in the old age. The importance of children is more in the agrarian rural economy, which was traced in the analysis. The burden of expectations is generally carried by the son in the old age, as some of the households were encountered in the survey where they were hesitant to count the name of daughters as a member of the family. Daughters who are married seldom remembered as the member of the family. Around more than three fourth of the elderly were living with their children in this study. Around 18 percent of the surveyed elderly are not residing with any of their children and further, the extent of co-residence with own children comes down with the increase in age. Co-residence with children seems to be more common among the female elderly compared to the males.

The well-being of the elderly is intimately linked to their education. Longevity also has a strong association with education as literacy levels and life expectancy at birth are highly correlated (Granhan, 1972). Education apart from providing economic stability also enables smoother adaptability towards the socio-economic transition in the society.

Having a low level of literacy, on the whole, it is obvious to have the poor level of literacy among today's elderly in India. A low level of literacy among the older population is obvious as they have spent much of their lives prior to the present accelerated level of socio-economic development. With a low overall literacy level in the country is yet to narrow down. This differential is much wider when it comes to formal education level. The rural elderly seem to be more at disadvantage in this context as quantity and quality of educational facilities in rural areas were quite inferior to the urban areas in the past. Older women are the least literate as there was larger sex differential in the literacy level of the elderly compared to the general population. The Higher educational level is most uncommon among the older population. Educational level of scheduled caste elderly population is quite low then the Non-scheduled population; even the illiteracy is very pertinent among the non-scheduled population.

Though the current literacy levels among the elderly are pretty low, the future elderly is expected to be more literate and will be demanding more from the government for social security, and other financial benefits. Is the government of Indian and state governments ready to restructure the expenditure pattern to suit the needs of the elderly in the future?

Inadequate financial resources are a major problem for the elderly in the study area, with a higher degree of economic insecurity, with a higher degree of economic insecurity among older women. Rural families suffer from the economic crisis, as their occupation does not produce income throughout the year thus elderly are also forced to work in the later age of life. Women are even more dependent on others as they have limited. They have limited control over family income, as well as on their own earnings if they are earning in some cases. Very few of the women are the head of the household. Women are also very vulnerable because of greater longevity, lower literacy rates (especially in rural areas), and the higher incidence of widowhood among aged females. Most of the elderly individuals are engaged as a casual labour or they are self-employed. Out of the total working population of elderly, most of the elderly are engaged as a cultivator, agricultural labour, and shopkeepers. Rural economy predominantly guided and roam around the agriculture thus most of the

elderly are engaged as cultivators followed by elderly agricultural labourers. An elderly woman was mostly doing household activities as a household wife throughout life.

With the increase in age the level of work participation among the elderly declines. This may probably be attributed to their physical inability/incapacity which affects their competence and restricts their activity. However, there remains a greater degree of disparity in work status between sexes with more than half of the male reported to be working, while the percentage of workers among the elderly females account very less. This disparity may perhaps be due to the invisible labour (which is non-remunerative), in terms of household duties performed by most elderly females. If their household activity is included, then the participation rate goes up sharper for female. Among the elderly workers, most of them are absorbed in the agricultural sector.

The information on work status among the elderly analysed according to their marital status, concludes that the elderly with the spouse are more in work compared to those in the single and widowed/divorced/separated category. The majority of the widows are dependent, they are less found in work due to limited opportunity and the usual trend to reside with their children. Another reason for widows not often found in the workforce may be attributed to their replacement role in terms of land ownership and house ownership after the death of the household.

On residential status, the urban elderly are more in the workforce compared to the rural elderly, since the rural elderly are more likely to be missed out as economically active for their informal involvement in the agricultural sector. The Health of the individual also plays the predominant role in work status of the elderly. The survey has found that around half of the samples reported healthy seems to be working. Added to this, less than one-third of those reported to be unhealthy are also in a workforce. These findings go against an established view that the elderly are seen as dependents and liabilities. In fact, the elderly continue to work as long they are able to do so. The demographer's calculation of the dependency ratio needs to be critical evaluation in this context. Moreover, the elderly are often engaged in work not only to be self-sufficient and independent but also for contributing to the household subsistence. The non-working elderly too contributes to the household expenses based on their capacity.

The low socio-economic condition is generally measured in terms of education, employment, income, poverty and wealth. Income and wealth are considered to be the important aspect of life to deal with various issues emerging out at any stage of life especially in the old age. But extreme poverty was found in this study as Income of the Elderly in the three sample districts is very less and around half of the population is earning below 500 rupees per month. As the amount of income increases the share of old age population receiving those incomes also decreases. Around 80 per cent of the elderly female is receiving less than 500 rupees per month from any source and only 20 percent of the total elderly are receiving pensions or other sources of income. Due to deficiency of money, they are unable to cope up several issues in their day-to-day life and are dependent upon the family members. That is why around 80 percent of the elderly have said that their income is insufficient to sustain their life. In the absence of the money they have to arrange money from others, in most of the cases, they have to borrow money from other. In the scarcity of money, elderly at first go to their closer one (friends) to borrow money and secondly elderly borrow money from son (23%) and in the last, they also go to their neighbourhood for money.

VII.3. Health Status and Recreation in Old Age

One of the curses of old age is immobility due to illness or disease. Analysis of the morbidity patterns among the elderly has shown an **overall high prevalence of morbidity burden** as well as physical impairment in the functioning of organs due to the degenerative process of ageing. Most diseases are degenerative in nature, with a high prevalence of 'lifestyle' diseases such as blood and diabetes in urban areas. This perhaps explains the higher morbidity prevalence in urban areas as compared to rural areas. The rural areas had a higher prevalence of malnutrition-related problems such as joint pains and general weakness and also a significant proportion of respiratory and digestive ailments. Acute infections were also more prevalent in rural than in urban areas. No significant differences were observed in morbidity between males and females. Females reported slightly higher morbidity than males in general. Around 40 percent of the elderly are having some or other kind of health problem. This remains a common phenomenon across three districts. Around 30 percent of the elderly have said that they perceive themselves as unhealthy. Half of the elderly samples in the study have the problem in moving as pain in knee and osteo problem is very prevalent in the later

age of the life. Most of the elderly have multiple of the diseases at the same time. Osteo problem remains most profound health problem in the later age of the life, followed by blood pressure problems and cardiovascular problems.

Around 10 percent of the elderly have got no treatment after detection of chronic disease due to various factors, but money remains an important factor for this negligence. Most of the elderly have said that they have the scarcity of the money for their treatment and purchasing of the medicines. Some of the elderly even don't want to go to the hospital or clinic as the physician will prescribe some checkup or medicines, which they cant afford, so they did not go for the hospitals. Even in some cases, medicines were stopped in between the course due to the absence of money.

Women generally enjoy unequal status in the family in traditional North Indian set up, thus the condition of elderly women is similar to the larger women population. They are generally primary care providers for the spouse, but they don't get similar treatment from their spouse often. Mostly daughters in law look after their needs. They generally are not proactive about their health issues and dependent for financial and physical assistance to the physician thus are vulnerable in terms of their health far more than their counterpart. Female were avoided for the treatment after the detection of chronic diseases than the male elderly. So the health of the female was treated as secondary than the male elderly. Illiteracy was found to be higher in the urban area so urban elderly were more concern for their health. Even those elderly who resides in the rural area but are educated were more concern for their health than their counterpart.

Elderly mostly preferred the allopathic treatment for their health problem, followed by homoeopathic and Ayurvedic. But for the major health problem elderly generally, prefer to go to the allopathic treatment. There is clear rural and urban difference in nature and type of health treatment elderly prefer. A large number of elderly prefers the private checkup as they can afford the cost of the private treatment but rural elderly generally prefer the government hospitals for the treatment. Distance from the rural settlement also plays the selection of medical facilities for the elderly in rural areas as in most of the cases they generally go to the

nearest health centre for their treatment. With the rise of income the chances of the elderly to go for the treatment increases, so in the lower income group, elderly goes for the treatment lesser than those elderly who are in the upper group of income categorised by the author. Literates and educated were found to be more aware of their health as compared to the illiterates. As the level education increases the chances for the elderly to go for the treatment after the detection of the disease also increases.

Individual health condition ought to have some bearing on his/her personal habits and practices in relation to diet, exercise, occupation, sleep, smoking, drinking, chewing etc. It is often found that the aged do continue to have one or the other perennial habits. Among the personal habits required into, chewing tobacco seems to be the most prominent. However in elderly in good number were found to be smoking and drinking as well.

VII. 4. MARGINALIZATION IN OLD AGE

Elderly population which is considered as the backbone of the society, encountering many issues regarding the marginalization of elderly, as most of elderly, across rural and urban sector, reported the erosion of respect for them in the family and society. This segment of population is most vulnerable and the dependency of all types, economic, emotional, and physical, increases with increase in the age. The insignificance of elderly in economic production pushes this section to the margins of the society, not in terms of receiving the material gain, but also for emotional support. The society is going through a transition, in which owing to the increasing pressure and aspirations of study, job and other business oriented schedules people have less time for the family, and the young generation considers the elderly as out-dated, these all cumulatively leads to the lesser attachment, and this generational gap in the mind further engrave the situation in which elderly is loosing the respect, and under this around 70% elderly samples narrated their own versions of loosing respect.

The economic, emotional and physical dependence forced elderly to survive as a liability on the family members and their economic insignificance confines their active or upfront participation in any decision of the family. The lack of the knowledge of the changing

technologies and new information when accumulate with the declined power of information processing, further shove them out of the 'core decision body' of the family, which can be substantiated with the surveyed data, in which around 47% declined their relevance in making any of the decision in the family though 81% considered that they have been asked for the suggestions, but not as an important segment of the decision making body of the family.

The elderly, with advent of time, witnessing and also complaining about the non-co-operative attitude of the society for them and most of them reported that the respect, care or help of younger generation for them is just an act of sympathy towards their incapabilities, which are driven out of the helplessness of their age. This can be further confirmed with the figures collected from the field, i.e. 70% of the elderly reported the adverse attitudinal change of society towards them and 40% reported that due to fear of problems they have faced in the utilization of public places, they now avoided going to such places. The elderly not just encountered the indifferent approach of society for them, but also asserted that these trivialities and frivolities have increased in the modern time and most of them agreed to the fact that, even for the near future they can not anticipate any hope of improvement.

The old age not only brings the dependency but also makes one more and more feeble with the time to pursue and carry even the day to day activities with comfortability, and so the elderly has to depend on their children at the 'time of need', primarily, as for them their children are the main care giver at the later age. The members of the family attend the elderly as their responsibility. Around half of the respondents out of the total samples were living with their children shows the kind and level of dependency which is being catered by the children of theirs. The rural areas are witnessing the strong waves of outmigration of the younger generation in the search of better income opportunities which left the elderly alone in the house back, though the children visits but the visits cannot cater the 'ageing needs'. More than half of the elderly reported they feel lonely, though this is not just related to the children outmigration but also related to their assumed consideration of their unworthiness which is more a derivative of their psychology, in which they consider themselves as the 'additional responsibility' or 'burden' on their children.

The ownership of valuable asset imbibes certain empowerment and self-realization among the elderly. The 90% of the sample shows that they own the house or land in their name. Though some of the widows reported that they never had any land or property on their name, and after the death of their husband they really do not know about the ownership of husband' owned land.

The study grounded on the extensive sample survey brings the clear facts based on the computed multiple deprivation index, that elderly in Uttar Pradesh are living in deprivation, where around 17% of the sample of elderly are highly deprived and 60% of elderly constitutes the high and medium level deprivation together.

This deprivation reveals that elderly are being pushed to the corners of any social benefits by the society and family, which leads to the marginalization of theirs, and thus level of deprivation also revels the marginalized situation of the elderly. The level and nature of marginalization, which may vary from individual to individual as it depends on the spatial and social context of location of the individual, is further investigated through the qualitative case studies. These studies, with the focuses on the narratives provided by elderly, experience which they share and the observations of the author, throw light on the rooted nature of the marginalization of elderly in every sphere of their 'left life'.

VII.5. Policy Implication

Based on the foregoing empirical analysis of data and findings/conclusions, the following policy implications have been proposed for extending care and support of the elderly in general and that of urban elderly in particular.

- The Younger generation has to be imparted the cultural values and needs for taking care of the elderly persons in a better manner through the measures like incorporating the value education beyond convention level of education.
- Caretakers have to be provided with suitable taxation exemptions till retirement and if possible in a graded manner after their retirement of services. Like providing a token

amount to the higher interest rate on bank deposits of elderly, caregivers also may be given a little higher rate of interest on deposits.

- Elderly also may be given a chance to earn some money through income generating work, depending upon their health and physical status.
- Improving the socio-economic status of the elderly persons would be better for their well-being in the future. For that, it would be better to provide some avenues for earning money, providing suitable social security policies and increase in the sum of Old Age Pension. Such measures would make them self-sufficiency, reduce their drudgery and increase their likelihood of taking care of themselves rather than depending upon the caregivers.
- The increase in chronic morbidities and disabilities is quite imminent with increasing age of the elderly for which economical and physical assistance to visit and utilise the health care services with the help of the caregiver is necessary. In order to avoid these, mobile clinics to the selected areas, weekly at half-a-day or one-day from the nearby hospitals/clinics would be welcome. In addition to this, the non-governmental organisations also may be encouraged to do such services.
- Effective awareness and implementation of the erstwhile National Old Age Policy and Maintenance of Parents Act has to be done with various channels. So also is the case with regard to various welfare measures, viz., concessions to senior citizens to travel by bus/train and flights, the higher interest rate for the bank deposits, etc. Mass media, NGOs and Government publicity campaigns may be used for such activities.
- The national old age policy and several programmes through Central and State Governments to fulfil the needs of the aged are to be provided with aimed adequate funding. The policy must be modified to meet the diverse needs of sub-groups based on living arrangements, residence, age, gender, education, employment and/or income. In such programmes, special attention should be given to the welfare of the aged by providing social security, economic security, health care services and recreational services, especially for those living in rural areas and for the elderly women.
- Elderly having a cow or buffalo in the house is indulging in physical activity, that is also a kind of recreational activity. This also fulfils the nutritional needs of the elderly

by milk. The government can also provide one cow or buffalo to the elderly household will also solve the problem of monotonous life, and deficiency of nutrition in old age. This can at least be done to the rural elderly

- The pension measure adopted by the governments has been largely borrowed from western industrialised countries, where the vast majority of the workforce is involved in the highly organised industrial sector. However, India is still an agrarian economy, where the majority of the workforce is engaged in the unorganised sector. There is an immediate need to re-examine and remodify India's social security models to reflect the needs of the population. Thus pensions should be universal for the elderly and frequency of the disbursal should be on time.
- Rural panchayat should be given responsibility to organise some cultural activity on the regular basis where elderly can also participate and enjoy the event.

VII.6. Future Research

- In India, there is an urgent need for large-scale empirical studies, which are not that many, so as to facilitate for the formulation of policies and programmes regarding the diverse needs of the elderly. The available data on certain aspects is not adequate and thereby, necessitates for comprehensive and in-depth information, which would be helpful to the planners and policy makers.
- Another major area of research is the role of family and caregiving. Studies in future may be taken up focusing on the changing role of the family in the caregiving of the elderly. Also, there is need to examine the circumstances under which elderly co-reside with selected persons, like son(s), daughter(s), siblings(s), grandchildren, relatives, neighbours etc. Likewise, one should understand what circumstances a particular caregiver happened to take care of the elderly. Here, the major focus should be on widowed women in general and those living alone in particular.

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Appendix

Table 1: Household Size and social groups

		Household Size			
		1-2 members	3-5 members	5-7 members	more than 7 members
Social Groups	S.T.	32.11		18.82	49.08
	S.C.	25.64	27.20	21.43	25.73
	O.B.C.	15.34	24.22	30.04	30.40
	OTHERS	14.91	25.27	33.81	26.01
Total		17.27	25.13	29.56	28.03

Nsso 66th Round, Employment and Unemployment

Table 2: Education Status in Different Social Groups

		Education	
		Not Literate	Literate
Social Groups	S.T.	48.36	51.64
	S.C.	84.58	15.42
	O.B.C.	74.39	25.61
	OTHERS	48.30	51.70
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table3: Land Ownership in Different Social Groups

		Land ownership	
		No	Yes
Social Groups	S.T.	0	100
	S.C.	0	100
	O.B.C.	0.06	99.94
	OTHERS	0.30	99.70
Total		0.12	99.88

Nsso 66th Round, Employment and Unemployment

Table 4: Work Status in Different Social Groups

		Work Status	
		Working	Not Working
Social Groups	S.T.	48.75	51.25
	S.C.	38.56	61.44
	O.B.C.	39.00	61.00
	OTHERS	30.48	69.52
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table5: Social Security in Different Social Groups

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Social Groups	S.C.	0.11	99.89
	O.B.C.	7.02	92.98
	OTHERS	16.39	83.61
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table5: Land ownership in rural and urban areas

		Place of Residence	
		Rural	Urban
Land ownership	No	52.12	47.88
	Yes	81.77	18.23
Total		81.73	18.27

Nsso 66th Round, Employment and Unemployment

Table 6: Land Ownership and Gender

		Gender	
		Male	Female
Land ownership	No	26.06	73.94
	Yes	52.98	47.02
Total		52.94	47.06

Nsso 66th Round, Employment and Unemployment

Table7: Work status and Gender

		Work Status	
		Working	Not Working
Sex	Male	59.64	40.36
	Female	9.60	90.40
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table8: Social Security and Gender

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Sex	Male	5.36	94.64
	Female	1.95	98.05
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table 9: Education and Gender

		Education	
		Not Literate	Literate
Sex	Male	51.58	48.42
	Female	85.90	14.10
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table 10: Marital Status and Gender

		Marital Status			
		Never Married	Currently Married	Widowed	Divorced/Separated
Sex	Male	1.83	68.59	29.58	0.01
	Female	0.16	49.01	50.80	0.03
Total		1.05	59.43	39.51	0.02

Nsso 66th Round, Employment and Unemployment

Table 11: Religion and Household size

		Household Size			
		1-2 members	3-5 members	5-7 members	more than 7
Religion	Hindu	17.47	24.80	30.50	27.23
	Muslim	16.07	27.98	22.38	33.57
	Christian	0.00	0.00	19.37	80.63
	Others	5.23	3.30	52.53	38.93
Total		17.27	25.13	29.56	28.03

Nsso 66th Round, Employment and Unemployment

Table 12: Religion and Education

		Education	
		Not Literate	Literate
Religion	Hindu	67.04	32.96
	Muslim	72.39	27.61
	Christian	41.90	58.10
	Others	84.11	15.89
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table 13: Religion and Social Security

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Religion	Hindu	5.52	94.48
	Muslim	2.57	97.43
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table 14: Religion and Work Status

		Work Status	
		Working	Not Working
Religion	Hindu	35.65	64.35
	Muslim	39.67	60.33
	Christian	19.37	80.63
	Others	15.89	84.11
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table15: Religion and Land Ownership

		Land ownership	
		No	Yes
Religion	Hindu	0.11	99.89
	Muslim	0.22	99.78
	Christian	0.00	100.00
	Others	0.00	100.00
Total		0.12	99.88

Nsso 66th Round, Employment and Unemployment

Table 16: Place of Residence and household size

		Household Size			
		1-2 members	3-5 members	5-7 members	more than 7
Sector	Rural	18.22	23.39	30.77	27.62
	Urban	13.04	32.93	24.15	29.88
Total	Total	17.27	25.13	29.56	28.03

Nsso 66th Round, Employment and Unemployment

Table 17: Place of Residence and Education

		Education	
		Not Literate	Literate
Sector	Rural	73.48	26.52
	Urban	41.97	58.03
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table 18: Place of Residence and Social Security

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Sector	Rural	0.78	99.22
	Urban	22.47	77.53
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table 19: Place of Residence and Work Status

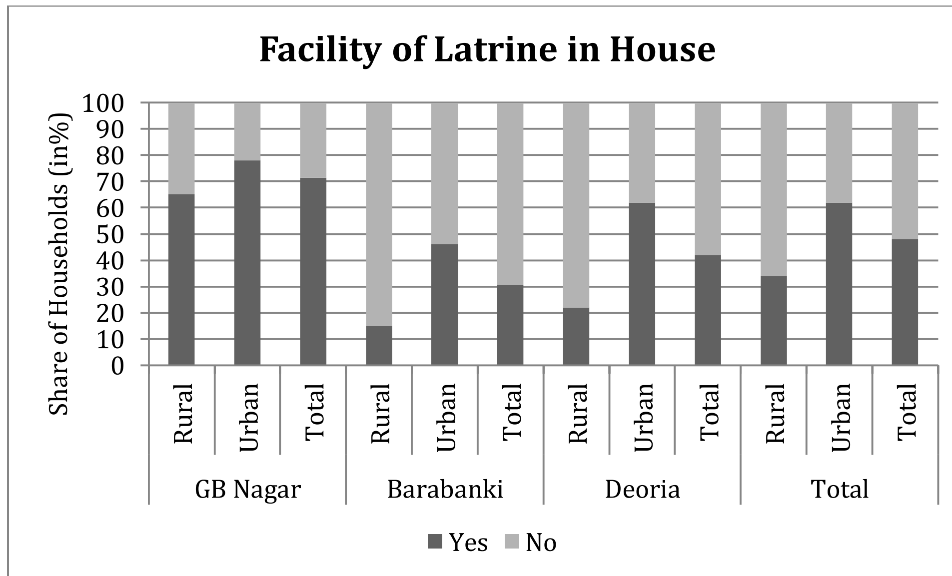
		Work Status	
		Working	Not Working
Sector	Rural	39.39	60.61
	Urban	21.33	78.67
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table 20: Place of Residence and Land Ownership

		Land ownership	
		No	Yes
Sector	Rural	0.08	99.92
	Urban	0.33	99.67
Total		0.12	99.88

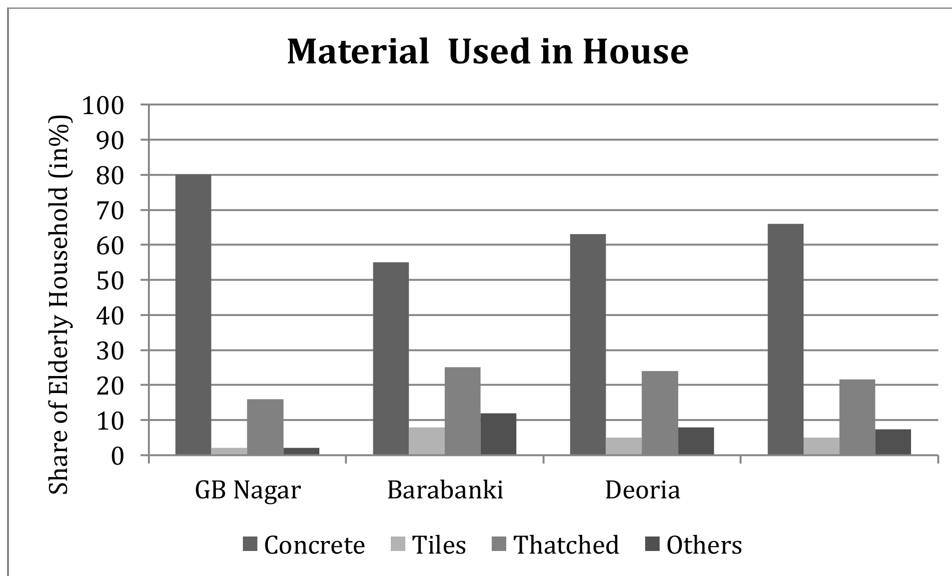
Nsso 66th Round, Employment and Unemployment

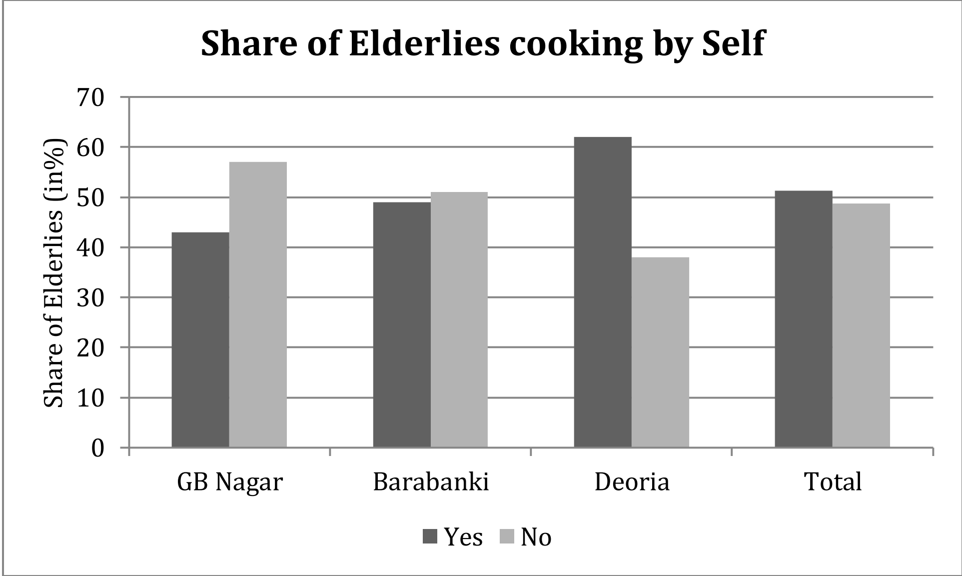


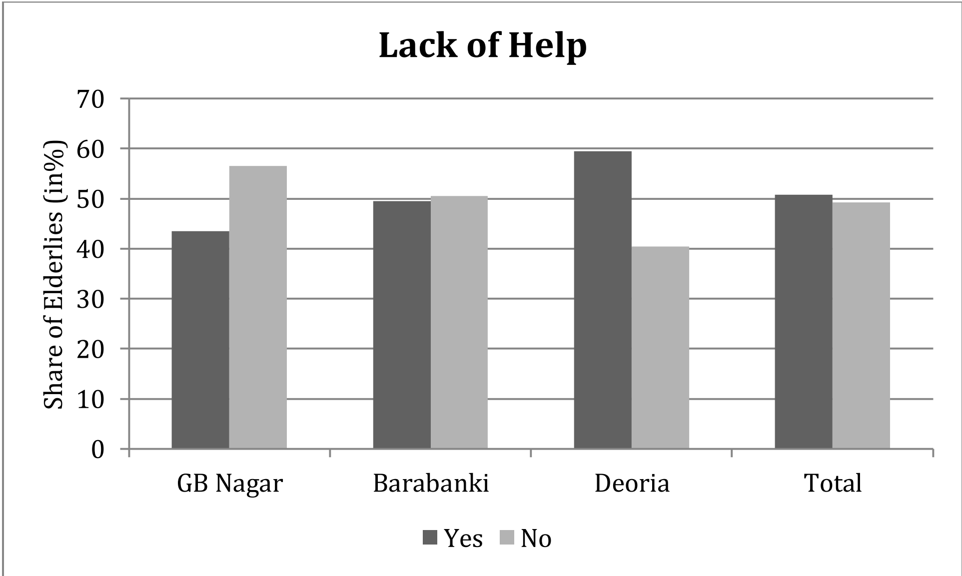
			District			Total
			GB Nagar	Barabanki	Deoria	
Not Enough Money for Medicines	Yes	Count	105	75	67	247
		Percent	52.5	37.5	33.5	41.2
	No	Count	95	120	133	348
		Percent	47.5	60	66.5	58
	Not applicable	Count	0	5	0	5
		Percent	0	2.5	0	0.8
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Not Able to Move Around	Yes	Count	85	92	124	301
		Percent	42.5	46	62	50.2
	No	Count	115	108	76	299
		Percent	57.5	54	38	49.8
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Nobody to Help	Yes	Count	87	99	119	305
		Percent	43.5	49.5	59.5	50.8
	No	Count	113	101	81	295
		Percent	56.5	50.5	40.5	49.2
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Nobody to Prepare Food	Yes	Count	86	98	124	308
		Percent	43	49	62	51.3
	No	Count	114	102	76	292
		Percent	57	51	38	48.7
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Health is Not Good	Yes	Count	91	81	77	249
		Percent	45.5	40.5	38.5	41.5
	No	Count	109	119	123	351
		Percent	54.5	59.5	61.5	58.5
	Total	Count	200	200	200	600
		Percent	100	100	100	100

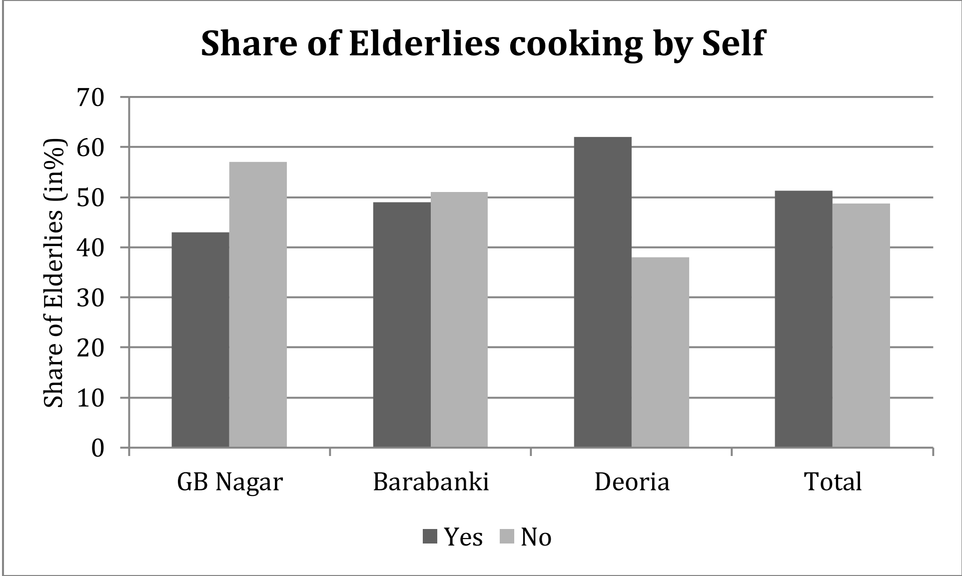
			District			Total
			GB Nagar	Barabanki	Deoria	
Afraid of Thieves	Yes	Count	45	52	58	155
		Percent	22.5	26	29	25.8
	No	Count	155	148	142	445
		Percent	77.5	74	71	74.2
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Not Enough Money for Food	Yes	Count	104	95	77	276
		Percent	52	47.5	38.5	46
	No	Count	96	105	123	324
		Percent	48	52.5	61.5	54
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Not Enough Money for Housing	Yes	Count	97	97	79	273
		Percent	48.5	48.5	39.5	45.5
	No	Count	103	103	121	327
		Percent	51.5	51.5	60.5	54.5
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Feeling Lonely	Yes	Count	70	124	152	346
		Percent	35	62	76	57.7
	No	Count	130	76	48	254
		Percent	65	38	24	42.3
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Health is Not Good	Yes	Count	91	81	77	249
		Percent	45.5	40.5	38.5	41.5
	No	Count	109	119	123	351
		Percent	54.5	59.5	61.5	58.5
	Total	Count	200	200	200	600
		Percent	100	100	100	100
HH Member Owns Land	Yes	Count	109	143	130	382
		Percent	54.5	71.5	65	63.7
	No	Count	91	57	70	218
		Percent	45.5	28.5	35	36.3
	Total	Count	200	200	200	600
		Percent	100	100	100	100

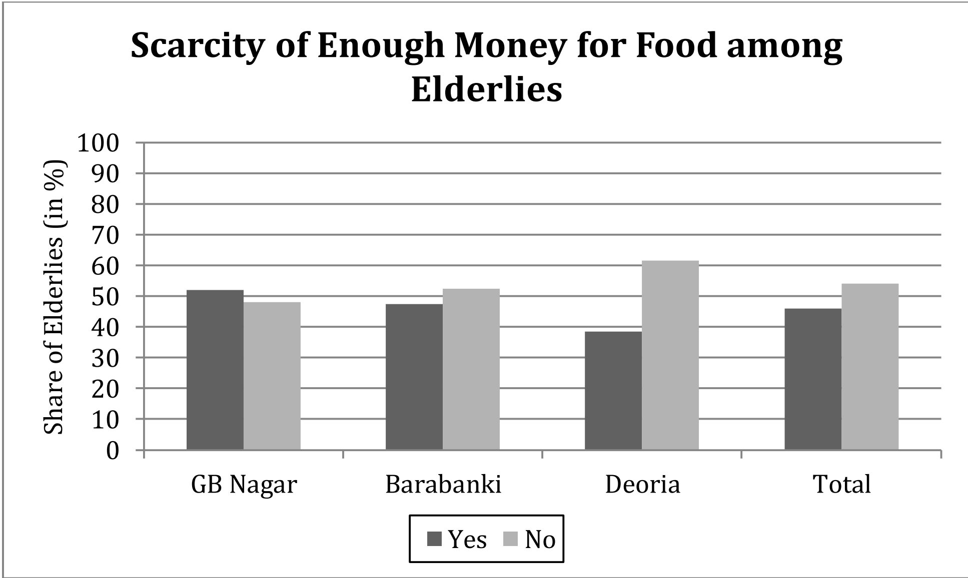
Spouse lives with the person		District			Total
		GB Nagar	Barabanki	Deoria	
Male	Yes	122	97	104	323
		79.2	74.6	73.2	75.8
	No	32	33	38	103
		20.8	25.4	26.8	24.2
	Total	154	130	142	426
		100	100	100	100
Female	Yes	10	31	22	63
		27.8	44.3	37.9	36.2
	No	36	39	36	111
		78.3	55.7	62.1	63.8
	Total	46	70	58	174
		100	100	100	100
Total	Yes	132	128	126	386
		66.0	64.0	63.0	64.3
	No	68	72	74	214
		34.0	36.0	37.0	35.7
	Total	200	200	200	600

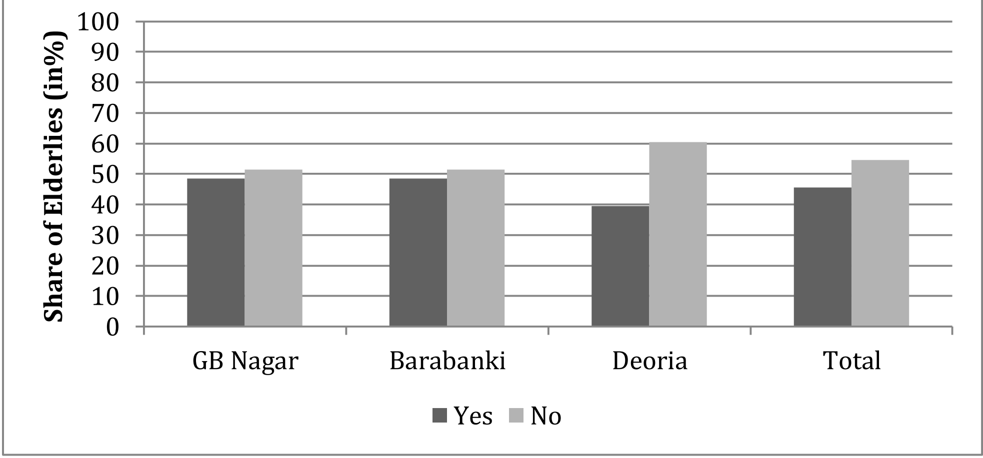



Share of Elderlies cooking by Self
Share of Elderlies (in%)
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Lack of Help
Share of Elderlies (in%)
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Share of Elderlies cooking by Self
Share of Elderlies (in%)
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Scarcity of Enough Money for Food among Elderlies
Share of Elderlies (in %)
100
90
80
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Scarcity of Enough Money for Housing among Elderlies
Share of Elderlies (in%)
100
90
80
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No

Living Arrangements and Marginalization in Old Age:
A Study in Uttar Pradesh

Interview Schedule

Interview					
Day					
Month					
Year					

Confidential
For Research Purpose

INTRODUCTION BY INTERVIEWER

Namaskar. My name is ____and I am working with ____. We are conducting this survey to find out what is the socio-economic condition of elderly people and what are the issues they are facing in their day to life.

I believe you will find it interesting. Your answers will be used only by the researcher at the Jawaharlal Nehru University, New Delhi, in a part of his research work. The amount of time needed will be less than fifteen minute (15 minute). Whatever information you provide will be kept confidential and will not be shown to other persons. To make the study successful, please be entirely frank and open in your comments and answer each question as fully as you can.

I hope that you will take part in this survey since your participation is very important. In this connection, do you want to ask me anything?

May I begin the interview now?

Signature of the interviewer __________________________________ Date: Day/Month/Year: _____/_____/_________

Household and Housing

Descriptive identification of sample household	
1. State	2. District
3. Ward/ Block	4. Tehsil/Town
5. Name of the head of household	6. Village name
7. Name of informant	8. Religion
9. Social Group	10. Mother Tongue
11. Languages known other than mother tongue.	
12. Address	

13. Household Member Detail:

S. No	Name of HH member	Relationship with Head	Sex	Age	Marital Status	Education Level	Work Status	Occupation Type	Monthly Income In Rs

Code for HH Details:

Sex: M=1, F=2, **Marital Status:** Single=1, Married=2, Divorced=3, Separated=4, Widow=5, **Education Level:** Illiterate=0, Primary=1, Middle=2, Secondary=3, Higher Secondary=4, Graduation and above=5, **Work Status:** Regular Salaried=1, Self Employed=2, Casual=3, Non worker=4

Occupation Type: Legislators, Senior Officials and Managers=1, Professionals =2, Associate professional=3, Clerks=4, Service Workers and Shop & Market Sales Worker=5, Skilled Agricultural and Fishery Workers=6, Craft and Related Trades Workers=7, Plant and Machine Operators and Assemblers=8, Elementary Occupations=9

Q. No.	**Questions**	**Coding Categories**		**Skip To**
14	Materials used in the house			
a	Roof	Concrete Tiles Thatched Other	1 2 3 4	
b	Floor	Cement Tiled Mud Other	1 2 3 4	
c	Wall	Brick Mud Other	1 2 3	
15	Number of rooms			
16	Facility available			
a	Drinking water	Personal hand pump Public hand pump Street tap Well Ponds Other Sources	1 2 3 4 5 6	
b	Bathroom inside the house	Yes No	1 2	
c	Latrine inside the house	Yes No Specify type	1 2 3	

d	Cooking fuel	Firewood Kerosene Cooking gas Others	1 2 3 4	
e	Lighting fuel	Electricity Kerosene Others	1 2 3	
17	Is this house owned by a person living in the household or is it rented?	Owned Rented Other	1 2 3	
18	If rented, do you or any member of this household own a house anywhere else?	Yes No	1 2	
19	Does any member of this household own any of the following?			
a	Mobile	Yes No	1 2	
b	Radio	Yes No	1 2	
c	Bicycle	Yes No	1 2	
d	Sewing Machine	Yes No	1 2	
e	Fan	Yes No	1 2	
f	T.V.	Yes No	1 2	
g	Telephone	Yes No	1 2	
h	Laptop/computer	Yes No	1 2	
i	Internet	Yes No	1 2	
J	Motorcycle	Yes No	1 2	
k	Motor cars/Lorry/Truck	Yes No	1 2	
20	What is the monthly income of the household?	Amount…………………….		

21	Does any member of the household own land?	Yes No	1 2	
22	If yes, how much land is owned by the members of the household? (total ownership of the household members)	Bigha………………..		

Individual details of the Elderly				
	Note: The following question should be asked each elderly person in the household.			
23	Reference number of the elderly person?			
24	Do you have any technical degree or vocational degree?	Yes No	1 2	
25	If the education is Nil or only up to Primary?			
a	Can you read	Yes No	1 2	
b	Can you write	Yes No	1 2	
26	What was your major occupation during your life time?			
27	What was your last occupation?			
28	Do you work in MNREGA?	Yes No	1 2	
29	If you are currently married, does your spouse (husband/wife) live with you in this house now?	Yes No	1 2	
30	How many children do you have? (From all your marriages)			
a	Total number born	Males Females		
b	Total number alive	Males Females		
c	Number living in this house	Males Females		
d	Number living elsewhere	Males Females		
31 When people become old they experience several problems related to their old age. I will read to you some of the problems. Do you feel that you have experience or you are now experiencing any of those problems? Do you feel				
a	Not enough money for food	Yes No	1 2	

b	Not enough money for clothing	Yes No	1 2	
c	Not enough money for housing (to buy or rent a house)	Yes No	1 2	
d	Not enough money to buy medicines	Yes No	1 2	
d1	What you generally do to manage the scarcity of money………………			
e	Feeling lonely	Yes No	1 2	
f	Health is not good	Yes No	1 2	
g	Children don't stay with you	Yes No	1 2	
h	Children don't visit as often	Yes No	1 2	
i	Nobody to help	Yes No	1 2	
j	Nobody to prepare food	Yes No	1 2	
k	Afraid of thieves	Yes No	1 2	
k1	How do you cope up with the fear of thieves and the incidences of theft……………			
l	Not able to move around	Yes No	1 2	
m	Nobody to help you when you are sick	Yes No	1 2	
32	Could you please tell us about your daily routine on a typical day?			

Activities			Time 4 a.m. to 6 a.m. 6 a.m. to 8 a.m. 8 a.m. to 10 a.m. 10 a.m. to 12 a.m. 12 noon to 2 p.m. 2 p.m. to 4 p.m. 4 p.m. to 6 p.m. 6 p.m. to 8 p.m. 8 p.m. to till you sleep	
33	Do you think that the youngsters of the present generation have less respect for the elderly?	Yes No	1 2	
34	Do the kids of the family get mixed with you and they are comfortable with you?	Yes No	1 2	
35	Do the family members get mixed with you and they are comfortable with you?	Yes No	1 2	
36	Where do you have your food?	With family members At your room Alone outside house	1 2 3	
37	It is said that children are the main support for the parents at old age? Do you agree with this view?	Yes No	1 2	
38	In your opinion, who should take care of the old parents?	Son Daughter Both Themselves	1 2 3 4	

39	Are you aware of old age homes?	Yes No	1 2	
40	In your opinion, which is the best place for Person to live in their old age?	With sons With daughters Alone In old age homes	1 2 3 4	
41	Are you willing to join in an old age home?	Yes No	1 2	
42	If yes will you be able to pay?	Yes No Partially	1 2 3	

Health				
43	How is your health in general? Do you feel	Very healthy Fairly all right Unhealthy	1 2 3	
44	Do you have any problem with the following?			
a	Vision	Yes No	1 2	
b	Hearing	Yes No	1 2	
c	Walking	Yes No	1 2	
d	Any other	Yes No	1 2	
45	Do you use the following			
a	Spectacles	Yes No	1 2	
b	Hearing aid	Yes No	1 2	
c	Walking stick	Yes No	1 2	
d	Dentures	Yes No	1 2	
e	Wheel chair	Yes No	1 2	
f	Footwear	Yes No	1 2	

46	Have you ever experienced any of the chronic disease?	Osteo Problem Cardiovascular Alzheimer Diabetes Blood pressure Obesity Others None	1 2 3 4 5 6 7 8	
a	If you have any of these problems. When it was first detected?			
b	Have you taken treatment just after the detection of the disease?	Yes No	1 2	
c	What was the type of treatment?	Allopathic Ayurvedic Homeopathic Others	1 2 3 4	
d	How much this treatment cost you? (per month in Rs.)			
e	Who financed you for the aids?	Self Children Voluntary agents Friends Others	1 2 3 4 5	
47	Have you ever experienced any of the incidental disease?	Road Accident Fall Fracture Deep tissue rupture Physical Assault Others No	1 2 3 4 5 6 7	
a	If you have faced any of these problems. When it happened?			
b	Have you taken treatment just after the incident of the disease?	Yes No	1 2	
c	Did anyone help you to acquire a doctor?	Yes No	1 2	

d	If Yes, who helped you	Children Other relatives Neighbours Others	1 2 3 4	
e	How much this treatment cost you?			
f	Who financed you for the aids?	Self Children Voluntary agents Friends Others	1 2 3 4 5	
48	Do you require another person's assistance for the following			
a	Get out of the bed:	Need Help No need of help	1 2	
b	Go to toilet:	Need Help No need of help	1 2	
c	Bathing:	Need Help No need of help	1 2	
d	Walk inside the house:	Need Help No need of help	1 2	
e	Walk for some distance:	Need Help No need of help	1 2	
f	To take food:	Need Help No need of help	1 2	
g	Dressing	Need Help No need of help	1 2	
49	Can you travel by yourself?	Yes No	1 2	
50	Do you have any perennial health problem?	Yes No	1 2	
a	If yes, the disease(s)			
51	If you get sick, will you consult a doctor?	Yes No	1 2	
a	If yes	Government Private	1 2	
52	Were you sick at any time during the last			

a	One week	Yes No	1 2	
b	One Month	Yes No	1 2	
c	One Year	Yes No	1 2	
53	Did anyone help you to acquire a doctor?	Yes No	1 2	
a	If Yes, who helped you	Children Other relatives Neighbours Friends Others	1 2 3 4 5	
b	Did you take the prescribed medicines?	Yes No	1 2	
c	Who paid for the medicines and medicines consultation?	Children Other relatives Neighbours Self Others	1 2 3 4 5	

Nutrition						
54	How often do you eat per day?			Times		
55	How is your appetite?			Very good Good Bad	1 2 3	
56	How many hours do you sleep every day?			Hours		
57	Timing of sleeping					
58	Do you prepare your own food or does someone else help you in preparing your food?			Prepare myself Husband/Wife Children Relatives Others	1 2 3 4 5	
59	What kind of food you take			Vegetarian Non Vegetarian	1 2	
60	Did you consume the following yesterday?			If yes, then when:		
a	Rice	Yes No	1 2	In breakfast In lunch		

				In dinner		
b	Wheat	Yes No	1 2	In breakfast In lunch In dinner		
c	Fish	Yes No	1 2	In breakfast In lunch In dinner		
d	Meat	Yes No	1 2	In breakfast In lunch In dinner		
e	Milk	Yes No	1 2	In breakfast In lunch In dinner		
f	Tea/Coffee	Yes No	1 2	In breakfast In lunch In dinner		
g	Fruits	Yes No	1 2	In breakfast In lunch In dinner		
h	Vegetables	Yes No	1 2	In breakfast In lunch In dinner		
61	Did you consume the following during last week?					
a	Rice			Yes No	1 2	
b	Wheat			Yes No	1 2	
c	Fish			Yes No	1 2	
d	Meat			Yes No	1 2	
e	Milk			Yes No	1 2	
f	Tea/Coffee			Yes No	1 2	
g	Fruits			Yes No	1 2	
h	Vegetables			Yes No	1 2	
62	What is your timing of breakfast?					

63	What you generally prefer to have in your breakfast?			
64	What is your timing of lunch?			
65	What you generally prefer to have in your lunch?			
66	What is your timing of dinner?			
67	What you generally prefer to have in your dinner?			
68	Do you have any of the following habits?	Smoking Drinking Chewing Hookah Snuff Other No	1 2 3 4 5 6 7	
a	if yes, How many times you do this?			
b	At what age you started to have these inhibitions?			
c	Did you were aware about the side effects of these inhibitions?	Yes No	1 2	
d	Do you have any plan of leaving this habit?	Yes No	1 2	
e	Does the people around you have problem with this habit of yours	Yes No	1 2	

Living Support				
69	Are you engaged in any work now for which you are drawing an income?	Yes No	1 2	
a	If yes then amount in Rs			
b	How many days in the year you do this work?			

c	How much time in a day you give to do this work?			
d	What type of work?	Agriculture related work Business Service Other(specify	1 2 3 4	
e	Where is your place of work?	Near to your home Away from home	1 2	
e1	If away from home then distance and time travel to that place and money spent in travelling on daily basis.	Distance…….. Time……… ….. Amount (Rs.)..…..		
e2	Mode of journey?	By walk Personal convience Public convience		
e3	What kind of problems do you face in travelling to your place of work?			
f	What kind of problems do you face at you work place related to the working environment?			
70	In rest of the year do you do any other work too? (other than the main work)			
a	If yes, then what work?			
b	And how many days in a year you do this subsidiary work?			
c	How much you earn from this work?			
d	Where is your place of work?	At you home Near to your home Away from home	1 2 3	

71	Do you conceal from your children about your work?	Yes No	1 2	
The following question can have more than one response. Mark all the responses				
72	What is your means of subsistence?			
a	Income from own current work	Yes No	1 2	
b	Income from past work, pension, etc.	Yes No	1 2	
c	Supported by children residing in the house	Yes No	1 2	
d	Supported by children residing elsewhere	Yes No	1 2	
e	Supported by close relatives	Yes No	1 2	
f	Supported by other relatives	Yes No	1 2	
g	Supported by others including charitable organizations	Yes No	1 2	
h	Others (specify)			
73	Is the income enough for living?	Yes No	1 2	
74	Do you contribute any of your own money for the household expenses?	Yes No	1 2	
a	If yes, then how much? (Rs per month)			
75	Do you own any land property?	Yes No	1 2	
a	If yes, how much? (in Bigha)			
76	Do you get any pension or any other regular cash income?	Yes No	1 2	
a	If yes, how much per month?	Amount………..		
77	Do you own a house in your name?	Yes No	1 2	
a	If yes, What is the use of your house?	Residing Rent Not in use Other purposes…….	1 2 3 4	
78	Do you have a bank account in your name?	Yes No	1 2	

a	If yes, Who is the nominee of your bank account?	Son Daughter Spouse Others	1 2 3 4	
b	Who operates you bank account?	You Son Daughter Spouse Others	1 2 3 4 5	
c	If you don't operate your bank account then what are the reasons for it?			
79	Have you taken any loan?	Yes No	1 2	
a	If yes, From which source	Government Banks Private Banks Money Lenders Relatives/ Friends Other Source	1 2 3 4 5	
b	When have you taken the loan? (year in approximation)			
c	Total indebtedness in rupees?	Amount……….		
d	What was the purpose of loan taken?	Personal use Health House Vehicle Business Family Ceremony Purchase of Land Others	1 2 3 4 5 6 7 8	
e	Have you paid your loan?	Yes No	1 2	
f	Whether that loan had been utilized for the aforesaid purpose?	Yes No	1 2	
80	Do you have any savings for emergency purpose?	Yes No	1 2	
81	Are you aware of any pension schemes of the state government for the elderly?	Yes No	1 2	
a	if yes, Are you availing any of the pension schemes?	Yes No	1 2	
a1	If yes, then please name the scheme.			

82	Do you find any problems related to get pension from the government?	Yes No	1 2	
83	If you are the state government pensioner, is the amount of pension enough?	Yes No	1 2	

Social Interaction				
84	Please tell us whether your children who are away and who do not stay with you do the following? If applicable tell us how often they do it (e.g., once in a week, once in a month etc.)			
a	Visit	Never Sometimes Often	1 2 3	
b	Write Letters/ Phone calls	Never Sometimes Often	1 2 3	
c	Send presents	Never Sometimes Often	1 2 3	
85	Please tell us whether your Siblings, who are away and who do not stay with you, do the following? If applicable tell us how often they do it (e.g., once in a week, once in a month etc.)			
a	Visit	Never Sometimes Often	1 2 3	
b	Write Letters/ Phone calls	Never Sometimes Often	1 2 3	
c	Send presents	Never Sometimes Often	1 2 3	
86	Please tell us whether your other relatives who are away and who do not stay with you, do the following? If applicable tell us how often they do it (e.g., once in a week, once in a month etc.)			
a	Visit	Never Sometimes Often	1 2 3	

b	Write Letters/ Phone calls	Never Sometimes Often	1 2 3	
c	Send presents	Never Sometimes Often	1 2 3	
87	Does your sibling and cousins live at the same place (village or town).	Yes No	1 2	
a	If yes, Do you generally meet with them?	Yes No	1 2	
b	Do you invite them in family functions?	Yes No	1 2	
c	Do they invite you in their functions?	Yes No	1 2	
d	If any emergency occurs, would you seek their help?	Yes No	1 2	
88	Do you feel lonely or left out by your children, relations and friends?	Yes No	1 2	
89	Do you visit your children (who do not stay here) or relatives often?	Rarely Sometimes Often	1 2 3	
90	Do you have any kind of confrontation with your children?	Yes No	1 2	
91	Are you engaged in any community voluntary work?	Yes No	1 2	
a	If yes, how often?			
92	Are you member of any social or religious group which meets regularly?	Yes No	1 2	

Life Preparatory Measures				
93	When you were young, did you believe that children will look after the parents when they are old?	Yes No	1 2	
94	Do you believe that one should save money to lead a normal life when one becomes old?	Yes No	1 2	

95	Can you think of any measures you might have adopted when you were young to maintain health? (e.g., exercise, good eating habits, avoidance of certain habits, etc.)			
96	When you were young, have you ever thought of how you would be spending leisure time when you retire from work?	Yes No	1 2	
97	How you are spending leisure time now a day?			
98	Please tell us how often you spend time for the following during your leisure time. (Indoor)			
a	Sitting alone and thinking	Never Sometimes Often	1 2 3	
b	Watching TV/listening Radio	Never Sometimes Often	1 2 3	
c	Playing with grandchildren	Never Sometimes Often	1 2 3	
d	Playing cards/chess etc.	Never Sometimes Often	1 2 3	
e	Reading books/newspapers	Never Sometimes Often	1 2 3	
f	Gardening	Never Sometimes Often	1 2 3	
g	Exercise	Never Sometimes Often	1 2 3	
h	Praying/religious rites	Never Sometimes Often	1 2 3	
99	What kind of TV programmes do you generally watch?	News Family Drama Movies Sports Informatives	1 2 3 4 5	

100	Please tell us how often you spend time for the following during your leisure time. (Outdoors)			
a	Jogging	Never Sometimes Often	1 2 3	
b	Go to movie/theatre	Never Sometimes Often	1 2 3	
c	Go to temples/church/Mosque etc.	Never Sometimes Often	1 2 3	
d	Go to picnics/tours etc.	Never Sometimes Often	1 2 3	
e	Go to park	Never Sometimes Often	1 2 3	
101	Are you engage in any social and political activity	Yes No	1 2	
a	If engage in any socio-political work can you provide the details of your work?			
b	How much time you give to this work in a day?			
c	Whether you seek any benefit out of this activity?			
d	What type of benefit you get?			
102	At present, will you accept any suitable job for you, to earn money (or more money if already working currently)?	Yes No	1 2	
103	In your house who usually makes final decisions in major issues? (e.g., buying or selling property, marriages in the family, etc	You Others Together	1 2 3	
If others, then what do you think the reason behind this…………………………………………				
104	Will the family members consult you about anything?	Yes No	1 2	

105	Will they respect your opinion or advice on all matters?	Yes No	1 2	
106	Are you free to move anywhere at any time?	Yes No	1 2	
107	How is your relationship with your siblings?	Good Bad	1 2	
108	Does your sibling help you when needed?	Yes No	1 2	
109	Do you contribute financially in family events and ceremonies?	Yes No	1 2	

110	Is the neighbors and society around you is cooperative and do not discriminate you on the basis of your age?	Yes No	1 2	
111	Do you feel any change in the societal attitude towards elderly with your growing age?	Yes No	1 2	
If yes specify (……………………………………………………………………..)				
112	Do you experience any kind of problem while going to public places such as bank and market?	Yes No	1 2	
If yes specify (……………………………………………………………………..)				
113	What is your view about the state government?			
114	What is your view about the central government?			
115	Do you find that local panchayat is working efficiently?			

Any observation on:
In your opinion, in what ways the government and your family can help you

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Appendix

Table 1: Household Size and social groups

		Household Size			
		1-2 members	3-5 members	5-7 members	more than 7 members
Social Groups	S.T.	32.11		18.82	49.08
	S.C.	25.64	27.20	21.43	25.73
	O.B.C.	15.34	24.22	30.04	30.40
	OTHERS	14.91	25.27	33.81	26.01
Total		17.27	25.13	29.56	28.03

Nsso 66th Round, Employment and Unemployment

Table 2: Education Status in Different Social Groups

		Education	
		Not Literate	Literate
Social Groups	S.T.	48.36	51.64
	S.C.	84.58	15.42
	O.B.C.	74.39	25.61
	OTHERS	48.30	51.70
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table3: Land Ownership in Different Social Groups

		Land ownership	
		No	Yes
Social Groups	S.T.	0	100
	S.C.	0	100
	O.B.C.	0.06	99.94
	OTHERS	0.30	99.70
Total		0.12	99.88

Nsso 66th Round, Employment and Unemployment

Table 4: Work Status in Different Social Groups

		Work Status	
		Working	Not Working
Social Groups	S.T.	48.75	51.25
	S.C.	38.56	61.44
	O.B.C.	39.00	61.00
	OTHERS	30.48	69.52
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table5: Social Security in Different Social Groups

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Social Groups	S.C.	0.11	99.89
	O.B.C.	7.02	92.98
	OTHERS	16.39	83.61
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table5: Land ownership in rural and urban areas

		Place of Residence	
		Rural	Urban
Land ownership	No	52.12	47.88
	Yes	81.77	18.23
Total		81.73	18.27

Nsso 66th Round, Employment and Unemployment

Table 6: Land Ownership and Gender

		Gender	
		Male	Female
Land ownership	No	26.06	73.94
	Yes	52.98	47.02
Total		52.94	47.06

Nsso 66th Round, Employment and Unemployment

Table7: Work status and Gender

		Work Status	
		Working	Not Working
Sex	Male	59.64	40.36
	Female	9.60	90.40
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table8: Social Security and Gender

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Sex	Male	5.36	94.64
	Female	1.95	98.05
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table 9: Education and Gender

		Education	
		Not Literate	Literate
Sex	Male	51.58	48.42
	Female	85.90	14.10
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table 10: Marital Status and Gender

		Marital Status			
		Never Married	Currently Married	Widowed	Divorced/Separated
Sex	Male	1.83	68.59	29.58	0.01
	Female	0.16	49.01	50.80	0.03
Total		1.05	59.43	39.51	0.02

Nsso 66th Round, Employment and Unemployment

Table 11: Religion and Household size

		Household Size			
		1-2 members	3-5 members	5-7 members	more than 7
Religion	Hindu	17.47	24.80	30.50	27.23
	Muslim	16.07	27.98	22.38	33.57
	Christian	0.00	0.00	19.37	80.63
	Others	5.23	3.30	52.53	38.93
Total		17.27	25.13	29.56	28.03

Nsso 66th Round, Employment and Unemployment

Table 12: Religion and Education

		Education	
		Not Literate	Literate
Religion	Hindu	67.04	32.96
	Muslim	72.39	27.61
	Christian	41.90	58.10
	Others	84.11	15.89
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table 13: Religion and Social Security

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Religion	Hindu	5.52	94.48
	Muslim	2.57	97.43
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table 14: Religion and Work Status

		Work Status	
		Working	Not Working
Religion	Hindu	35.65	64.35
	Muslim	39.67	60.33
	Christian	19.37	80.63
	Others	15.89	84.11
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table15: Religion and Land Ownership

		Land ownership	
		No	Yes
Religion	Hindu	0.11	99.89
	Muslim	0.22	99.78
	Christian	0.00	100.00
	Others	0.00	100.00
Total		0.12	99.88

Nsso 66th Round, Employment and Unemployment

Table 16: Place of Residence and household size

		Household Size			
		1-2 members	3-5 members	5-7 members	more than 7
Sector	Rural	18.22	23.39	30.77	27.62
	Urban	13.04	32.93	24.15	29.88
Total	Total	17.27	25.13	29.56	28.03

Nsso 66th Round, Employment and Unemployment

Table 17: Place of Residence and Education

		Education	
		Not Literate	Literate
Sector	Rural	73.48	26.52
	Urban	41.97	58.03
Total		67.73	32.27

Nsso 66th Round, Employment and Unemployment

Table 18: Place of Residence and Social Security

		Social security	
		Eligible for Social Security	Not Eligible for Social Security
Sector	Rural	0.78	99.22
	Urban	22.47	77.53
Total		5.12	94.88

Nsso 66th Round, Employment and Unemployment

Table 19: Place of Residence and Work Status

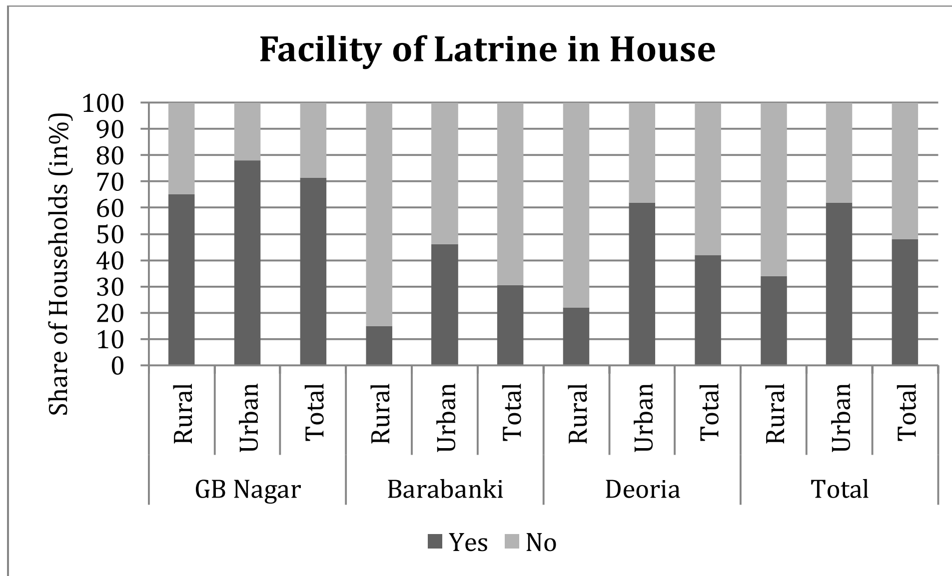
		Work Status	
		Working	Not Working
Sector	Rural	39.39	60.61
	Urban	21.33	78.67
Total		36.09	63.91

Nsso 66th Round, Employment and Unemployment

Table 20: Place of Residence and Land Ownership

		Land ownership	
		No	Yes
Sector	Rural	0.08	99.92
	Urban	0.33	99.67
Total		0.12	99.88

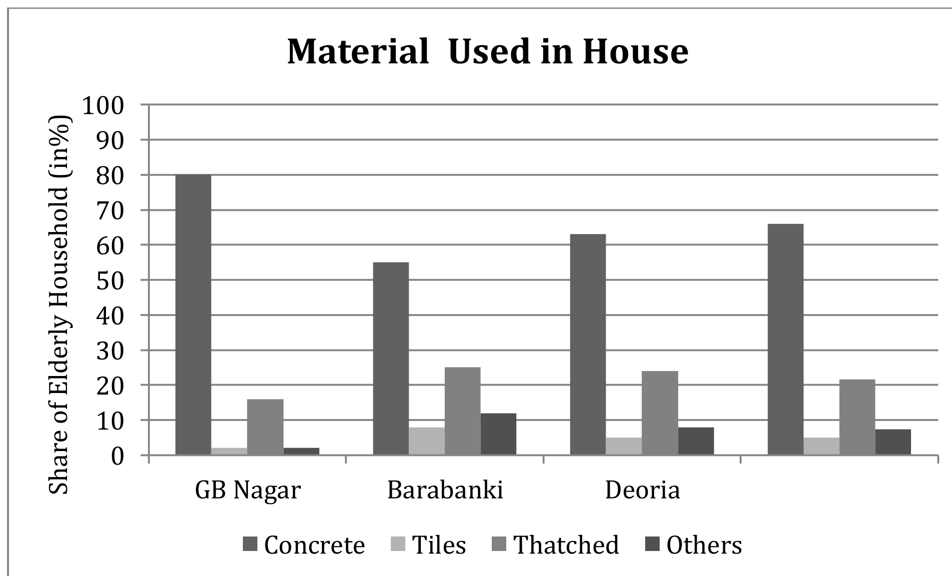
Nsso 66th Round, Employment and Unemployment

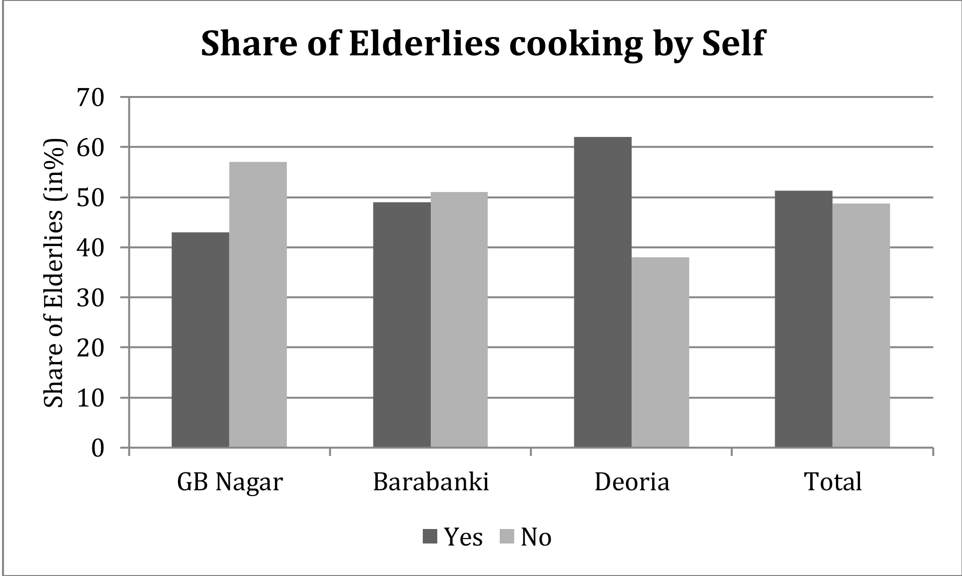


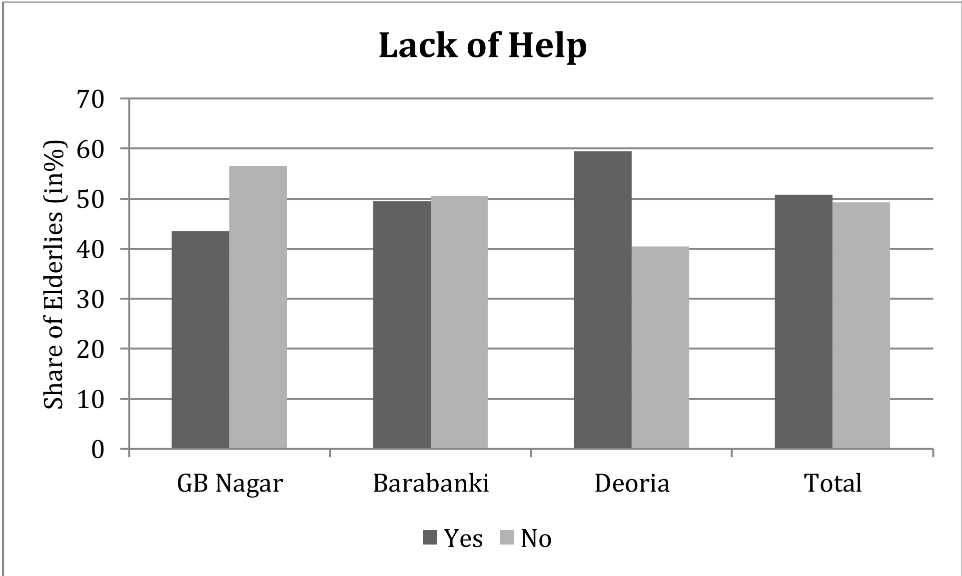
			District			Total
			GB Nagar	Barabanki	Deoria	
Not Enough Money for Medicines	Yes	Count	105	75	67	247
		Percent	52.5	37.5	33.5	41.2
	No	Count	95	120	133	348
		Percent	47.5	60	66.5	58
	Not applicable	Count	0	5	0	5
		Percent	0	2.5	0	0.8
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Not Able to Move Around	Yes	Count	85	92	124	301
		Percent	42.5	46	62	50.2
	No	Count	115	108	76	299
		Percent	57.5	54	38	49.8
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Nobody to Help	Yes	Count	87	99	119	305
		Percent	43.5	49.5	59.5	50.8
	No	Count	113	101	81	295
		Percent	56.5	50.5	40.5	49.2
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Nobody to Prepare Food	Yes	Count	86	98	124	308
		Percent	43	49	62	51.3
	No	Count	114	102	76	292
		Percent	57	51	38	48.7
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Health is Not Good	Yes	Count	91	81	77	249
		Percent	45.5	40.5	38.5	41.5
	No	Count	109	119	123	351
		Percent	54.5	59.5	61.5	58.5
	Total	Count	200	200	200	600
		Percent	100	100	100	100

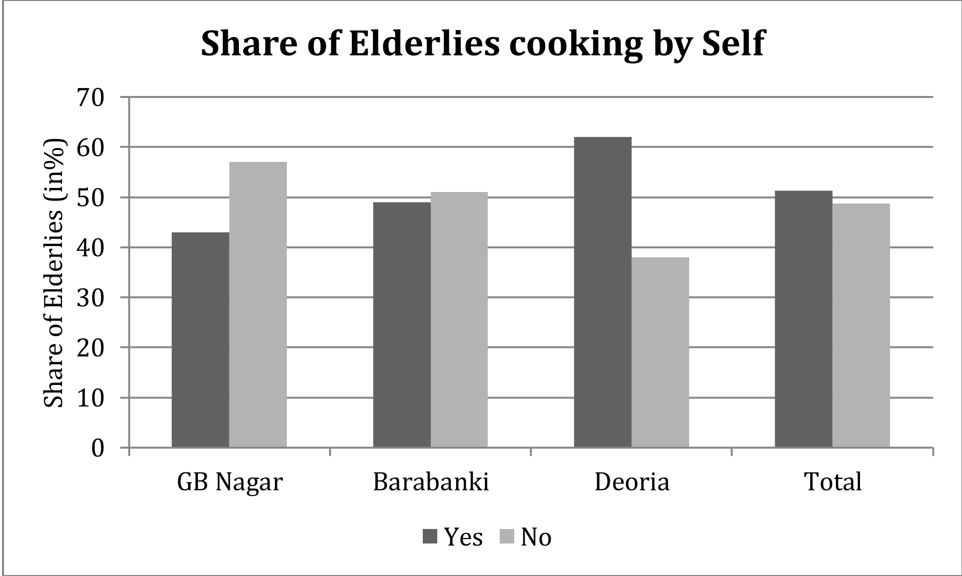
			District			Total
			GB Nagar	Barabanki	Deoria	
Afraid of Thieves	Yes	Count	45	52	58	155
		Percent	22.5	26	29	25.8
	No	Count	155	148	142	445
		Percent	77.5	74	71	74.2
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Not Enough Money for Food	Yes	Count	104	95	77	276
		Percent	52	47.5	38.5	46
	No	Count	96	105	123	324
		Percent	48	52.5	61.5	54
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Not Enough Money for Housing	Yes	Count	97	97	79	273
		Percent	48.5	48.5	39.5	45.5
	No	Count	103	103	121	327
		Percent	51.5	51.5	60.5	54.5
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Feeling Lonely	Yes	Count	70	124	152	346
		Percent	35	62	76	57.7
	No	Count	130	76	48	254
		Percent	65	38	24	42.3
	Total	Count	200	200	200	600
		Percent	100	100	100	100
Health is Not Good	Yes	Count	91	81	77	249
		Percent	45.5	40.5	38.5	41.5
	No	Count	109	119	123	351
		Percent	54.5	59.5	61.5	58.5
	Total	Count	200	200	200	600
		Percent	100	100	100	100
HH Member Owns Land	Yes	Count	109	143	130	382
		Percent	54.5	71.5	65	63.7
	No	Count	91	57	70	218
		Percent	45.5	28.5	35	36.3
	Total	Count	200	200	200	600
		Percent	100	100	100	100

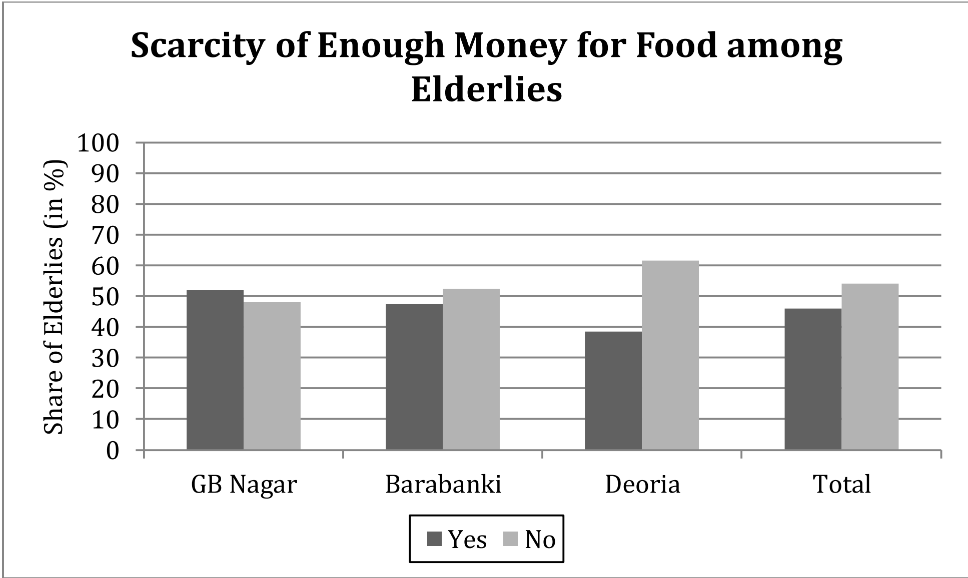
Spouse lives with the person		District			Total
		GB Nagar	Barabanki	Deoria	
Male	Yes	122	97	104	323
		79.2	74.6	73.2	75.8
	No	32	33	38	103
		20.8	25.4	26.8	24.2
	Total	154	130	142	426
		100	100	100	100
Female	Yes	10	31	22	63
		27.8	44.3	37.9	36.2
	No	36	39	36	111
		78.3	55.7	62.1	63.8
	Total	46	70	58	174
		100	100	100	100
Total	Yes	132	128	126	386
		66.0	64.0	63.0	64.3
	No	68	72	74	214
		34.0	36.0	37.0	35.7
	Total	200	200	200	600

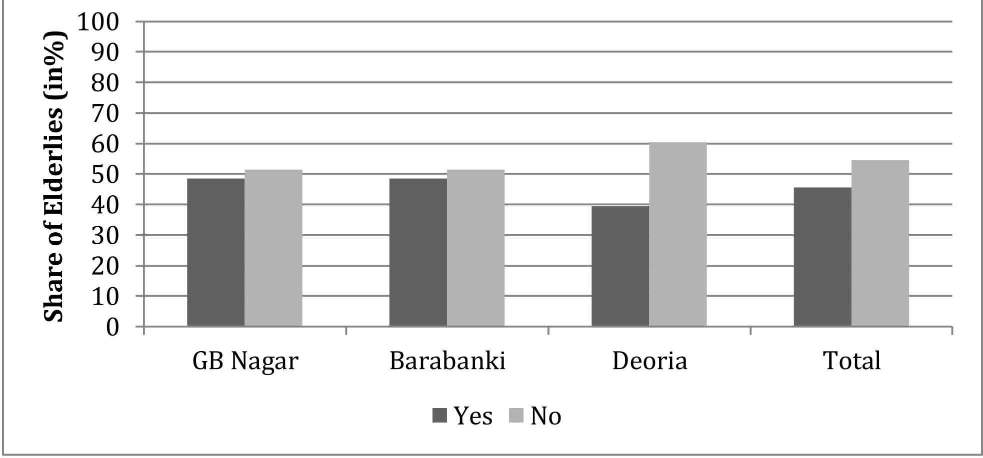



Share of Elderlies cooking by Self
Share of Elderlies (in%)
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Lack of Help
Share of Elderlies (in%)
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Share of Elderlies cooking by Self
Share of Elderlies (in%)
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Scarcity of Enough Money for Food among Elderlies
Share of Elderlies (in %)
100
90
80
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No


Scarcity of Enough Money for Housing among Elderlies
Share of Elderlies (in%)
100
90
80
70
60
50
40
30
20
10
0
GB Nagar
Barabanki
Deoria
Total
Yes
No

Living Arrangements and Marginalization in Old Age:
A Study in Uttar Pradesh

Interview Schedule

Interview		
Day		☐☐
Month		☐☐
Year		☐☐☐☐

Confidential
For Research Purpose

INTRODUCTION BY INTERVIEWER

Namaskar. My name is ____and I am working with ____. We are conducting this survey to find out what is the socio-economic condition of elderly people and what are the issues they are facing in their day to life.

I believe you will find it interesting. Your answers will be used only by the researcher at the Jawaharlal Nehru University, New Delhi, in a part of his research work. The amount of time needed will be less than fifteen minute (15 minute). Whatever information you provide will be kept confidential and will not be shown to other persons. To make the study successful, please be entirely frank and open in your comments and answer each question as fully as you can.

I hope that you will take part in this survey since your participation is very important. In this connection, do you want to ask me anything?

May I begin the interview now?

Signature of the interviewer __________________________________ Date: Day/Month/Year: _____/_____/_________

Household and Housing

Descriptive identification of sample household	
1. State	2. District
3. Ward/ Block	4. Tehsil/Town
5. Name of the head of household	6. Village name
7. Name of informant	8. Religion
9. Social Group	10. Mother Tongue
11. Languages known other than mother tongue.	
12. Address	

13. Household Member Detail:

S. No	Name of HH member	Relationship with Head	Sex	Age	Marital Status	Education Level	Work Status	Occupation Type	Monthly Income In Rs

Code for HH Details:

Sex: M=1, F=2, **Marital Status:** Single=1, Married=2, Divorced=3, Separated=4, Widow=5, **Education Level:** Illiterate=0, Primary=1, Middle=2, Secondary=3, Higher Secondary=4, Graduation and above=5, **Work Status:** Regular Salaried=1, Self Employed=2, Casual=3, Non worker=4

Occupation Type: Legislators, Senior Officials and Managers=1, Professionals =2, Associate professional=3, Clerks=4, Service Workers and Shop & Market Sales Worker=5, Skilled Agricultural and Fishery Workers=6, Craft and Related Trades Workers=7, Plant and Machine Operators and Assemblers=8, Elementary Occupations=9

Q. No.	Questions	Coding Categories		Skip To
14	Materials used in the house			
a	Roof	Concrete Tiles Thatched Other	1 2 3 4	
b	Floor	Cement Tiled Mud Other	1 2 3 4	
c	Wall	Brick Mud Other	1 2 3	
15	Number of rooms			
16	Facility available			
a	Drinking water	Personal hand pump Public hand pump Street tap Well Ponds Other Sources	1 2 3 4 5 6	
b	Bathroom inside the house	Yes No	1 2	
c	Latrine inside the house	Yes No Specify type	1 2 3	

d	Cooking fuel	Firewood Kerosene Cooking gas Others	1 2 3 4	
e	Lighting fuel	Electricity Kerosene Others	1 2 3	
17	Is this house owned by a person living in the household or is it rented?	Owned Rented Other	1 2 3	
18	If rented, do you or any member of this household own a house anywhere else?	Yes No	1 2	
19	Does any member of this household own any of the following?			
a	Mobile	Yes No	1 2	
b	Radio	Yes No	1 2	
c	Bicycle	Yes No	1 2	
d	Sewing Machine	Yes No	1 2	
e	Fan	Yes No	1 2	
f	T.V.	Yes No	1 2	
g	Telephone	Yes No	1 2	
h	Laptop/computer	Yes No	1 2	
i	Internet	Yes No	1 2	
J	Motorcycle	Yes No	1 2	
k	Motor cars/Lorry/Truck	Yes No	1 2	
20	What is the monthly income of the household?	Amount…………………….		

21	Does any member of the household own land?	Yes No	1 2	
22	If yes, how much land is owned by the members of the household? (total ownership of the household members)	Bigha………………..		

Individual details of the Elderly				
	Note: The following question should be asked each elderly person in the household.			
23	Reference number of the elderly person?			
24	Do you have any technical degree or vocational degree?	Yes No	1 2	
25	If the education is Nil or only up to Primary?			
a	Can you read	Yes No	1 2	
b	Can you write	Yes No	1 2	
26	What was your major occupation during your life time?			
27	What was your last occupation?			
28	Do you work in MNREGA?	Yes No	1 2	
29	If you are currently married, does your spouse (husband/wife) live with you in this house now?	Yes No	1 2	
30	How many children do you have? (From all your marriages)			
a	Total number born	Males Females		
b	Total number alive	Males Females		
c	Number living in this house	Males Females		
d	Number living elsewhere	Males Females		
31 When people become old they experience several problems related to their old age. I will read to you some of the problems. Do you feel that you have experience or you are now experiencing any of those problems? Do you feel				
a	Not enough money for food	Yes No	1 2	

b	Not enough money for clothing	Yes No	1 2	
c	Not enough money for housing (to buy or rent a house)	Yes No	1 2	
d	Not enough money to buy medicines	Yes No	1 2	
d1	What you generally do to manage the scarcity of money………………			
e	Feeling lonely	Yes No	1 2	
f	Health is not good	Yes No	1 2	
g	Children don't stay with you	Yes No	1 2	
h	Children don't visit as often	Yes No	1 2	
i	Nobody to help	Yes No	1 2	
j	Nobody to prepare food	Yes No	1 2	
k	Afraid of thieves	Yes No	1 2	
k1	How do you cope up with the fear of thieves and the incidences of theft……………			
l	Not able to move around	Yes No	1 2	
m	Nobody to help you when you are sick	Yes No	1 2	
32	Could you please tell us about your daily routine on a typical day?			

Activities			Time 4 a.m. to 6 a.m. 6 a.m. to 8 a.m. 8 a.m. to 10 a.m. 10 a.m. to 12 a.m. 12 noon to 2 p.m. 2 p.m. to 4 p.m. 4 p.m. to 6 p.m. 6 p.m. to 8 p.m. 8 p.m. to till you sleep	
33	Do you think that the youngsters of the present generation have less respect for the elderly?	Yes No	1 2	
34	Do the kids of the family get mixed with you and they are comfortable with you?	Yes No	1 2	
35	Do the family members get mixed with you and they are comfortable with you?	Yes No	1 2	
36	Where do you have your food?	With family members At your room Alone outside house	1 2 3	
37	It is said that children are the main support for the parents at old age? Do you agree with this view?	Yes No	1 2	
38	In your opinion, who should take care of the old parents?	Son Daughter Both Themselves	1 2 3 4	

39	Are you aware of old age homes?	Yes No	1 2	
40	In your opinion, which is the best place for Person to live in their old age?	With sons With daughters Alone In old age homes	1 2 3 4	
41	Are you willing to join in an old age home?	Yes No	1 2	
42	If yes will you be able to pay?	Yes No Partially	1 2 3	

Health				
43	How is your health in general? Do you feel	Very healthy Fairly all right Unhealthy	1 2 3	
44	Do you have any problem with the following?			
a	Vision	Yes No	1 2	
b	Hearing	Yes No	1 2	
c	Walking	Yes No	1 2	
d	Any other	Yes No	1 2	
45	Do you use the following			
a	Spectacles	Yes No	1 2	
b	Hearing aid	Yes No	1 2	
c	Walking stick	Yes No	1 2	
d	Dentures	Yes No	1 2	
e	Wheel chair	Yes No	1 2	
f	Footwear	Yes No	1 2	

46	Have you ever experienced any of the chronic disease?	Osteo Problem Cardiovascular Alzheimer Diabetes Blood pressure Obesity Others None	1 2 3 4 5 6 7 8	
a	If you have any of these problems. When it was first detected?			
b	Have you taken treatment just after the detection of the disease?	Yes No	1 2	
c	What was the type of treatment?	Allopathic Ayurvedic Homeopathic Others	1 2 3 4	
d	How much this treatment cost you? (per month in Rs.)			
e	Who financed you for the aids?	Self Children Voluntary agents Friends Others	1 2 3 4 5	
47	Have you ever experienced any of the incidental disease?	Road Accident Fall Fracture Deep tissue rupture Physical Assault Others No	1 2 3 4 5 6 7	
a	If you have faced any of these problems. When it happened?			
b	Have you taken treatment just after the incident of the disease?	Yes No	1 2	
c	Did anyone help you to acquire a doctor?	Yes No	1 2	

d	If Yes, who helped you	Children Other relatives Neighbours Others	1 2 3 4	
e	How much this treatment cost you?			
f	Who financed you for the aids?	Self Children Voluntary agents Friends Others	1 2 3 4 5	
48	Do you require another person's assistance for the following			
a	Get out of the bed:	Need Help No need of help	1 2	
b	Go to toilet:	Need Help No need of help	1 2	
c	Bathing:	Need Help No need of help	1 2	
d	Walk inside the house:	Need Help No need of help	1 2	
e	Walk for some distance:	Need Help No need of help	1 2	
f	To take food:	Need Help No need of help	1 2	
g	Dressing	Need Help No need of help	1 2	
49	Can you travel by yourself?	Yes No	1 2	
50	Do you have any perennial health problem?	Yes No	1 2	
a	If yes, the disease(s)			
51	If you get sick, will you consult a doctor?	Yes No	1 2	
a	If yes	Government Private	1 2	
52	Were you sick at any time during the last			

a	One week	Yes No	1 2	
b	One Month	Yes No	1 2	
c	One Year	Yes No	1 2	
53	Did anyone help you to acquire a doctor?	Yes No	1 2	
a	If Yes, who helped you	Children Other relatives Neighbours Friends Others	1 2 3 4 5	
b	Did you take the prescribed medicines?	Yes No	1 2	
c	Who paid for the medicines and medicines consultation?	Children Other relatives Neighbours Self Others	1 2 3 4 5	

Nutrition						
54	How often do you eat per day?			Times		
55	How is your appetite?			Very good Good Bad	1 2 3	
56	How many hours do you sleep every day?			Hours		
57	Timing of sleeping					
58	Do you prepare your own food or does someone else help you in preparing your food?			Prepare myself Husband/Wife Children Relatives Others	1 2 3 4 5	
59	What kind of food you take			Vegetarian Non Vegetarian	1 2	
60	Did you consume the following yesterday?			If yes, then when:		
a	Rice	Yes No	1 2	In breakfast In lunch		

				In dinner		
b	Wheat	Yes No	1 2	In breakfast In lunch In dinner		
c	Fish	Yes No	1 2	In breakfast In lunch In dinner		
d	Meat	Yes No	1 2	In breakfast In lunch In dinner		
e	Milk	Yes No	1 2	In breakfast In lunch In dinner		
f	Tea/Coffee	Yes No	1 2	In breakfast In lunch In dinner		
g	Fruits	Yes No	1 2	In breakfast In lunch In dinner		
h	Vegetables	Yes No	1 2	In breakfast In lunch In dinner		
61	Did you consume the following during last week?					
a	Rice			Yes No	1 2	
b	Wheat			Yes No	1 2	
c	Fish			Yes No	1 2	
d	Meat			Yes No	1 2	
e	Milk			Yes No	1 2	
f	Tea/Coffee			Yes No	1 2	
g	Fruits			Yes No	1 2	
h	Vegetables			Yes No	1 2	
62	What is your timing of breakfast?					

63	What you generally prefer to have in your breakfast?			
64	What is your timing of lunch?			
65	What you generally prefer to have in your lunch?			
66	What is your timing of dinner?			
67	What you generally prefer to have in your dinner?			
68	Do you have any of the following habits?	Smoking Drinking Chewing Hookah Snuff Other No	1 2 3 4 5 6 7	
a	if yes, How many times you do this?			
b	At what age you started to have these inhibitions?			
c	Did you were aware about the side effects of these inhibitions?	Yes No	1 2	
d	Do you have any plan of leaving this habit?	Yes No	1 2	
e	Does the people around you have problem with this habit of yours	Yes No	1 2	

Living Support				
69	Are you engaged in any work now for which you are drawing an income?	Yes No	1 2	
a	If yes then amount in Rs			
b	How many days in the year you do this work?			

c	How much time in a day you give to do this work?			
d	What type of work?	Agriculture related work Business Service Other(specify	1 2 3 4	
e	Where is your place of work?	Near to your home Away from home	1 2	
e1	If away from home then distance and time travel to that place and money spent in travelling on daily basis.	Distance…….. Time……….….. Amount (Rs.)..…..		
e2	Mode of journey?	By walk Personal convience Public convience		
e3	What kind of problems do you face in travelling to your place of work?			
f	What kind of problems do you face at you work place related to the working environment?			
70	In rest of the year do you do any other work too? (other than the main work)			
a	If yes, then what work?			
b	And how many days in a year you do this subsidiary work?			
c	How much you earn from this work?			
d	Where is your place of work?	At you home Near to your home Away from home	1 2 3	

71	Do you conceal from your children about your work?	Yes No	1 2	
The following question can have more than one response. Mark all the responses				
72	What is your means of subsistence?			
a	Income from own current work	Yes No	1 2	
b	Income from past work, pension, etc.	Yes No	1 2	
c	Supported by children residing in the house	Yes No	1 2	
d	Supported by children residing elsewhere	Yes No	1 2	
e	Supported by close relatives	Yes No	1 2	
f	Supported by other relatives	Yes No	1 2	
g	Supported by others including charitable organizations	Yes No	1 2	
h	Others (specify)			
73	Is the income enough for living?	Yes No	1 2	
74	Do you contribute any of your own money for the household expenses?	Yes No	1 2	
a	If yes, then how much? (Rs per month)			
75	Do you own any land property?	Yes No	1 2	
a	If yes, how much? (in Bigha)			
76	Do you get any pension or any other regular cash income?	Yes No	1 2	
a	If yes, how much per month?	Amount………..		
77	Do you own a house in your name?	Yes No	1 2	
a	If yes, What is the use of your house?	Residing Rent Not in use Other purposes…….	1 2 3 4	
78	Do you have a bank account in your name?	Yes No	1 2	

a	If yes, Who is the nominee of your bank account?	Son Daughter Spouse Others	1 2 3 4	
b	Who operates you bank account?	You Son Daughter Spouse Others	1 2 3 4 5	
c	If you don't operate your bank account then what are the reasons for it?			
79	Have you taken any loan?	Yes No	1 2	
a	If yes, From which source	Government Banks Private Banks Money Lenders Relatives/ Friends Other Source	1 2 3 4 5	
b	When have you taken the loan? (year in approximation)			
c	Total indebtedness in rupees?	Amount……….		
d	What was the purpose of loan taken?	Personal use Health House Vehicle Business Family Ceremony Purchase of Land Others	1 2 3 4 5 6 7 8	
e	Have you paid your loan?	Yes No	1 2	
f	Whether that loan had been utilized for the aforesaid purpose?	Yes No	1 2	
80	Do you have any savings for emergency purpose?	Yes No	1 2	
81	Are you aware of any pension schemes of the state government for the elderly?	Yes No	1 2	
a	if yes, Are you availing any of the pension schemes?	Yes No	1 2	
a1	If yes, then please name the scheme.			

82	Do you find any problems related to get pension from the government?	Yes No	1 2	
83	If you are the state government pensioner, is the amount of pension enough?	Yes No	1 2	

Social Interaction				
84	Please tell us whether your children who are away and who do not stay with you do the following? If applicable tell us how often they do it (e.g., once in a week, once in a month etc.)			
a	Visit	Never Sometimes Often	1 2 3	
b	Write Letters/ Phone calls	Never Sometimes Often	1 2 3	
c	Send presents	Never Sometimes Often	1 2 3	
85	Please tell us whether your Siblings, who are away and who do not stay with you, do the following? If applicable tell us how often they do it (e.g., once in a week, once in a month etc.)			
a	Visit	Never Sometimes Often	1 2 3	
b	Write Letters/ Phone calls	Never Sometimes Often	1 2 3	
c	Send presents	Never Sometimes Often	1 2 3	
86	Please tell us whether your other relatives who are away and who do not stay with you, do the following? If applicable tell us how often they do it (e.g., once in a week, once in a month etc.)			
a	Visit	Never Sometimes Often	1 2 3	

b	Write Letters/ Phone calls	Never Sometimes Often	1 2 3	
c	Send presents	Never Sometimes Often	1 2 3	
87	Does your sibling and cousins live at the same place (village or town).	Yes No	1 2	
a	If yes, Do you generally meet with them?	Yes No	1 2	
b	Do you invite them in family functions?	Yes No	1 2	
c	Do they invite you in their functions?	Yes No	1 2	
d	If any emergency occurs, would you seek their help?	Yes No	1 2	
88	Do you feel lonely or left out by your children, relations and friends?	Yes No	1 2	
89	Do you visit your children (who do not stay here) or relatives often?	Rarely Sometimes Often	1 2 3	
90	Do you have any kind of confrontation with your children?	Yes No	1 2	
91	Are you engaged in any community voluntary work?	Yes No	1 2	
a	If yes, how often?			
92	Are you member of any social or religious group which meets regularly?	Yes No	1 2	

Life Preparatory Measures				
93	When you were young, did you believe that children will look after the parents when they are old?	Yes No	1 2	
94	Do you believe that one should save money to lead a normal life when one becomes old?	Yes No	1 2	

95	Can you think of any measures you might have adopted when you were young to maintain health? (e.g., exercise, good eating habits, avoidance of certain habits, etc.)			
96	When you were young, have you ever thought of how you would be spending leisure time when you retire from work?	Yes No	1 2	
97	How you are spending leisure time now a day?			
98	Please tell us how often you spend time for the following during your leisure time. (Indoor)			
a	Sitting alone and thinking	Never Sometimes Often	1 2 3	
b	Watching TV/listening Radio	Never Sometimes Often	1 2 3	
c	Playing with grandchildren	Never Sometimes Often	1 2 3	
d	Playing cards/chess etc.	Never Sometimes Often	1 2 3	
e	Reading books/newspapers	Never Sometimes Often	1 2 3	
f	Gardening	Never Sometimes Often	1 2 3	
g	Exercise	Never Sometimes Often	1 2 3	
h	Praying/religious rites	Never Sometimes Often	1 2 3	
99	What kind of TV programmes do you generally watch?	News Family Drama Movies Sports Informatives	1 2 3 4 5	

100	Please tell us how often you spend time for the following during your leisure time. (Outdoors)			
a	Jogging	Never Sometimes Often	1 2 3	
b	Go to movie/theatre	Never Sometimes Often	1 2 3	
c	Go to temples/church/Mosque etc.	Never Sometimes Often	1 2 3	
d	Go to picnics/tours etc.	Never Sometimes Often	1 2 3	
e	Go to park	Never Sometimes Often	1 2 3	
101	Are you engage in any social and political activity	Yes No	1 2	
a	If engage in any socio-political work can you provide the details of your work?			
b	How much time you give to this work in a day?			
c	Whether you seek any benefit out of this activity?			
d	What type of benefit you get?			
102	At present, will you accept any suitable job for you, to earn money (or more money if already working currently)?	Yes No	1 2	
103	In your house who usually makes final decisions in major issues? (e.g., buying or selling property, marriages in the family, etc	You Others Together	1 2 3	
If others, then what do you think the reason behind this……………………………………………				
104	Will the family members consult you about anything?	Yes No	1 2	

105	Will they respect your opinion or advice on all matters?	Yes No	1 2	
106	Are you free to move anywhere at any time?	Yes No	1 2	
107	How is your relationship with your siblings?	Good Bad	1 2	
108	Does your sibling help you when needed?	Yes No	1 2	
109	Do you contribute financially in family events and ceremonies?	Yes No	1 2	

110	Is the neighbors and society around you is cooperative and do not discriminate you on the basis of your age?	Yes No	1 2	
111	Do you feel any change in the societal attitude towards elderly with your growing age?	Yes No	1 2	
If yes specify (…………………………………………………………………..)				
112	Do you experience any kind of problem while going to public places such as bank and market?	Yes No	1 2	
If yes specify (…………………………………………………………………..)				
113	What is your view about the state government?			
114	What is your view about the central government?			
115	Do you find that local panchayat is working efficiently?			

Any observation on:
In your opinion, in what ways the government and your family can help you