

SYNOPSIS OF THE THESIS ENTITLED

SOCIO ECONOMIC IMPACT OF DEMOGRAPHIC TRANSITION IN KERALA ON ELDERLY WOMEN

Introduction

As world population experiences a demographic transition- from the prevailing 7.3 billion to the projected 9.4 billion in 2050- the proportion of the elderly over the age of 60 is expected to rise from 10.4 per cent to 21.7 per cent. Ageing is a worldwide phenomenon. It is more evident in developed countries but occurring more rapidly in developing countries. The statistical figures point out that 10 per cent of the world population is above the age of sixty. By the year 2020 it will be 100 cores and by 2030, one third of the population. Populations of developing countries are also ageing.

In demographic terms, population is said to be ageing when the proportion of people in the older age range increases and the share of children and youth decreases, resulting in an ascending median age. The U.N. defines a country as 'ageing', where the proportion of people over 60 reaches 7 per cent. Whether a population of any country is 'young' or 'old' is mainly determined by the fertility of women in that country. When fertility is low, birth rates are low, the number of children borne is low and the population is old.

The population profile of the world in the future poses a daunting problem to many people today. The world of many children, short life spans and a little time for leisure and recreation is disappearing. In its place is emerging a new world of fewer children, longer life spans and a more relaxed retirement. This is generally characterized as 'ageing of the population'.

Aging is a process beginning with conception and ending only at death. The rate of aging varies from individual to individual and also among the many parts of the body. The rate may be affected by heredity, by use or abuse of the body, and certainly by nutrition.

In India, all persons who are 60 years or above are included among the elderly as against the internationally accepted definition of people who is 65 or above. According to this definition, there are about 80 million or 8 per cent of elderly persons in India in 2001. India would be one of the largest populations of older persons in the world.

Population ageing is the result of demographic transition. Reduction of fertility leads to a decline in the proportion of the young in the population and reduction in motility means a longer life span for individuals. It results increased proportion of elderly in the total population. India is undergoing such a demographic transition.

Kerala has peculiarities in socio-economic, cultural and demographic fronts. The birth rate, death rate, infant mortality rate, life expectancy, literacy rate, consumption pattern etc of Kerala are in a higher level than any other part in the country and in some cases these indicators are even comparable with developed countries.

Demographic Transition and Ageing in Kerala

Kerala achieved a tremendous demographic transition well recognized all over the world. With the lowest fertility and higher life expectancy, Kerala ranks as number one with the highest proportion of elderly in the country 10.5 in 2001 and 11.7 in 2011 respectively. The highest index of ageing in the country is also reported for Kerala (40.2). This is also true for median age and aged dependency ratio. The gender gap in the incidence of widowhood in Kerala is more than twice that for the country as a whole.

Significance of the Study

Kerala has the largest proportion of elderly population as compared to other states. Kerala continues to be the only state where females outnumber males. Women have high life expectancy and low income. The elderly women need more attention, concern and care. There has been a growing trend towards withdrawal of responsibility of family in providing care to the older persons. Kerala also leads all other Indian States in its proportion of women above the age of 60 years. The proportion of elderly women in Kerala is 15 per cent higher than in the country as a whole. In India, Kerala has the highest number of old age homes and the demand for care takers of the elderly is increasing day by day. Based on this, it is argued that children give too much care to their old parents. But it is a shocking revelation that elder people are finally prone to be treated mercilessly by their younger generations. Many elder people become an object of pity and contempt.

With the rising demand for medical facilities in old age, high medical cost could impose pressure on government and family budget, as ageing of population could lead to a drastic shift in consumption and saving behavior not only of the elderly but also of all those whom they depend for their needs.

Many of the studies on ageing in Kerala are centered on the health aspects, old age homes, consumption pattern of the elderly etc. But studies on the socio economic impact of demographic transition on elderly women have not been undertaken so far. The present study is an attempt in this regard. The focal point of the study is to trace the impact of demographic transition on elderly women and also to analyze the social and economic conditions and see their capabilities to meet their requirements.

Research Problem

An overview of available studies reveals that the majority of researches concentrated on the problems faced by the elderly women. A study based on the impact of demographic transition on elderly has not been done. So the present study “Socio Economic Impact of Demographic Transition on Elderly Women in Kerala” is undertaken with a view to providing information to fill the existing research gap. It is hoped that such a study would be helpful to the policy makers and planners. Kerala which is ahead of many developing countries in the matter of demographic transition and issues of elderly women can be a model state in resolving these problems also. This research work is an attempt to highlight policies and programmes to be chalked out for elderly care especially the care of elderly widows.

Objectives

The broad objective of the research work is to study the socio-economic impact of demographic transition on elderly women in Kerala.

Specific Objectives

- 1 To examine the unique features of Kerala in demographic transition and ageing of women.
- 2 To analyse the socio economic issues of elderly women.
- 3 To trace the health status and pattern of illness of the elderly women.
- 4 To highlights the arrangements needed for physical, financial, psychological and spiritual care of the elderly women in Kerala.
- 5 To suggest measures to resolve the impact of demographic transition on different age groups of elderly women in Kerala.

Coverage

The study takes into consideration three districts of Kerala-Kottayam, Alappuzha and Pathanamthitta- based on the concentration of elderly population in the state. These districts are advanced in demographic transition. The problems faced by elderly are vast and varied. The study takes into account the elderly women staying in households only. The study is based on 2001 census.

Methodology

Sources of Data

The study relies on both primary and secondary data. Primary data for the study have been collected through a survey conducted among elderly women in the selected three districts of Kerala. A structured schedule was used to collect data. Books, journals, reports, seminar papers, news papers and website form the sources of secondary data.

Sample Design

For the selection of 400 sample units, multi-stage random sampling technique was adopted. In the first stage, three districts of Kerala- Kottayam, Alappuzha and Pathanamthitta were selected after considering the concentration of elderly population. In the second stage, one taluk each from the selected districts were identified- Kottayam taluk from Kottayam district, Cherthala taluk from Alappuzha district and Adoor taluk from Pathanamthitta district were selected on the basis of the density of population.

As per 2001 census, Kottayam has 12.95 per cent of elderly and the female proportion is 54.08 per cent. Alappuzha has 12.97 per cent of elderly and the female proportion is 56.17 per cent. Similarly, the elderly population of Pathanamthitta is 14.67 per cent and the proportion of elderly women is 53.82 per cent. In the third stage, 400 sample units were selected in the same proportion as the proportion of elderly female in

these districts ie., 54.08 per cent from Kottayam 56.17 per cent from Alappuzha and 53.82 per cent from Pathanamthitta. Accordingly, 132 elderly women from Kottayam, 137 from Alappuzha and 131 from Pathanamthitta were selected as sample units constitute 33.0 per cent, 34.2 per cent and 32.8 per cent respectively. For intensive study, the sample is divided into three age groups viz, 60-69 (young old), 70-79 (old old) and 80+(oldest old). Based on the proportion of elderly women in each of the above categories, the sample consists of 181, 159 and 60 elderly women from the 60-69, 70-79 and 80+ categories respectively. Out of them 50 per cent (200) were selected from rural areas while the remaining 50 per cent (200) were from urban areas.

Data Management and Analysis

Several statistical tools have been used for the analysis of data. S P S S (Statistical Package for Social Science) is employed for testing the level of significance. Apart from simple averages, percentage, chi-square test, t-test, analysis of variance, ANOVA etc have been used. These statistical tools have effectively conveyed the interrelationship between the variables under study.

Limitations

The present study is exploratory in nature and has scope for life-long research. But time and money constraints have restricted the scope of the study. Some important limitations of the study are given below.

The coverage of study is limited to only three districts of Kerala. Elderly women living in households only are brought under study. The study analyses the socio economic impact of demographic transition on elderly women only. It has not taken into consideration elderly men. . Some of the respondents have memory problems, hence was very difficult to collect the actual information from them. Majority of the elderly women

in the sample do not have any income of their own, they depended on the income of their spouses, children or in-laws. Hence an analysis of their income and expenditure was difficult. The present study takes the income of the household as a proxy for the income of the elderly women. But the correct information regarding household income in many cases was not available.

Research Design

The entire study is divided into five chapters.

- The first chapter gives an introduction to the study presenting the relevance, objectives, methodology, selection of the study area, sampling frame, chapter design and limitations.
- The second chapter reviews the available literature on the subject and identifies the research gap.
- The third chapter provides an overview of demographic transition and its theoretical implications.
- The fourth chapter deals with socio economic impact of demographic transition on elderly women. An empirical analysis of the socio economic, psychological and health issues of elderly women is carried out in a detailed manner.
- The fifth chapter consists of findings and suggestions.

Major Findings

Demographic Profile

Age wise distribution of the elderly women in the sample reveals that 45.2 per cent belongs to the age group of 60-69, 39.8 per cent belongs to the age group of 70-79 and 15.0 per cent belongs to the age group of 80+.

Marital status of the respondent shows that 53.5 percent are married, 42.2 per cent are widows, 2.2 per cent are separated and 2.0 per cent are unmarried.

Social Profile

Regarding religion, 51.75 per cent belongs to Hindu community, 37.5 per cent belongs to Christian community and 10.75 per cent belongs to Muslim community.

Educational background of the respondents show that 6.8 per cent have less than primary education. 62.8 per cent have primary education, 29.2 per cent have secondary education and 1.2 per cent have degree and above level education.

The study reveals that 5.5 per cent of the respondent live alone, 30 per cent live with spouse, 29.5 per cent live with spouse and children, 25.25 per cent live with children and grand children and 9.75 per cent are live with relatives.

Economic Profile

Occupational structure of the sample shows that 78.2 per cent of the elderly women fall in the category of housewives, 8.0 were employed in government sector, 8.2 per cent were in private sector and 5.5 per cent were employed in other sector including self employment schemes.

The study reveals that 52.3 per cent have no permanent income, 17.2 per cent belongs to the group of less than Rs.1000 as income, 17.0 per cent have income in between Rs.1000 and Rs.5000 and 13.5 per cent have more than Rs.5000.

Regarding the ownership of house of the respondent, 26.0 per cent own house, 4.5 per cent are in rented house, 39.0 per cent are in spouse house, 26.2 per cent are in children's house and 4.3 per cent are in other houses.

With regard to the assets of the elderly, 10.5 per cent have own house, 8.5 per cent possess land, 19.5 per cent have bank saving and 77 per cent have ornaments/ gold.

The study reveals that 2.5 per cent earn income from animal husbandry, 2 per cent earn income from poultry and 39.75 per cent have some or other type of pension as their source of income.

Regarding pension, 8 per cent of the respondent has service pension, 8.8 per cent has widow pension, 3.2 per cent has family pension, 11.8 per cent has old age pension and 8.0 per cent has agriculture pension.

Health Profile

General health condition of the respondent shows that 14.8 per cent has poor health, 6.2 per cent has very poor health, 45.8 per cent has fair health, 29.0 per cent has good health and 4.2 per cent reported excellent health.

With regard to diseases they are prone to, arthritis, diabetes, blood pressure, cholesterol etc. are the major ones of the elderly in the sample area. 29.8 per cent have trembling hand, 42.0 per cent have poor attention span, 36.2 per cent have the problem of loss of memory, 51.2 per cent have sleep problem, 51.2 have dental problem, 83.2 per cent have joint pain, 74.0 per cent have cholesterol, 61.5 per cent have the problem with vision, 66.5 per cent have diabetes, 68.2 per cent have hypertension, 23.2 per cent have arthritis, 12.8 per cent have cancer, 2.75 per cent have dementia, 19.0 per cent have heart problem, 10.2 per cent have urinary infections, 9.0 per cent have osteoporosis and 14.2 per cent have respiratory problem.

Considering the physical problems and use of physical aids, 94 per cent has vision problem, but only 78 per cent uses spectacles, 44.25 per cent has dental problems but only 28.75 per cent uses dentures, 16.25 per cent has problems of locomotion but

only 4.5 per cent use walking aids and 10 per cent have hearing problem but only 2.25 per cent use hearing aids. This shows the disparity in requirements and the use of physical aids.

Regarding the medical checkup of the respondent, 6.0 per cent has weekly check up, 56.5 per cent has monthly, 22.0 per cent has yearly check up. 10.7 per cent are not able to recollect these details and 4.8 per cent resort to other measures.

The study reveals that 48 per cent prefers government allopathy hospital, 48.25 per cent prefers private allopathy hospital, 7 per cent prefers government ayurveda, 4.5 per cent prefers in private ayurveda, 6 per cent prefers in government homeopathy and 6.2 per cent prefers private homeopathy for their treatment.

11.2 per cent of the respondents have health care insurance. 1.75 per cent elderly are of the view that exercise keeps them healthy; daily activities make 65.25 per cent healthy and dieting keep 7.75 per cent healthy.

Socio Economic Impact of Demographic Transition on Elderly Women

Based on the information gathered from the respondents, this study has identified several socio economic factors influencing the impact of demographic transition on elderly women. Socio economic variables like age, rural-urban status, income, region, education, occupation and marital status have been chosen to identify the factors influencing the impact of demographic transition on elderly women in Kerala.

Regarding the level of satisfaction and treatment of the elderly women, 24.6 per cent are very satisfied with their life, 66.3 per cent are satisfied, 5.3 per cent are poorly satisfied and 3.8 per cent are not satisfied in some or other way in their life.

With regard to the financial support, 19.9 per cent take care of themselves. 30.0 per cent receive partial help, 27.5 per cent are fully dependent and 22.7 per cent are incapable.

The study shows that 78.1 per cent is very happy with their family, 21.1 per cent is quite happy and 0.8 per cent is not so happy with their family.

It is observed that while 50.6 per cent is very happy with their living condition, 45.8 per cent is quite happy, 3.5 per cent is not so happy.

Regarding the social status of the respondents, 42.9 per cent are very happy, 53.1 per cent is quite happy and 4.0 per cent is not so happy.

23.7 per cent is very happy with old age care, 44.7 per cent is quite happy and 31.6 per cent is not so happy with old age care.

The study reveals that, 17.6 per cent is very happy with crisis management, 39.3 per cent is quite happy, and 43.1 per cent is not so happy with crisis management.

Regarding to loneliness, 17.8 per cent is very happy, 33.6 per cent is quite happy and 48.6 per cent is not so happy.

21.5 per cent is very happy with emotional support, 30.3 per cent is quite happy and 48.2 per cent is not so happy.

17.9 per cent is very happy with community work, 61.4 per cent is quite happy and 20.7 per cent is not so happy.

The analysis shows that marital status of the elderly women and level of well being are associated. The present study makes it clear that elderly women who are married or living with spouse or children are more happy and satisfied. Elderly women,

whose husbands are alive, spend more on travel and pilgrim compared to widows and those who depend on their children or in-laws.

Educational attainment affects the well being of elderly women. Women who are educated have more employment opportunity, exposure and opportunity for social security. The study reveals that those who are educated have high well being.

The study finds that age and well being are associated. As age increases the requirements for elderly also increases. Dependency, physical aids requirements, income need etc. also increases.

The study shows that there is association between living arrangements and well being of the elderly women. It is observed that there is no rural urban difference associated with the well being of elderly women.

Suggestions and Policy Implications

The projected population figures of Kerala shows that by 2060, Kerala will be a *land only of the elderly*. Because of the demographic transition, low birth and death rates have resulted in less number of children and more number of elderly in the households. With the abolition of joint families and shift to nuclear families coupled with high rates of literacy and employment rate among males and females in these nuclear families, care of the elderly is a burden and a problem to the present generation. Moreover, grand children are away from home for studies or in search of employment. Shifting of the economy from agrarian to non agrarian has resulted in the family members leaving their native places in search of jobs to destinations outside the state, within the country as well as outside the country. Abolition of 'marumakkathayam' system also has resulted in absence of younger generation to give a helping hand to the elderly. Changes in age

structure has resulted in increasing dependency burden on the younger age group; but care takers are absent in the families.

In view of the changing demographic scenario the large proportion of elderly requires emotional and psychological security and community support for wholesome existence. There is a need to increase the support system and provide alternatives through various coping devices like giving a helping hand to the disabled, respecting their ego, understanding and tolerating their views. To some extent comply with the elderly, give them a listening ear, do not hurry them in their movements and as ageing is inevitable, treat the elderly the way you like to be treated.

Conclusion

Ageing is not an illness; it is a stage of life which everyone has to face before their death. Hence preparation of all generations for facing the old age is a social issue.

The study has attempted to assess the socio economic impact of demographic transition on elderly women in Kerala. The study on the elderly women in Kerala throws light on many crucial issues. From the study it is clear that demographic transition has great impact on elderly women. So it highlights the urgent need for reform of social security, invite the role of government, NGOs and the society for the welfare of the aged women.

Being the land of elderly, Kerala can *popularize the concept of community/assisted living* for healthy ageing. Such community centers will bring together the elderly in a single establishment with all sort of care and assistance-physical, social, psychological, spiritual and emotional-needed in old age. Interaction with peer group will result in the development of a holistic approach to healthy ageing.

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