

Ageing and Women in India

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The Indian population has been ageing over the years, the proportion of older people has been growing. But this increase in life expectancy will not be an unqualified success until adequate provision for the care of the elderly is made. At present, the elderly often suffer abuse and, as in any group, women suffer worse than men.

INTEREST in the subject of ageing of population is of very recent origin and it still needs research and understanding of the issues and their interrelationships. International community first debated the question of ageing at the United Nations, at the initiative of Argentina, in 1948. The issue was next raised by Malta only in 1969. In recognising that longevity was becoming one of the major challenges of the 20th century, the United Nations convened World Assembly on Ageing in Vienna in 1982. That same year the UN General Assembly endorsed the International Plan of Action on Ageing. In 1990, the Assembly designated October 1 as the International Day for the Elderly, later renamed the International Day of the Older Persons. The UN General Assembly decided in 1992 to observe the International Year of Older Persons in 1999 to raise awareness of the fast changing demographic picture of older persons, to stimulate debate, promote action strategies, and encourage research and information exchange. The theme of the year is 'towards a society for all ages'.

The Indian official delegation to the world assembly at Vienna stated that the country did not have much of a problem of the aged since the traditional family took care of the older members and the government health services took care of their health needs. The interest in the subject of ageing of population has since increased. This is particularly significant for a country like India where major interest so far has been in controlling the size of the population.

Population ageing refers to the changes of structure of a population. With declines in fertility and decreases in the share of the young, ageing occurs at the base and with improvements in the chances of survival and therefore in the life expectancy, the share of the older population rises and there is ageing at the apex. Both these changes are results of successes of programmes such as fertility control or family planning and those for the improvement of health. The base and apex ageing takes place simultaneously though the contributions of the two vary depending

on the changes in birth and death rates. When fertility or the birth rate declines, the adults of the parental age, of the future, decrease, thus sustained low levels of birth rates result in reducing future births.

United Nations classifies populations with 4 to 7 per cent persons in ages 60+ as 'mature' and those with the percentages as 7+ as 'old' or 'aged'. From the figures in Table 1 it will be seen that by 2001 Indian population will fall in the category of the 'aged'. UN specifies 'aged' populations as those whose growth rate is negative. Another measure, in the context of future growth rate of population is TFR or the total fertility rate or the estimated average number of children a woman will bear. Demographers say that a TFR of two will stabilise the population or the size will be the same in the future. TFR higher than two will indicate that that population will increase and TFR lower than two will decrease the population. As reported by National Family Health Survey (NFHS), in 1992-93, TFR for India was 3.3. However TFR is declining and the Sample Registration System (1995:50) reports that during a five-year period from 1986-88 to 1991-93, there was a decline of 12.1 per cent in TFR. Highest reduction in TFR of 22.1 per cent was reported from Andhra Pradesh. It is therefore expected that TFR in India will soon be lower than two.

It also needs to be added here that though NFHS reports TFR as 3.3, it also reports that the rate adjusted for children surviving till age 5 is about 2.6 for all states, including the Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh (BIMARU) which have higher TFRs. NFHS does not give the number that survives till adulthood. However, Sample Registration System (1995:65) reports that, of the total deaths; 22.8 per cent are for age <1, 9.9 per cent for ages 1 to 4 and 4.6 per cent are for ages 5 to 14, i.e., 37.3 per cent of total deaths are for those under age 15 years. The percentage for Bihar is 41.5, Madhya Pradesh 45.3, Rajasthan 46.4 and Uttar Pradesh 47.7. Other states reporting percentages higher than the national average of 37.3 are: Orissa 39.3, Haryana 39.8 and Assam 42.2. Again, RG does not give the proportions of deaths by sex. So it is not known how many were girls and how many boys. But, as will be discussed later, it is known that death rates for females are higher than those for males till age 30-34. For ages 0-4 girls have, in comparison to the boys in same age, 11 per cent higher mortality, in ages 5 to 14 it is 22 per cent higher and in ages 15 to 34 it is 23 per cent more. After age 34 males have higher mortality.

In 1901 India had about 12 million 'aged' (60+) persons. At the first post-

TABLE 1: ELDERLY (60+) POPULATION, WOMEN AND MEN, INDIA, 1901-2001

Year	Aged as Per Cent Total Pop	Number (in millions)			Decadal Per Cent Change			
		Persons	Women	Men	Aged Population			Total
(1)	(2)	(3)	(4)	(5)	Persons	Women	Men	Population
1901	5.06	12.06	6.56	5.50				
1911	5.22	13.17	6.99	6.18	9.20	6.55	12.35	5.75
1921	5.37	13.48	7.00	6.48	2.40	0.21	4.87	-0.31
1931	5.09	14.21	7.27	6.94	5.37	3.74	7.12	11.00
1941	5.66	18.04	9.15	8.89	26.97	25.95	28.03	14.22
1951	5.43	19.61	9.94	9.67	8.72	8.66	8.78	13.31
1961	5.63	24.71	12.35	12.36	26.00	24.28	27.77	21.51
1971	5.97	32.70	15.83	16.87	32.32	28.04	36.56	24.80
1981	6.42	43.98	21.49	22.49	34.50	35.80	33.28	24.66
1991	6.55	55.30	27.07	28.23	25.73	25.96	25.51	23.16
2001	7.70	75.93	37.71	33.22	37.32	39.31	35.41	16.10

Source: Registrar General of India, Censuses of respective years.

For age distribution up to 1971: Mukherjee S B East West Centre, Honolulu.

For 1981 and 1991 Registrar General Census Data.

For 2001 Projections of the Expert Committee.

independence census of 1951, the number had increased to 19.61 million presenting an increase of 67 per cent in 50 years. This number rose to 56.68 million at 1991 count, indicating a rise of 183 per cent in 40 years.

Comparison of the decadal rate of increase in the aged population (column 6, Table 1) with the decadal rate of increase

TABLE 2: SEX RATIO (F/M X 1,000) FOR POPULATION AND FOR AGED

Year	Population	Aged
1901	972	1,192
1911	964	1,130
1921	955	1,080
1931	950	1,046
1941	945	1,049
1951	946	1,028
1961	941	1,000
1971	930	938
1981	934	960
1991	927	930

TABLE 3: PER CENT AGED (60+) POPULATION BY SEX 1993, BY STATES

States (1)	Persons (2)	Women (3)	Men (4)
India	6.4	6.7	6.1
Uttar Pradesh	6.1	6.4	5.9
Bihar	6.1	6.4	6.0
Maharashtra	6.6	7.0	6.2
Andhra Pradesh	6.7	7.0	6.4
Tamil Nadu	7.1	7.3	7.0
West Bengal	6.0	6.3	5.6
Madhya Pradesh	6.1	6.5	5.8
Karnataka	6.9	7.2	6.5
Gujarat	6.2	6.4	5.6
Rajasthan	5.6	6.1	5.1
Orissa	6.5	6.6	6.5
Kerala	8.5	8.9	7.9
Punjab	7.4	7.6	7.4
Assam	4.6	4.1	4.9
Haryana	5.9	6.1	5.9
Himachal Pradesh	7.6	7.0	8.1

Note: States are presented in descending order of the size of their population in 1991. Excludes Jammu and Kashmir and Mizoram.

Source: Registrar General of India, 1995; Sample Registration System, Fertility and Mortality Indicators, p 23.

of the total population (column 9, Table 1) shows that except for the decades 1921-31 and 1941-51, the rate was higher for the aged than for the total population. It is likely that the epidemics of 1931 took a heavier toll of the aged and migration of the young, due to partition of the country was more thus reducing the share of the old in the population.

From columns 4 and 5 of Table 1 it is seen that till 1951 there were fewer 'aged' men than 'aged' women. In 1961 there was a marginal advantage to the men. However, thereafter there were more aged men in the population than aged women. In terms of sex ratio for the aged population there has been a substantial change for women.

Table 2 shows that the sex ratio of Indian population has always been unfavourable to women. In 1901 there were 972 women per 1,000 men and over years the number has declined consistently, with the exception of 1951, when there was a marginal rise, and that may perhaps be explained by larger in-migration of women from areas which are now Pakistan, and 1981 for which demographers have several explanations but no unanimity. Year 1991 Census returned a count which was in line with earlier pattern of sex ratio. The sex ratio for older population was favourable to women, but it had the same declining trend and 1991 Census showed that sex ratio for older population was closer to that of general population.

It should be noted that the percentages given above refer to 100 of total persons and 100 of each sex. Thus the percentages cannot be compared horizontally, viz, that 6.7 per cent of women and 6.1 per cent men in India are aged does not indicate that there are more aged women. It was already seen that sex ratio does not favour women, i e, there are fewer women than men even among the aged.

Table 3 shows that Kerala has the highest (8.5) percentage of population that is 60+ years. And is followed by

Himachal Pradesh (7.6 per cent), Punjab (7.4 per cent) and Tamil Nadu (7.1 per cent). All these states have percentages higher than 7. So populations of all these states are 'aged'. Lowest percentages of populations in ages 60+ are in Assam (4.6 per cent) followed by Rajasthan (5.6 per cent).

During the early years of the 20th century, the higher masculinity of the Indian population was noticed by the British officials associated with the Indian censuses. Writing a foreward to a monograph on the subject of sex ratio of the Indian population, as a part of 1961 Census, Ansley Coale says, "Of sixty national populations of 5 million or more persons, listed in the Demographic Year Book, some two-thirds have a ratio of number of males to females between 0.95 and 1.04. The only countries falling below the lower limit are the Congo and Mozambique, where quality of the census or demographic surveys is not above question, and a number of European countries where military casualties of the last war, out-migration of males, or both account for the low masculinity. There are seven countries with a ratio of males to females above 1.05, all are in Asia (Ceylon, Mainland China, India, West Malaysia and Pakistan)" [Visaria 1969:66].

After analysing the evidence on mortality patterns in India, Visaria (1969) came to the conclusion that "evidence on excess female mortality is indeed impressive. The magnitude of such female disadvantage in chances of survival seems to be large enough to explain a major part and sometimes the entire excess of males in population of the north western areas of the subcontinent."

Sen (1990) says, "If we could expect equal population of the two sexes, the low ratio of population of 0.94 women to men in south Asia, west Asia and China, would indicate 6 per cent deficit of women. But since the countries where women and men receive similar care, the ratio is about 1.05, the real shortfall is about 11 per cent. Counting all such missing women in China, south and west Asia and North America, a great many more than 100 million women are 'missing'. These figures tell us quietly a terrible story of inequality and neglect leading to excess mortality of women."

To the above can be added that Punjab and Haryana – among the richest and economically most advanced states – have ratios of around 0.86, whereas Kerala, a relatively poor state, has a ratio of 1.03. Punjab and Haryana also have the lowest ratios of economically active women.

TABLE 3: RELATIVE RISK OF DYING MODE TO FEMALE BY AGE GROUPS

Age Group (1)	Relative Risk				Per cent Population in Age Groups			
	India (2)	Kerala (3)	Rajasthan (4)	Uttar Pradesh (5)	India (6)	Kerala (7)	Rajasthan (8)	Uttar Pradesh (9)
0-4	0.92	1.09	0.97	0.81	12.8	9.6	14.4	14.8
5-9	0.80	0.50	0.78	0.88	12.1	9.7	13.4	13.2
10-14	0.75	0.50	0.93	0.93	11.2	10.0	11.7	11.8
15-19	0.73	2.00	0.42	0.78	10.5	10.3	10.7	10.8
20-24	0.70	1.13	0.86	0.68	9.7	10.5	9.5	9.1
25-29	0.77	1.75	0.70	0.56	8.2	9.3	7.8	7.4
30-34	10.7	1.50	0.96	0.78	6.9	7.7	6.6	6.1
35-39	1.43	1.50	1.34	1.13	6.2	6.8	5.9	5.5
All	1.04	1.71	1.12	0.96	100	100	100	100

Note: Per cent population having RR favouring men: India 64.5 (ages 0-29), Kerala 19.7 (ages 5 to 9 and 10 to 14), Rajasthan 74.1 (ages 0-34), Uttar Pradesh 73.2 (ages 0-34).

UNICEF document 'Glimpses of Girlhood in India' reveals that one-fourth of the 12 million girls born in India do not survive to see their 15th birthday, and one-third of these deaths occur before their first birthday. The document also says that approximately a quarter of India's 900 million comprised girls up to age of 19 years. But despite being biologically stronger almost 3,00,000 more girls die annually. A girl born in Uttar Pradesh could expect to live for 54 years – 20 years less than her counterpart in Kerala, where life expectancy is 74 years. Census 1991 returned a numerical excess of 31.3 million men in India. Assuming a parity in age group 1 to 14 there were estimated 7.8 million fewer girls than boys and for ages 0 to 19 the number of missing girls was 13.3 million.

For understanding the mortality conditions women face, the relative risk (RR) of dying for men to women by age groups where RR is favouring men, is given for India, Kerala, Rajasthan and Uttar Pradesh. For further explanation the percentage of population for the respective age groups is also presented.

The age at which childbearing stops has come down due to higher incidence of sterilisation among women. NFHS reports median age of sterilised women as 26.6 years. In Karnataka it is 25.2 years, Maharashtra 25.6 years and in Andhra Pradesh 24.5 years (NFHS India Report, p 157). NFHS also reports that 82 per cent of the sterilised women had not used any method before being sterilised and 75 per cent of them were sterilised at a government institution (NFHS India Report, pp 158-59). It therefore seems that the government is promoting sterilisation and it also means that childbearing age will continue being reduced.

Figures in Table 3 show that by the time women reach the stage of having RR favouring them their numbers are so reduced that in spite of having lower risks to their survival their numbers remain small giving low sex ratios for older populations.

The story of the plight of the older women was so far limited to their numbers. One needs to see the conditions they live in.

In India the average years of remaining life for those in ages 60+, in 1901 was 9.3 years for women and nine years for men. By 1951 these figures had increased to 11.4 years and 10.9 years, respectively. In 1991 women in ages 60+ were expected to live for another 18 years and men for 17.3 years. By 2001 the remaining life span for women aged 60+ would be 20 years and for men it would be 18.3 years. Rashmi Shah, at Institute for Research in

Reproduction, reports that mean age at menopause is 44.3 years. Undernourished women get their menopause as much as four years earlier. Women undergo hormonal changes caused by menopause. Post-menopausal women are more susceptible to osteoporosis, a degenerative disease of bones as well as cardiovascular diseases. It is estimated that 50 per cent of the population over age 50 could be affected by osteoporosis. Poor nutrition, especially calcium intake, during childhood and growing years leads to low bone mass. Dowager's hump which develops in the lumber region of the spine is a severe form of osteoporosis [Bavadam 1999: 119-20]. Since the majority of Indian women are undernourished, increasing life span means so many additional years of suffering.

Census 1991 reports that about 44 per cent of the elderly women and 81 per cent 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. NSS 42nd round, which collected data on elderly, reports 89 per cent of the elderly women as attending to household duties. NSS also reported that 97 per cent of the men and only 14 per cent of the women were independent.

As such gain in life expectancy may not be an unqualified benefit. Kerala which has the highest proportion of the aged is

reporting that the elderly are demanding that laws on euthanasia be liberalised. For this they are seeking help from the medical men and the legal professionals. Menon (1999) says that the state which will have 20 per cent of India's senior citizens in a few years, lacks infrastructure and support system for them. She points out that elder abuse – verbal, physical and psychological – is becoming quite common both at the hands of spouse and children. Halliburton (1998:234-45) says that, Kerala has the highest suicide rate in India – and by a substantial margin of three times the national average and 50 per cent higher than the second highest. The proportion of Kerala suicides among people 30-50 years and 50 and above years is greater than the national average.

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