

**CARE AND SUPPORT FOR THE ELDERLY POPULATION IN INDIA:
RESULTS FROM A SURVEY OF THE AGED IN RURAL NORTH KARNATAKA (INDIA)**

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1. INTRODUCTION

One of the most important consequences of fertility control and of improvements in the expectation of life at birth of the populations all over the World, is the 'Aging of the Population' characterized by the relatively rapid increase of the aged population i.e. the population aged 60 years and above. The terms elderly population and aged population are used synonymously in this paper. While the economically developed countries are already preoccupied with the issues emerging from the aging of their populations, the developing countries must start immediately to give due consideration to these issues if they have to avoid serious problems in the near future. With a large population, second only to China, India has to give serious attention to the issues relating to the aged population. The size of the elderly population in India increased from 20 million in 1951 to 57 million in 1991 and is expected to be about 84 million in 2001, 107million in 2010, 198 million in 2030 and 326 million in 2050 (United Nations, 1995). A majority of this population will be living in rural areas.

In the Indian Society, the cultural values and the traditional practices emphasize that the elderly members of the family be treated with honor and respect. The families of the aged persons are expected to ensure the needed care and support for the aged. However, recent changes in the size and structure of families have caused the re-arrangement of the roles and functions of the members in the families.

The Governments in India both Central and State, have taken up the responsibility to take care of the aged and have started certain schemes to provide care and support for the aged. Also, there are some non-governmental organizations (NGOs) which have undertaken the work of taking care of the aged. However, it is still the family that plays the most important role in India in this respect.

An attempt is made in this study to present the Governmental and the non-governmental (NGO) care and support that have become available for the elderly population in India and to analyze in some detail the family support for the aged and the changes that are occurring in the same. Attention is also focussed on the factors affecting the care and the support for the aged in the families, and the perceptions of the aged regarding the care and support they are getting from their family members. For this purpose the data from a survey of the aged persons conducted in four villages of North Karnataka (India) are analyzed. The survey was personally conducted by a researcher as a source of basic material for his Ph.D. dissertation which has been approved and the degree awarded by the Karnatak University, Dharwad (Karnataka, India) (Wadakannavar, 1992)

2. GOVERNMENT SUPPORT FOR THE AGED

Article 41 of the Directive Principles of State Policy in the Indian Constitution, specifies that the State shall, within the limits of economic capacity, provide for assistance to the elderly. The National Policy on Older Persons, recently announced by the Government of India (Government of India, 1999) mandates State support for the elderly with regard to health care, shelter and welfare. Social security has been made the concurrent responsibility of the Central and State Governments. The policy recognizes that older persons could render useful services in the family and in the society. However, it emphasizes that employment in income generating activities after

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super-annuation should be the choice of the individual. Section 125 of the Criminal procedure Code, 1973, specifies the rights of parents without any means for maintenance to be supported by their children having sufficient means. If any person refuses or neglects to maintain their parents a magistrate may order such a person to make a monthly allowance for the maintenance of his/ her mother or father at a monthly rate not exceeding Rs.500 (Natarajan, 2000). Government Pension scheme has become the most sought after income security scheme. The policy seeks to ensure that the settlement of Pension, Provident fund, Gratuity, and other retirement benefits is made promptly. It is also proposed to set up a Welfare fund for the old age persons.

Regarding health care for the elderly, the goal of the policy is to provide good affordable health services. In this process it envisages to have the cooperative efforts of the public health services and of the private health services and of the private medical care. Development of health insurance is also being given high priority. Mobile health services, special camps, and ambulance services are thought of, for making the health care facilities to reach the elderly.

For solving the problem of providing housing for the elderly, group housing is proposed, which will have common service facilities for meals, laundry, common room and rest rooms. These should have easy access to community services, medicare, parks, recreation and cultural Centers. Government proposes to encourage construction and maintenance of old age homes. However, family is recognized as the main provider of old age support not only in the area of housing but also in other areas which are crucial to old age persons.

The policy also proposes to develop educational and informational material relevant to the lives of older people such as the creative use of leisure; appreciation of art; culture and social heritage; skills in community work and welfare activities. Further, it will provide information about the process of aging and the changing roles, responsibilities and relationships at different stages of the life cycle.

The Government of India has started giving fare concessions to old age people in all modes of travel, concessions in entrance fees, preference in reservation of seats, priority in telephone and gas connections. The Government has declared the year 2000 as the National Year for Older Persons to high-light the issues relating to the care and support for the old age people. It is also proposed to have a National Older Person's Day every year.

The National Policy recognizes the need for making use of the huge untapped resource of the old age population by providing training appropriate to the person's experience and capabilities. However, the individuals are to be given free choice to either continue to work or to take peaceful retirement. The policy aims at involving mass media to give better understanding of the aging process, the issues and the areas for action.

In order to implement the National Policy on Older Persons, the National Council for Older Persons (NCOP) has been constituted in May 1999, in the Ministry of Social Justice and Environment, Government of India with the Minister for Social Justice and Empowerment as the Chairperson, and the Secretary of that Ministry as the Vice-Chairperson. The NCOP includes persons from different Departments of the Central and State Governments, Non-Governmental Organizations (NGOs), representatives of the National Human Rights Commission, the National Commission for Women, and elected members : oldest member of the Rajya Sabha and the oldest member of the Lok Sabha. To make the NCOP functional, a Working Group has been established comprising of selected members of the NCOP. The term of the NCOP as well as the Working Group shall, unless dissolved sooner, be five years from the date of its constitution.

3. NON-GOVERNMENTAL EFFORTS TO PROVIDE CARE FOR THE AGED

Governments alone can not take care of all the needs of the older population. The private sector consisting of the Voluntary Agencies and the family must have to play an important role in this regard. The Non-Governmental Organizations (NGO) sector constitutes a very important institutional mechanism to provide user friendly, affordable services to take care of the elderly persons. However, this sector in India is playing only a minor role catering only to a rather small segment of the old age population, which is capable of paying for the services rendered. NGOs run Old Age Homes and Day Care Centers where old age persons are admitted for a specified charge per month.

Government of India envisages to promote the NGO sector in a big way. It hopes to have continuous dialogue with the NGOs on issues of the aging and on the services to be provided to the elderly, in order to ensure better services. Older persons will be encouraged to organize themselves to provide services to the fellow senior citizens.

4. FAMILY SUPPORT FOR THE AGED

At any age, the family provides the individual the emotional, social, and economic support (Soldo and Agree, 1988). The ability of the aged persons to cope with the changes in health, income, social activities, etc..at the older ages, depends to a great extent on the support the person gets from his/ her family members. This support, it may be said, is more culturally based rather than development dependent. For instance, in India, the cultural values emphasize that the elderly members of the family be treated with honor and respect. In order to examine what the situation is in practice the data collected from 4 villages in Dharwad taluk of Dharwad district in Karnataka State of India, are analyzed and the results are presented in this and sub-sequent sections of the paper. (See Wadakannavar, 1992).

There were 669 households in the study area, with an average size of 5.8 persons per household. The majority of the households had a size of (3 - 5) persons (41%). Veerashaivas (also called Lingayats) - a socially better off community in India, formed the largest section of the society (47% of the population) in the study area. The main occupation of four-fifths of households was agriculture. About a quarter of households did not own any agriculture land, while only one-sixth of the households owned 10 acres or more of agricultural land. Among the population in this area, 46% was literate, with 60% literates among males and 31% literates among females.

In the study villages, 253 aged persons (defined as persons aged 60 years and above) were identified. Among these, 211 aged persons : 118 males and 93 females were successfully interviewed and the present analyses are based on the data obtained from these persons.

4.1 LIVING ARRANGEMENTS FOR THE AGED

The living arrangements for the aged persons is often considered as the basic indicator of the care and support provided by the family (Martin, 1989). However, it must be noted that this practice is more culturally based rather than development dependent. For example, in USA only about 15% of the aged persons lived with their children, whereas in India about 75% lived with their children (Martin, 1988 & 1989 ; Bose, 1982). In Singapore a survey conducted in 1982 found that 80% of the aged persons (defined as 60 years and over) were living with their children, while in Korea and in Jilin Province of China this percentage was found to be 79%. Similarly, the WHO surveys have indicated that among the aged persons, 72% in Malaysia and 79% in the Philippines were living with their children (Martin, 1988). In the present study villages, 80% of the aged persons were living with their children.

These indicate the strength of cultural traditions over other factors in providing care and support to the aged by the families. It also cautions against concluding that the residential models adopted in many developed countries could be used in the developing countries in tackling this problem in the future (Powell Lawton, 1982). Indian culture emphasizes the reverential treatment of the aged persons. The social system puts pressure on the children, especially the male children to take care of the aged parents, apart from the legal requirements. The cultural practices also assign certain duties for the aged in the household chores. Taking care of the young children, looking after the societal responsibilities, settling inter-personal or inter-household or even inter-group conflicts, helping in the matrimonial match-making, are among the duties that the society expects the aged persons to take interest in and attend to. Thus, the aged are made to play useful roles in the household and in the society so as to make them feel reassured that they are an important part of the society. They also become the essential media for the transmission of the cultural values from generation to generation through the process of story telling for entertaining the children.

It may be observed from Table 1 that in the study area about 80% of the respondents were living with their children: 57% with their married sons, 17% with their unmarried children and 6% with

their married daughters. The data indicate that the traditional impact still persists. In the Indian society aged parents do not generally prefer to live with their married daughters, unless it becomes inevitable due to exigencies of circumstances. Out of the 12 respondents who were living with their daughters, in the case of 8 respondents their daughters had come to live with them either along with their husbands and children to live with and to take care of the aged parents, or due to getting separated from their husbands or because of widowhood at a younger age. The remaining 4 respondents were widowed females and hence were living with their daughters' families, as they had no other alternative support.

Table 1 : Living Arrangements among the Aged in 4 Villages of North Karnataka (India)
(percentages)

Living Arrangements	Males	Females	Total
(i) Living alone	6.8 (8)	18.3 (17)	11.8 (25)
(ii) With Spouse only	3.4 (4)	2.2 (2)	2.8 (6)
(iii) With Unmarried Children	24.6 (29)	7.5 (7)	17.1 (36)
(iv) With Married Sons	59.3 (70)	54.8 (51)	57.4(121)
(v) With Married Daughters	3.4 (4)	8.6 (8)	5.7 (12)
(vi) With Other Relatives	1.7 (2)	8.6 (8)	4.7 (10)
(vii) With Other's Family	0.8 (1)	0.0 (0)	0.5 (1)
Total	100.0(118)	100.0 (93)	100.0(211)

Note :- Figures in brackets are absolute numbers.

4.2 DIFFERENTIALS IN LIVING ARRANGEMENTS

Culturally man in the Indian society, is more dependent on the woman for the maintenance of the household. Thus, it is observed that the proportion of the aged living with families is higher among males than among females(see Table 1). Also, a larger proportion of the female aged is seen to be living alone. It may be inferred that this higher proportion is the result of the higher proportion of widowed among the females. Further, in the Indian society a man, even when widowed, would not prefer to live with his married daughter's family, while a woman would not mind living with the daughter's family in such a circumstance. In the present study, only four male aged were living with their married daughters. But, it was observed that in the case of all the four the married daughters had come to live with the father which may be due to several reasons as already suggested earlier. It is also worth noting that out of the 12 aged respondents who were living with their married daughters, only two had living sons.

The proportion of the aged respondents living with other relatives is also much higher among females than among males. This brings out the fact that while the males would not prefer living with other relatives, females would accept such an arrangement due to social and practical problems involved in living alone.

Marital status plays an important role in general living conditions of the aged persons. Especially for a woman in India, the married state symbolizes the social status, honor, respect, and authority in the family as well as in the society. The data from the survey reveal that the elderly persons resorted to living with married daughters or with other relatives mainly in the event of widowhood. Most of such persons were females rather than males. It is observed that 21 aged persons out of 24 living alone were widowed persons. Of these 21 widowed respondents, 16 were women. Among the 10 aged persons living with other relatives, 8 were females and only 2 were males. Interestingly all these 8 aged females were widowed persons. In the case of the two male respondents, one was widowed, and the other was married. The widowed respondent did not have children and lived with his brother's family. The married one, although he had a daughter who was living in another village, was living with his grandchildren.

Pressure of economic burden often affects human behavior. This appears true also in taking care of the aged parents. The data of the current study support the results found in other studies that

the aged persons from households with larger land holdings tend to live with their children, while those from land-less households tend to live separate from their children. (Petri, 1982; Raj and Prasad, 1971). This seems to suggest that economic resources and not the fact that the aged persons have sons which is important for the family support in the old age (Vlassoff and Vlassoff, 1980) However, this finding is at variance with the findings of many fertility studies in agrarian societies which indicate that security in old age rather than child labor is the most important motive behind high fertility (Mueller, 1976; Caldwell, 1977; Mandelbaum, 1974; Kanabragi, 1987).

An examination of the living arrangements for the elderly in caste groups reveals that while more than 80% of the aged persons belonging to the 'upper' and 'middle' caste groups, were living with their married or unmarried children, only about 50% of those belonging to the lower caste groups (including the scheduled castes) was living with their children. On the other hand, the percentage of the aged persons living alone was as high as 33% in the case of 'lower' caste groups while it was only about 10% in the case of the 'upper' caste groups. Since the caste groups are also related to the economic conditions of the households it may be said that the current results support the conclusion that the sense of duty to take care of the aged parents gets weakened with the economic pressures. (see Petri, 1982).

In the past, the highly prevalent joint family comprising of two or more generations provided the needed care and support to the aged members of the family. Under the influence of modernization, the size and structure of families have undergone dramatic changes in India. Stem and nuclear families are replacing the joint families and also the size of the family is becoming reduced. This seems to have affected the family care and support available to the aged persons to a certain extent. The analysis of the survey data reveal that a large proportion of the aged persons (i.e. more than two-thirds of the aged persons) lived in either stem or in joint families. Interestingly the proportion of male aged persons living in joint families was much higher than that of female aged persons (31% as against 19%). This pattern seems to have resulted from the social behavior of family members in the Indian society. As long as the elderly father who is considered as the head of the household, is alive, all the children whether married or unmarried, live with the aged parents, and when the father dies the family gets disintegrated and children often start living separately by distributing among themselves the family property. The widowed mother is usually forced to live with one of the children. In the present survey also, the proportion of aged females living in stem families was much higher (53%) than that of aged males (34%) living in stem families. As a direct consequence of this tendency, it is observed that a higher proportion of aged male respondents (27%) was living in large size families (with 11 or more members) than that of aged female respondents (17%).

There were a few cases reported in the survey where the aged father and mother were living separately with two different sons living in the same village. This is probably to lessen the economic burden on the families. The economic considerations may again be noticed in all such arrangements.

5. HOUSEHOLD HEADSHIP AMONG THE AGED

Analysis of household headship data is important because headship generally symbolizes status, power and authority in the family. An aged person being considered as the head of the household means to a large extent guarantee of availability of better care and support from the family members. In the Indian society, because of the general prevalence of patriarchal family system, a male member of the family, more often the eldest male member, is considered as the head of the household. A female member becomes the head only when she is living alone or when there are only female members in the family. The term 'family' and 'household' are loosely used here as synonyms.

It needs no special emphasizing that a number of factors will be associated with the fact whether an old age person is considered as the head of the household or not. In order to understand the relative importance of the different factors involved in this recognition, the multivariate statistical technique of discriminant analysis is applied here to study the discriminatory power of the selected variables. The application of the discriminant function analysis requires that the data set be a random sample, the joint distribution of variables considered be multivariate normal and the

dispersion matrices of the population groups be identical (Namboodiri, 1974). However, practical applications have shown that moderate departures from the normality and equality of dispersion conditions, do not drastically affect the inferences drawn from the discriminant function analysis (Hope, 1969). Thus, a stepwise discriminant analysis technique has been applied and the results are given in this section.

For using the discriminant function analysis each individual aged respondent is distinguished as belonging to one of the two groups: Group 0: consisting of those who were not heads of households; Group 1 : consisting of those who were heads. Table A.1 given in the Appendix presents the variables selected as independent variables which are hypothesized to affect the recognition of an individual as head of the household.

Out of the 10 discriminating variables included in this analysis, 7 variables came out to be significant after Step 7, using Rao's V for selecting the variables. The minimum increase in Rao's V for the selection of variables in the analysis is 0.00001 and the maximum number of steps specified in the analysis is 20. The results of the analysis are presented in Table 2.

**Table 2 : Results of the discriminant Analysis for Headship Status :
Survey of the Aged in 4 Villages of North Karnataka (India)**

Number of cases : Head - 128 and Not a Head - 83

Discriminant Function 1 :

Eigen value : 1.2420

Canonical Correlation : 0.74

Serial No.	Variables	Standardized Canonical Discriminant Function Coefficients
1	Contribution to Household Enterprise	0.78332
2	Marital Status	0.45340
3	Income of Household / annum	- 0.32955
4.	Sex of the Aged Person	0.18833
5	Participation in Social Activities	0.16775
6	Age of the Person	- 0.11366
7	Education of the Person	0.10625

Among the 7 variables which came out to be significant, the variable: " Contribution to family enterprise" is seen to be the most powerful in discriminating if an aged person will be " Head of the Household" or " Not". The result signifies that as long as the aged person is contributing significantly, economically or otherwise to the family enterprises he/she will be considered as head of the household. When there is decline in this contribution, the headship is transferred to a younger member of the household.

The second most significant discriminating variable is marital status of the individual. In fact, marital status plays a key role in the over-all well being of the aged persons. It helps to secure the vital support and care to the aged persons. With the death of spouse there will be some kind of a vacuum in the life of the aged persons. Often, when the old age persons lose their life-partners, they lose interest in life and thus in other activities. Then, the aged persons themselves will get relieved of the responsibilities of the household.

The third variable in importance is income of the household which is negatively associated with the person being considered as the head of the household. It has been observed that the proportion of the aged persons being head of the household, is higher among lower economic status households than among higher economic status households. This is the indication of the fact that in lower economic status households, higher proportion of aged respondents live either

alone or only with spouse or with unmarried children. Naturally, in such a circumstance, the aged persons will be the heads of the households.

The other Four variables which contribute significantly in the discrimination of the aged persons as 'head' or 'not head' are in order of importance: sex, participation in social activities, age and education of the aged person. Except the variable age, the other variables are positively associated with the headship of the household. It stands to reason that with the increasing age the health of the aged persons deteriorates and there will be loss of physical strength and even physical disabilities may set in, and therefore the aged person may not be able to bear the responsibilities of the household and will not be the heads of the households.

As it is already mentioned, in India the senior most male member of the family will usually be considered as the head of the household. Thus it is seen that sex of the respondent plays a significant role in discriminating the 'head' and the 'not head'. Further, as long as the aged persons are physically healthy they can be participating in social activities and hence this variable is also seen to be one among the variables which distinguish 'head' from 'not head'. Lastly, more educated persons are likely to be living in nuclear families and thus education has come out as one of the variables significantly contributing in the discrimination of 'head' from 'not head'.

6. PERCEPTIONS OF THE AGED REGARDING THE CARE AND SUPPORT FROM THE FAMILY

Since the family is the most important social unit which is the major source of care and support to the aged persons, at least in India, it would be of interest to examine what the old age persons feel about the way they are treated by their family members. In this survey the aged respondents were asked: "How do you feel about the attitudes of your family members towards you now?" and the responses were categorized as follows: "Respectful", "Normal", and "Not Cordial". For this analysis, the old age respondents who were living alone and those living with spouse only were excluded. The results presented in Panel 1 of Table 3 indicate that only about 10% of the respondents reported that the treatment accorded to them was "Not cordial". It is very interesting and important to note that among the male aged respondents about 67% has expressed that the treatment that they got was "respectful", while only 47% of the female aged respondents expressed such a feeling. In contrast, only 9% of the male aged respondents felt that the relationship with the other family members was "not cordial", as against 14% among the female aged respondents. These differentials again reflect the differentials in the role and status of males and females in the family as per the Indian culture. The senior most male member of the family as it has already been stated, is considered as the head of the household and will have the power of decision making about almost all family matters. The women, on the other hand, are generally restricted to the domestic sphere. Therefore, the younger members of the household often treat the male aged persons with more honor and respect and the female aged persons with more affection. Further, widowhood results in the loss of social status in the case of females, while in the case of males the transition will not make such marked difference in the status, power and authority they hold.

To investigate what the aged persons felt about the care they were getting as compared to the care they had provided to the elderly members of the household in the past (when these aged respondents were young), the aged respondents were asked: "Do you feel that the elderly persons were better taken care of when you were young than now?". The responses summarized in Panel 2 of Table 3, reveal that nearly 88% of the respondents was of the opinion that they were receiving less care at present than what they were giving to the elderly members of the household. It may also be seen that the male and the female respondents expressed similar views on this issue.

In order to probe this issue further, the aged respondents were asked: "How so you say that earlier the elderly persons were better cared?". Panel 3 in Table 3 presents the summary of the responses to this question. It may be observed that two-thirds of the respondents held the view that the present generation was less obedient and submissive to the older people, and they are also less respectful. Again, there is not much difference between the male and female respondents in this respect also.

Table 3 : Perceptions of the Elderly Persons - Survey of the Aged in 4 Villages of North Karnataka (India)

(Percentages) (Absolute figures in Brackets)

DESCRIPTION	MALE	FEMALE	TOTAL
Panel I: Attitude of Family Members Towards the Elderly Persons			
Respectful	67.0 (71)	47.3 (35)	58.9 (106)
Normal	23.6 (25)	39.2 (29)	30.0 (54)
Not Cordial	9.4 (10)	13.5 (10)	11.1 (20)
TOTAL	100.0 (106)	100.0 (74)	100.0 (180)
Panel II: Do you feel Elderly Persons were better taken care of before?			
Yes	89.0 (105)	87.1 (81)	88.2 (186)
No	11.0 (13)	12.9 (12)	11.8 (25)
TOTAL	100.0 (118)	100.0 (93)	100.0 (211)
Panel III: How do you say Elderly Persons were better cared for earlier?			
Less Respectful	18.1 (19)	21.0 (17)	19.3 (36)
Less Obedient	66.7 (70)	66.7 (54)	66.7 (124)
Indifferent to Elderly	15.2 (16)	12.3 (10)	14.0 (26)
TOTAL	100.0 (105)	100.0 (81)	100.0 (186)
Panel IV: What the Elderly Persons felt as the Main Problems in Old Age			
Health	26.7 (31)	31.2 (29)	28.4 (60)
Economic	0.7 (1)	2.2 (2)	1.4 (3)
Social Adjustment	0.7 (1)	0.0 (0)	0.5 (1)
Health & Economic	31.4 (37)	23.6 (22)	28.0 (59)
Health & Adjustment	20.3 (24)	31.2 (29)	25.1 (53)
Economic & Adjustment	0.7 (1)	1.1 (1)	0.9 (2)
Health, Econ. & Adjust.	19.5 (23)	10.8 (10)	15.6 (33)
TOTAL	100.0 (118)	100.0 (93)	100.0 (211)
Panel V: When Person is very old and needs help, who can be of best help?			
Sons	51.7 (61)	69.9 (65)	59.7 (126)
Daughters	2.5 (3)	5.4 (5)	3.8 (8)
Spouse	21.2 (25)	3.2 (3)	13.3 (28)
Self	19.5 (23)	19.4 (18)	19.4 (41)
God	5.1 (6)	2.2 (2)	3.8 (8)
TOTAL	100.0 (118)	100.0 (93)	100.0 (211)

The elderly respondents were also asked what they felt as the problems of the aged. Interestingly, more than 90% of the respondents expressed that health problems were the main problems. While the male respondents cited the economic problems among the main problems in the old age, the female respondents mentioned the adjustment problems as the main problems. It may be inferred that this reflects the fact that in the Indian society, the males are involved in more economic activities and the females are engaged more in household work which involves more interaction with the other members of the household.

Regarding the question: "when a person becomes very old and needs physical help, who do you think can be of best help to the old aged?" three-fourths of the elderly respondents were of the opinion that sons and their family members should provide the necessary help to the aged, reflecting the continuation of the traditional practice in India. In case the old age persons do not have such help, the elderly respondents felt that neighbors or the village community should provide the needed care and support to the aged.

The elderly respondents were also asked about their opinion regarding old age homes and interestingly nearly 60% of them did not favor the same. The main objection expressed was that this institutional arrangement does not provide the aged with the psychological satisfaction needed.

7. Concluding Remarks

That the care and support for the elderly population in India is becoming an important issue, is apparent from the growing number of the elderly in the population. The Government of India has expressed its concern in this regard by preparing the National Policy on the Older Persons and by constituting a National Council for the Older Persons (NCOP) to over-see the implementation of the policy. The Central and the State Governments have already introduced a number of schemes to provide care and support to the elderly. The Non-Government Organizations (NGOs) are also undertaking the work of taking care of the aged mostly in urban areas, although in a limited way. But, it is the family that is found to be playing the most vital role in India in this respect, especially in rural areas. This is in fact what the elderly persons seem to want also. The Indian culture emphasises the reverential treatment to be given to the aged persons in the family. It is therefore necessary that efforts must be made to strengthen the family support for taking care of the elderly population.

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APPENDIX

Table A.1 : Variables used in the Discriminant Analysis

Sl. No.	Variable	Code Description	
1	Sex	Female : 1	Male : 2
2	Age	(60-64) years : 1	(70 -74) years: 3
		(65-69) years: 2	(75 +) years: 4
3	Marital Status	Never Married : 1	Married: 3
		Widowed/ Divorced: 2	
4	Caste	Scheduled & lower Castes: 1	Middle Castes 3
		Muslims: 2	Upper Castes: 4
5	Education	Illiterate: 1	Above 2 nd Std. To 4 th : 3
		Literate upto 2 nd Std. : 2	5 th Std. & above: 4
6	Participation in Social Activities	No: 1	Yes: 2
7	Annual Household Income	Less than Rs. 1000: 1	Rs. 5000-Rs. 9999 : 3
		Rs.1000- Rs. 4999 : 2	Rs. 10,000 & above: 4
8	Health Status	Very poor: 1	Good: 3
		Poor: 2	Excellent: 4
9	Contribution to household enterprise	No contribution: 1	Attending Major work: 3
		Attending minor work: 2	Acting as Head : 4
10	Sons living with the respondents	Had no children: 1	Had children, no sons: 3
		Had children, none surviving: 2	Living with sons: 4
			Has sons, not living with sons 5