

## Greying Population – Issues and Challenges: Role of Lifelong Learning

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**Abstract:** The changing demographic Scenario where large segment of the countries population striving to lead an active life after stepping into old age is rising significantly. The remarkable achievements in medical sciences, preventive / curative measures, assistive technology, developmental initiatives, quality of life and other rehabilitative measures, better nourishments, family welfare schemes and increasing literacy rates contributed meaningfully in health consciousness which inevitably resulted in declining trend in fertility, birth and death rates and promoted increase in life span of the older persons beyond expectation. This is significantly considered one of the humanity's greatest triumphs. The census of 2001 estimated India's elderly population at 77 million. The annual growth rate is higher (3%) as compared to the growth rate of total population.

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### Brief Description

Ageing of population is a major phenomenon in the present day world having universal character. It occurs in various countries at different points of time. It occurred in the developed countries in the later half of the 20th century. The similar situation is emerging in the developing countries in the recent periods. Ageing population is a summary term for shifts in the age distribution of a country population towards older ages. Most developed countries have accepted the chronological age of 65 years as a definition of elderly or older person. The UN has not adopted a standard criterion, but generally uses 60 years + to refer to the older population. The age of 60 or 65 roughly equivalent to retirement age in most developed countries is said to be the beginning of old age. The government of India as per census adopted standard of criterion and classified the ageing population in three main categories young- old 60-69 years, old- old 70-79 years, oldest –old 80 years and above. Accordingly, to other classification commonly used in developed countries, there are three groups, the young old 65 to 74 years, the middle old 75 years to 84 years and the oldest old 85 years and above. The ratio of the elderly dependent population to the economically active (working) population is also known as old age dependency ratio or elderly dependency burden. The elderly in the age group of 60-69 years also known as young old are reasonably in good mental, physical health, free of severe disability and capable of leading an active life. They most oftenly offer their services in the contemporary setting as volunteers to national self-confidence and for informal care giving to the elderly in the other two higher age groups, both appear to become more vulnerable in socio –economic spheres, health

problems, loss of vigour and gradual decline in multiple areas of functioning. It is age that determines the usefulness of a person in the society. The importance of young old age group in terms of their resources and potentiality can help to withstand the pressures from youngsters and elders.

The number of elderly in the developing countries has been growing at a phenomenal rate; in 1990, the population of 60 years and above in the developing countries exceeded that in developed countries. According to present indications, most of this growth will take place in developing countries and over half of it will be in Asia, with the two major population giants of Asia namely India and China contributing a significant proportion of growing elderly. Developed countries have aged with high social and economic development rather they developed first then started greying thereby facilitating the sizeable section of the society (elderly) to live a standard and quality life. Their (ageing) greater experiences, mature decisions, strong values, vision and wisdom have been used for the betterment of younger generations and community development as a whole. However, these chronologically old too require new competencies and skills to enrich their lives. Some developing and developed countries have been organizing programmers' for the elderly. There are schools for the aged in china arranging multitude of programmers' and courses of general, scientific and cultural knowledge, research in agriculture and experience exchange. The advanced mindset in civilized nations do not actively prevent anyone from attending Universities on the basis of age alone. The presence of older persons in the usual institutions meant for younger generation is often considered

peculiar or unusual. Universities of the third age (U3A) programmes in some advanced European countries make older persons aware that they are still part and parcel of the society, contributors and not an interdependent. The educational initiative was started in France in 1968 modified by the United Kingdom in 1980 and is now extensively utilized in countries like Australia and New Zealand. Internet has now made it possible to reach remote locations and make the learning process interactive. Rick Swindell, president U3A an acknowledged activist scholar on the subject traces the history of the growth of the movement of University for the third age in the following words; "An appropriate political climate for the evolution of an idea like U3A was established in France in 1968 when legislation was passed requiring universities to provide more community education. In 1973, a highly rated gerontology course, run by Toulouse University of social sciences exclusively for local retired people, led to the formation of the first U3A. The U3A was open to anyone over retirement age, no qualification or examinations were required and fees were kept to a minimum. By 1975, the idea had spread to other French universities as well as to universities in Belgium, Switzerland, Poland, Italy, Spain and across the Atlantic to Sherbrooke in Quebec and San Diego in California; AIUTA, the international association of U3As was formed in the same year. Different U3A approaches began to develop by the late 1970s, even within France, including several which were a direct creation of local government and not connected with a university. The original focus on older people by universities also began to broaden to include other educationally disadvantaged groups. In many places, the programs were advertised for early retirees, housewives, the unemployed and those with disabilities. Some U3A were renamed to reflect the changing emphasis, for example, University of Leisure time, and Inter-Age University"(cited from National Seminar on Population Ageing and Lifelong Learning, March 19-20, 2012, Compendium of Papers organized by Department of Adult Continuing and Extension Education, Deen Dayal Upadhyay Gorkharpur University and Indian University Association for Continuing Education, page-72).

The elderly people are registered in U3A and classes are arranged as per interest and need of the elderly. The courses included preventive medicine, nutrition, family relationship, psychological and social aspects of ageing and other information that may be useful to older people. The courses attracted a significant response as reflected in large enrolment base with persistent learner demand for introduction of more such courses to empower them with skills. Group activities feeling of mutuality and reciprocity

and non-programmed sessions which allow people to discover mutual interests and formation of self help approach and sharing of news of one another's well being and sorrow has proved highly successful with regard to emotional psychology of elders. The students are encouraged to group themselves into small committees such as entertainment groups, spiritual meets, hobby groups and so on. The teaching is done through learner centered lectures. More group activity, question answer sessions, refreshing the failing memory of the students by discussion are encouraged. U3A is need based and flexible enough aimed at to benefit the participants and reflect their aspirations. Once people started attending the universities, their health and morale improved, social interactions and intellectual abilities multiplied, loneliness decreased and many found new meaning in life. It also provided opportunity for learning new skills revive old hobbies and encouraged voluntary work. Some U3A's encourage younger members to participate in the programmes. In some academies and institutions, old teacher may help a young person to learn new language. Some institutions reached professional heights. A trained carpenter may teach an apprentice. Many professionals' offer their expertise to younger learners. Sometimes mutual exchange of knowledge and skill is also seen. A youngster teaches computer operations to an older person and in turn learns a language or accounting. Such interactions promote intergenerational harmony apart from spreading awareness. It has given a new impetus to the elderly for their lives ahead and makes them productive members of the society.

As people grow older and become less useful, social networks narrow down, deprivation and exclusion become common phenomenon. Society turns its back on them leaving them to fend for themselves. It is very sad to observe that the disintegration and shrinking of joint family system led the older people face greatest challenges and are forced to live on the fringes of society. Today such intergenerational feeling of mutuality and reciprocity is starving. The changing social relations and breakdown of their cultural and traditional ethos are resulting in a more individualistic society leading to social isolation of the elderly.

Emotionally, as children we expect our parents always to look after our needs, no matter how old we are, our parents are still our parents and the child/parent dynamic unconsciously dominate our thinking. So when it comes to the point where our parents are no longer independent and suffering emotionally, it is very hard to accept, our parents have gone through series of stresses which they had battled through or still are sorting out so that they can give strength to

us, their children. Their sources of stress may involve money, changes in living situation or family problems. They have compromised most of their desires and strived to bring up their families that suffered from economic crises. Our times have seen rapid changes in economy. Our kids of present generation are born when the technology is operating at a high. Children are customized to comfortable life since their childhood and therefore are unable to the hardships of life. They do not understand the pain of their grandparents who underwent great struggle to earn a stable shelter and daily bread. Due to the difference in bringing up, the mental framework differs between the old and young. Generation gape occurs between parents and children. Due to emotional incompatibility, arguments over silly matters and conflicts occur often frequently and the peace in the premises of the family often gets distributed. In the extreme cases the people even decide to abandon each other. Children often decide to leave the house of their parents due to lack of emotional space. Constantly under such pressure our parents or grandparents silently bear the empty nest syndrome as they do not want to hinder the decision of their children. They compromise their desires of staying together for the sake of happiness of their children.

It may not be out of place to mention that taking care of elderly in the winter of their lives has been ingrained in Indian cultural ethos. The family ties and community relationship in India are overwhelming as majority of elders lived with their family members and enjoyed respect and honour in the community. This does not mean that all youngsters are insensitive and all families are neglecting their elders. There are families, which are run under unquestioned orders of the elders. Neither all young are selfish nor are all elders saints. Despite all changes in our society even today, many elders live with their children. Many families struggle to look after their elders at home. Many adults sacrifice their comforts to manage medical and other care needs of parents for their real and eternal joy. The neighborhood and community have held out a helping hand in their situations of extreme distress. As the number of elder persons is rising and the social environment is fast changing, the traditional family system is on the wane to skeleton form. The elders are getting gradually marginalized. The combined effect of personal vulnerability with vulnerability imposed by outside forces renders older people often to the level of victims, other people within and outside the family manage to take advantage of their condition.

The growing popularity of nuclear families and fast changing value system has tremendous ramifications on demographic scenario of the country and posed significant challenges to the situations of ageing population in marginalizing them in particular. The precarious socio economic condition of the elderly in the developing world is a cause for concern as most of them end up in living below poverty line in old age. The majority of elderly do not enjoy any formal old age income resulting in their dependency and even compelled to work when too old to earn a living. As majority of the elderly due to unskilled state of affairs have worked in informal/unorganized sector during their prime youth with low levels of wages and deficient working conditions have pushed them into growing risks of serious employment potential with non-productive assets in their old age. There are 12.8 million people who join unorganized workforce every year. There are 433 million people who already work in informal workforce. There are only 26 million people working in organized sector. At present, there is arrangement of training only for 3 million people every year when there is need for skilling/ training to 15 million people every year. Such pauperizing situations would increase the complexities and anxieties of the people yet to enter into the category of old age. Half of the ageing population work as agriculture workers, marginal farmers, daily wage earners, street vendors, domestic workers and face problems when they cannot work due to physical disabilities and mental incapability and become absolute liabilities. They are neglected and live in starving conditions at the mercy of charity regardless of their original status. It is generally expressed that the older persons forming large share of total population is an end product of demographic achievements. The Indian aged population is currently the second largest in the world after china. The absolute number of ageing population in India is likely to increase from 77 million in 2001 to 133 million by 2021. The percentage of elderly in India has increased from 6.4% in 1981 to 7.4% in 2001. If the percentage of elderly population is above 7% in any country, as per the UN criterion that country is ageing. In other words, India has emerged as “Ageing India” in 21<sup>st</sup> century. The population projections or the emerging ageing scenario of India in first half of 21<sup>st</sup> century reflect the rising trend of elderly people in terms of population and sex ratio of the elderly (2001-2051). The below table gives a profile of the elderly classified by ageing 60 years and above, 70 years and above, 80 years and above in terms of size, population and gender dimension (Table 1).

Table 1. A profile of the elderly classified by ageing 60 years and above, 70 years and above, 80 years and above in terms of size, population and gender dimension

	2001	2011	2021	2031	2041	2051
<b>60 &amp; above</b>						
Numbers (in millions)	77	96	133	179	236	301
Percentage to the total population	7.5	8.2	9.9	11.9	14.5	17.3
Sex ration (males per 1000 females)	1028	1034	1004	964	1008	1007
<b>70 &amp; above</b>						
Numbers (in millions)	29	36	51	73	98	132
Percentage to the total population	2.9	3.1	3.8	4.8	6	7.6
Sex ration (males per 1000 females)	991	966	970	930	891	954
<b>80 &amp; above</b>						
Numbers in millions	8	9	11	16	23	32
Percentage to the total population	0.5	0.7	0.8	1	1.4	1.8
Sex ration (males per 1000 females)	1051	884	866	843	774	732

Note: According to 2001 census, India was administratively divided into 28 states and 7 union territories, population projections have been made specifically for the present paper.( table cited from Rajan, S. Irudaya; Population Ageing and Health in India, Centre for Enquiry into Health and Allied Themes, Mumbai, 2006, Page-4)

The projected period ranges from 2001 to 2051. It is important to note that projected elderly population above 60 years of age in 2051 were already born in 1991 and were 10 years old in 2001. Given our assumptions regarding mortality, the projections are likely to be valid. The size of India's elderly population aged 60 and above is expected to increase from 77 million in 2001 to 179 million in 2031 and further to 301 million in 2051. However, the sex ratio among the elderly favours males which is contrary to the experience of other developing nations. The number of elderly persons above 70 years of age (old-old) is likely to increase more sharply than those 60 years and above. The old-old are projected to increase five fold between 2001-2051 (from 29 million in 2001 to 132 million 2051). Their proportion is expected to rise from 2.9 to 7.6%. Although we have found excess males in the age of group 60 and above, the old-old sex ratio is favourable to females. The oldest old (80+) among the elderly in India is expected to grow faster than any other age group in the population. In absolute terms, it is likely to increase four-fold from 8 million in 2001 to 32 million in 2051.

The significance and ramification of the projected increase has been put in following words "while the shift from a young to an older age structure reflects a successful record in health improvements in the country, the fact that the individuals are reaching the older ages in unprecedented numbers and with varying needs and resources is likely to pose many policy challenges arising out of increasing proportion of elders and decreasing proportion of children. This trend leads to

increasing median age, decreasing support base together with higher levels of age dependency. Fewer working age persons supporting more number of elders, greater likelihood of experiencing the loss of ones spouse, especially for women and low levels of literacy are some of the sources of vulnerability that are faced in old age. At the same time the transition away from a young age structure is not uniform across the country. Some States particularly in the southern region are at the forefront of this transition. The shift to an older age structure has important implications for the country as well as elders and their families. There is therefore a need to promote harmony between development and demographic change by increasing the economic and social sources of support for the elderly among other".

Deprivation and exclusion are the common phenomenon in almost all ageing societies of the world. It is a much broader term than poverty that includes all kinds of denial or being excluded from a minimum standard of living/ basic needs. Chambers (1995) described the 8 diminutions of deprivation among the elderly as poverty, social inferiority, social isolation, physical weakness, vulnerability, seasonality, powerlessness and humiliation of the aged.

Women are relatively disadvantaged in many ways, face additional challenges in old age reinforcing the etiology of depression. The life scenarios for the ageing women in India continues to be grim despite their valiant efforts to keep their families and community's life going without any major interruptions. The studies reveal that the socio-economic condition of the older women is more

vulnerable in the context of demographic and socio-cultural change. The women in general and older women in particular have unflinching belief in superstitions due to ignorance. They are asset less, victims of male violence, rape and other atrocities. They accept inequality as a natural order and meekly submit. In an unhealthy environment women appear to have significantly higher rates of depression than men. There is gradual decline in self-esteem among widows, loneliness, emotional inadequacies, economic dependency and social interaction becomes limited. Death of friends, relatives, peer groups etc. accentuate such conditions. They carry the largest share of poverty, constitute the larger number of aged persons, bear the larger share of caring duties while being denied care for their frail, ailing and disabled bodies and stressed minds and finally suffer the larger share of neglect, abuse, violence and isolation. According to 2001 census, 33.07% of elderly in India are without their life partners. The widowers among men form 14.98% as against 50.06% widows among women. Among the oldest old (80 years and above) widowhood is much more common. Without their spouse, they carry the additional burden of widowhood with all its attendant psychological, social and economic consequences. Incidence of widowhood is much higher among females 60+ than among the males of the same age group, because it is customary to get married to men older than them by several years also they (widowed women) don't remarry and widowed men are more likely to remarry and thus restore their earlier status. Women endure long years of loneliness without a life partner in old age. They never remarry but dedicate their lives to their children, leaving behind their own personal desires. Incidence of increasing physical

immobility as the age climbs. NSSO (2004) 60th round estimates 9% of rural women and 10% of urban women are confined either to bed or in home. The rates showing those confined to home is much more than that of those confined to bed.

#### Non-Income Aspects

The increasing inflation, fast track change in lifestyle, pace of urbanization, globalization of market economy have changed the mindset of the people and triggered the migration of youth in particular from rural to urban areas, from homeland to other countries to avail the phenomenal growth of employment opportunities in corporate sector for better livelihood prospects have pushed the elderly to confront a stressful experience and increased vulnerabilities and miseries. The unfavorable conditions diminishes their sense of dignity as a person. In pursuit of material well being, we have lost touch with our innerselves and scarified cultural ethos and values for money and power which in no way contribute to values of respect for human life.

There is whole lot of literature in India on the increase in the intergenerational conflict in life of aged that led to a decline in family support. High incidence of migration and urbanization has put the elderly in stress. Here we look into the conditions of the elderly without proper familial support. This is a sign of lack of social and emotional security among the aged. The below mentioned table giving the distribution of the elderly living without son or daughter under same roof.

Percentage distribution of elderly without familial support (living without son or daughter in the same roof) according to sex and residence across India between states 2004 (Table 2).

Table 2. Percentage distribution of elderly without familial support (living without son or daughter in the same roof) according to sex and residence across India between states 2004

State	Rural Male	Rural Female	Urban Male	Urban Female
Andrapradesh	26.87	29.43	20.96	22.95
Assam	25.85	19.95	20.16	15.56
Bihar	23.72	21.95	18.50	17.12
Chattisgarg	27.61	26.69	21.54	20.82
Gujrat	29.06	29.59	22.66	23.07
Haryana	26.76	25.83	20.88	20.15
Himachal Pradesh	26.45	26.73	20.63	20.85
Jammu & Kashmir	28.73	25.70	25.53	20.05
Jarkhand	28.67	31.41	22.36	24.50
Karnataka	30.21	28.38	23.57	22.14
Kerala	31.77	32.86	24.78	25.63
Madhya Pradesh	28.02	26.29	21.85	20.51
Maharashtra	24.30	27.49	18.95	21.44
Orissa	26.33	24.86	20.54	19.39
Punjab	22.63	24.27	17.64	18.93

Rajasthan	27.20	28.95	21.21	22.58
Tamil Nadu	30.08	32.76	23.46	25.55
Uttar Pradesh	27.73	26.81	21.63	20.91
West Bengal	21.32	24.03	16.63	18.75

**Source:** Estimates from NSS both round unit level data (table cited from Rajan, S. Irudaya; Population Ageing and Health in India, Centre for Enquiry into Health and Allied Themes, Mumbai, 2006 page -19). The increasing incidence of migration internal or international lead to the elderly population being left alone in the homes as the younger members move outside for work. It is found that among the rural males at the national level, 21.32% of the elderly are living without son or daughter in the house, while the percentage is 24.03 in the case of urban females. The proportion is 16.63% and 18.75% in the case of urban males and urban females respectively. The pattern reveals that the problem is relatively greater in the south Indian states of Kerala, Karnataka, Tamil Nadu and Gujrat as they have high incidence of migration.

### Role Of Lifelong Learning

The understanding that a key goal of modern society is the availability and accessibility of learning opportunities for all people throughout their lives is predicated on the belief that everyone is capable and can be motivated to learn in complex environment. It is imperative to encourage such motivation throughout peoples life span, whether through informal institutions of education and training, non-formal or informally at home, work place or in the wider community. Lifelong learning from ‘cradle to grave’ is a philosophy, a conceptual framework and an organizing principle of all forms of education, based on inclusive, emancipatory, humanistic and democratic values, it is all-encompassing and integral to the vision of a knowledge-based society (Confintea VI UNESCO). Lifelong Learning is the ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons (Learning for Life, 2000). It not only enhances social inclusion, active citizenship and personal development, but also competitiveness and employability (Adult learning: it is never to late to learn, 2006). The term recognizes that learning is not confined to childhood, adulthood or the classroom but takes place throughout life and in a range of situations. Learning can be seen as something that takes place on an on-going basis from our daily interactions with others and with the world around us. In the fast changing pace of technological advancement, lifelong learning turns out to be absolutely important for all age groups. The European union gave it central prominence as part of human capital requirements of the knowledge economy. The united Nation declared the year 1999 as the year of older persons. The theme of the celebration was “towards the society for all ages”. This theme visualized a society where people of all generations would live harmoniously and co-operate with one another and would enjoy access to all sorts of facilities and resources. The national policy on older persons has identified education, as a principal area of intervention. It is an established fact that education and learning if integrated to whole life

span would open up gates of practical understanding, confidence, development, ensure emergence of learning society, strengthen intergenerational bonds and would ensure the goal of longevity with productive potential. The Lifelong Learning challenges the traditional mindset in the light of globalization and growing economic trends which are throwing up demands for new skills to cope up with the changing world and advocates an age neutral approach of vocational training and learning as such must become a habit that is not moderated by age in the wake of demographic changes and growing population of elders in the world. The Lifelong Learning is more flexible less governed by the institutions. Such education should create awareness in older people about fast changing world, latest trends and techniques and sensitize them to new changes to keep pace with the times and stay closely attuned with latest developments. As our society becomes progressively older, older people have increasingly an obligation to shape our communities. This make, it all the more important to pursue further education and training in order to be more active and not obsolete. Such trainings to elders are growing in importance in fighting discrimination, divide, extreme poverty, vulnerably. It has been widely observed that those senior citizens who stay learning and keep their minds lively are less likely to suffer from debilitating diseases. Lifelong learning in its wide spectrum and broader framework should be associated and integrated with the humanist aspects, human capital and social capital. The fact remains that the elders are treasure houses of all these virtues. If the societies are really to develop, steps will need to be taken to release the social and human capital that is locked up in the older citizens. The potential would include the application of accrued social and emotional intelligence and understanding of the ways through interaction with each other and an ability to place single event in their wider prosperity. Given access to updated skills through Lifelong Learning and through age friendly design, older adults can contribute to new forms of adaptive innovations. The

upgradation of functional skills among the ageing population would ensure holistic improvement of the elders. Accordingly, literacy with functionality should be seen a continuous process that requires regular and sustained learning. There should be no excuse on the part of the elders to learn in order to help in exposing their talent and wisdom in the society. The empirical studies reveal that there is significant number of specialists / experts in demand in the labour market due to lack of literacy skills among the people. It is an established fact that the literacy is seen as a very strong tool to develop the society in all respects. In other words it is a process of gaining awareness of reality in order to transform the society consciously.

### References

1. Adult Education and Development dvv international, Institut for international Zusammenarbeit des deustschen volkshochschulverbandes obre Wilhelmstr-32
2. Daily Excelsior ( News paper) Thursday, October 10,2013
3. Indian Journal of Adult Education, Vol 57, No. 2, April-June 1996
4. Indian Journal of Gerontology (Quarterly Journal) Vol. 25, No.2, 2011 Aalekh Publishesr, M. I. Road Jaipur
5. Janan Vahini, Vol 1 (1-3)October 2000
6. K. S. Pillai, Education For All and For Ever.
7. Medical times ( monthly news paper) vol. 1, issue 6 RNI No.- DELBIL/2012/45560 IST-31<sup>st</sup>. December 2012 New Dehhi
8. National Policy on Older Persons (1999) Private Communications.
9. National Seminar on Population Ageing and Lifelong Learning, March 19-20, 2012, Compendium of Papers organized by Department of Adult Continuing and Extension Education, Deen Dayal Upadhyay Gorpakhpur University and Indian University Association for Continuing Education.
10. Patel, Ila ed. Learning opportunities for all: Trends in Adult Policy and practice in Africa and Asia, Mumbai, ASPBAE, 2001
11. Political Declaration and Madrid instrumental plan of action on Ageing Second World Assembly on Ageing, Madrid Spain 8-12 April 2002
12. Population Ageing and Health in India S Iruday Rajan Ph.d satam udyog Parel, Mimbai 400012
13. Prakash, I. J (1996) Senior Adult Education in India- An unmet need and a challenge Indian Journal of Adult Education. 57(2), 60-62
14. Prakash, I.J (1999). Ageing in India. Geneva: World Health Organization.
15. Rajan, S. Irudaya; Population Ageing and Health in India, Centre for Enquiry into Health and Allied Themes, Mumbai, 2006.
16. Registrar General of India; Ageing of Population of India: An analysis of 1991 census data, Census of India, New Delhi, 1991.
17. Towards enriching years a programme for the elderly by the family welfare Ageing by Grace Mathew in collaboration with Gita Shah and Rusamma Veedon printed at ESVEE Graphies, Chembur, Mumbai 400071

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