

AGEING AND DISENGAGEMENT IN NAGA SOCIETY: A COMPARATIVE STUDY OF RURAL AND URBAN AREA

**THESIS SUBMITTED FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY IN SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES
NAGALAND UNIVERSITY**

**By:
VISIELIE
Ph.D. REGD. NO. 288/2007**

**Under the supervision of
PROF. A. LANUNUNGSANG AO
Department of Sociology**



**DEPARTMENT OF SOCIOLOGY
NAGALAND UNIVERSITY
HQRS: LUMAMI
INDIA**

2012

AGEING AND DISENGAGEMENT IN NAGA SOCIETY: A COMPARATIVE STUDY OF RURAL AND URBAN AREA

**THESIS SUBMITTED FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY IN SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES
NAGALAND UNIVERSITY**

**By:
VISIELIE
Ph.D. REGD. NO. 288/2007**



**DEPARTMENT OF SOCIOLOGY
NAGALAND UNIVERSITY
HQRS: LUMAMI
INDIA**

2012

Acknowledgement

I am deeply grateful to my learned teacher Professor A. Lanunungsang, Supervisor & Head, Department of Sociology, Nagaland University, for his inspiring encouragement, valuable suggestions, and erudite guidance at the different stages of the study without which it would have been impossible for me to give this work its present form.

I am particularly thankful to Dr. Athungo Ovung Asst. Professor, Deptt. of Sociology, Nagaland University for his personal concern by giving me wake up calls when I'm slogging behind time; whose sustained help and encouragement has enabled me to arrive at this stage. Mrs. Pideno Ovung, for her hospitality and generosity during my visits to Mokoꝓchung at the time of pursuing my research. The amount of time and energy that she sacrificed can never be paid back in return.

I would like to express my gratitude to the faculty members of the Deptt. of Sociology, Dr. K. Rajendra Singh, Associate Professor, Dr. Temjensosang and Dr. Toshimenla Jamir, Asst. Professor for their constructive ideas and suggestions for my research and all the non-teaching staff for their constant help throughout.

I am grateful to Ase, Noketho, Nzanthung, Neivikolie, Meyiesul and Veronica for helping me out at the time of distributing my questionnaires. And to all the investigators who carried out the field work, all of whom did their work well.

I thank my friends Adietpe and Christina, Mego, Sede, Kenei and Vireizeu for their wonderful friendship, and special thanks to Khriezo for always being there to solve any computer problems. I am also particularly thankful to Limawati Sanglir, Junior Education Officer, Mokoꝓchung for proof reading and editing my thesis.

My sincere thanks to all the respondents from the selected villages who cooperated with us by releasing the requisite information.

I am deeply indebted to my mother for her constant prayer support and to all my family members for showing tremendous interest in this endeavour, and for their support and encouragement.

At this important stage of life, I wish to remember my father, Late. Khiu Kehie who had always been an eternal source of inspiration and guidance to me. I wish he would have lived to see my work today.

Above all I thank the almighty God for the abundant blessings and for enabling me to achieve my dream.

(VISIELIE)
Research Scholar

CERTIFICATE

This is to certify that this Ph.D. Thesis entitled, "Ageing and Disengagement in Naga Society: A Comparative Study of Rural and Urban Area", is an authentic and original work carried out by Mr. Visielie based on his field study conducted under my supervision.

The Thesis fulfils all the norms of Ph.D. Thesis under the rules and regulations of Nagaland University.

To the best of my knowledge, the Thesis has not been submitted to any university or educational institute for award of any degree or diploma.

This may be placed before the External Examiner for evaluation.

Dated:

Place: Lumami

(PROF. A. LANUNUNGSANG AO)

Supervisor

CONTENTS

	Page
<i>Acknowledgements</i>	i
<i>Contents</i>	ii-vi
<i>List of tables & figures</i>	vii-viii
<i>Abbreviations</i>	ix
<i>Glossary</i>	x-xi
<i>Map</i>	xii-xv
CHAPTER 1:	1-34
1.1 INTRODUCTION	
i. The Concept Defined	
ii. Approaches to the Study of Ageing	
iii. Biological Ageing	
iv. Psychological Ageing	
v. Social Ageing	
vi. Criteria of Ageing	
vii. Stereo- Types	
viii. Social Theories of Old age	
a. Disengagement Theory	
b. Disengagement Theory in Indian Context	
c. Activity Theory	
xi. Global Scenario on ageing	
a. Ageing in Japan	
b. Ageing in UK	
c. U.S. Trends	
d. Ageing in China	
x. Ageing :The Indian Scenario:	
1.2 Literature Review	
1.3 Statement of the Problem	
1.4 Scope of the Study	
1.5 Objective of the Study	
1.6 Hypothesis	
1.7 Methodology	
i. Sampling Design	
ii. Tools of Data Collection	
iii. Data Analysis	
1.8 The structure of the thesis	

- 2.1 **PROFILE OF THE STUDY AREA**
 - i. Theories of the word Naga
 - ii. Demography
 - iii. Geographical distribution
 - iv. Literacy rate
 - v. Economy
 - vi. Urban-rural distribution

- 2.2 Political organization
 - i. Naga village
 - ii. Polity
 - iii. Age-group system
 - iv. Settlement of disputes

- 2.3 Cultural life
 - i. Housing
 - ii. Food and drink
 - iii. Weapons
 - iv. Feast of merit

- 2.4 Social organization
 - i. Composition of family
 - ii. Clans
 - iii. Marriage
 - iv. Divorce
 - v. Position of the women
 - vi. The Morung (Dormitory)

- 2.5 Brief descriptions of the Selected Districts and villages
 - i. Kohima district
 - a. Kohima village
 - b. Khonoma village
 - c. Mezoma village
 - d. Viswema village
 - ii. Wokha district
 - a. Longsachung village
 - b. Wokha village
 - c. Pangti village
 - d. Moilan village
 - iii. Mokokchung district
 - a. Longsa village
 - b. Longmisa village
 - c. Khensa village
 - d. Mongchen village

- 3.1 Rights and privileges of the aged in relation to customary laws in Naga society
- 3.2 Old age home in Naga society
 - i. Admission criteria
 - ii. Identifying the residents
 - iii. Activities in old age home
 - iv. Observations
- 3.3 Welfare of the aged
 - i. Constitutional provisions
 - ii. Eight Five Year Plan
 - iii. Income maintenance in old age
 - iv. Health care
 - v. Housing
 - vi. Welfare of the aged in India
 - vii. Social security and the Five Year Plans
 - viii. Salient features of old age pension schemes
 - ix. Conditions of eligibility
 - x. Old Age Pension
 - xi. Benefits and facilities of senior citizens in India
 - xii. Old age and income security
 - xiii. Scheme of assistance
 - xiv. An integrated programme for older persons
 - xv. Strategy
 - xvi. Privileges and benefits Old age pension for the general public: National Old Age Pension (NOAP) Scheme
 - xvii. Provisions made in the 'Maintenance of Parents and Senior Citizens Bill, 2007'.
 - xviii. Age when one can avail Benefits set aside for senior citizens
 - x. Senior citizen reverse mortgage loan
- 3.4 Social security programmes in other countries
 - i. Welfare of the aged in U.S.A
 - ii. Welfare of the aged in U.S.S.R (Russia)
 - iii. Welfare of the aged in Britain
 - iv. Welfare of the aged in Denmark
- 3.5 Right of the Aged
- 3.6 Charter of Rights

CHAPTER 4 SOCIO-ECONOMIC STATUS OF THE RESPONDENTS 92-115
AND THE ISSUES OF DISENGAGEMENT

- 4.1 Age-sex composition and marital status
- 4.2 Educational levels
- 4.3 Living arrangement of the aged
- 4.4 Earning status of the aged
- 4.5 Sources of monthly income
- 4.6 Monthly household income of the respondents
- 4.7 Position held by the retired government servants
- 4.8 Previous and present occupations of the respondents
- 4.9 Wealth of the respondents
- 4.10 Mode of living of the aged
- 4.11 Dependency of the aged
- 4.12 Financial supports
- 4.13 Leisure and recreational time

CHAPTER 5 CHALLENGES OF AGEING AND 116-148
SOCIAL RESPONSIBILITIES

- 5.1 Globalization – Its impact on aged
- 5.2 Ageing in modern industrialized societies
- 5.3 Problems associated with modernization and urbanization
- 5.4 Western pattern
- 5.5 Asian context
- 5.6 Problems face by the aged in Naga society
- 5.7 Levels of respect and regard by the society
- 5.8 Health care
- 5.9 Systems of medical treatment
- 5.10 Physical ailments of the aged
- 5.11 Love and care of the aged
- 5.12 Frequency of visit to aged by their children
- 5.13 Frequency of visit to the children by the aged
- 5.14 Types of assistance received by the aged
- 5.15 Expectations from the family
- 5.16 Role of the aged in decision-making in the family
- 5.17 Comments on whether society listens to the advice of the aged
- 5.18 Awareness and benefits of the priviledges
- 5.19 Roles played by the aged person in Naga society
- 5.20 Wishes of the aged
- 5.21 Message of the aged persons

CHAPTER 6	COMPARATIVE ANALYSIS OF THE SELECTED DISTRICTS	149-168
	6.1 Consolidated figures of age sex composition and marital status in three districts	
	6.2 Educational status of three communities	
	6.3 Residential arrangement of the aged among the selected districts	
	6.4 Status of earning among the aged in three districts	
	6.5 District-wise sources of monthly income	
	6.6 District-wise household income of the respondents	
	6.7 Model of living among the aged in three districts	
	6.8 Level of dependency among three districts	
	6.9 Nature of problems face by the aged among three communities	
	6.10 Access to medical facility by the aged in selected districts	
	6.11 Levels of Love and Care enjoying by the Aged in Three Districts	
	6.12 Levels of decision taking by the aged in three districts	
	6.13 Adherence to the advice of the aged among three communities	
CHAPTER 7	SUMMARY AND CONCLUSIONS	169-203
<i>Annexure</i>		204-209
<i>Illustration</i>		210-213
<i>Bibliography</i>		214-220

Abbreviations

B	Business
C	Cultivator
CNWCA	China's National Working Commission on Ageing
CSW	Church/ Social Worker
HFCs	Housing Finance Companies
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
Khm	Kohima
Mkg	Mokokchung
ML	Manual Labour
NCOP	National Council for Older Persons
NHB	National Housing Bank
NOAP	National Old Age Pension
NPC	National People's Congress
NSAP	National Social Assistance Programme
NSCF	Nagaland Senior Citizens' Forum
PLIs	Primary Lending Institutions
OASIS	Old Age Social and Income Security
R	Rural
U	Urban
VDB's	Village Development Board
Wkh	Wokha

DEPARTMENT OF SOCIOLOGY
Nagaland University
Hqrs: Lumami

Declaration of Candidate

I hereby declare that the thesis entitled “*Ageing and Disengagement in Naga Society: A Comparative Study of Rural and Urban Area*” is my original work, the contents of this study is the record of my work done and the subject matter of this thesis did not form the basis of the award of any previous degree to me, or to anybody else, to the best of my knowledge. This thesis has not been published or submitted by me to any other university for any other purpose.

The thesis is submitted for the award of the degree of Doctor of Philosophy in the Department of Sociology, Nagaland University.

(VISIELIE)
Candidate

(PROF. A. LANUNUNGSANG AO)
Supervisor & Head of Department

Glossary

<i>Ageing</i>	Refers to the process of growing old
<i>Ariju</i>	Fortress, bachelors' house
<i>Ashrama</i>	Means halting or resting place
<i>Brahmacharya asrama</i>	Gives an opportunity to the individual to acquire knowledge for self-development
<i>Chumpo</i>	Bachelors' dormitory
<i>Geriatrics</i>	Deals with causes and remedies of physical pathology in old age
<i>Geras</i>	Old Age
<i>Gerontocracy</i>	Refers to Government that is ruled by elders
<i>Gerontophobia</i>	Is used to designate the fear of growing old or fear of hatred of the aged
<i>Golden years</i>	Youth live/ active age
<i>Grihastha asrama</i>	One has to serve the society with his Purusharthas
<i>Khel</i>	A locality within a village
<i>Kichiki</i>	Bachelors' dormitory
<i>Kuda</i>	Fort/ a place of defence
<i>Kü pang</i>	Armllets
<i>Kyong-Yi</i>	Lotha language
<i>Logos</i>	Referring to the study of the subject
<i>Putu Menden</i>	It is a council of elders formed by representative of different clans
<i>Sekrenyi</i>	Festival of purification
<i>Senescence</i>	A biological term refers to the physiological aspect of growing old which imply decline and deterioration
<i>Sünak sü aserner Tenyimia</i>	Means people who wear black cloth Descendants of Tenyiu

<i>Terhünyi</i>	Festival of thanksgiving
<i>Tiyi-Elong</i>	Which means stones of Tiyi
<i>Vanprathas asrama</i>	Meant for the gradual withdrawal from previous asramas
<i>Zhachü</i>	Achievement of social status for sharing his wealth to the villagers
<i>Zu</i>	Rice beer

List of tables and figure

Table No.	Title	Page
1.1	Global Scenario of Aged, 1995-2150	15
1.2	Number and Proportion of Elderly in the Indian Population by Age Groups, 1961-2001	19
1.3	Sex Ratio and Growth Rate among the Indian Elderly, 1971-2001	19
1.4	Life Expectancy at ages 60 and 70 for Indians	20
1.5	Number, Proportion, and Sex Ratio of elderly,2001-2051	22
1.6	Number, Proportion, and Sex Ration of the Elderly.	24
2.1	Ranking of Districts according to population	38
2.2	District-Wise Literate Population& Literate Rate in Nagaland (2011)	40
2.3	Population by District, Rural-Urban, And Sex-Ratio (2011)	42
3.1	Old age pension amounts Given by Different States	80
4.1	Age-Sex Composition and Marital Status	92
4.2	Educational Levels	95
4.3	Living arrangement of the Age	97
4.4	Earning Status of the Aged	99
4.5	Sources of Monthly Income	101
4.6	Monthly Household Incomes of the Respondents	103
4.7	Position held by the Retired Government Servants	104
4.8	Previous and Present Occupations of the Respondents	106
4.9	Wealth of the Respondents	107
4.10	Mode of living of the Aged	109
4.11	Dependency of the Aged	110
4.12	Financial Supports	111
4.13	Leisure and recreational time	113
5.1	Problems face by the Aged in Naga Society	121
5.2	Levels of Respect and Regard by the society	123
5.3	Systems of Medical Treatment	125
5.4	Physical Ailments of the Aged	127
5.5	Love and Care of the aged	129

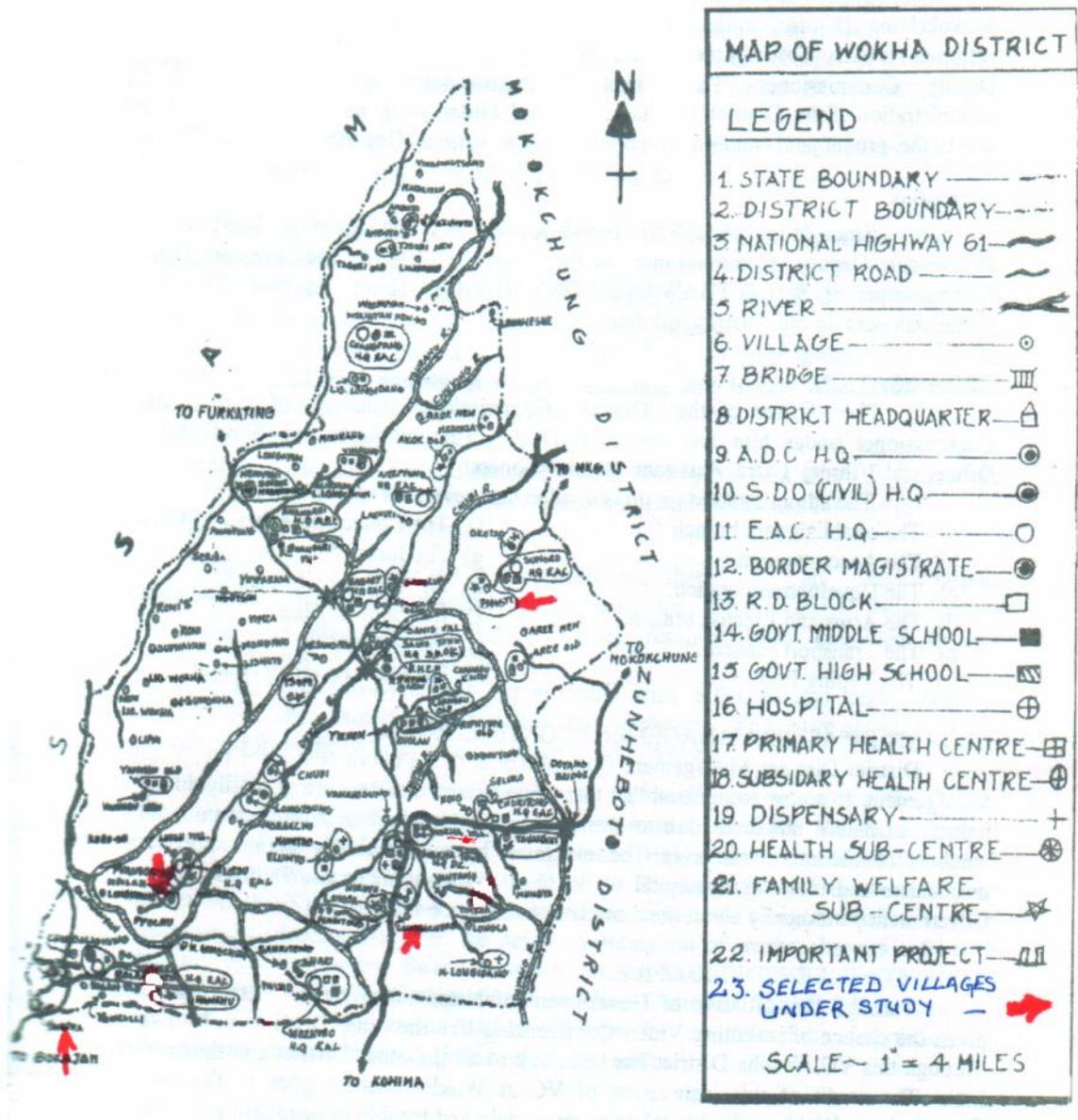
5.6	Frequency of visit to the aged by their children	130
5.7	Frequency of visit to the children by the aged	132
5.8	Types of assistance	134
5.9	Expectation from the family	135
5.10	Decision's taking at the family level	137
5.11	Comments on whether society listens to the advice of the aged	141
5.12	Awareness and benefits of the priviledges	142
5.13	Major roles played by the aged person in Naga society	144
5.14	Wishes of the aged	145
5.15	Message of the aged persons	147
5.16	Different opinions given by the respondent relevant to the Naga context	148
6.1	Consolidated figures of Age-Sex Composition and Marital Status in three districts	149
6.2	Educational Status of three communities	151
6.3	Residential arrangement of the Aged among the selected districts	153
6.4	Status of Earning among the aged in three districts	154
6.5	District-wise Sources of Monthly Income	155
6.6	District-Wise Household Income of the Respondents	157
6.7	Model of living among the Aged in three districts	158
6.8	Level of dependency among three districts	159
6.9	Nature of Problems face by the Aged among three communities	161
6.10	Access to Medical facility by the aged in selected districts	163
6.11	Levels of Love and Care enjoying by the Aged in three districts	165
6.12	Levels of Decision's taking by the aged in three districts	166
6.13	Adherence to the advice of the aged among three communities	168
Fig. No.	Title	Page
1.1	Dimensions of ageing	5

MAP-1
MAP OF NAGALAND



MAP-2

MAP OF WOKHA DISTRICT



Source: District Planning and Development Board, Wokha: Nagaland (2007)

MAP-3

MAP OF KOHIMA DISTRICT



Source: GOI; “Viva School Atlas for Nagaland”; 2007; New Delhi; Viva education private limited

Note: ■ Sample villages

MAP-4

MAP OF MOKOKCHUNG DISTRICT



Source: GOI; "Viva School Atlas for Nagaland"; 2007; New Delhi; Viva education private limited

Note: ■ Sample villages

CHAPTER 1

1.1 INTRODUCTION:

Ageing is not only a physiological or chronological but also a social and cultural phenomenon. Every society has its own conception of ageing and age-groupings.¹ Through the process of socialization, the society ensures the transmission of social and cultural values from one generation to the next and enables its members to acquire necessary skills, values and norms etc. As the individual moves from one age category to the next, he or she acquires new roles in accordance with the prevailing practices, customs and expectations. Age related roles, privileges and obligations are defined by the society. Social ageing as distinct from biological or psychological ageing, thus, refers to the social habits and roles of the individual relative to his group or society.² Every society has its own yardstick of comprehending the concept of ageing and age status. The age related roles, privileges and expectations are to a large extent determined by the socio-cultural norms of the society, usage in the life span of the individual that is regarded as old age by the society.

Ageing has been viewed differently by different persons. To politicians and industrialists, it means power and wealth, whereas to a middle class employee, it amounts a forced retirement; for a poor it is a state of dependence and for women, it means loss of charms.³ To most, ageing implies physiological and psycho-social changes reflected in general physical weakness and lessening of social activities and interests.

Associated with the above changes are the reduced activities, income and consequent status-role of the aged in the family and society. The problem is more acute in urban-industrial societies where the old are expected to make room for younger ones and to play "roleless role".⁴ They are virtually reprimanded for performing roles that were once performed as a matter of course during their young age. This is frequently contrasted with high prestige, power, authority and security enjoyed by the aged in the traditional village society.

Ageing is unequivocally universal and irreversible process. This process varies considerably within and between cultures. Getting old is the result of the interplay of

¹ . S.P Mohanty, Demographic and Socio-Cultural Aspects of Ageing in India: Some Emerging Issues. In R.N Pati and B. Jena (eds). Aged in India (Socio-Demographic Dimensions), p.42.

² . H.S Bhatia, Ageing and society. A sociological study of public servants, p.5.

³ . T.M Dak and M.L.Sharma, Changing Status of the Aged In North Indian Villages, p.43

⁴ . Ibid., p.43.

biological, social and psychological factors.⁵ Old age is the last phase of the human life cycle, and the timing of this phase, its impact on the role relationship and the meaning attached to it vary in different societies and even in different sub-groups of a society.

To quote Narendra Kumar and Pushpa Saxena, “There is no complete agreement for the exact age which can be regarded as cut off point for determining the aged.”⁶ The term ‘ageing’ or ‘senescence’, which are often used interchangeably, implying decline and deterioration. To know more about social ageing, social scientists in the recent times have primarily focused their attention on socio-cultural obligations, mutual love and affection, and the like. Studies on demographic changes like family size, fertility, mortality, longevity, and late marriages also help to make an analytical framework on social gerontology. Social gerontology, thus, lays much emphasis on the study of the impact of social and socio-cultural factors on the ageing process.

In pre-industrialized societies people rarely lived long. The definition of ‘old’ in such societies probably varied.⁷ The prestige accorded to the old broadly depended on four components: advisory, contributory, control and residual. The first component comprised the greater experience of the old. The second arose from their participation in cultural, familial and economic activities. The control component arose from their possession of property, practical knowledge and experience. What could be called the residual component depended on their previous status in their communities which also partly included the first component.

Traditionally the Naga aged were assigned a place of honour and respect. Apart from the religious and social functions the aged pass on social values. They play a valuable role in socializing young children and transmitting social and cultural heritage. Their help and advice is essentially required in every sphere of life. D. Paul Chowdhry, state that because of modern education, urbanization, industrialization, migration, participation of women in employment, the position and the status of the elderly has been undermined, thereby devaluing the knowledge and experience of the elderly and eroding their status.⁸

⁵ . S.Vijaya Kumar, Family Life and Socio-Economic Problems of the Aged, p.xi.

⁶ . Narendra Kumar and Pushpa Saxena, Aged among the Tribals of Madhya Pradesh, in R.N Pati and B. Jena (eds): Aged in India. Socio- demographic dimensions, p.71

⁷ . Kumudini Dandekar, The Elderly in India, p.24.

⁸ . D.Paul Chowdhry, Ageing and the Aged, p.123.

When should a person be considered an aged? No limits for calling a person aged have been set by the medical profession or biologists. But different countries have laws setting out an age when one is called an elderly person i.e. an aged. This age varies from country to country.⁹ In the United States, for example, old age, for the purpose of administration of security provisions is usually assumed to begin at sixty-five and studies conducted there have adopted this definition. In India the attainment of the age fifty five has been mostly accepted for the purpose of classifying aged persons.

Old age which encompasses the later part of the life of an individual is a period when symptoms of physical deterioration begin to appear. It marks a shift in an individual's position from active social participation to a state of marked decline in role-playing and performances and from economic self-sufficiency to economic dependence in majority of the cases.¹⁰

i. The Concept Defined:

The term gerontology is derived from the Greek word “*geras*” meaning “Old Age” and “*logos*” referring to the study of the subject. The term gerontology is very broad and encompasses the psychological, socio-economic and physiological aspects of old age. Social gerontology is concerned with reciprocal relationship between the individual and society. The term Geriatrics deals with causes and remedies of physical pathology in old age. Senescence, a biological term refers to the physiological aspect of growing old; Gerontocracy refers to Government that is ruled by elders. Ageing is discrimination against individual on the basis of old age. The term ‘*gerontophobia*’ is used to designate the fear of growing old or fear of hatred of the aged. The term ageing refers to the process of growing old.¹¹

The concept of age is somewhat confusing. It has a frame of reference. One of the frames of reference is chronological while others are social, psychological, temporal and cultural.

Unfortunately, there are negative stereotypes about the aged which relate to physical and mental deterioration and disorders. Older people are generally branded

⁹ . Kirpal, Singh Soodan, Ageing in India, p.7

¹⁰ Ibid., p.41.

¹¹ . I.Sobha and M.S.N. Reddy, Healthy ageing: concept, problems and prospects, in Arvind K.Joshi (eds) Older persons in India, p. 6-7.

unproductive, cautious, and asexual. The more negative features of the aged are exaggerated mellowness, kindness, etc.

Generally speaking, “in the life of a man there are two stages of dependency—childhood and old age”.

In the words of Tibbitts “Ageing may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child rearing and the years following the completion of these tasks represent an extension of life.”

The word ‘Ageing’ has been defined variedly by researchers in different contexts. Maynard-Smith defined ageing as “those which render individuals more susceptible as they grow older to the various factors, intrinsic or extrinsic, which may cause death’, recognizing that death may arise from a decline in the individual organism’s ability to maintain its function in the face of physiological stress from an extrinsic source such as ‘accident’ or disease. According to Comfort, ageing is ‘increasing liability to die, or an increasing loss of vigour, with increasing chronological age, or with the passage of the life cycle’.¹²

Hess views ageing as “an inevitable and irreversible biological process”. Charles S. Becker defines ageing in the broadest sense, “as those changes occurring in an individual, as the result of the passage of time”.

Edward J. Stieglitz defines ageing “as the element of time in living”. According to him “ageing is a part of living. Ageing begins with conception and terminates with death. It cannot be arrested unless we arrest life... We may retard ageing or accelerate it, but we cannot arrest it while life goes on, because it is essentially an element in living. Ageing slows as we grow older... Ageing change is rapid in youth and even more rapid prenatally in the period between conception and birth”.

In the words of Grienleigh “some people use their chronological age as a criterion for their own ageing whereas others use physical symptoms such as failing eyesight or hearing, increased tendency to fatigue, decline in sexual potent... still others assess their ageing in terms of their capacity for work, their output in relation to the standards set in earlier years, their lack of interest in competing with others, lack of motivation to do things

¹². Rajalakshmi Ramnath, Problems of the Aged. p.125.

or tendency to reminisce and turn their thoughts to past rather than dwell on the present or future.”

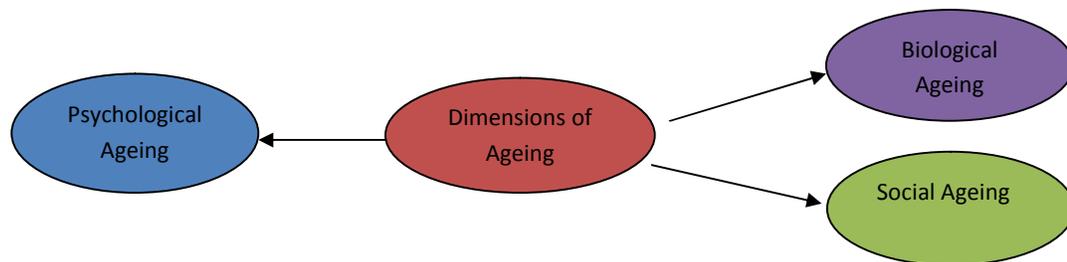
Selye has viewed ageing from another angle explaining it in terms of the stress through which an individual passes. Defining stress as “the rate of tear and wear in the body”, Selye says that it is a kind of “speedometer of life”. Whatever we do and whatever is done to us cause wear and tear, and it is common feature of all biological activities. Since we are constantly passing through periods of stress and rest during life, just a little deficit of our energy every day adds up- it adds to what is called ageing.

ii. Approaches to the Study of Ageing:

Gerontology is the study of ageing and has three core components; the biological, the psychological and the social. Thus gerontology is a multi-disciplinary field of investigation in which each of these perspectives has a valuable contribution. The biological approach stresses the impact of ageing upon physiological systems; the psychological concentrates upon mental functions, and the social concern with the social aspect of ageing.

Figure 1.1

Dimensions of Ageing



iii. Biological Ageing:

Perhaps one of the most interesting, and fundamental, questions faced by biologists is why organisms age and die. Allied to this is the identification of the features which define biological ageing.

It is common knowledge that different organisms are characterized by variations in length of the life span. The life span of a horse is about 40 years compared to 3 years for a rat. Data from biological work indicate that the maximum probable human life span, in an ideal world where all pathology could be eliminated, is 115-120 years. There have been claims from various cultures of life spans considerably in excess of this. However, it seems that these have probably been exaggerated, either because of inadequate records, or deliberate falsification.

The passage of time for human organisms is related to a large number of specific physical changes such as graying of the hair and wrinkling of the skin, and decrements in reproductive capacity, immune system response, and cardiovascular functioning.¹³ Biologists refer to ageing as “senescence”. This is a general term which is used to describe decreases in the efficient functioning of an organism with age. It is important to remember that senescence is a natural process which must be distinguished from abnormal processes which bring about pathology and disease.

Carlson and Stieglitz mention eight progressive changes of a physiological nature which accompany ageing. The changes noted below are not due to any specific disease:¹⁴

1. Gradual tissue desiccation;
2. Gradual retardation of the rate of tissue oxidation (lowering of the speed of living, or in technical terms, the metabolic rate);
3. Gradual retardation of cell division, capacity for cell growth and tissue repair;
4. Cellular atrophy, degeneration, increased cell pigmentation and fatty infiltration;
5. Gradual decrease in tissues elasticity and degenerative changes in the elastic connective tissues of the body;
6. Decreased speed, strength and endurance of neuromuscular reactions;
7. Progressive degeneration and atrophy of the nervous system, impairment of vision, hearing attention, memory and mental endurance; and
8. Gradual impairment of the mechanisms which maintain a fairly constant internal environment for the cells and tissue (a process known as homeostasis). It is evident that sufficient weakening of any one of the numerous links in the complex process of homeostasis produces deterioration.

¹³. Robert Atchley, Ageing and Society. In Leslie Morgan and Suzanne Kunkel (eds). Ageing: The Social Context, p.4.

¹⁴ H.S, Bhatia, Ageing and society, P. 3-4.

The biology of ageing is concerned with studying the processes that limit the life-spans of species and individuals, or with finding out why species and individual members of species have determinate length of life.

iv. Psychological Ageing:

Psychological ageing consists of a general decline in the mental abilities that accompany old age. Decline in mental abilities does not normally correspond to physical changes. Psychological ageing may also include the study of psychological capacities, perceptions, learning, and problem solving feelings, emotions, social behaviour and other related characteristics as they emerge and change consequent upon old age.¹⁵ Although psychological age is related to both chronological age and biological age, it is not fully accounted for by the combination of these. Physical or biological changes are indeed responsible for the decline in mental abilities in as much as the psychological capacities such as sensory function, lethargic behaviour, psychomotor skills, learning, intelligence, etc. are to a large extent related to the neuro-physiological-anatomical systems. According to Parker psychological ageing is not to be measured in terms of capabilities alone but in the way in which they have been applied from early age through all the years of maturity. The process of psychological ageing is hastened when the individual feels he/she is growing old and there is greater danger of wearing out from disuse them from sensible activities.

Some of the psychological changes in respect of an individual's conception of the self, his/her ideas about his/her feelings about the attitudes and behaviour of others towards him/her and his/her general view of life and the world, including his/her own place therein, play significant part in the process of psychological ageing.¹⁶ An unfavourable and negative attitude towards changed physical and social conditions proves not only a hurdle in better adjustment in old age but brings about psychological ageing more quickly. The psychological causes of ageing, when combined with the physical, accelerate the ageing process by speeding up the rate of decline.

Broadly speaking, a number of physical and social factors play significant role in the process of psychological ageing. The dependence of the cognitive and emotional

¹⁵ . H.S.Bhatia, op.cit., p.4.

¹⁶ . Ibid., p.4.

functions on the integrity of the neurological and chemical system of the body is well established. Any gross change in these systems as a result of disease or infirmity is usually reflected in behaviour deterioration.

v. Social Ageing:

Every society has its own conception of ageing and age grouping. Through the process of socialization, the society ensures the transmission of social and cultural values from one generation to the next and enables its members to acquire necessary skills, values, norms and so on etc¹⁷. As the individual moves from one age-grade to the next he/she acquires new roles in accordance with prevailing practices. Social age refers to the social habits and roles of the individual relative to his/her group or society. An individual's social age is related to his chronological, biological and psychological ages but it is not completely defined by them. Throughout the entire life, human beings live in a social environment. Every society has its own yardstick of comprehending the concept of ageing and age statuses. With the gradual ascending on the succeeding age-grades, the individual learns how he/she should behave in relation to others within the normative framework of the society. The age related roles, privileges and expectations are to a large extent determined by the socio-cultural norms of the society. When a person attains old age, apart from the biological and psychological phenomena, his/her social role, value orientation, modes of behaviour and expectation undergo changes. These changing social characteristics are not uniform and universal. The social parameters of recognising a person as an aged vary across cultures, countries, societies and groups.

There are a number of social developments in the life of an individual that also serve as bases of recognising oneself as an ageing person. They are: retirement from active life, marriage of children, birth of grand children, abstinence from sexual activity or reduced desire in it, changes in social statuses, roles, position and expectation etc.¹⁸

Thus, ageing is a sociologically interesting phenomenon because it takes place within a social context which exerts various constraints upon individual. The first aspect examines ageing as an individual experience by investigating such topics as changes in perceived age identity as the individual progresses through the life courses. The second

¹⁷ . *Ibid.*, p.5.

¹⁸ . *Ibid.*, p.5.

approach studies ageing in social context which defined ageing and seeks to understand the position of the elderly within the society. The third dimension of social gerontology is the examination of the societal consequences of ageing. Ageing has, therefore, three main dimensions-biological, psychological, and social. All these three aspects are so interrelated that acceleration of any may also speed up the other two.

vi. Criteria of Ageing:

The question arises as to what constitutes the aged? Is it chronological age, physical appearance such as graying of the hair or physical impairment or incapacity to work or psychological frame? These questions assume importance in as much as physical and mental status of ageing persons vary from society to society.¹⁹ Among different species, man is one of the long-lived animals whose longevity depends upon various factors such as climate, health and medical services, education, economic conditions, social status, environment, etc. The maturity gained experience makes the aged useful for the community, although having accomplished their 'main task' they are no longer part of the mainstream society.

The definition of chronological age of the aged varies from society to society and in different periods of development in a given society. In other words, the chronological definition is linked with life expectancy.²⁰ In Indian, when the average life expectancy was 27 years, the age of retirement under the government was 55 years, which meant that a person of more 55 years of age was considered as aged or elderly. With the rise in expectancy of life, the age of retirement was raised to 58 years. It is 60 years in non-governmental organizations such as public undertaking and autonomous institutions including universities. However, academicians in the university set up continue upto 65 years. The age of retirement in the United Nations Organizations is between 60 and 65 years. According to census guidelines a person above 55 is placed in the category of aged.

¹⁹ . D. Paul Chowdhry, op.cit., p22.

²⁰ . Ibid., p.23.

vii. Stereo- Types:

Ageing is involuntary withdrawal or disengagement resulting in decreased interaction between the aged and others in a social system. In addition to theories and approaches developed by social scientists there are many negative stereo- type beliefs and misconceptions about the old people.²¹ Measures have to be taken to remove their depression, anxiety, ill-health, hold ownership of property and have requisite income to maintain themselves. Every human society is stratified in terms of ages of its population. Age is biological determination. Industrialization and urbanization have created uncertainty about the traditional society's role and improvement of the aged. Since modern society is youth oriented, particularly from the point of view of utility, productivity, independence, the aged gradually lose their roles as defined in the traditional value system.

viii. Social Theories of Old age:

The word theory often gives rise to difficulties because it is used to describe everything which is not practical. When theory is used, as in psychological or sociological theory, then it refers to a set of conjectures or tentative explanations of reality.

Each one of us uses theory constantly. We carry in our heads our personal theories or models which represent the world about us. To do this we use selected concepts and the relationships between them. It is because we do not share the same theories that we see the world differently. In other words, facts do not speak for themselves; rather facts interpreted in the light of some particular theory. It is because we have particular opinion about the nature of 'illness', 'old age' or the 'role of women' that we have different views about the way that society should care for sick old people.

One cannot ignore theory, we can only choose from the alternatives. However, theories are not static but dynamic and constantly changing. Theory development therefore is best understood in a historical context, and fashions in the acceptability of different theories can be interpreted equally within a broader political or social context.

Most theories of contemporary social gerontology are also theoretical perspective based on one or more sensitizing concepts rather than on internally integrated systems of concepts.

²¹ . Ibid., p.76.

a. Disengagement Theory:

The most persistent and controversial theory in gerontology is disengagement theory. Disengagement theory is found primarily in its original formulation by Cumming and Henry (1961).²² As a theory, it originally emerged in 1960 and has been attacked and revised several times over the years. The theory is a functionalist theory. It maintains that those entering old age must gradually be phased out of important roles for society to function. The disengagement theorists recognize that although the process of disengagement is inevitable, variations will occur because of difference in health and personality.

The disengagement theorists believe that high levels of life satisfaction are associated with the age's reducing of the number and importance of their role. Thus, happiness in old age consists of individuals' recognizing the fact that they are no longer young and that there are more competent individuals to fill their roles²³. Thus, disengagement is a process whereby society and individual separate themselves from each other.

The proponents of disengagement believe that it is distinguished by four characteristics.

1. Disengagement is a gradual process, that is, it does not suddenly happen but rather is series of events. For example, with increasing age parental roles begin to lessen in responsibility, work roles wind down before retirement and community and religious roles are gradually abandoned. Thus with increasing age both the number and intensity of roles decline. Disengagement is inevitable since both the concept of disengagement and the process for bringing it about are part of the social structure of the society. All individuals completing the life periods will experience it.
2. Disengagement is a mutually satisfying process for both the society and the individual; it is desired by both the individual and society. It is not functional for society to fill the roles of those aged who have suddenly died with inadequately trained personnel. Thus, society is happy to see the aged disengage. Correspondingly, the aged are happy to disengage since the demands, anxieties, and pressures of their roles make them easy to relinquish.

²² . Richard. C. Crandall, *Gerontology: A Behavioural Science Approach*, p.109.

²³ . *Ibid.*, p.110.

3. Disengagement is the norm, according to disengagement theorists. This fact is demonstrated by mandatory retirement laws and such matters as age norms in regard to behavior.

The disengagement theorists felt that the declines noted above were logical, since they brought about a natural, normal, satisfying process called disengagement. With increasing age, individuals could be more selective in their roles.²⁴ Those roles that demanded too much time and energy or that had too little reward or satisfaction attached to them could be dropped. Individuals would retain those few roles that provided them with reward or satisfaction.

The major criticism of the theory is that it is too simplistic. There are many aged who do not disengage and who do not appear to suffer from their disengagement. There is also the contradictory and challenging literature of the activity theorists to reckon with. Other studies have found that it is age that brings about disengagement but rather the correlates of increasing age such as poor health, loss of friends, or reduced finances.²⁵ To explain “successful disengagers”, disengagement theorists would say that they were off in their timing, or that they constituted elite.

b. Disengagement Theory in Indian Context:

In ancient times, the old had a vital role to play in social welfare activities. The concept of ‘Vansprastha asrama’ the age for devoting the time for welfare activities does not exist during the present times. The concept of ‘Sanyas asrama’ has altogether vanished. The roles for different age-group will have to be re-defined. The literary meaning of an ‘asrama’ is halting or resting place. The word signifies a halt, in a sense in order to prepare oneself for further journey. The ‘asrama’ then, are to be regarded as resting places during one’s journey on the way to final liberation which is final aim of life.²⁶

The ‘asrama’ theory presents a dynamic approach of human life in its developmental aspects. The ‘Brahmacharya asrama’ gives an opportunity to the individual to acquire knowledge for self-development; in the ‘Grihastha asrama’ he has to serve the society with his ‘Purusharthas’, the ‘Vanprathas asrama’ meant for the gradual withdrawal

²⁴ . Ibid., p.110.

²⁵ . Ibid., p.110.

²⁶ . P.N Sati, Needs and Problems of Aged: A Study for Social Intervention, p.7.

from previous 'asramas' and prepare himself for the last 'asramas' of 'sanyas'. The great importance has been attached to the 'Vanprastha asrama' as it gives an opportunity to the individual to withdraw himself from social obligations of the life and serve the people at large for their social welfare.²⁷ The traditional Hindu view of recognizes withdrawal from society as an approach towards old age 'Vanprastha asrama' is therefore comparable to the disengagement theory.

c. Activity Theory:

One of the theorists formulated to demonstrate the weakness of disengagement theory was activity theory. Activity theory, so labeled by Havighurst, Neugarten, and Tobin has a very different concept of being old in modern times than that of disengagement theory. Activity theory is the antithesis of disengagement theory²⁸. Although it had been a persistent theme in the literature on the aged for centuries, it was not until after the publication of disengagement theory data that the activity theorists began to systematically research and refine the theory.

Activity theory might be referred to as the "golden- years" concept of ageing.²⁹ The ideal of old age for activity theorists is one in which individuals maintain their prior activity levels. The theory essentially claims that to be happy in old age, individuals need to keep active. Happiness is achieved by denying the onset of old age and by maintaining the middle-aged way of life, values, and beliefs for as long as possible. Thus successful ageing consists of remaining middle-aged. Activity theorists believe that if existing roles or relationships are lost, it is important to replace them. Replacement of roles and relationships is necessary because when activity drops, there is a corresponding drop in level of life satisfaction. Essentially, then, activity theory states that the greater the activity, the greater the life satisfaction. The more roles or relationships that an individual loses and does not or cannot replace, the greater the drop in the level of life satisfaction.

However, not all of the studies have supported activity theory.³⁰ One of the major criticisms is that it may not be role activity that determines high morale. Rather it may be that those with high morale can form friendships and have a greater probability of staying

²⁷ . Ibid., p.8.

²⁸ . Ricahrd. C. Crandall, op.cit., p.111.

²⁹ . Ibid., p.112.

³⁰ . Ibid., p. 112 .

active than those with low morale. Another problem is that for many older individuals happiness is not obtained by staying active.

Many social scientists have propounded several theories for the study of ageing. The researcher has chosen activity theory and disengagement theory for the present study. This was mainly because of its relevancy and applicability of the theory in the study area.

xi. Global Scenario on Ageing:

Ageing of the population refers to both the increase in the average (median) age of the population and the increase in the number and proportion of older people in the population. Population ageing is a result of past improvements in mortality rates at all ages and continuing improvements in mortality rates at the oldest ages combined with over all past fertility rates.

The population of the world in 1995 was 5.7 billion, and it is expected to reach 10.8 billion by 2050. The percentage of the elderly in the world population will increase rapidly from 9.5 in 1995 to 20.7 in 2050 and to 30.5 in 2150. In absolute numbers, this will mean an increase from 542 million in 1995 to 1.9 billion in 2050 and to 3.3 billion in 2150.³¹

According to the assessment of the United Nations, only Western Europe in the world had a proportion of elderly above 15% in 1950. In 2000, all three regions of Europe except Eastern Europe registered a proportion above 20%.³² In the next 50 years, the proportion of aged is expected to grow more rapidly. As of today, Southern Europe has the highest proportion of elderly (21.5%) and is expected to reach 37.2% by 2050. In the developing countries, one in every 12 persons is now elderly; the ration is expected to become one in five by 2050, equaling that in the developed countries. The latter is projected to reach one in three by 2050.

Although Asia as a whole accounts for only 9% of elderly, there are variations among the various regions. As of the year 2000, Eastern Asia leads with 11%; the corresponding proportion for other regions is only 7%.³³ By the year 2050, one in four persons in Eastern Asia, one in five in South Central and Eastern Asia, and one in six in Western Asia are expected to be elderly.

³¹ . S. Irudaya Rajan, P.Sankara Sarma and U.S Mishra, Demography of Indian Ageing 2001-2051. In Phoebe.S. Liebig and S.Irudaya Rajan (eds). An Ageing India: Perspectives, Prospects, and Policies, p.13.

³² . Ibid., p.13.

³³ . Ibid., p.14.

By 2050, the proportions of elderly in 33 Asian countries, except Afghanistan, Oman, and Yemen, are projected to be above 10%. In 10 countries, the proportions are likely to exceed 20%, with six having 25% elderly, and two as large as 35%. Hong Kong is predicted to lead with 39% of elderly, followed by Japan.³⁴ The two most populous countries in the world, China and India, will share the major proportion of the world's elderly. Currently, one in 10 Chinese is an elderly person, and this ratio is expected to reach one in four by 2050; similarly, one in 12 Indians is elderly, and this ratio is likely to be one in five in 2050. In absolute terms, India's elderly population is expected to increase from 76million in 2000 to 327 million in 2050, and that of China is expected to increase from 127 million to 397 million during the same period.

TABLE 1.1
Global Scenario of Aged, 1995-2150

Year	Population (Billion)	%aged 60+	%aged 65+	%aged 80+
1995	5.687	9.5	6.5	1.1
2000	6.091	9.9	6.8	1.1
2025	8.039	14.6	10.8	1.7
2050	9.367	20.7	15.1	3.4
2075	10.666	24.8	19.1	5.3
2100	10.414	27.7	22.0	7.1
2125	10.614	29.2	23.6	8.6
2150	10.806	30.5	4.9	9.8

Source: S. Irudaya Rajan. P. Sankara Sarma. U.S. Mishra. 2003. P-14.

a. Ageing in Japan:

Japan has continued to experience a decreasing birth rate as it enters the 21st century. According to government statistics report, in 2030 there will be approximately the same amount of the working aged population as there was in 1950. Japan will experience declines in the children and working aged cohorts and a sharp increase in over 65 year old group.³⁵

The decline in the working aged cohort may lead to a shrinking economy if productivity does not increase faster than the rate of its decreasing workforce. In the next

³⁴ . Ibid., p.14.

³⁵ . <http://www.en.wikipedia.org.Ageing of Japan> 6th July 2012

few years, the first groups of baby boomers will reach retirement age and researchers believe this will lead to an increase in Japan's debt, deficits, and deflation. Japan would need to increase both the number of its workforce and industrial productivity to help support its ageing population.

The ageing of Japan outweighs all other nations with the highest proportion of elderly citizens, 21% over the age of 65. In 1989, only 11.6% of the population was 65 years or older, but projections is that 25.6% would be in that age category by 2030. However, those estimates are updated at 23.1% (as of February 2011) are already 65 and over, and 11.4% are 75 and over, now the world's highest (though 2010 Census age results have not yet been released). The change will have taken place in a shorter span of time than in any other country.

The age 65 and above demographic group increased from 26.5 million in 2006 to 29.47 million in 2011, an increase of 11.2%. The Japanese Health Ministry estimates the nation's total population will decrease by 25% from 127.8 million in 2005 to 95.2 million by 2050. Japan's elderly population, aged 65 or older, comprised 20% of the nation's population in June 2006, a percentage expected to increase to 40% by 2055.

b. Ageing in UK:

The ageing population of the UK mirrors that in many other European countries. It is partly a consequence of the age structure of the population alive today, in particular the ageing of the large number of people born during the 1960's baby boom period. With widespread fall in fertility rates and significant rises in life expectancy, the median age of British population is rising. Today, for the first time in history, Britain's over 65 years outnumber people under the age of 16.

This ageing population trend is being made by the inevitable retirement of the so-called baby boom generation over the coming decades. The baby boomers were born during a period of rapid population growth and social change, between 1946-1964 17 million births recorded in Britain alone during this period. Those born at this time are now beginning to reach retirement age and are set to have a dramatic effect on the people, society and the economy of Britain.

The population of the UK is ageing. Over the last 25 years the percentage of the population aged 65 and over increased from 15 per cent in 1985 to 17 per cent in 2010, an

increase of 1.7 million people. Over the same period, the percentage of the population aged under 16 decreased from 21 per cent to 19 per cent. This trend is projected to continue. By 2035, 23 per cent of the population is projected to be aged 65 and over compared to 18 per cent aged fewer than 16.

The fastest population increase has been in the number of those aged 85 and over, the “oldest old”. In 1985, there were around 690,000 people in the UK aged 85 and above. Since then the numbers have more than doubled reaching 1.4 million in 2010. By 2035 the number of people aged 85 and above is projected to be 2.5 times larger than in 2010, reaching 3.6 million and accounting for 5 per cent of the total population.

As a result of these increases in the number of older people, the median age of the UK population is increasing. Over the past 25 years the median age increased from 35 years in 1985 to 40 years in 2010. It is projected to continue to increase over the next 25 years rising to 42 by 2035.

In 2010 the median age for women (41 years) was higher than for men (38 years). This is because, on average, women live longer than men. However, the gender gap in median ages has narrowed by a year since 1985.

The ratio of women to men of those aged 65 and over is also falling. In 1985 there were 154 women aged 65 and over for every 100 men of the same age, compared to the current sex ratio of 127 women for every 100 men. By 2035 it is projected that the 65 and over sex ratio will have fallen still further to 118 women for every 100 men.³⁶

c. U.S. Trends:

In the United States, the proportion of the population aged more than 65 years is projected to increase from 12.4% in 2000 to 19.6% in 2030.³⁷ The number of aged persons 65 and above years is expected to increase from approximately 35 million in 2000 to an estimated 71 million in 2030 and the number of aged persons 80 years and above is expected to increase from 9.3 million in 2000 to 19.5 million in 2030. In 1995, the most populous states had the largest number of older persons; nine states (California, Florida, Illinois, Michigan, New Jersey, New York, Ohio, Pennsylvania, and Texas) each had more

³⁶. <http://www.ons.gov.uk>. Population ageing in the United Kingdom and its constituent countries and the European union. 02 march 2012.

³⁷. <http://www.cdc.gov>. Public Health and Ageing: Trends in Ageing-United States and World Wide. February 14 2003.

than one million aged persons above 65 years. In 1995, four states had more than 15% of their population aged above 65 years; Florida had the largest proportion (19%). By 2025, the proportion of Florida's population aged above 65 years is projected to be 26% and above 15% in 48 states.

The sex distribution of older U.S. residents is expected to change only moderately. Women represented 59% of aged persons above 65 years in 2000 compared with an estimated 56% in 2030. However, larger changes in the racial/ethnic composition of aged persons above 65 years are expected. From 2000 to 2030, the proportion of aged persons above 65 years who are members of racial minority groups (i.e., black, American Indian/Alaska Native, Asian/Pacific Islander) is expected to increase from 11.3% to 16.5%; the proportion of Hispanics is expected to increase from 5.6% to 10.9%.

d. Ageing in China:

By 2042, China's ageing citizens will account for more than 30 per cent of the country's total population, according to an official report. China's National Working Commission on Ageing (CNWCA) in its recent report said China's Ageing population is increasing rapidly while country's birth rate remains low.

It is estimated that the percentage of China's Ageing population will reach 16.7 per cent of total population in next five years, and about 30 per cent by 2042.

According to international standards, a country or region is considered to have an "ageing society" when the number of people at and above 60 reaches 10 per cent or more of its total population. Currently, China has more than 178 million people at or above the age of 60, which is more than 13 per cent of its total population, Li Jianguo, vice-chairman and general secretary of the Standing Committee of the National People's Congress (NPC) said in his report on the implementation of the law on protection of senior citizens' rights.³⁸

x. Ageing: The Indian Scenario:

The 2001 census has shown that the elderly population of India accounted for 77 million. While the elderly constituted only 24 million in 1961, it increased to 43 million in 1981 and to 57 million in 1991. The proportion of elderly persons in the population of India rose from 5.63 per cent in 1961 to 6.58 per cent in 1991 and to 7.5 per cent in 2001.

³⁸ . [http:// zeenews.india.com](http://zeenews.india.com). Ageing China to have 30% old people by 2042. August 25, 2011.

This is true of other older age cohorts too.³⁹ The elderly population aged 70 and above which was only 8 million in 1961 rose to 21 million in 1991 and to 29 million in 2001. Besides, the proportion of elderly above 70 in the total population increased from 2.0 per cent in 1961 to 2.9 per cent in 2001. The Indian population census reported 99,000 centenarians in 1961 their number rose to 138,000 in 1991. The growth rate among different cohorts of elderly such as 60 plus, 70 plus and 80 plus during the decade 1991-2001 was much higher than the general population growth rate of 2 per cent per annum during the same period. However, the sex ratio among the elderly in India has favoured males as against the trend prevalent in other parts of the world.

Table 1: 2

Number and Proportion of Elderly in the Indian Population by Age Groups, 1961-2001

Age group	Number (in millions)					Percent of elderly to the total population				
	1961	1971	1981	1991	2001	1961	1971	1981	1991	2001
60+	25	33	43	57	77	5.6	6	6.49	6.76	7.5
70+	9	11	15	21	29	2	2.1	2.33	2.51	2.9
80+	2	3	4	6	8	0.6	0.6	0.62	0.76	0.8
90+	0.5	0.7	0.7	1	n.a	0.1	0.1	0.1	0.2	n.a
100+	0.01	0.01	0.01	0.01	n.a	0.02	0.02	0.02	0.02	n.a

Source: S. Irudaya Rajan. 2006. <http://www.cehat.org> dated: 12/06/2010. p-2.

Table 1:3

Sex Ratio and Growth Rate among the Indian Elderly, 1971-2001

Year	Sex ratio of elderly (males per 1000 females)				Growth of elderly (percent)		
	1971	1981	1991	2001	1971-1981	1981-1991	1991-2001
60+	1066	1046	1057	1028	2.78	2.72	3.04
70+	1030	1026	1084	991	3.13	3.08	3.32
80+	950	990	1090	1051	2.54	4.35	2.35
90+	897	892	1019	n.a	0.66	5.08	n.a
100+	798	844	896	n.a	0.19	0.44	n.a

Source: S. Irudaya Rajan. 2006. <http://www.cehat.org> dated: 12/06/2010. p.2.

³⁹ . S.Irudaya Rajan.2006:<http://www.cehat.org>.dated:12/06/2010. P.1.

India is one of the few countries in the world where males outnumber females. This phenomenon among the elderly is intriguing because female life expectancy at ages 60 and 70 is slightly higher than that of males.⁴⁰ However, at any given age, contrary to what we would normally expect, there are more widows than widowers and reasons for this unusual phenomenon need to be identified. Life expectancy at birth among Indian males had been higher than that among females until the first half of the 1990s. Apart from this unusual demographic pattern of excess female mortality during infancy and childhood, the phenomenon of age exaggeration among the aged complicates the analysis. Thus, the above observation of more males in old age does not reveal a true picture of elderly persons. In India, the sex ratio of the aged as well the old-old favours males. Reasons for more males in old age may consist of under-reporting of females, especially widows, age exaggeration, low female life expectancy at birth, and excess female mortality among infants, children and adults. Notwithstanding the several analytical and statistical problems indicated above, the preponderance of females in extreme old ages needs to be brought to the attention of planners and policy makers.

Table 1:4
Life Expectancy at ages 60 and 70 for Indians

Year	Male			Female		
	<i>E0</i>	<i>E60</i>	<i>E70</i>	<i>E0</i>	<i>E60</i>	<i>E70</i>
1970-75	50.5	13.4	8.6	49	14.3	92
1976-80	52.5	14.1	9.6	52.1	15.9	10.9
1981-85	55.4	14.6	9.7	55.7	16.4	11
1986-90	55.7	14.7	9.4	58.1	16.1	10.1
1991-95	59.7	15.3	10	60.9	17.1	11
1996-1999	60.8	15.7	10.3	62.5	17.7	11.6

Source: S. Irudaya Rajan. 2006. <http://www.cehat.org> dated: 12/06/2010. p.3.

Since 1950, the crude birth rate declined from 47.3 during 1951-61 to 22.8 in 1999, the crude death rate fell steeply from 28.5 to 8.4 during the same period. Logically, therefore, India is expected to undergo a faster decline in fertility in the immediate future compared to mortality, because mortality is already at a low level. The ageing process in

⁴⁰. Ibid., p.2.

India will, therefore, be faster than in other developing countries.⁴¹ Moreover, the transition from high to low fertility is expected to narrow the age structure at its base and broaden the same at the top. In addition, improvement in life expectancy at all ages will allow more old people to survive, thus intensifying the ageing process. In this context, an examination of the increasing life expectancy indicates that the gain will be shared by older people and will increase their longevity. Table 3 provides evidence to support this—males are expected to live 16 years beyond age 60 and 10 years beyond age 70 and the corresponding years for females are 18 and 11 respectively. Urban females are expected to live for an additional two years at age 60 compared to their rural counterparts.

The emerging ageing scenario of India in the first half of the 21st century and for this, the elderly population of India has been projected for the next 50 years. Table 1.5 gives a profile of the elderly classified by ages 60 and above, 70 and above and 80 and above in terms of size, proportion and gender dimensions. The projection period ranges from 2001 to 2051.

Table 1.5
Number, Proportion and Sex Ratio of the Elderly, 2001-2051

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

Source: <http://www.cehat.org> S. Irudaya Rajan. 2006. p.4.

⁴¹ . Ibid., p.3.

It is also 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. The proportion is likely to reach 12 per cent in 2031 and 17 per cent 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 from 2001-2051 (from 29 million in 2001 to 132 million in 2051). Their proportion is expected to rise from 2.9 to 7.6 per cent. Although there was an excess male in the age 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 table 1:6 Show the assessment of the emerging ageing scenario of India in the first half of the 21st century (2001-2051). It projected the elderly population of 25 states and seven union territories by dividing the country into six regions: south, west, central, east, north, and north east. The table also gives the distribution of the elderly falling in the 60+ category.

India's elderly population aged 60 and above is expected to increase from 71 million in 2001 to 179 million in 2031 and further to 301 million in 2051.⁴² The proportion is likely to reach 12% in 2031 and 17% in 2051. As of 2001, South India has the highest number of elderly persons above 60 years and maintains its lead in the next 40 years (19 million in 2001 to 70 million in 2051). In fact, one-fourth of India's elderly persons live in South India, indicating the low fertility and high expectation of life birth in the region. The lowest numbers are expected in North-east India. In fact, Central India, with the second highest number of elderly in 2001, is projected to increase its population at the same rate as South India by 2051. East India also follows South and Central India and is expected to reach 67 million in 2051.

⁴² . S.Irudaya Rajan, P.S.Sarma and U.S.Mishra, op.cit., p.24.

Table 1:6
Number, Proportion, and Sex Ratio of elderly

Number of elderly (60+), 2001-2051						
<i>Absolute Numbers (millions)</i>						
Region	2001	2011	2021	2031	2041	2051
South	18.6	25.49	34.64	46.28	59.32	43.66
West	10.59	14.66	20.60	27.56	35.29	43.66
Central	16.17	21.03	28.13	37.09	50.86	69.88
East	15.03	20.86	29.36	38.77	51.39	67.33
North	8.23	11.17	15.92	22.17	30.04	39.01
Northeast	2.16	3.09	4.67	6.72	9.10	11.35
India	70.78	96.30	133.32	178.59	236.01	300.96
Proportion of Elderly (60+), 2001-2051						
<i>(Absolute Proportion (millions))</i>						
Region	2001	2011	2021	2031	2041	2051
South	8.3	10.2	13.0	16.8	21.4	25.8
West	7.5	9.1	11.5	14.4	17.7	21.
Central	6.4	6.8	7.5	8.4	9.9	11.9
East	6.8	8.0	9.9	11.7	14.4	17.8
North	6.6	7.4	9.0	11.1	13.6	16.5
Northeast	5.6	6.8	9.0	11.6	14.5	17.2
India	7.1	8.2	9.9	11.9	14.5	17.3
Sex Ratio of Elderly (60+), 2001-2051						
<i>Sex Ratio(M/F*1000)</i>						
Region	2001	2011	2021	2031	2041	2051
South	954	966	942	897	927	939
West	980	1005	1000	974	1005	985
Central	1114	1069	1020	995	1084	1072
East	1070	1074	1030	975	1014	1018
North	1067	1070	1048	1025	1063	1028
Northeast	1139	1139	1084	985	978	993
India	1036	1034	1004	964	1008	1007

Source: S. Irudaya Rajan. P. Sankara Sarma. U.S. Mishra. 2003.p.25.

Only South India is projected to reach 10% by 2011, while West India is expected to have an elderly population above 10% in 2021. However, except central India, all other regions of India are projected to reach above 10% in 2031. Around 2051, South India is expected to have an elderly population above 25%, followed by West India with above 20%. Another three regions (East, North, and Northeast) will be above 15%, with the lowest expected in Central India. Excess elderly females are noted only in South India during this period.⁴³

⁴³ . Ibid., p.26.

The number of elderly persons above 70 years of age (old-old) is likely to increase more prominently than those 60 years and above. The old-old are projected to increase five-fold between 2001 to 2051 (from 27 million in 2001 to 132 million in 2051). Their proportion is expected to rise from 2.7 to 7.6. Though there was an excess of males in the aged group 60 and above, the old-old sex ratio is very much favorable to females.⁴⁴ In 2051, South India is expected to lead with the highest number (34 million) of old-old, followed by East and Central India, and the lowest is expected in the Northeast. However, the proportion of old-old is expected to be highest in South India, followed by West and the Lowest in Central India. South and West are projected to have excess females throughout the study periods: other regions show excess females only in some periods.

The oldest -old group (80+) in India is expected to grow faster than any other age. In absolute numbers, it is likely to increase six-fold from 5.4 million in 2001 to 32.0 million in 2051.⁴⁵ As expected, South India will lead with the highest numbers and proportions of older-old in the next half of the 21st century. From 2011 onwards, all regions are expected to have excess oldest-old females.

The old-age dependency ratio for India and the different regions within the country are almost similar in 1991 except Northeast India.⁴⁶ However, the trend is expected to be different in 2051; 100 persons in the age group 15-59 will have to support 42 persons above 60 and more in South India. The ratios are 35 for West India and 28 for India as a whole. As of 2001, India has 20 elderly per 100 children, and the index is expected to reach 80 in 2051. South India and West India are expected to have more elderly persons over 60 compared to children. The projected indices are 172 and 127, respectively.

Approximately among the 580 million elderly (60 years and above) in the world, around 355 million live in developing countries. The number of elderly world wide by 2020 is expected to cross 1000 million with over 700 million of them in developing countries. The population of those who are 60 and above constituted 5.66 per cent of the total population in 1951 in the case of India. India had 25 million persons over 60 years in 1961 and 33 million in 1971. The figure rose to 40 million in 1981. In 1991, the figure further increased to 56 million constituting 6.5 per cent of the total population. The

⁴⁴ . *ibid.*, p.27.

⁴⁵ . *ibid.*, p.27.

⁴⁶ . *ibid.*, p.27

population of the aged was predicted to become 76 million by 2001, forming 7.6 per cent of population and nearly one-seventh of the world elderly.⁴⁷

Population ageing has been occurring much faster in developing countries, due to rapid fertility decline and increasing life span through medical interventions, providing effective treatment and prevention of diseases that used to be fatal. This rapid growth of ageing population has become a serious challenge to public health globally.

Given the trend of population ageing in India, the elderly face a number of problems which range from absence of ensured and sufficient income to support themselves and their dependents, to ill-health, to absence of social security, to loss of a social role and recognition, to the non-availability of opportunities for creative use of free time. The trend clearly reveals that ageing will become a major social challenge in the future when vast resources will need to be directed towards the support, care and treatment of the elderly.

For our immediate purpose 'sixty' years has been considered as the cutoff point. In other words, persons of 60 years and above have been considered to constitute "old persons" as adopted by the census of India for the purpose of classifying a person as old.

1.2 LITERATURE REVIEW:

Several studies have been conducted on ageing and related issues by many research scholars.

Soodan (1975) in his study deals with the aged in an urban community of Lucknow city reveals that medical science has prolonged life and India along with other countries is faced with an increasing population. Martha Baum and Rainer C. Baum (1980) States that "unlike in other societies, knowledge and skills wear out fast in modernity, and older people are consigned to premature obsolescence". Crandall (1980) in his book "*Gerontology: A Behavioural Science Approach*" states that for decades sociologists have observed that increasing age brings changes in roles, rights, expectations, opportunities, behaviours and responsibilities.

Timothy, H. Brubaker (1987) in his book, '*Ageing, Health, and Family.*' *Long-term Care*: Tried to address the relationship among the older person, family, and bureaucracy in various situations in long-term care. He further tries to examine the involvement of family

⁴⁷ . I.Sobha and M.S.N Reddy, *Healthy Ageing: Concepts, Problems and Prospects*, p.3.

members in the long-term care of the older persons. S.R Singh and others (1987) in their paper '*Ageing in India: Problems and Prospects*' (ed) in M.L Sharma and T.M Dak "*Ageing in India: Challenge for the Society*" rightly remark that, ageing in itself is not a problem to be terrified with. This is a stage of development in human life. As with every other stages of life, ageing also presents the individual with certain developmental tasks that must be resolved. Old age is not, or at least need not be, a time of stagnation. Many old people face challenges, struggle and gratifications just as they did in earlier years. Saraswati Mishra. (1987) in his book '*Social Adjustment in Old Age*' pointed out that in addition to the rise in percentage of old people, the more important factor is that the roles and status of the old people are declining in the present society. It deprives them of the satisfaction of their physical and socio-psychological needs. M.L. Sharma et.al (1987) in their work '*Ageing in India: Challenged for the Society*' states that modern education, urban influences, mass media and emergence of materialistic and individualistic outlook had the tendency to alter traditional kinship and family organization with declining authority of the aged. Victor (1987) argued that urbanization and industrialization combined to undermine the extended family and replace it with nuclear family as the primary unit of society. This, he argued, isolated the elderly both from society and the family.

S.P Mohanty (1989) in his paper, '*Demographic and Socio-Cultural Aspects of Ageing in India: Some Emerging Issues*' pointed out that, though every old man has been young and young one hopes to be old, there seems to be a most unnatural misunderstanding between these stages of life. Kumar, Narendra and Saxena, Pushpa. (1989) in their work "*Aged Among the Tribals of Madhya Pradesh*" reveals that the demographic changes in family structures due to urbanization and industrialization have resulted in changes in other aspects of family life like sentiments, behaviour patterns and attitude. Rajalakshni Ramnath (1989) in his work '*Problems of the Aged*' stated that, ageing is not a new phenomenon. But the problems that occur with ageing appear to be product of the modern age. Archarya and Das (1989) observed that the respect for the authority of the aged is declining in younger generation, who want to live in a horizontal society.

Peter Coleman and John Bond 1990: in their paper '*Ageing in the Twentieth Century*' state that the ageing populations, a trend which has characterized industrial

societies throughout the twentieth century but which in recent decades has become a worldwide phenomenon. Kumar (1991) in his study *'Family life and Economic Problems of the Aged'* reveals that in the past, the old people were revered as depositories of wisdom and traditions, and were not perceived as problems. They occupied positions of prestige, power and privileges. S.Vijaya Kumar (1991) in his book *'Family life and Socio-Economic Problems of the Aged'* remarked that, the importance of ageing is gradually being felt in India in tune with the increasing pace of urbanization and industrialization as well as modernization, growing individualism vis-à-vis the diminishing kinship ties. Mahadevan, K. and Sumangala (1992) states that as a result of modernization several benevolent social values, viz, authority, management role, love and affection, respect, kinship obligations of the younger generation etc, have weakened in different degrees leading to manifold problems for the elderly. Chowdhry (1992) in his work *'Ageing and the Aged'* state that "half a century ago India had a strong tradition of younger generation respecting their parents, grand-parents, teachers etc. Ram Chandra Srivastava (1994) in his book *'The Problem of the Old Age'* remarked that, continued growth of the population coupled with life expectancy is giving rise to larger numbers and proportions of older people in nearly all societies. Kumudini Dandekar (1996) in his book *'The Elderly in India'* described the condition of the old in India emphasizing the state of Maharashtra. He assumed that old people face a variety of problems including economic, health, non-working status, and lack of independence, clash of lifestyles, generation gap and so on. Atchley, Robert. (1998) clearly mention that ageing is something that happens to all of us. It is a natural and virtually inevitable process.

Rajan. S et.al (1999) in their work *'India's Elderly' Burden or Challenge?'* declares that if elderly persons participate in economic activities beyond 60 years of age, how can one include they are dependent at old age?. Rao, P.Venkata (1999) in his study *'Ageing in the Tribal Context'*. A study of Chenchu tribe of Andhra Pradesh examines that urbanization, industrialization; occupational mobility and migration are affecting the living conditions of the aged. Gail Wilson (2000) in his book *'Understanding Old Age: critical and global perspectives'*, pointed out that in most societies the ageing experience differs according to gender and social class. Reddy, P. Jayarami and Rani, D. Usha (2000) in their study *'Perspective on Elderly in India: Rural-Urban Analysis'* declares that in India the elderly population is growing at a faster rate than the general population, much faster in

urban than in rural areas. Yogesh, Atal (2001) in his paper '*The United Nations and Ageing*' pointed that the problem of ageing is a global problem in the sense that it is experienced by all societies, but its magnitude and its manifestation are not the same everywhere. Pushpa, Mary Rani (2001) in her paper '*Institutional Care of the Aged*' pointed out that taking care of the aged has become a serious problem on account of increasing poverty, high cost of living and expensive medical treatment. S. Siva Raju (2002) in his book '*Health Status of the Urban Elderly*' clearly reveals that the problems associated with old age and care of the elders in India are multi-dimensional; social, psychological and economical in nature along with health problems. Christine Bigby (2004) in his book '*Ageing with Lifelong Disability*' pointed that ageing throws up new opportunities and challenges not only for individuals and their families, but also for the helping professions and human service system. I. Sobha and M.S.N Reddy (2006) in their paper '*Healthy Ageing: Concepts, Problems and Prospects,*' observed that rapidly increasing aged population is one of the biggest political and socio-economic issues in the present day world. Srivastava A.R.N (2006) in his paper '*The Aged: Their Problems, Social Intervention and Future Outlook in the Western U.P*', stated that ageing is a very crucial stage in one's life span because person's social obligations, privileges and expectations towards immediate kin groups undergo a reciprocal change. Sushila Jain (2006) '*Globalization and the Aged*' states that, gerontology, the study of ageing and the elderly, concerns itself not only with the physical process of growing old, but also with social and cultural factors concerned to ageing. Arvind K. Joshi (2006) in his book '*Older Persons in India*' pointed out that the population of the aged, 60 years plus population has increased over the successive decades, on the other hand, traditional family/community-based support systems for the aged have not only weaken but showing signs of complete collapse. This has seriously affected the situation of senior citizens in society.

Gerben J. Westerhof and Emmanuel Tulle (2007) pointed out that increasing dependency and decreasing productivity, are constructed as inherent aspects of old age posing social problems that have to be solved.

With a brief review of the works on the social gerontology it reveals that there has been no systematic study of ageing among the Nagas till recent time. The subject is totally neglected. So far none of the Naga tribes has been investigated in detail by any research

scholar from the sociological point of view. This inspired the researcher to undertake a study on social gerontology of the Nagas.

The obligation in the Naga family system to look after the elderly, to honour and respect them continues to be discharged today. There are, however, some emerging stresses and strains which, in varying degrees, tend to increase the vulnerability of the old. These may be briefly stated as follows:

- i. The forces of modernization, technological change, mobility and the explosion in the lateral transmission of knowledge are making changes in lifestyles and values to adjust to the changing circumstances. Individuals and families tend to be caught between tradition and modernity which sometimes leads to ambivalence in attitudes towards the use of the knowledge and experience of the past in solving problems of the present. When this happens it tends to make the old people feel less valued.
- ii. The migration of the younger people increases the vulnerability of the old who stay behind, particularly for families which do not have independent production assets (land, livestock or household industry) and are dependent primarily on their labour.
- iii. Increasing employment of women outside the home in offices and in factories implies that they can spend less time for taking care of the older members, especially those who require constant care. Further, the relatively independent status acquired by a white collar woman worker who has her own career aspirations sometimes leads to demand on the husband for setting up a separate family.

1.3 STATEMENT OF THE PROBLEM:

A problem is considered social when difficulties met by a group of people; (a) result from the functioning, organization or structure of society, (b) may endanger society at large, and (c) can and should be solved through social policies and political initiative. The problem of old age has emerged as a social problem, to some extent, owing to the rising proportion of the aged people in the population, but, to a large extent, owing to the declining roles and status of the aged people in the society of the present world.

Owing to the modernization and urbanization of the Naga society; the prestige, power, authority, status and security enjoyed by the aged are declining. Neglecting the elderly, a situation that hardly happened in the traditional Naga society has begun to occur. Today, very few Nagas consider old age as valuable and precious period of life that is once

used to be; rather and especially in urban societies like Kohima it is an emergence of despair, agony and frustration. The aged are gradually pushed to relatively insignificant social position, consequent upon loss of status, power and authority in the family and society.

With the advent of urbanization and modernization in Naga society, education and employment opportunities have been extended to all levels of people in society. Consequently, the spreading practice of compulsory retirement from services at a fixed age has also affected a growing group of aged people in terms of loss of income, activity, social interaction, social status, etc.

Besides, values, ideas, and belief systems in the present Naga society are undergoing through a transitional period from a traditional to a modern and industrial social order, with effect of school education coupled with modern knowledge and urbanization. The higher the earning status, the higher is the exercise of authority, the lower the earning status, lower is the exercise of authority. In the community affairs middle aged people play a dominant role and old people are relegated to the background. The forces of urbanization and the impact of globalization etc have made the status of the Naga aged problematic in comparison to traditional societies. Consequently, the integrity of the family and the existence of the elderly as an integral part of the family and community are deteriorating. Owing to the changing Naga social structure, old people have been dislodged from the leadership positions in the family, clans, khels, societal and community level. The study addresses all these issues arising in modern Naga society.

1.4 SCOPE OF THE STUDY:

This topic was carefully selected considering the urgency of the issue because the magnitude of ageing coupled with its challenges demand and empirical study. No such research work has so far been done by any scholar pertaining to Naga society from sociological point of view. This will definitely provide sources of materials paving the ways for further investigation in such directions because hardly a few studies might have conducted relating to tribal areas in the past. This will be an authentic study to be carried out by a local scholar. The ultimate outcome of the study is expected that the material is finally published in form of a book which will be highly beneficial for the researchers in future. It is also expected that through this study awareness education is created to

understand the problem of aged people in the tribal society and the problems of aged persons are better understood by people.

1.5 OBJECTIVE OF THE STUDY:

The main objectives of the study are;

- i. To bring out an account of the Naga aged persons in contemporary society.
- ii. To examine the factors and the trends of ageing
- iii. To examines the rights and status of aged person in rural-urban areas.
- iv. To propose social responsibilities and challenges of ageing people.

1.6 HYPOTHESIS:

The main hypotheses of the study are:

- i. Modern education is responsible in reducing the traditional knowledge system of the aged persons in Naga society.
- ii. Activity theory is found to be more effectively working in Naga society.
- iii. The nature and problems of ageing differs from rural-urban and community to community in Naga society.

1.7 METHODOLOGY:

i. Sampling Design:

Stratified sampling has been applied according to rural-urban setting, communities and villages. The universe of the present study is the aged population (60+) in Naga society. The study covers both rural-urban societies. For urban societies, Kohima town being the capital of Nagaland state and moreover one of the fastest growing hill cities in the region with numbers of ethnic groups living together as heterogeneous society has been purposefully selected for the study. Ever since the Second World War, Kohima has become a historical town. Thereafter, many people migrated from different parts of Nagaland and gradually emerged as the main growth center in the state. Infact, Kohima is the cultural headquarters of Angami community though there are many other communities. After the statehood Kohima became the state capital. According to 2001 census Kohima

town population constitutes 314,366. Considering all these factors, 100 samples from Kohima town is selected as representative of urban areas.

For rural societies, three Naga communities were selected for sample study viz., Angami, Ao and Lotha representing three districts viz, Kohima, Wokha and Mokokchung. In each district, four villages with 100 respondents have been chosen by considering the size, range, and various factors such as sex, marital status, education, living conditions and economy status that represents the community. Therefore 400 respondents (100 urban and 300 rural) have been selected for the entire study. The selected villages according to district wise are; a) Kohima district: Kohima village (30 respondents), Khonoma village (20 respondents), Mezoma village (20 respondents) and Viswema village (30 respondents). b) Wokha district: Longsachung village (25 respondents) Pangti village (25 respondents) Moilan village (20 respondents) and Wokha village (30 respondents). c) Mokokchung district: Khensa village (30 respondents), Longsa village (30 respondents), Longmisa village (20 respondents) and Mongchen village (20 respondents).

ii. Tools of Data Collection:

Interview schedule and observation were the main tools of the study for collecting qualitative and quantitative data. The study is based both on primary and secondary information. The primary information was collected through interview, Schedule questionnaires, personal observation and formal discussions. Only one set of schedule questionnaire was used in this study for collecting data from the field. The questionnaire schedule was used to obtain information from the respondents to identify the problems regarding family life, economic condition, housing, health, social aspects etc. This was carried out to enable the researcher to generalize the problems and present status of the aged persons in the changing set up of family and community, and also to know their personal experiences in their passage of life.

Besides primary data, secondary information was also collected from the available literature in books, journals, research reports, census reports and other published materials pertaining to the problems of the aged living in rural and urban areas.

Collection of data was done according to phase wise from April 2008 till March 2009. First phase begin in April 2008 to August 2008 covering Kohima Town and selected Angami villages under Kohima district. The second phase of data collections was

conducted at Wokha district from November to December 2008 and the third phase at Mokokchung district from January 2009 to March 2009.

The scholar faced few obstacles at the time of data collections such as unwillingness and ignorance of the respondents, lost of memory during interview due to old age. In addition to this the scholar also faced some technical problem such as wide coverage of the study area, poor transportation and communication problem and

iii. Data Analysis:

The raw data which was collected from the field was analyzed by using coding system. Simple tables of all the variables were presented for calculating frequencies and percentages. The data of personal profile of respondents, family background, economic condition, housing, health condition and social aspects, was analyzed in relation to sex and rural-urban settings. This was supported by tables, figures and charts wherever necessary.

Old age is a shift in an individual's position from active social participation to significant decline in role performance and from economic self-sufficiency to economic dependence. The lack of economic power in the hands of the old led to many intra-familial conflicts. The aged feel lonely, dependent and marginalized. At present, ageing has become not only a sociological phenomenon but more of a social problem because socio-economic shifts are affecting the ability of the family to continue with traditional care giving role towards elders. All these issues are systematically discussed in different chapters.

1.8 The Structure of the Thesis:

The *first chapter* deals with meaning and definitions of ageing, theoretical perspectives of various dimensions on ageing and review of literature. Further it also deals with the scope and objectives and research methodology.

The *second chapter* covers 'Profile of the Study Area'. In this chapter a brief historical account of Nagaland and the selected districts of the study areas and sample villages are discussed. The chapter briefly describes the economic life, political organization, cultural life, social organization of the Nagas, etc.

The *third chapter* deals with 'Rights and privileges of the aged: an overview of different countries: Customary relations, constitutional and human rights, and privileges and the measures taken up by the institutions and the government and challenges

The *fourth Chapter* deals with 'Socio-economic status of the aged and the issues of disengagement of the Nagas' under the study area. Household composition, living conditions, age-sex composition and marital status, educational attainment, sources of income, occupations, etc. are some of the important element undertaken for the study in this chapter three.

In the *fifth Chapter*, the study covers on the 'Challenges of ageing and social responsibilities'. In some respect ageing is more difficult in a rapidly changing materialistic society. Modernization, urbanization, and consequent social mobility play a vital role in the ageing process of an individual. Along with these aspects, in this chapter, Social decay, disintegrations, impact on family and institutions through the process of modernization, westernization and globalization and the need for protections are discussed.

In *Chapter Six*, the study deals with 'Comparative analysis of the three districts': The study attempt to give a clear picture of each community and to examine the disparity of the aged and their problems in each community. To understand and to examine the differences prevailing in the three districts under the study area, the present chapter deals with comparative study of the three districts of the study area namely; Kohima, Wokha and Mokokchung. The data drawn from the field have been analyzed and interpreted to make a comparative analysis in various aspects like, Age-sex compositions, socio-economic status, health and related aspects of the aged Naga tribe in the three districts under the study area.

The *final chapter* deals with 'Summary and Conclusions' which shows that old age has started emerging as a social problem in Naga society due to the socio-cultural changes brought about by the modernization. The finding clearly indicate that increasing social structure, especially the family structure, individualistic values, negative attitudes of the younger generation towards the aged and compulsory retirement from the economic activities are the main contributing factors to the emergence of the social problem of old age.

CHAPTER 2

2.1 PROFILE OF THE STUDY AREA:

Nagaland, the sixteenth state of the Indian union, came into being on December 1, 1963. The state has an area of 16,579 square kilometers, extending on the north-east frontiers of the country.¹ It is bounded by Assam in the west and north, and in the north-east by the Tirap district of Arunachal Pradesh. The southern boundary is shared with state of Manipur while the eastern limits of the state are on the international boundary between India and Burma.

The state is divided into eleven districts. Kohima, Phek, Mokokchung, Wokha, Zunheboto, Tuensang, Mon, Dimapur, Peren, Longlen, Kiphiri. The terrain is hilly, rugged and mountainous. The average height of the peaks is between 900 and 1,200 metres. The highest point is Saramati in the Tuensang district which is 3,840 metres above sea level. In kohima district, the highest peak is Japfü with a height of 3,014 metres.

A rich variety of wild life is found in the Naga Hills period. The wild animals include tigers, leopard, elephants, and Deer, Sambur, Boars, Monkeys, Wild Buffaloes and Bear. These are connected with the social and economic life of the people in different ways.

Rainfalls are heavy in Nagaland. The average rainfall is between 175cm and 250cm. Most of the rainfall occurs during four months i.e. from June to September. Winds blow from the north-west in February and March. The principal rivers are Doyang, Dhansiri, Tizu and Melak but they are not deep enough for navigation. Most of the rivers flow from Nagaland into Assam, though some flows towards Burma and fall into the Chindwin.

i. Theories of the Word Naga:

The origin and meaning of the etymon 'Naga' is still obscure till today.² There have been several attempts made by anthropologists and historians to trace out the origin of this word. In the 2nd century A.D. Ptolemy, the famous Greek geographer of Egypt, in his

¹ . Prakash Singh, Nagaland, p.1.

² . Gangmumei Kamei, Origin of Nagas, <http://www.angelfire.com>.

ancient geography refers to a group of people known as 'Nangalogae'. Nangalogae (Nanga log) means in Sanskrit, 'Naked people'.

Indian scholars have attempted to identify the Nagas of the ancient Sanskrit literature with the Nagas of the North-East. This is evidently not correct. The Nagas of the Sanskrit literature may be identified with the Nagas, who in their climax of glory came to rule in Northern India, after the fall of the great Kushanas before the rise of the imperial Guptas in Northern India, the descendants of whom may be the present Naga Sadhus of Central India. Thus it is hard to accept the theory of "Naga" originating from Sanskrit "Nag" meaning serpent because there is no snake worship cult among the Nagas.

However, the Nanga theory continued to be more or less accepted when the great anthropologists J.H.Hutton and J.P.Mills, through their magnificent monographs on selected Naga tribes and research papers supported Plotemy's view. Baron Von Haimendorf, "Naked Nagas", J.P.Mills, 'Naked Rengmas' and the colonial authority's practice of presenting the tribal Dobashis and dancers in the exotic Naga dresses went a long way to confirm this view in popular mind.

Meanwhile, a few Naga scholars who want to discount the colonial writer's views proposed two theories. One is that, Naga was derived from the Kachari word 'Nok' or (Nokkhar) meaning 'warrior' or 'fighters' as the Kacharis came into violent conflict with Naga tribes like, the Angamis and Zeliangrong. The second theory was derived from two Burmese words 'Na' and 'ka' that means 'ear' and 'holes' referring to the people having pierced ears (ears-holes).

According to N. Talitemjen Jamir and A. Lanunungsang, in the past, "only those persons irrespective of man and woman having pierced holes were allowed to participate in their national ceremony".³ For that reason, it was necessary to have pierced ears in order to qualify themselves in dancing ceremony of their community. Therefore, it would be wrong to say that the word 'Naga', was given by the outsiders to mean Naga, nor it was popularized and enforced by the British colonial authorities during the introduction of their rule in the Naga areas. This is because the above statement clearly supported that, Nagas inherited this custom of piercing ears from ancient civilization before reaching the present abode. Thus, this theory seems to have more logical meaning and could be the most

³ . N.Talitemjen, Jamir and A.Lanunungsang, Naga Society and Culture, p.13.

appropriate term to define the word 'Naga'.

The Nagas may be divided into two great sections, viz: (1) the kilted, and (2) the non-kilted. The first class embraces all the so-called Anagmis, eastern and western. The second class includes all the other tribes, for though all these latter differ from each other in many minor particulars, yet there is a very resemblance, but the Angami differs most markedly from all the other tribes in every way, appearance, dress, architecture, mode of cultivating etc.

Table 2:1
Rankin of Districts According to Population

Rankin in 2011	Districts	Total Population	Proportion to State population
1	Dimapur	379769	19.17%
2	Kohima	270063	13.64%
3	Mon	250671	12.66%
4	Tuensang	196801	9.94%
5	Mokokchung	193171	9.75%
6	Wokha	166239	8.39%
7	Phek	163294	8.24%
8	Zunheboto	141014	7.12%
9	Peren	94954	4.79%
10	Kiphire	74033	3.74%
11	Longleng	50593	2.55%

Source: Census of India 2011: paper 2, Volume II of 2011, Nagaland series 14, p.20.

ii. Demography:

The total population of Nagaland is 19, 80,602 as per 2011 census, of which males constitute 10,25,707 and females 9,54,895. Among all districts, Dimapur is the most populous district in Nagaland, with a total population of 3,79,769. The proportion of its population to the state is 19.17%. The least populated district is Longleng with 50,593 persons.⁴ The density of population is another factor of concern in Nagaland because of the alarming increase in the population. The density, which was 47 per sq.km in 1981, increased to 73 in 1991 and 120 per sq.km in 2001.

⁴ . Census of India 2011: Paper 2, Volume II of 2011, Nagaland Series 14, p.20.

iii. Geographical Distribution:

The Angami Nagas are concentrated in Kohima district and some parts of Dimapur (a newly created district as of later 1997 and erstwhile sub-division of Kohima district) while Mokokchung district is said to be the abode of the Aos, the Semas are mainly concentrated in Zunheboto, Dimapur and fringes of Tuensang and Kiphiri districts. The Lothas dominate Wokha and Konyak Mon district respectively. Phek district is said to be the homeland of the Chekhesang. Pochuri and Sangtam in Kiphiri district. The Rengmas are mainly concentrated in the Tsemnyu sub-division of Kohima district. Tuensang district is dominated by Yimchunger, Khiammungans, and Changs. Phoms and Sangtam are concentrated in Longlen district and the Zeliangrong in Peren district.

Nagaland is inhabited by 17 major tribes along with a number of sub-tribes, Angami, Ao, Chakhesang, Chang, Khiamniungan, Konyak, Kuki, Lotha, Phom, Pochury, Rengma, Rongmei, Sangtam, Sema, Yimchunger, and Zeliang. Each tribe is distinct and unique in character from others in terms of customs, language and attire. The colourful and intricately designed costumes and ornaments, that are traditionally worn, can easily differentiate each tribes and sub-tribes.

A striking characteristic of the Naga tribes is their hospitality and cheerfulness. To be greeted with a smiling face while traveling on the road is common experience. A visitor to a Naga village is heartily received and entertained with a surfeit of rice-beer, which is generally served by the lady of the house or her young daughter with warmth which is forgettable.

iv. Literacy Rate:

A person aged 7 years and above, who can read and write with understanding in any language is treated as literate. One who can read but cannot write and vice versa is not treated as literate.

Table 2:2
District-Wise Literate Population & Literate Rate in Nagaland (2011)

State/District	Total Population	Male	Per cent	Female	Per cent	Total Literacy
Nagaland	1357579	731796	83.29%	625783	76.69%	80.11%
Mon	119496	67170	60.38%	52326	52.39%	56.60%
Mokokchung	160453	84166	93.55%	76287	91.74%	92.68%
Zunheboto	104294	54105	88.86%	50189	83.61%	86.26%
Wokah	128394	67396	90.53%	60998	84.58%	87.60%
Dimapur	282088	152327	88.07%	129761	82.54%	85.44%
Phek	107427	58587	84.53%	48840	73.50%	79.13%
Tuensang	119293	64426	76.76%	54867	70.40%	73.70%
Longleng	30518	16548	75.60%	13970	70.35%	73.10%
Kiphire	42445	23290	76.54%	19155	65.44%	71.10%
Kohima	200180	108781	89.28%	91399	81.56%	85.58%
Peren	62991	35000	83.96%	27991	73.57%	79.00%

Source:-[HTTP://updateox.com/India/district-wise-male-female-literacy-rate-in-india-2011-census](http://updateox.com/India/district-wise-male-female-literacy-rate-in-india-2011-census). 24th May 2011

In Nagaland, the literacy rate is 80.11%, which is higher than the National average of 70.04%. This is a marked improvement from 66.59%, and 61.65% recorded in census 2001 and 1991 respectively.⁵ In 2011, the total literate population rose from 1,132,323 in 2001 to 1,357,579 in 2011. Among male literates, the number grew to 731,796 in 2011 from 640,201 in 2001, i.e. from 71.16% to 83.29%. Female literates also saw an improvement from 492,122 in 2001 to 625,783 in 2011, i.e. from 61.46% to 76.69%. The absolute figures of literacy in rural areas are 904,799 or 75.86%. This was an increase of 13.07% (from 62.79% in 2001) over the last decade. In urban areas, the corresponding figure is 452,780 or 90.21%, an improvement of 5.17% from 84.74% in 2001.

Among the 11 districts, Mokokchung have the highest literacy rate with 92.68%, and the district with the lowest literacy rate is Mon with 56.60%. The district having the highest literacy rate is Wokha with 96.4% and the lowest urban literacy rate is Mon district with 86.10%. District with the highest rural literacy rate is Mokokchung with 92.01% and the lowest rural literacy rate is Mon with 51.79%.

⁵ . Census of India 2011: Paper 2, Volume II of 2011, Nagaland Series 14, p.218.

v. Economy:

Nagaland has basically an agricultural economy. Over ninety per cent of the population lives in the rural areas. The two methods of cultivation among the Naga tribes are jhuming and terrace cultivation. In jhuming, the individual parcels out his field into a number of plots for one or two years. In the following year he shifts to the next plot and that also is cultivated for the same period. In this way, after the rotation is completed, the first plot is taken up again. The jungle is felled and burnt and the crops are sown on the ground fertilized by the ashes. The complete rotation of plots may take between six to ten years depending upon the acreage of the field. The longer is the duration, the more fertile the soil becomes and better the crops are. This method of cultivation is in vogue among the Semas, Aos and the Lothas.

A more modern method is that of preparing terraced fields. The Angamis are expert in this art. The Angamis however, had been practicing terrace cultivation for a long time. The low hills, spacious valleys and the regular supply of water, guaranteed by the running streams had made the Angamis successful cultivators of terrace farming. However, like most of the people in the north east India the Angamis are still found to be engaged in jhum cultivation perhaps due to their attachment with the tradition; and they find it difficult to break away from the system. The principal agricultural crops of the Nagas are paddy, maize, millet, pulses, cotton etc. Their economy was further strengthened by arts and crafts of various descriptions. Weaving, carpentry and black-smithy are supposed to be very old among the Nagas.

The non- agricultural skills are generally confined to constructing dwellings, manufacturing utensils, storage or carrying baskets, weaving clothing and making weapons for hunting and war. There are also blacksmiths and carpenters who earn a living on them, and also some who practice at leisure hours. They are also found engaged in making iron implements and wood carvings for the community. In villages, dwelling houses are constructed from timber, bamboo, thatch etc. Before the advent of the modernization the household implements were mostly made of or hollowed thick bamboo. Baskets for storing grain or cloth are made out of bamboo strips, and wooden drums are carved, generally without joints, most of them are carved from a solid piece of wood. The main tool used in all these activities is the Dao (machete).

Table 2:3
Population by District, Rural-Urban, And Sex-Ratio (2011)

State/District	Total/ Rural/Urban	Person	Male	Female	Per cent of urban population
Nagaland	T	1,980,602	1025707	954895	28.97%
	R	1406861	724595	682266	
	U	573741	301112	272629	
1. Mon	T	250671	132062	118609	13.85%
	R	215953	113573	102380	
	U	34718	18489	16229	
2. Mokokchung	T	193171	100229	92942	28.81%
	R	137517	70528	66989	
	U	55654	29701	25953	
3. Zunheboto	T	141014	71169	69845	19.58%
	R	113409	56762	56647	
	U	27605	14407	13198	
4. Wokha	T	166239	184429	81810	21.05%
	R	131254	66301	64953	
	U	34985	18128	16857	
5. Dimapur	T	379769	198163	181606	51.95%
	R	182492	94501	87991	
	U	197277	103662	93615	
6. Phek	T	163294	83684	79610	15.07%
	R	138689	70454	68235	
	U	24605	13230	11375	
7. Tuensang	T	196801	101977	94824	18.72%
	R	159960	82485	77475	
	U	36841	19492	19349	
8. Longleng	T	50593	26588	24005	15.04%
	R	42984	22594	20390	
	U	7609	3994	3615	
9. Kiphire	T	74033	37758	36275	22.28%
	R	57536	29203	28333	
	U	16497	8555	7942	
10. Kohima	T	270063	140118	129945	45.60%
	R	146914	76370	70544	
	U	123149	63748	59401	
11. Peren	T	94954	49530	45424	15.59%
	R	80153	41824	38329	
	U	14801	7706	7095	

Source: Census of India 2011: paper 2, Volume II of 2011, Nagaland series 14, p. 308.

vi. Urban-Rural Distribution:

In 2011, the Provisional Population Totals in Nagaland was recorded as 19,80,602. Out of this, the urban population is 5,73,741 and rural population is 14,06,861.⁶ In other words, the urban population for the state of Nagaland is 28.97% of the total population and the remaining 71.03% live in the rural areas. In terms of percentage to total population of districts, Dimapur has the highest percentage of urban population with 51.95% of its population living in urban areas. This is followed by Kohima district with 45.60%. Mon District has only 18.85% of its total population living in the urban areas. Even though for the first time in the history of census in Nagaland, the total population showed a negative growth, the percentage growth of urban population is remarkably high, at 67.38%. In absolute figures, Dimapur district has the highest urban population recorded at 1,97,277. Longleng district has the lowest urban population of 7609. Except for Wokha district, all districts of Nagaland have recorded an increase in the urban population.

The number of towns has risen from 9 in 2001 to 26 in 2011. Of this, the number of statutory towns is 19 and total number of census towns is 7.

2.2 Political organization:

i. Naga Village:

In earlier days a Naga village was generally established on a commanding feature which quite often happened to be the top of the hill.⁷ The selection of site was largely influenced by the considerations of defensive strategy. Inter-village feuds being the order of the day, it was necessary that the village was so situated that a raiding party could not surprise it. A village could be named in different ways. It could be named after some local characteristic or any peculiarity of the site itself. The founding of a Naga village preceded selection of the site and certain rituals. The availability of ample fertile agricultural land and water sources and defence aspect were taken into consideration.

A village is usually divided into two or more khels depending upon its size and population.⁸ In some villages, a khel may be inhabited by a particular clan only, but it is not necessary. A village was not only defensively situated- it was also fortified with stone

⁶ . Census of India 2001: Paper 2, Volume II of 2011, Nagaland Series 14, p.9

⁷ . Prakash Singh, op.cit., p.28.

⁸ . Ibid., p.8.

walls, bamboo spikes, wooden gates and sometimes a ditch running around the village.

The Angami villages are invariably built on the very summits of the hills, and vary in size, some containing as many as a thousand houses, while others consist of not more than twenty. The villages are all strongly fortified with stockades, deep ditches, and massive stone walls, and the hill-sides thickly studded with panjis, a chevaux de frises of sharp pointed bamboo sticks planted in the ground.

ii. Polity:

The extant of local self governing institutions or village councils of the Nagas have evolved from traditional institutions which were primarily geared to maintaining social cohesion and spirituality. Tribal politics of the Nagas is democratic in nature. The village council is a system where everybody is a partner, in such a system any decision is reached through consensus when a group of villagers or elders sit together.

The composition of members for the village councils envisage under different acts accorded due emphasis to traditional customary practices and usages. Members for village council are chosen in different ways, depending upon the acts and existing customary laws and practices. They may be directly elected by the people or by clan members and also nominated by the chief.

Villages are generally ruled by the headmen or elders who are vested with a great deal of authority. Ever since the settlement in the present hills, the Nagas had developed their distinct political and social institutions, and the custom and usages were established over the centuries served them with a code of law to govern the corporate life of the communities as functional units. The Nagas were divided into distinct groups and in spite of everything they represented common racial and ethnological features which gave them the character of a distinct community. Traditional society cannot experience any organized government, but the Naga village communities enjoyed sovereignty. Every village was a social and political unit, but the most effective social unit was clan.

The Angamis, as indeed the Nagas in general, have no established form of government. They are nominally under the orders of the headmen of their respective villages, who are chosen for their wealth, bravery, skill in diplomacy, powers of oratory and so on, but virtually every man does that which is right in his own eyes, and is law unto himself. Butler pointed out that "The orders of the headmen are obeyed so far only as they

may happen to be in accord with the wishes of the community at large, and even then the minority will not hold themselves bound in any way by the wishes and acts of the majority”.⁹

Verrier Elvin has rightly pointed out that, “Naga society presents a varied pattern of near- dictatorship and extreme democracy”.¹⁰ The organization of the village community differs from tribe to tribe. The Angami, Lotha, Rengma and Ao villages have democratic structure. Among the Angamis, the village chief is only a primus inter pares. Though he is chosen for his wealth, physical prowess and skill in diplomacy, the authority exercised by the chief is very nominal. Whenever an important decision is to be taken, all the villagers usually assemble and take a collective decision. The chief’s voice would no doubt be listened to with respect and would be given weightage also, but it will not necessarily be the decisive voice. The Semas have a system of hereditary village chiefs. The chiefs are the overlord of the village and all others are his dependent. The Chang polity resembles that of the Semas, but the Chang chiefs are not as powerful as their Sema counterparts, mainly because they do not have the monopoly of land. The Konyak chiefs, called Ahngs, are sacrosanct bodies. They wear special dresses and are richly ornamented. Among the Aos, the village community is governed by a Council of Elders. Each village amongst the Aos is a small republic and each man is as good as his neighbour, indeed it would be hard to find anywhere else more thoroughly democratic communities.

Irrespective of gender, status, qualification or position in society, they show respect to the elders. Seniors are well recognized in Naga society. Without taking permission from elderly persons, the youngsters hardly move. That is why the role of the elderly people is of paramount important in Naga society.

iii. Age-Group System:

This is a peculiar and very useful system found in Naga society. In the age group system, the boys and girls of a village of certain age limits are organized into definite working groups. The age groups are organized clan-wise and khel-wise. The age-set system is generally defined as a formally organized group of age fellows. Each age-set in

⁹ . Verrier,Elvin, *The Nagas in the Nineteenth Century*, p.113.

¹⁰ . Verrier,Elvin, *Nagaland*, P.8.

the villages passes through a series of stages, each of which in the past had distinctive status, ceremonial, military and other activities.

The whole population of the village is organized predominantly on an age- set basis. The age confers authority in matters of law and government and the senior most of the oldest group has the decisive voice in all matters that concern the regulation of public life.

iv. Settlement of Disputes:

As mention earlier, all quarrels, differences, disputes, etc within the clan are settled by the elders of the clan. In case of the failure the matter is referred to the village court which naturally deals with cases within the village. Disputes can also be settled by compromise with the assistance of family elders. Land disputes are mostly settled by oaths. The person swearing falsely runs the risk of either dying before reaping a harvest or of swelling up and die.

2.3 Cultural Life:

i. Housing:

Mostly, the traditional Naga houses are either of *machan* type or those constructed on ground level. The house is divided generally into a front room, the floor of which is the ground itself, and here is the fireplace. The walls and floor of the houses are of bamboo matting, with thatched roofs. Not only the northern tribes, but even some Zeliangrong houses are machan or platform structures. The Angami, Semas, Rengmas, Tangkhuls built their houses on ground. The Aos and the northern tribes build their houses on bamboo platform or 'machan'. The Lothas method is a short of compromise. He covers the floor of the machan with earth. Each Naga tribe had separate or special houses.

In comparison to the Angami houses, the houses of the Lotha and Rengma Nagas are not nearly so large, well built and substantial, the material is also not so good, and bamboo is used more freely instead of wood. The Nagas used locally available material for the construction of their house. Mostly, thatch was used for roofing. Slate was used in the Khiamungan and Pochury areas and thatch or shingle by the Tangkhuls for roofing. Nails were rarely used as cane and creepers were readily for the purpose.

The traditional Naga houses had no latrines and people had to go to nearby forests to answer the call of nature. In case of the children, very old or sick persons or untimely motion any convenient place was chosen near the house and the same was cleaned by the pigs immediately.

ii. Food and Drink:

The staple food of the Naga tribe is rice. It is generally taken with meat or vegetables. Meat could be of any description, the common items being beef, pork and chicken. Meat and vegetables are usually cooked together, while rice is cooked separately. The food is generally boiled.¹¹ Food is taken thrice a day, morning, noon and evening. Morning and evening meal are taken before and after sun-set respectively so that they may go to field early and take rest after return from the day's hard work. The meal during noon is taken in field-house during the days of agricultural operation.

iii. Weapons:

The spear, dao and shield are the traditionally used weapons of most of the Naga tribes. The shields used by the Angamis in war used to be a long strip of elephant or buffalo hide from 5-7 feet high, generally about 5 feet. A lighter shield made of bamboo was used for ceremonial purposes. Among the other tribes the shield are smaller and less decorated than the Angami's and among the tribes immediately adjoining the Angamis they are made of plaited bamboo. The spears and daos among the Rengmas, Semas etc., are very similar in appearance and size of those of the Angamis. We find among the non-kilted tribes very good bows and cross-bows of bamboo, carrying long iron-headed arrows, which are seldom poisoned. Lotha's used are spear, dao and shield; Sema's spear, cross-bow and dao. Unlike the Semas, Aos and Changs, the Angamis, have their daos neither decorated with red hair, nor is wooden sling used by them ornamented to any appreciable extent. The double bladed dao also used by the Chekhesang Nagas, a most uncommon one, was perhaps imported from the Tangkhuls. Daos used by the Changs has very long blade and is drawn over the right shoulder. The Changs were expert in the use of cross-bow. The tribes of Tuensang like the Changs and Khiamnungans used to apply poison in the cross-bows.

¹¹ . Prakash Singh, op.cit., p.34.

iv. Feast of Merit:

The feast of merit is the hall-mark of social distinction for a Naga villager. There are series of feasts, each one costlier than the preceding one. Every feast entitles the host to social distinction and increases progressively his standing and position in the community. It also entitles him to wear special dress and ornaments and decorates his house in a special way.¹² The Angami series includes the observance in ascending order of importance, thesa, which is done twice followed by zhachü and leishü. Those who have performed the leishü are entitled to stone pulling. A huge moonlight is dragged from a distance, the young men partaking in the ceremony and it is erected at a convenient place to commemorate the holding of the feasts. Only a married man can give one of these feasts, for his wife must take a conspicuous and honoured place in the proceedings.

2.4 Social Organisation:

i. Composition of Family:

The Naga family is a nuclear family. It generally consists of the husband and the wife and their unmarried children. The husband is the head of the family. The family lives in its own house in that part of the village occupied by the clan to which he belongs. As soon as the son marries he sets up a house of his own where he becomes the head of the family.

Unlike the other matrilineal societies like the Khasis and the Garos the Nagas family is strictly patriarchal. The father is the head of the family and as such has certain duties and rights to provides for, looks after and maintains the position of the family.

ii. Clans:

The family is a closely knit unit, but as it is a small unit it is ineffective, especially in the primitive society, during the time of wars, raids, and head-hunting. To present and effective front to all external aggression, several families unite on a particular basis, thus forming a clan. Any clan can be traced back to a single family which has multiplied into numerous families but remain connected to each other. Thus, for the Nagas the clan was the continuation of the family on the father's side.

¹² . Ibid., p.33.

The clans head performs several functions. A clan is so to speak, a very large family and like any big family has several problems. The clan members also have many duties towards each other in time of marriage, death, harvests etc. Marriage means planning the feast and festivities in details; death means, observance of gennas and helping in the burial and erection of a memorial; in time of harvest or crop- failure they help each other. Before any issue becomes a village issue, it is naturally a clan issue, and as such, clan meetings are held to discuss and solve it. Even if there is no agenda to necessitate the holding of a clan meeting, they are held at regular intervals as fixed by the clan head with the concurrence of the other members. The clan chief is both the host and the chairman. Opinions are sought from all present and the matter is discussed till a satisfactory agreement is reached. At these meetings the personality or ability of the head helps to hasten decisions. Sometimes the clan head calls a clan meeting viewpoints of his men and acts as their spokesman at the village meeting. This saves much time and confusion which needs must follow if every man wants to speak for himself. There are occasions when the village chief holds a meeting of all the heads of the clans of his village. He may have some news, information, or instructions to give to the villagers. He conveys it to their clansmen. Thus the head of a clan is a communication channel between his clan and the rest of the village and between the clan and the village chief.

iii. Marriage:

Marriages among the Nagas are not contracted in childhood, as among the Hindus; nor do the men generally marry young. The Naga tribes follow the exogamous principle. Persons of the same clan do not inter-marry and any kind of sexual relations between them is strictly forbidden. The only exception is the Konyak chiefs who are considered so very sacrosanct that their principal wife must be a woman of the same clan, though not from among agnates. Per-nuptial licence varies from tribe to tribe. Among the Angamis it is normal for a girl to have a lover, but the society is strict and the boy and girl are not expected to go beyond reasonable limit. The Semas guard their girls with the greatest care, the reason being that girl fetches a handsome price at marriage and this price would be substantially reduced if she got involved in a scandal. Among the Lothas, a rich man may take a second wife. The Khemiangan boy, wanting to marry a particular girl, merely tells

his father, brother or other near relatives of his choice. These people raid the girl's house on fine morning and abduct the girl.

The Mongsen phatry among the Aos had a peculiar custom in the past. After the boy and girl were engaged, they went on a trading expedition for twenty days. If the expedition was profitable, the marriage preparations were proceeded with, but if there was a loss, it was considered an inauspicious omen- the engagement was broken off. Most of the tribes shave the girl's head until she reaches the marriageable age. The idea is that she is not expected to look attractive and have physical relations with the opposite sex until that age. Marriage-price differs from tribe to tribe and is highest among the Semas.

The marriage by negotiations is the general rule. It starts when the boy sounds to his parents his desire to marry suggesting a girl with whom life partnership he wants to enter. As soon as their son's intention has been divulged, his parents consult the omens whether the proposal is worth trying. If the reply is in the affirmative, well and good, a go-between or intermediary, preferably a senior khel woman is engaged to convey the proposal. The marital age for boys is about twenty five to thirty-five years whereas the girl's best age is eighteen to twenty-five years.

All the tribes have a system of marriage price in different forms. The price is in terms of cattle and spear-heads and others but now payment partly in cash and partly in kind may have been taken. Marriage for the Nagas is a perfectly natural culmination of the adolescent stage. There is no question of a man remaining celibate all his life or postponing all his marriage because he cannot afford it.

iv. Divorce:

Divorce is easy in all the tribes, though now it is the exception and not the rule. Among the Aos it is very common. A woman who has been divorced for infidelity is not allowed to remarry without paying a considerable fine to her former husband. Owing to the system of early marriage by arrangement, divorces for infidelity are very common among the Lothas. Divorce is frequent amongst the Angamis and occurs for various reasons, such as infidelity on the part of the women, incompatibility of temperament, and failure on the part of the women to bear children. If a woman is divorced for infidelity, all her clothes, beads etc; are taken by her husband, and her family are fined the amount of the expenses incurred by the husband's family for the marriage. However, among the Angami divorce

necessitates a division of all property held in common, such as grain, household furniture, and all property derived since the two became man and wife. In any division thus made, the late wife or divorce gets one-third, while the man takes the remainder, and the woman then either returns to her own parents, or live apart in a separate house until she marries again. The Sema is less inclined to change his partner because of the financial obligations which it would invariably entail. Among the Khamniungans divorce is as easy as marriage. The girl wanting to separate gets up early one morning, cleans the house, prepares the food, and then just walk out.

v. Position of the Women:

The status of women varies from society to society, culture to culture, region to region, and tribe to tribe. The Nagas culture, since the very early periods, women as a group has been dominated by men and their status has been low in the family and society. Women were denied of participation in decision-making, mode of inheritance, adoption, occupational choice and so on. Traditional beliefs and practices are often the root cause of gender gap, keeping girls at home to supplement family welfare, sometimes income. On the other hand, Naga cultural heritage is under threat today due to due impact of westernization. This study has become a matter of urgency. The study is hoped to provide authentic information of different women issues that differs from range wise and village wise in the context of customary laws and practices.

The position of women in the Naga community is comparatively high and they are honoured for their role in the family. Majority of the domestic affairs are in her hands where she is joined by her husband as and when necessary. She looks after the children, weaves clothes for the family members, trains her daughters to weave clothes or to cook, feeds the children and also the domestic animals. She goes for fetching water, collecting firewood, pounds paddy and works in the field throughout the season. She is an example as well as a teacher of hard work for her children. The woman is the last to retire to bed and first to rise long before the break of dawn. One can find that a good Naga lady is hardly seen idle at any moment. It is the mother who trains her daughter in every domestic work, so that one day she can become a responsible housewife in the society.

However, a Naga lady in spite of all these heavy engagements finds considerable time to participate freely in singing and dancing during festivals and at times, even to

entertain guests. She is never made to feel that she belongs to the weaker sex. She is free to give her opinions and share her suggestions in the discussions of the family matters and problems. At the time of marriage, her parents seek her consent before they choose her life partner. In most cases of marriage, the women are made to act as go-betweens for negotiations.

Today, we find that the status of women is gaining a higher position where she can enjoy her right almost equally with that of a man in every aspect of life. In the Naga society, we find that the present women are educated and equipped with office works, trade and commerce, business administrations etc., which in turn brings higher economic output in the family as well as for the society as a whole. In no case, the Naga women are inferior to that of the status of the men in the contemporary stage, though men play the lead role in every aspect of life in their society.

vi. The Morung (Dormitory):

The Naga culture, customs, and traditions, which were transmitted from generation to generation through folk music and dance, folk tales and oral tradition, wood carving and weaving, were conveyed to the young in the Morungs. Announcements of meetings, the death of a villager, warning of impending dangers, etc, was made from the Morungs.

The morung was an important institution of the Nagas. Morung is not a Naga word. It is an Ahom word which is used by the Nagas for their bachelors' dormitories; different Naga languages have different words for the same.¹³ This is not an institution of the Naga tribes alone. Similar institutions are found all over the world. Under many forms and innumerable names, these singular social institutions extend from the Himalayas and Formosa on the North to Australia and New Zealand on the South; from the eastern pacific and Marquesas to the West coast of Africa; and thus are found among races now Polynesians, Australians and Africans. In India, we find the institution of bachelors' dormitory or Men's House among a large number of tribes such as Ghotul of Murias, Dhumkuria of Oraon, Nodrong of Dimasa Kachari, Mare of Terang of Mikirs, Moshup of Adis etc.

The Aos call their morung 'Ariju', the Lothas call it 'Champo', the Angami word for 'Kichüki', and among the Semas it is known as 'Dekha Chang'. Most of the tribes had

¹³ . <http://en.wikipedia.org>. Naga People. 26th July 2012.

separated or special houses to be used as 'morung'. Unlike the other Naga tribes, the Tangkhuls and the Sema Nagas did not set any house apart for this purpose. The Angami too did not always have exclusive houses to be used as morungs.

According to Singh Prakash "the central place in the village used to be the Murung".¹⁴ It was a kind of bachelor's dormitory for the village youth. Women were not allowed inside its precincts. A boy who entered the dormitory at the age of six or seven remained there till he married and set up his own independent house. The morung fulfilled a variety of functions; it was a meeting place where important decisions relating to war or peace were taken. It was in these dormitories or club-houses that the younger generation of the village was reared to manhood in the traditions of the particular tribe. The folk-tales and songs were handed down from generation to another in the morung.

In most of the writings, we find that morung institution is same as the bachelor's dormitories. Verrier Elvin opines that the morung "was the guard houses of the Nagas".¹⁵ On attainment of certain age, the boys were admitted to their morungs where they slept at night for a definite period of time till married. In the morungs, they were taught the duties of their lives towards their clan and village. The morung was an insignificant institution with the Angamis and might have decayed among the Semas. Among the Angamis, the morung is not habitually used by the young men as in the Ao and trans-Dikhu tribes, but it is used on the occasion of the ceremonies and gennas which by traditional used for a house definitely allotted to the young men of the clan.

The most important landmark in the history of the Naga people with considerable social, cultural and political ramifications is the arrival of missionaries and the spread of Christianity among the Naga tribes. The acceptance of Christianity marks a departure from their tribal customs and traditions. The new educational system and religion disrupted the indigenous pattern of life, as both the British administration and the Christian missionaries brought about dramatic changes among the Naga tribes thereby affecting the Nagas to discard their age old social patterns, cultural practices and traditional political setup without providing functional substitutes. Similar views were also mentioned by N.Talitemjen Jamir and A.Lanunungsang (2005) that, the spread of Christianity and modern education has contributed in reducing the importance of morung institution.¹⁶

¹⁴ . Prakash Singh, op.cit., p.31.

¹⁵ . Verrier Elvin,op., cit. p.8.

¹⁶ . N.Talitemjen and A.Lanunungsang, Naga society and culture, PP. 99-100.

With the onset of modernity, the Morung system is no longer in practice among the Naga tribes.

2.5 Brief Descriptions of the Selected Districts and villages:

i. Kohima District:

Kohima is the first seat of modern administration as the Headquarter of Naga Hills District (then under Assam) with the appointment of G.H. Damant as Political Officer in 1879. When Nagaland became a full fledged state on 1 December 1963, Kohima was christened as the state capital. Since then, parts of Kohima have been carved out twice - once in 1973 to create Phek District and in 1998 when Dimapur was declared as a separate district. Kohima district is situated in the south-western corner of Nagaland. It is bounded in the south with the state of Manipur, west by Assam, north by Wokha district of Nagaland as well as east by Zunheboto and Phek districts of the state.

Kohima, the capital of Nagaland is situated at 1,444 metres (4,800 ft.) above the sea level in the south-eastern part of the district.¹⁷ The area of the district is 4041 sq.km. The total population is 270063 and urban population is 45.60%. The density of population is 101 per sq.km. The literate population is 85.58% of the total population of the district. It is the home of the Angami and Rengma tribe. The Angamis are one of the largest groups of Naga tribes. They are proud to call themselves as Teyimia. They are inhabited in the south-eastern part of the Kohima district. They originally migrated from the south through Manipur to their present sites. They are divided into four divisions: Northern Angami, Southern Angami, Western Angami and Chakhro Angami which presently falls under Dimapur district after the bifurcation of Dimapur district from Kohima in 1997. Their villages are situated mostly on the hill tops and are divided into exogamous khel. Their houses are constructed haphazardly and congestedly near their roads. In the Angami area, lands are owned both jointly and privately. The Angamis are excellent terrace cultivators and they do not prefer much to do jhum cultivation.

The Angami are almost tall with regular features. A short cloth traditionally is used by the Angami men round their waist which comes down to the knee. A second piece of

¹⁷ . Sipra Sen, Tribes of Nagaland, p.32.

black coloured cloth, scarves, and two in number with attractive designs is used cross-wise on the chest from their shoulders. They wear ear-rings of wing feathers and balls of puffed cotton wool, big sized thick ivory armlet and necklaces of stone beads. Their legs are decorated with cane. Mithun-horn is used as their mug containing rice-bear (*Zu*). A short black coloured cloth with different coloured strips are wearing by the women round their waist which comes down up to the knee. A second piece of cloth, looks like a sleeveless blouse, with some designs they used round their chest to cover the upper part of the body. Few necklaces, bracelets and an armlet they use. Due to acculturation, these dresses and ornaments are now not used by them except in the interior of the village people. Men are now using shirt and pants and no ornaments, and women are using blouse and mekhala type of cloth with chadar and rarely using ornaments.

The Angamis do not have bride-price but it is their custom to offer some presents to the parents of the girl. They cannot marry within the same khel. They are monogamous people. Only sons inherit the property of their father. They generally bury their dead near their house inside a wooden box. Monolithic monuments are set up for their dead. Their most important and biggest festival is *Sekrenyi* which takes place in the month of February. *Terhüinyi* is another festival of Angami, performed in the month of December after the harvest is over.

Selected Villages: Under Kohima district four villages were selected for the puopose of the study namely: Kohima village, Khonoma village, Mezoma Village and Viswema village.

a. Kohima Village:

Kohima village is located 2 kms away from the state capital. It is said to be one of the second largest village in Asia. With a population of 13,705 people, 3965 households (2001 census) Kohima village is divided into four khels – Dapfütsuma [D Khel], Lhisema [L Khel], Pfuchatsuma [P Khel], and Tsütsonuoma [T Khel]. Khel is a distinct Naga institution that brings together several clans within the village community. Membership of a khel is either decided by birth or heredity. This is the most important and effective institution in village governance. No village decision can be taken without a consensus from all Khels in the village. According to legends, Kohima village was established by a man called Whinuo, hence Kewhira, the original name. Kohima Village is an admixture of

the past and present. In the olden days it was believed that Kohima Village had seven lakes and seven gateways. Till today, a huge gate still stands at the entrance of the village, which is engraved with traditional Naga art and adorned with buffalo horns at the top. Stones of varying sizes and shapes implanted within the compound or skulls of buffaloes and Mithuns adorning the portico reminds the glorious status of the great ancestors who had performed grand feasts of merit.

b. Khonoma Village:

Khonoma village is located on the west of Kohima 20 kms from the state capital. Reputed for their courage and valor; it is the village of A. Z Phizo, Father of Naga Nationalist Movement and are reputed for their courage and valor. It has its own share of brushes with history. The Village is named after a plant locally known as “*Khüino*” that grows in the area. The village referred to as “*Khwüinoria*” by the residents is estimated to be around 700 years old and is surrounded by hills that are as high as 9000 ft. It was here that the Naga warriors made their last stand against the British in 1879. A simple white pillar commemorates G H Damant, major C R Cock, lieutenant H H Forbes and Sub-major Nurbir Sai, who died fighting the Nagas in Khonoma. The Khonoma gate tells the story of the British infiltration into Naga Hills. It runs along a ridge which is a characteristic of Angami Villages and its domain extends from the terrace rice fields in the valley immediately beneath the ridge into the uplands of the Barail range all the way southwards till the border with Manipur, Senapati district. One of the outstanding features of Khonoma village is the presence of the fort called *Kuda* which literally means “a place of defense”. There is one fort in each of the three khels (Locality). It is believed that in ancient times the strength of the *Khel* is measured by the condition of the *kuda* and the presence of young warriors. Even today each khel takes responsibility for the maintenance of their khel fort. The terrain is hilly - from gentle slopes to steeply rugged crags and the hills are covered with lush forests, with numerous perennial trees. The alder tree (*Alnus Nepalensis*) is found in abundance in this region and Khonoma is famous for its management of jhum fields with alder trees, which fixes nitrogen in the soil and checks soil erosion.

c. Mezoma Village:

Mezoma is one of the villages in Kohima district in Nagaland state. Mezoma village is located 14 kms distance from its administrative center Zubza and 29 kms from the state capital. Near by villages of this village with distance are Khonoma (7 kms), Sechü (7 kms) Zubza (14 kms) and Jotsoma (19 kms).

Mezoma village in Western Angami region created a history for fighting against the atrocities and inhuman tortures of Indian Army (Assam Police) in mid-1956. The whole Indo-Naga war had ravaged throughout the Naga Hills and its mountain, it was on February 10, 1956, an outpost of Assam Police (Indian Army) was set at Mezoma Village to suppress the rights of on people, intimidate, capture and manhunt for village leader, elders, administrator were launched ceaselessly particularly to Mezo Phetsuma Sector (Khel) and Mezo Nyiesenoma Sector (Khel). As the searching of the village elders were continuously operated, the inhabitants of these sectors could no longer dwell in their respective home and as a result, all the womenfolk, children and aged people were driven into the jungle for their safety.

Nevertheless, the people of Mezoma preferred to die rather than surrendering their land and rights to the Indian Army and offered stiff resistance to all kind of brutalities, horrified tortures and untold miseries meted out to fellow Nagas. Their determination to continue to strive against the adverse effect to douse the desire of the Naga people never ended. With this notion, Naga Home Guard with Mezoma people attacked the A.P (Indian Army) outpost on 18th June 1956. Left with no other weaponry, they attacked the outpost with bows and arrows. Catapult pellet and stones.

Since the inception of the year 18th June 1956 till 11th Feb. 1975 Mezoma people struggled to all kind of resistance in their 32 shift camps in the jungles, caves, mountains, riverbed etc, and fought with all their might to Indian Army. They were 59 Indo-Naga wars within the jurisdiction of Mezoma apart from the infamous war like Dzüleke and Thuzozou (NH-39).

d. Viswema Village:

Viswema is one of the Villages in Jakhama block in Kohima District in Nagaland State. Viswema is located 2.6 kms distance from its block Main Town Jakhama. It is 13 kms far from its State Main City Kohima.

Near by Villages of this Village with distance are Jakhama (2.5 kms), Khuzama (3 kms), Kedima (3.2 kms), Kigwema (4.8 kms), Mima (5 kms),. Nearest Towns are Jakhama (2.6 kms), Kohima (12.9 kms) ,Chiephobozou(28.5 kms) ,Tseminyu (42.3 kms), Mitelephe, Pfuchama , Phesama , Jakhama , Kezo Basa , Kezoma , are the villages along with this village in the same Jakhama Tehsil.

ii. Wokha District

Lotha are one of the sixteen major tribes of Nagaland. The habitat of the Lotha Naga tribe is situated in the western part of the state of Nagaland and is bordered by the district of Mokokchung in the North, Zunheboto in the East, Kohima in the South and the state of Assam in the West. It shares almost the same topographical character as that of the other districts and it forms a range of mountain terrains running from the Northeast to the Southwest. The whole of Wokha district is located at 26.1N 94.27 E. The summer temperature of Wokha is between 16.1 c°, and 32 c° and in winter it is as low as 4-6 c. situated between 94.5E longitudes approximately and between 26.2N and 26.7N latitude approximately. The mean winter temperature varies between 4-6 c . The average annual rainfall in the district is 2673.8mm. It has an area of 1.6 sq. km. and has a population of 16,62,39 in 2011 census.

The district is divided topographically into three ranges; the upper range consists of North Chukidong, Englang and Phiro circles. The middle range with Sungro, Aitepyong, Sanis and Lotsu circle, and the lower range with Baghty, Bhandari, Chanpang and Ralan circle. The Wokha Town, headquarter of the Wokha district, is the highest in altitude of the inhabited areas of the district with 1314 meters above the sea level. Tiyi-Elong which means Stones of Tiyi (1969.61 meters) is the highest peak of the Wokha district.

Racially they belonged to the Mongoloid stock with Tibeto-Burma group of language. The Lothas are medium brown in complexion and medium structure in height. The language they speak among themselves is kyong-Yi (Lotha language).

Several hilly rivers like the Doyang, Chubi, Nzhu, Nruk and Pakti drains the Lotha territory. The Dayang is the biggest river in Nagaland and it runs through the middle of Wokha district and crosses all the three ranges of the district. Various species of plants and trees are found in the district. The land forest and water bodies are the main economic resources of the Lothas.

The temperature is low keeping it cool throughout the year with cold winters and rainfall usually at 200cm, which continues for about six months of the year. The forest and jungles where animals and birds are found cover major part of the district. Seventy-five percent of the population lives in rural areas with agriculture as their main occupation. Shifting cultivation, i.e., Jhum cultivation is practised in large scale where terrace cultivation is also done. The main crops under Jhum cultivation are paddy, millet, maize, taro (colossi), French beans, pumpkin, cucumber and different types of grounds are also grown in the same field. No particular minerals have been discovered in the district. Oil and Natural Gas Commission Ltd has so far completed 5 oil wells in Champang Tsori of Wokha district. The only industry we can speak of in the Wokha district is the cottage industry such as weaving, pottery making, blacksmith, carpentry and other handicrafts. Festivals like Christmas, New Year's Day, Easter, Tokhu Emong, Rhuven, Amungkam, Ransing, Lanvung, Hamshuctak, Lirithung, Ozuma etc., are the important days of the Lotha Naga tribe, when they gather to worship, feast and dance with their kinsmen and friends. All of these festivals are not observed at present, however, festivals like Christmas, New Year's Day, Easter and Tokhu Emong are followed. Tokhu Emong (Harvest Festival) is the important one which falls in the first week of November. The main features of the festivals are songs, youthful dances, feast, fun and frolic. If any stranger comes to the village during the festival, he remains in the village till the festival is over. The festival also provides the occasion to offer prayer to the departed souls and a time for renovating the village gates, clearing the village roads, wells and houses. Unlike most of the Nagas, the Lothas are now extinct of morung (chumpo) which were found in the past.

The Selected Villages under Wokha district are Longsachung, Wokha village, Pangti and Moilan village.

a. Longsachung Village:

Longsachung village is 4 kms away from Wokha town. The village falls under Nyiro range with 400 households. For administrative purpose it falls under Wokha sardar. Among the Lotha village Losachung village is also one of the oldest village having good number of aged person. Being near to district headquarter the village has the maximum advantages interms of maketing, banking, medical facilities, educational institutions, etc.

b. Pangti Village:

Pangti village is the largest village among the Lothas which falls under middle range. It is 45 kms from Wokha town. The village falls under Sungro range. The village is having 864 households. For administration it falls under SDO (C) Sanis administrative jurisdiction. Being the largest village in the district, it has maximum number of aged persons

c. Wokha Village:

Wokha village is just 2 kms. distance from Wokha town. The village falls under Wokha Sardar. There are 750 household having good number of aged person. Unlike other villages in Lotha community, this village depends on different occupation rather than agriculture.

d. Moilan Village:

Moilan village is 65kms from Wokha town. The village is located in the middle range under Wokha district. There are approximately 80 households. For administration it falls under Lotsü circle which is just ½ km from Lotsü (EAC). The village face lot of hardship facing problems in various field such as transportation, medical facilities, market facilities, water supply, educational institution etc., Phyochu, Pyangsa, Lotsu are the neighbouring villages of Moilan.

iii. Mokokchung District:

This district was formed by decreasing the original Mokokchung district due to reorganization in 1973 to form two more districts along with the present Mokokchung district.¹⁸ The two more districts are wokha and Zunheboto. The boundary of the present Mokokchung district is in the north Sibsagar district of Assam, west Jorhat district of Assam, south Zunheboto and Wokha district of Nagaland, and in the east Tuensang district of Nagaland.

The altitude of Mokokchung town which is the also headquarter of the district is 1325.08 metres above the sea level. The area of this district is 1,615 sq.kms. The total

¹⁸ . Ibid., p.36.

population is 2,27,230. The density of population is 141 per sq.kms. And 92.68% of the total population is literate.

Physiographically, the district is a mountainous area. This district is divided into six important ranges namely: Asetkong, Changkikong, Jupukong, Langpangkong, Ongpangkong, and Tsürangkong. In between Changkikong and Japukong ranges, there are some plain areas called Changki valley. In this valley, the soil is very much fertile and people are doing permanent terrace wet cultivation here.

The Aos is the main tribe of this district who inhabited on the mountainous ranges of six ranges.¹⁹ The main rivers of this district are: Melak, Dikhu and Desoi. The Melak flows through the heart of this district touching Tuli on its way to turn towards Brahmaputra river of Assam. The Dikhu flows in between Mokokchung and Tuensang districts and forming a boundary between these two districts.

The principal crop is paddy which is cultivated under terrace wet cultivation. Maize, betel leaf, tapioca, ginger, potato, sugarcane and mustard seeds are cultivated under shifting cultivation. Coal, limestone, cobalt, magnestine, cromite, nickel etc. are available in this district. The important industry, pulp and paper mill is situated at Tuli of this district.

The Aos call themselves as 'Sünak sü asener' which means 'people who wear black cloth'.²⁰ Their houses are constructed along the mountain-ridges on platforms above the ground and arranged congestedly near the regular streets. Among them, there is a system of 'Putu Menden'. It is a council of elders, formed by representative of different clans. Generally, each member of the 'Putu Menden' rule for 30 years in 'Chungli system' of village polity.

Men are not tattooed but their women are tattooed on their chin, neck, breasts, arms and legs. Men wear a piece of black cloth round their waist which comes up to the knee. Upon this, a number of long narrow lines of beautiful white coloured linear stripe cloth made of cotton thread is used by them to decorate their front part, of their abdomen to the knee. They wear short necklace made of wild boar tusk and a long sized necklace shiretzük, made of cowrie shells and small glass beads. Sometimes they wear collar ribbon. They put temko, a headgear, which is black round based made of bear's hair, on which,

¹⁹ . *ibid.*, p.36.

²⁰ . *ibid.*, p.37.

feathers of hornbill are also fixed. They wear ivory armlets, kampong, and wristlet of white cowrie shells. A cleaver or axe (dao) is fastened by them in a wooden sheath which they keep behind their body with the help of a cotton string round their waist.

The women wear mekhala type of red coloured decorated cloth, from their waist to the knee. A white blouse with sleeves they wear to cover the upper part. Their necklaces are with numerous strings of red and blue coloured cornelian beads and with most beautiful traditional conical objects look very nice. They decorated the upper part of their ear with brass made large sized rings. These are made of three twists of thick brass wire and, after being passed through the ear, are supported by a string going over the top and round the back of their head. A feather of hornbill bird is also used by them to decorate their head. They use a brass-made bracelet. The Ao chadar with a decorated stripe in the middle depicting various animals and designs is commonly used by men and the other tribes too.

Among the Aos, the greater share of the property and the paternal house goes to the eldest son who is morally bound to look after the minor brothers and sisters. The dead bodies are not disposed off immediately. However, due to acculturation and conversion to Christianity they are now Westernized and most of them are not following this old custom.

Tsungremong is their important festival of worship which is celebrated in the first week of August. Moatsu is another important festival of blessings which is celebrated in the first week of May.

Selected Villages under Mokokchung district are Longsa Village, Longmisa village, Khensa village and Monchen village.

a. Longsa Village:

Longsa is a Village in Ongpangkong range in Mokokchung District, bordering Tuensang and Zunheboto district. It is 11.7 kms far from its District Main City Mokokchung and 75 kms away from its State capital Kohima.

Near by Longsa, there are as many as Villages such as with distance are Ungma (9.6 kms), Mokokchung (11.7 kms), Chuchuyimpang (12.6 kms), Longkhum (14.5 kms), Khensa (15.1 kms),. Nearest Towns are Mokokchung (11.7 kms), Kubolong (19.2 kms), Ongpangkong (South) (22.6 kms), Ongpangkong (North) (22.6 kms).

Aosetsu, Chuba Yimkum, Chuchuyimpang, Kupza, Longsa, Meyilong, are the villages along with this village in the same Ongpangkong (North) block.

b. Longmisa Village:

Longmisa is a Village falls under Ongpangkong range in Mokokchung District in Nagaland State. It is located at 13.2 kms distance from Mokokchung Town and 88 km distance from Kohima.

c. Khensa Village:

Khensa is a Village in Ongpangkong (South block) in Mokokchung District. It is a historical village which is 7.5 kms distance from Mokokchung Town. It is one of feeding villages of the residents of Mokokchung town due to nearest of the town where there is sizeable number of old aged persons.

d. Mongchen Village:

Mongchen is a small village located in the district of Mokokchung in Changkikong range located 55 kms away from Mokokchung. It has a population of about 640 persons with an approximate of 141 households. It falls under Mangkolemba Block in Mokokchung District.

Mongchen village is also a historical village in the district located on the hill top where one can view Assam valley and Himalayan Mountains. Alungma is a spot where two legendary lovers Jena and Etiben stayed for a long time. Interestingly there are few living ones who have crossed 100 years of age and above.

There is a family of stones signifying a son, stone bed, looking glass, stone of homesickness, a blind Mithun of stone and many other distinct marks on the stones such as the footprints of Jena and Etiben, flower cutting stand, sitting prints, spear marks of Jena.

Next to Alungma, there is another historical stone called Nuksu Lung (tear shedding Stone) that can be seen from Asetkong and Langpangkong ranges. Different color of tears signifies different meanings that shed from the stone from time to time.

In this way selection of villages in three districts has taken into consideration with the hope that the researcher will get adequate numbers of aged persons for the study.

CHAPTER 3

RIGHTS AND PRIVILEGES OF THE AGED: AN OVERVIEW OF DIFFERENT COUNTRIES.

The social security systems of different countries are very different in themselves, in the ground they cover, the method by which they are financed, and the conditions on which help is given by the state to the citizens. The different nations of the world have developed a variety of social security programmes. Some of these programmes have taken the form of “social insurance” in which the workers, employers, self-employed persons and governments make contributions to a fund and the benefits are made available to persons whose income has stopped because of old age, disability, unemployment or death of the wage earner. Other programmes have taken the form of “social assistance” in which public relief or pension is given to persons in need because of age, destitution and other reasons. Some social assistance programmes have taken the form of “social benefits” under which all persons, on fulfilling certain conditions, receive benefits irrespective of whether they have or have not made previous money contributions. The primary aim of all forms of social security programmes remain the same-to replace the income lost due to social or economic factors and to protect the individual by helping him to maintain a minimum cash income.¹

The existing social security programmes as they affect the aged, and other welfare services for the aged in India and other countries and the applicability in India on certain services which are available to the aged elsewhere and which have not yet been introduced here are discussed in this chapter.²

3.1 Rights and Privileges of the Aged in Relation to Customary Laws in Naga Society:

The social customs in regard to attitude towards the elderly varied from society to society. However, the social customs invariably reflect high respect for elders. The degree of respect along with prestige was reflected in the ceremonial occasions and conversation

¹ . Kirpal Singh, Ageing in India, p.159.

² . Ibid., p.160.

with the elders. The stage beyond elderliness was called the stage of 'over aged', 'sleeping period,' 'age grade of dying'.

Nagas had a more or less self-contained family economy which old and sick relatives were provided for even when they were no longer able to earn their bread and butter. It was quite common for big families to maintain even their old servants. It was felt that they had a duty to care for old relatives. The young were also dependent on the mature advice of the old and the aged played a recognized role carrying out light and symbolical work which enabled them to continue to participate in family efforts and to be a part of the family social life.

In societies with collectivist traditions like Nagas, the elders were cared for better. Age was power in social and politics. The nature of authority depends upon the number of their years; this 'crowning glory' old age was 'power, authority and affluence'. In dying too old age was considered as a virtue when a person was freed from the material prison of his own possessions. In the traditional Naga society, the aged had a better status on account of the value system. There was love, respect and care for the aged. Their wisdom and long experience, gives them their authority which is generally accepted.

Human rights are "basic rights and freedom that all people are entitled to regardless of nationality, sex, age, national or ethnic origin, race, religion, language, or other status". Human rights are conceived as universal and egalitarian, with all people having equal rights by virtue of being human. Although there is no clear concept of human rights in the traditional Naga society, the Nagas have a high respect and regard for their aged persons. Disrespecting and neglecting their aged parent was condemn by everybody at the family and community level. Therefore, care of the aged parent was considered as natural rights or as legal rights in both family and community level.

A privilege is a special entitlement to immunity granted by the state or another authority to a restricted group, either by birth or on a conditional basis. It can be revoked in certain circumstances. In modern democratic states, a privilege is conditional and granted only after birth. In traditional Naga society elderly people were the most privilege and honoured persons by the society. Even at the most crucial matter within the family/clan or at the community level, the elderly get the privilege to give the final decision and the decision of the elderly was considered as final. Besides getting privilege in settling disputes and decision making, the elderly people were privilege to be the priest and grace

the occasions. In marriage, it was the elderly from the family and clan who take the message of proposal in match making. In the field of agriculture, the elderly were the one who choose the side for cultivation, they are the one who were allowed to be the first to saw seeds in the field and also reap first at the time of harvest. In public meetings at the clans/village or community levels the elderly people were usually asked to give the key note and only then the meeting starts. Unlike the modern society, the privilege of the elderly in Naga society was not conditioned by choice or by status; but it was an integral aspect of their tradition.

3.2 Old Age Home in Naga society:

Kohima Old Age Home was established in 2005, as the first old age home in the state under the aegis of Good Samaritan Women Society. The Home was started voluntarily based on charity to support and aid the needy old citizens in Nagaland.

It aim is to provide and promote quality geriatric care with pleasant and secure environment, to support them to retire with dignity and encourage them to complete their life journey peacefully.

i. Admission Criteria:

Admission priority is for the senior citizens of 60 years and above from across Nagaland, belonging to disadvantaged sections and also for those who are childless, neglected or has none to attend them.

ii. Identifying the Residents:

The appointed staffs of Old age Home travel across different villages and interact with the senior citizens and give necessary information to create awareness among the needy persons who have nobody to attend them. The information is also given through media, seminars and awareness programmes. The community leaders and social workers are responsible to identify the genuine cases, after that the staff of the Old Age Home go and verify the situation only then admit the person depending on the admission criteria.

iii. Activities in Old Age Home:

Like any other learning and training center the old age home Kohima tries to carry out different activities on daily basis taking into account the difference of culture, socio-economic background, interest of inmates and not forgetting their health status.

One of the fundamental activity in old age home Kohima is hygiene. Aged whoever is admitted are trained for hygienic living, i.e. proper use of toilet, use of dustbin, wearing of sandals, regular bath and taking food at scheduled timing etc.

According to their interest, skill and capacity, the home provides them with the needful resources to engage themselves in different activities. Kitchen gardening, flower gardening, handicraft/ weaving bamboo baskets, rearing of pets and engage in other domestic works, are some of the main activities to keep the inmates occupied.

Besides this, devotional and prayer service is also conducted daily. During this session, the inmates are led to participate in singing, exhorting, reciting Bible etc., they are given full opportunity to share their views and advice to the youngsters about their experiences in life. Guest from various churches, youths and women organization also attend fellowship service with the inmates during special occasions or programmes.

The home also allows the inmates to visit their villages, homes or relatives once in a year. Picnics and outings are organized from time to time. They are also led to attend/participate in church programmes and other social gatherings and like World Elderly Day, Health Awareness Programmes etc.

iv. Observations:

Some of the observations of the inmates are analysed below:

1. Since the inmates are coming from different strata of socio-economic background their attitudes, lifestyles and health care differ from person to persons.
2. The study also observed attendant and entertaining the aged as the two basic needs of the aged. This is because in many ways the aged need support and help from the other family members to attend them. Besides, they are happy when they are treated like a small kids by giving them special attention, special diet, etc.
3. It was also learn that many of the aged do not want to go to old age home due to social obligations. Children and family members do not want to send their aged parents to old age home fearing that society will talk about them. Further, the aged also prefer to

live in their own family/village because they have also have a notion that someone belonging from other community or village could love him/her more than what his/her own family could do.

The study also has a limitation because the scholar was not allowed to conduct personal interview with the inmates. Therefore an in-depth study of the problems and issues of the inmates under taken in the study area could not carried out.

3.3 Welfare of the Aged:

Generally speaking, “in the life of a man there are two stages of dependency – childhood and old age”.³ The social obligation of the parents to support the child in infancy and of the child to support the parent in old age found full expression in traditional family living. In case of greater calamity when the family could not help, kinship groups or neighbours came to the rescue of the needy. These ties became to be strengthened by religious sanctions alone. The weakening of religion and its inadequacy to provide relief in an organized manner, coupled with the gradual breaking up of the institution of the family which provided security to its members, brought in the state for the purpose of fulfilling the role of providing security to the needy.

The modern social security system, the world over, originated at the beginning of the present century. It has given rise to two main programmes for ensuring the well-being of the individual. One is social assistance in which the provision of relief to its dependent groups of population is arranged by the community and the second is social insurance under which every individual contributes his share in order to become eligible for receiving relief in the event of dependency later on in life. Both these programmes are now considered essential in any comprehensive social security system.⁴

i. Constitutional Provisions:

Unlike other weaker sections of the community such as children, women scheduled castes/tribes etc. for whom several laws have been enacted there are few or practically no laws concerning the aged. Whatever laws and rules exist is not known to the aged. In

³ . Kirpal Singh op.cit, p.158.

⁴ . Ibid., p.159.

Western countries, there are not only laws but even policy statements about the welfare of the aged.

The constitution of India recognizes the duty of the state towards the elderly. According to Article 41: “ The state shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education, and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases undeserved want”.⁵ This provision is one of the Directive Principles of State Policy, which considered as fundamental in the governance of the country and “it shall be the duty of the State to apply these principles in making laws” (Article 37). Section 125 of the Code of Criminal Procedure, 1973 requires every person having sufficient means to maintain his father or mother who are unable to maintain themselves. The Hindu Adoptions and Maintenance Act, 1956 lays down that it is the obligation of a person to maintain his or her aged or infirm parent[section 20 (3).

Following the Constitutional provision, concern has been expressed from time to time for the care of the aged people, particularly those who have no means of support and no near kin to look after them. The problem of care of such people has received attention of several committees and of the Government. The Study Group on Income and Wages (1978) recognized the needs of the old persons not covered by pensions or other retirement benefits and suggested that there should be some standardization of the criteria adopted by different states for giving old age pensions (non-contributory) to the destitute old⁶. Recommendations were also made in this report in regard to government pensioners. The Seventh Finance Commission (1978) noted the varying situations in regard to old age pensions (non-contributory public assistance) in different states and observed that it is desirable to have some uniformity in this regard between the states. They allowed in the forecast period provision in each state to enable payment on monthly pension by way of social security pension for 0.1 per cent of the population according to the 1971 census.

The Sixth Five Year Plan (1980-1985) of India mentions about the vulnerability of certain categories of the population including the aged and the infirm and the need for development programmes to meet their wants. These welfare programmes form part of state plans.

⁵ . M.L.Sharma and T.M.Dak, Aged in India: Policies and Programmes. In M.L.Sharma and T.M.Dak (eds). Aging in India; Challenge for the Society, p.12.

⁶ . Ibid., p.13.

ii. Eight Five Year Plan:

The Eight plan's strategy for the elderly requires;

- (i) Social support to the aged,
- (ii) Psychological security to the elderly,
- (iii) Traditional family and community support to be strengthened,
- (iv) Role of NGOS and local bodies to be streamlined,
- (v) Our plans should be in consonance with the international plan of Action from:
 - (a) Developmental, and
 - (b) Humanitarian angles,
- (vi) There should be two-pronged approach to the problem:
 - (a) Young be encouraged to save for their old age, and
 - (b) The aged to be provided with economic support,

It is hoped that the National Policy for the Aged would be built on these Constitutional Provisions.⁷

iii. Income Maintenance in Old Age:

Retired employees of the Government and organized sectors of industry are comparatively better off as regards old age benefits. In government service retired employees are eligible for pension, gratuity, leave encashment and provident fund.

The system of payment of pensions to government employees dates back to more than a hundred years ever since the enactment of the Pensions Act of 1871.⁸ From time to time, the retirement benefits have been liberalized including payment of pension to family in the event of death of the employee in service, and relief to neutralize price increases. Some of these measures, introduced recently, reflect the Government's concern towards the well-being of its retired employees. Two other measures for the benefits of central government employees or death as per prescribed schedule and the general provident fund deposit linked insurance payment.

Central government employees are required to make a compulsory contribution to the general provident fund which is returned with interest on retirement.

⁷ . D.Paul Chowdhry, *Ageing and Aged*, op.cit., p.13

⁸ . M.L.Sharma and T.M.Dak, op.cit., p.13

In the organized sectors of industry, retirement benefits are available to the employees. Under the Employee's Provident Fund and Miscellaneous Provisions Act 1952 three scheme have been framed:

- (i) Employees' Provident Funds Scheme;
- (ii) Employees' Family Pension Scheme, and
- (iii) Employees' Deposit Linked Insurance Scheme.⁹

The Payment of Gratuity Act, 1972 is applicable to factories, mines and plantations etc., and covers employees earning less than Rs 1,000 per month. The benefit available under the scheme is a lump sum amount equal to 15 days' wages for each year of continuous service subject to a maximum of 20 months' wages on termination of employment, superannuation, retirement, resignation or death.¹⁰

For workers in coal mines, similar benefits are available under the Coal Mines Provident Fund and Miscellaneous Provision Act, 1948 under which three schemes have been framed:

- (i) The Coal Mines Provident Fund scheme which covers about 1,000 coal mines.
- (ii) The Coal Mines Family Pension Scheme and
- (iii) Coal mine deposit Linked Insurance Scheme which provides insurance coverage to a member of the coal Mines Provident Fund.

Provident fund and related benefits are also available under the relevant legislation to workers in plantations, sea-men etc.

Old age pensions of the nature of public assistance have been introduced by the state governments in keeping with the goal of a welfare state. These are now in operation in most parts of the country. The eligibility criteria vary from state to state. Most of the states prescribe a lower age limit for the females, widows or for persons suffering from physical or mental handicap. A period of continuous residence in the state is necessary; the minimum is 3 years in some states, and in some 10 years or more. Old age pensions are given to a person with no source of income or with nominal income which is inadequate for survival, with no one to support him/her.¹¹

⁹ . Ibid., p.14.

¹⁰ . M.L.Sharma and T.M.Dak, op.cit, p.15.

¹¹ . Ibid., p.15.

iv. Health Care:

Health care of the aged is integrated with the overall system of health services in the country. The main objective of public health care is to provide better primary health and medical care services to rural and tribal areas and urban slums covering preventive, promotive and curatives services, education in health hygiene, prevention and control of communicable diseases, improvement of nutritional status, immunization, and provision of protected water supply. Through provision of at least a minimum package of health care services to all segments of the population, giving priority to the underprivileged sections of society.

The elderly people make use of the free medical services provided at the government hospitals and dispensaries and also privately run medical services for which payments have to be made. For retired workers in the organized sectors certain facilities for health care are extended so that they continue to have benefits on nominal payment even after retirement as, for instance, workers covered by the Employees' State Insurance Scheme. Similarly, in the case of retired central government employees, under the Central Government Health Services Scheme, health care is provided to the retired employees and their family members at a nominal contribution. In some of the large establishments like Posts and Telegraphs, Railways, Defence Services, etc., out-door medical services, domiciliary visits by doctors, laboratory tests and supply of medicines are available to the retired employees. Most of the state governments also provide health facilities to their retired employees and their families.¹²

v. Housing:

There are no separate housing schemes for the elderly; they are expected to derive benefits from the general housing schemes which care to the requirements of different categories of the population. However, in recent years, in public housing schemes by Housing Boards/Urban Development authorities, some houses have been earmarked for retiring/retired employees. Employees in government services, banks, public sector undertaking can get house-building loans at rates of interest lower than bank interest rates. This can be repaid over several years which enable them to have a house by the time they retire.

¹² . M.L.Sharma and T.M.Dak, op.cit, p.16

vi. Welfare of the Aged in India:

Social Security in India: The present social security system in India consists of the following programmes of which those listed under item 13 are purely public assistance programmes in the form of old age pension schemes:

- i. Employees State Insurance Scheme
- ii. Employees Provident Fund Scheme
- iii. Coal Mines Provident Fund Scheme
- iv. Assam Tea Plantations Provident Fund Scheme
- v. Coal Mines Welfare Fund Scheme
- vi. Mica Mines Welfare Fund Scheme
- vii. Maternity Benefits Scheme.
- viii. Plantations' Labour Welfare Fund Scheme.
- ix. Unemployment (Retrenchment and Lay- off) Compensation Scheme
- x. Industrial Fatal Accidents Act
- xi. Industrial Housing Scheme
- xii. Schemes for Government Employees (Central and State)
- xiii. Old Age Pension Scheme:-
 - a. Uttar Pradesh (1957)
 - b. Kerala (1960)
 - c. Andhra Pradesh (1961)
 - d. West Bengal (1964)
 - e. Punjab (1968)
 - f. Haryana (1969)
 - g. Rajasthan (1964)
 - h. Tamil Nadu (1962)
 - i. Mysore (1964)¹³

vii. Social Security and the Five Year Plans:

Social security programmes during the first ten years of planning have covered only workers in the organized sector. Other groups of people, who are also, equally in need of social security, have been ignored. The workers who concentrated at industrial centers

¹³ . Kirpal.Singh Soodan, op,cit., p.160.

were able to organize themselves and could demand more and more benefits through their trade unions. Industry was made to pay the benefits by legislative measures. Having migrated from rural areas and having settled down at their place of work, they were deprived of the protection of the joint family system and were thought to stand in grater need of security. Legislative measures were therefore to provide workers the benefits they required and the industry was made to pay for the benefits.¹⁴ Other needy groups could not collectively demonstrate their need for security and hence to be ignored.

The inadequacy or inability of the modern nuclear family to take care of all their needy members, including the aged, has now been realized. The introduction of Old Age Pension programmes by some of the states appears to be based on this realization. The Third Five Year Plan admits that the social security approach, “ has so far been extended mainly to wage earners in organized industry”, and “there are some groups whose condition calls for closer attention on the part of the community”.¹⁵ The Planning Commission also realized that progressively, ‘the state and local bodies, both urban and rural, will meet to participate in schemes undertaken by way of social assistance and social security’. According to Hasan, “all industrially advanced societies have gone through this process, and we have to accept its inevitability in India, and to face the situation as best as possible within our limited resources” A provision of Rs. 2 crores was made in the Third Five Year Plan under the head “Labour and Labour Welfare” for certain social security programmes which also included assistance to the aged. But factors like paucity of funds, delays at the level of decision making and implementation resulted in the non-utilization of the amount which was allotted for social assistance programme in the Third Plan.

Similarly, the draft outline of the Fourth Five Year Plan also contained an allocation of Rs. 4 crores for social assistance schemes. However, due to constraint on resources this provision for social assistance was not available when the Fourth Five Year Plan proposals were finalised³.

¹⁴ . Ibid., p.161.

¹⁵ . Ibid., p.162.

viii. Salient Features of Old Age Pension Schemes:

All old age pension schemes have prescribed conditions of eligibility relating to age, determination of need, responsibility of relatives to support their aged, domicile and residence, institutional care, etc. The states schemes differ in respect of the conditions of eligibility, amount of assistance and the state organ through which the programme is administered.¹⁶ An analysis of the state schemes is given below.

(a) Conditions of Eligibility:

(1) **Age:** Uttar Pradesh, Kerala, Andhra Pradesh and West Bengal have prescribed 70 years as the age of eligibility. Commenting on the fixation of this age and visualizing its reduction, Hasan says ‘the low longevity in India and the poor state of health of the people, due to under-nutrition and malnutrition, make the minimum age requirement of seventy years appear too high.’¹⁷

However, it is encouraging to note that the process of lowering the minimum age has already started. Uttar Pradesh has reduced the minimum age to 65 years. All destitute persons 65 years and above and widows and physically handicapped persons of a minimum age 60 are eligible for pension. Tamil Nadu which had prescribed 65 as the minimum has lowered it further to 60 years for those who lost their earning capacity due to physical handicaps. Punjab has prescribed 65 years for men and 60 for destitute women.¹⁸ In west Bengal, now, 65 years and above is the minimum age for all destitute and 60 and above in the case of physically and mentally handicapped persons. Mysore has prescribed 70 years as the minimum age with relaxation upto 5 years in certain cases.

(2) **Domicile and Residence:** The old age assistance programmes of all states provide for domicile and residence qualifications. In Uttar Pradesh only such persons are eligible “who are domiciled and have resided in Uttar Pradesh for more than a year on the date of application”. Kerala and Tamil Nadu schemes have similar provisions in their schemes. The Andhra Pradesh, Punjab and Rajasthan schemes require three years’ continued residence while West Bengal scheme provides for not less than ten years of residence in

¹⁶ . Ibid., p.164.

¹⁷ . Ibid., p. 164.

¹⁸ . Ibid., p.164.

the state. There is no justification for these restrictions and its abolition is not likely to cause undue concentration of the aged due to migration from one state to the other.¹⁹

(3) **Moral Requirements:** Another controversial eligibility condition pertains to the inclusion of moral requirements in the old age assistance programmes. The state of Uttar Pradesh, Kerala, Punjab and Andhra Pradesh has pension schemes which provide that “future good conduct is an implied condition of grant of pension”. The Uttar Pradesh scheme even provides for the withdrawal of the pension if a recipient of pension is subsequently convicted a serious crime. Both the Kerala and Punjab schemes have been slightly modified to provide for the withdrawal of pension if the recipient is convicted of an offence under any criminal law or is otherwise found guilty of improper conduct. Similar provision of the withdrawal of pension has also been provided for in West Bengal scheme. There is no such provision in Tamil Nadu.²⁰

(4) **Other Conditions:**

(a) Provision for contingencies other than or in addition to old age have been also been made in some of the state schemes as in the Old Age and Disability Pension schemes of Tamil Nadu and Punjab, the Physically Disabled and Handicapped Pension Scheme and the Widows’ Pension Scheme of Kerala in addition to Old Age Pension Scheme. Disability other than widowhood in each case has to be determined through medical examination. A woman is deemed to be a widow if she has lost her husband by death and has not married again or if her husband had continuously missing in the last seven years at the time of fulfilling her claim for assistance.

(b) Certain categories of individuals have been excluded from old age assistance. All public assistance schemes have excluded the professional beggar and mendicant and person who are maintained free of cost in certain institutions. In Uttar Pradesh, Kerala and Andhra Pradesh, aged persons maintained free of cost at poor house are not eligible for

¹⁹ . Ibid., p.165.

²⁰ . Ibid., p.165.

pension. The state of Tamil Nadu has provided for payment of the pension to the institution which maintains the persons who are eligible for pension.

(c) All the schemes provide that for eligibility a person has to be “without any source of income”. Without determining the actual individual need the payment has been fixed at a uniform rate for all or for the different categories of people in every state. The uniform rate amounts to encouraging a person, not to any effort at earning. It also amounts to binding a recipient to a minimum pension-guaranteed standard’ of living which can by no means be considered adequate even for two square meals a day.²¹

ix. Old Age Pension:

All the state Governments and Union Territories are at present implementing old age pension schemes under the state sector. The first state to start such scheme was Uttar Pradesh in 1957. It will be observed that such scheme provides for pension to destitute or poor aged. While most of the states have adopted destitution as the criterion, others have adopted an income approach. Some states have included incapacity or ‘infirmity’ as another condition for eligibility. The domicile conditions ranges from three years to 20 years. The age for eligibility ranges from 55 years to 70 years. The rate of pension ranges from Rs. 30 per month to Rs. 100 per month. The coverage under these schemes also differs widely. States of Bihar, Goa, Haryana, Himachal Pradesh, Karnataka and Manipur are covering more than 10 per cent of the aged under these schemes. States other than these have a much lower coverage.

The Tamil Nadu government supplements this amount by the free supply of one kg. of rice per week and clothes twice a year. Andhra Pradesh, Kerala, Tripura, West Bengal has separate schemes for the aged agricultural labourers.

There is a need for raising monthly pension and streamlining the procedure for disbursement of the pension amount. Pension should also be supplemented with food grains, milk, clothe, medical aids, etc. The national policy and plan for the aged is in the offing. There is also a model age pension scheme for the whole country which was once prepared but dropped subsequently because of constraints of resources.

²¹ . Ibid., p.165.

xi. Benefits and Facilities of Senior Citizens in India:

In the Constitution of India, entry 24 in list III of schedule VII deals with the "Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security." Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning. Article 41 of the Indian Constitution deals with the State's role in providing social security to the aged. According to this article, "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployment, OLD AGE, sickness and disablement and in other cases of undeserved want".²²

The right of parents, without any means, to be supported by their children having sufficient means has been recognised by section 125 (1) (d) of the Code of Criminal Procedure 1973, and Section 20(3) of the Hindu Adoption and Maintenance Act, 1956.

The Himachal Pradesh Assembly passed a Parents Maintenance Bill in 1996 wherein a simple procedure was introduced for parents being ignored by their children to be given maintenance. In addition to making it obligatory for errant wards not taking care of their aged parents, the bill aims at simplifying the procedure by authorising the sub-divisional officer (civil) for fixing maintenance and Addl. Commissioner as the appellate authority so that the decision can be taken and cases disposed of promptly bringing justice and relief to older persons without loss of time. It is understood that the Bill is waiting for the assent of the President of India.

The Government of Maharashtra has prepared a Bill on similar lines. Correspondence received from the Government of Goa also indicates that it proposed to initiate action towards introduction of Parents Maintenance Bill.

Under the ministry, special care is being taken for the welfare of the Aged. National policy on older persons The Government of India announced a National Policy on Older Persons in January, 1999. This policy provides a broad framework for inter-sectoral collaboration and cooperation both within the government as well as between government

²² . <http://www.silverinings.com>. Senior Citizens in India: Benefits and Facilities, April 2008.

and non-governmental agencies. In particular, the policy has identified a number of areas of intervention - financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. Amongst others the policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavours of the State in this direction.

While recognizing the need for promoting productive ageing, the policy also emphasizes the importance of family in providing vital non formal social security for older persons. To facilitate implementation of the policy, the participation of Panchayati Raj Institutions, State Governments and different Departments of the Government of India is envisaged with coordinating responsibility resting with the Ministry of Social Justice & Empowerment.

National Council for Older Persons: A National Council for Older Persons (NCOP) has been constituted by the Ministry of Social Justice and Empowerment to operationalise the National Policy on Older Persons. The basic objectives of the NCOP are to advise the Government on policies and programmes for older persons provide feedback to the Government on the implementation of the National Policy on Older Persons as well as on specific programme initiatives for older persons. To advocate the best interests of older persons provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector represent the collective opinion of older persons to the Government suggest steps to make old age productive and interesting suggest measures to enhance the quality of inter-generational relationships. Undertake any other work or activity in the best interest of older persons.

xii. Old age and income security:

The Ministry has also launched a project called "Old Age Social and Income Security (OASIS)". An Expert Committee is constituted under the project. The first report of the Committee and the existing income security instruments available to older persons has been comprehensively examined. The report also contains detailed recommendations for enhancing the coverage, improving the rate of returns and for bringing about a qualitative improvement in the customer service of Public Provident Fund, the Employees

Provident Fund, the Annuity Plans of LIC, UTI etc. The recommendations of the Committee are being examined by the Ministry of Finance for further action. Meanwhile, Phase II of the project is looking at the pension and gratuity schemes of the central government and old age pension provided under National Social Assistance Programme (NSAP). At the core of the second phase of project OASIS, however, lies the designing of a new, fully funded, contributory pension programme for the balance (uncovered) workers including casual/contract workers, self-employed, farmers etc.

xiii. Scheme of Assistance:

The scheme has been revised to enhance the one time construction grant for old age homes/multi service centres from Rs 5 lakh to Rs 30 lakh to eligible organizations.

xiv. An integrated Programme for Older Persons:

An integrated programme for older persons has been formulated by revising the earlier scheme of Assistance to Voluntary Organizations for programmes relating to the welfare of the aged. With the aim to empower and improve the quality of older persons, the programmes hope to: Reinforce and strengthen the ability and commitment of the family to provide care to older persons. Foster amiable multi-generational relationships. Generate greater awareness on issues pertaining to older persons and enhanced measures to address these issues.

Popularise the concept of Life Long Preparation for Old Age at the individual level as well as at the societal level.

- Facilitate productive ageing.
- Promote healthcare, Housing and Income Security needs of older persons.
- Provide care to the destitute elderly.

Strengthen capabilities on issues pertaining to older persons of local bodies/state governments, NGOs and academic/research and other institutions.

xv. Strategy:

Developing awareness and providing support to build the capacity of government, NGOs and the community at large to make productive use of older persons and to provide care to older persons in need; Sensitising children and youth towards older persons; reinforcing the Indian family tradition of providing special care and attention to older persons and organising older persons themselves into coherent self help groups capable of articulating their rights and interests.

Under this scheme financial assistance up to 90 per cent of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centres, and mobile medicare units and for providing non institutional services to older persons.

xvi. Privileges and Benefits Old Age Pension for the General Public:

National Old Age Pension (NOAP) Scheme: Under National Old Age Pension Scheme, Central Assistance is available on fulfillment of the following criteria;

- The age of the applicant (male or female) should be 65 years or more.
- The applicant must be a destitute in the sense that he/she has no regular means of subsistence from his/her own source of income or through financial support from family members or other sources.
- The amount of old age pension is Rs 75 per month.
- This scheme is implemented in the State and Union Territories through Panchayats and Municipalities. Both Panchayats and Municipalities are encouraged to involve voluntary agencies as much as possible in benefitting the destitute elderly for whom this scheme is intended.

**Table 3:1
Old Age Pension Amounts Given by Different States**

Name of the State	Current amount of Pension (Rs per month)	Minimum age of Eligibility (in years)
Andhra Pradesh	75	65
Arunachal Pradesh	150	60
Assam	60	65 (males) 60 (females)
Bihar	100	60
Gujarat	200/275	60 to 65 +
Haryana	100	60
Himachal Pradesh	150	60
Jammu & Kashmir	125	60
Karnataka	100	65
Kerala	110	65
Madhya Pradesh	150	60 (males) 50 (females)
Maharashtra	100	65 (males) 60 (females)
Mizoram	100	65 (males) 60 (females)
Orissa	100	65
Punjab	200	65 (males) 60 (females)

Source: <http://www.silverinnings.com>

xvii. Provisions made in the 'Maintenance of Parents and Senior Citizens Bill, 2007':

The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007 is an initiative of the Ministry of Social Justice and Empowerment. It was introduced in the Lok Sabha on 20th March 2007. The Bill states that adult children and grandchildren who are earning members are required to maintain and take care of their parents or grandparents. Maintenance refers to the provision of proper food, clothing, housing and medical treatment.

Parents include biological, adoptive and step parents. Also, any relative of a senior citizen who is in possession of property or who stands to inherit the property of the concerned senior citizen is liable to provide maintenance. An important feature of the proposed bill is that it would provide protection not just to parents who are over the age of 60 years but also to every parent who is in need of care.

The bill proposes to set up tribunals in every district where aggrieved parents may complain about being neglected. All elders, who are unable to maintain themselves through their own earning or out of the property owned by them, shall be entitled to make an application. The tribunal will pass an order regarding the amount of maintenance to be provided. Children, grandchildren or relatives may also face a jail term, have to pay a fine or be disinherited from property bequeathed to them.

xviii. Age when one can avail Benefits set aside for Senior Citizens:

Different sectors have prescribed different ages for offering discounts and benefits to senior citizens:

- Banks and railways provide rebates, higher interests on deposits and other facilities to people who 60 years of age and are over.
- The Income Tax Department which comes under the purview of the Finance Ministry, classifies a person who is 65 years and above for senior citizen income tax exemptions.
- Air India offers senior citizen discounts to males who are 65 years and above and females who are 63 years and above as on the date of commencement of journey.
- The minimum age of eligibility for old age pension varies from 55 to 65 years from state to state.

- Senior Citizens Unit Plan of UTI offers the benefit of medical treatment to seniors and their spouse to those who are 58 years and older. Senior Citizens Saving Scheme prescribes an age limit of 55 to 60 years as an eligibility requirement
- Local Municipal Corporations such as that of Delhi prescribes 65 years as the age of availing benefits for senior citizens according to the DMC Act of 1957
- The National Policy of Older Persons recognizes a person who is 60 years of age and above as a Senior Citizen. It resulted in the creation of the National Council of Older Persons. This Council is taking steps to ensure that the uniform age of 60 years and above is taken into account for availing facilities and benefits to senior citizens. The Ministry of Social Justice and Empowerment has also written to all Ministries and State Governments concerned for adopting a uniform age of 60 years for conferring senior citizen status.

xix. Senior Citizen Reverse Mortgage Loan:

A large part of the savings of Senior Citizens is tied up in non-liquid assets such as homes and property. Senior Citizens usually do not have a regular income and if they exhaust their savings, then it gets difficult to meet living expenses without having to sell their house. A reverse mortgage allows a senior citizen who owns a house to avail of a monthly stream of income against mortgage of the house. The senior citizen remains the owner and occupies the house throughout his or her lifetime, without repayment or servicing of the loan. This system allows Senior Citizens to convert their homes into cash without having to sell their property.

The monthly amount paid by the reverse mortgage company can be used to meet medical expenses, pay utility bills and so on. The borrower does not need to repay the loan as long as he/she continues to live in the house. They can never owe more than the value of their house. After the death of the Senior Citizen, the lending institution sells the house to recover the amount of the mortgage plus interest. All amounts in excess are given to the heirs of the borrower. The basic difference between a reverse mortgage and a regular mortgage is the fact that a reverse mortgage has no predetermined tenure and does not have to be paid back in monthly installments. This makes it extremely viable for Senior Citizens.

The amount a Senior Citizen may receive per month is determined according to the value of their property, their age and the prevalent interest rate. Generally, people who have a more valuable home and are older get a larger amount of money per month. The National Housing Bank (NHB), which regulates housing finance, has enumerated operational guidelines through which this facility will be extended by Primary Lending Institutions (PLIs). PLIs include Scheduled Banks and Housing Finance Companies (HFCs) registered with the NHB.

Some reverse mortgage schemes offered by Primary Lending Institutions in India are the:

- Baghban Scheme from Punjab National Bank
- Saksham Scheme from Dewan Housing Finance Corporation Limited

Institutions such as ICICI Bank, Bank of Baroda, Oriental Bank of Commerce and Andhra Bank have also planned to launch similar reverse mortgage schemes in the near future.

4. Social Security Programmes in Other Countries:

i. Welfare of the Aged in U.S.A: The modern social security system in the United States of America is the outcome of the passage of the Social Security Act in 1935.²³ It authorized for the first time, federal grants-in-aid to the states for old age assistance on the basis of approved plans. It established a federal administered compulsory old age insurance programme, called “*Old- Age Benefits*”. The Act of 1935 has amended many times since then to enlarge the scope and coverage of various provisions and benefits and to improve its working and administration. However it was not until 1937 that the constitutionality of the Social Security Act was upheld. The old age insurance provisions of the Act were also declared constitutional. Prior to this, different states in the U.S.A. had their own plans of assisting their needy aged and other weaker groups of people. Besides, mutual societies and fraternal orders were offering old age and other benefits to their needy members.

The Social Security Act of 1935 covers nine programmes as follows:-

A. Public Insurance:

1. Old Age, Survivors and Disability insurance.
2. Unemployment insurance

²³ . Kirpal.Singh Soodan, op.cit., p.171.

- B. Public Assistance to the Needy.
 - 1. Old age assistance.
 - 2. Aid to blind
 - 3. Aid to the dependent children
 - 4. Aid to the permanently and totally disabled.
- C. Children's Services.
 - 1. Maternal and child health services.
 - 2. Services for crippled children.
 - 3. Child welfare service.

Other benefits/programmes though not included in the Social Security Act of 1935 are;

- 1. Workmen's compensation.
- 2. Railroad retirement, sickness and unemployment insurance.
- 3. Veterans' benefits.
- 4. Federal, state and local government employees' retirement systems.

Of the nine programmes covered by the Federal law, only one is operated by the Federal Government, i.e. Old Age survivors, and disability insurance. The other eight programmes are operated by the states with Federal co-operation.

ii. Welfare of the Aged in U.S.S.R.(Russia):

Public Assistance: Old Age Pension: The citizens of the U.S.S.R. have right to maintenance in old age. There are different kinds of pensions: Old Age, disability, loss of breadwinner, long services and personal pensions.²⁴ Soviet citizens need not contribute to old age pension funds from their earnings or personal savings. Old age pensions are paid by the State out of Public Consumption Funds which run into thousand million Roubles. All wage and salary earners who have reached the age of 60 (for men) and 55 (for women) with a record of service of no less than 25 years (men) and 20 years (women) are entitled to full state pensions and those who have worked less than that get a partial pension. Many categories of wage and salary earners have the right to old age pensions at an earlier age, men on reaching the age of 50-55, and women 45-50 years. Old age pension average from

²⁴ . Ibid., p.180.

50 to 100 percent of the worker's wages or salary, the lower the wages the higher the percentage. Invalids and disabled persons are benefiting from considerable increase in pensions. There is a plan for more 30 per cent increase in the minimum old age for wage and salary earners and collective farmers.

In case an aged pensioners can no longer look after him, or if he has no family or, for some reasons, cannot live with his family, he can live in one of the many special boarding homes run by the state.²⁵ As a rule, those homes are built in pleasant suburban localities.

Medical assistance to the aged in U.S.S.R is free and easily accessible. All medical institutions give medical aid free of charges. Any one can call a doctor to his home when necessary and receive qualified medical aid. The entire medical service is run by the state. Visiting nurse service is available at the homes of certain types of the patients including the aged and invalids. Free ambulance service is available at all times.

iii. Welfare of the Aged in Britain:

Public Assistance – Old Age Pension: National Insurance, Industrial Injuries Insurance, Family Allowances and National Assistance together with War Pensions, constitute a comprehensive system of social security in the United Kingdom.²⁶ The purpose of these programmes is that under no circumstances any one be allowed to fall below a certain minimum standard of living.

An old age pension scheme financed from the Central Government Funds was started in England under the 1908 Act and it was free from the personal indignities of the Poor Law. In 1939, the social insurance and other allied services in Britain comprised of (1) Pensions based on need, for the old and the blind (if over 40) and (2) unemployment and health insurance and a contributory old age widows' and orphans' pension scheme.²⁷ These services were in addition to the services being given by voluntary organizations.

Besides cash benefits, a number of services for the elderly in their homes are provided in Britain by various statutory and voluntary bodies to help old people to live there for as a long as possible. A large proportion of the time of home nurses, health

²⁵ . Ibid., p.180.

²⁶ . Ibid., p.181.

²⁷ . Ibid., p.181.

visitors and home-helps is spent on the needs of the elderly. ‘Good Neighbour’ and friendly visiting services are also arranged by local authority or voluntary organization to assist the elderly. Other services available to the aged include chiropody service, sitters-in, night attendants and special laundry services.²⁸ Under the National Assistance Amendment Act, 1962, day centers, clubs, recreational workshops and meal for the old people can also be provided by any of the authorities. Under the National Assistance Act, local authorities provide residential accommodation for the elderly and the infirm. Local authorities have powers to register homes run by voluntary organizations or privately. The newer homes provided by local authorities for elderly and other infirm people usually have accommodation for 30-59 residents. Nearly 1,900 new homes have been opened in Great Britain since 1945. Under the Housing Acts, the local authorities have provided smaller dwelling for old people and flat-lets for frail or infirm old people who can lead independent lives with some help.

The health needs of the aged are provided for under the National Health Services set up under the various National Health Service Acts which came into force in 1968. Different services under these Acts are available to all according to their medical needs without regard to any insurance qualifications. Health visiting, home nursing and domestic help, ambulance services, health centers, general practitioner services are available to the needy aged.

iv. Welfare of the Aged in Denmark:

Old Age Pension: In Denmark, old age pensions cover the National Old Age Pension, on the one hand, and the Labour Market Supplementary Pension on the other.²⁹ The National Old Age Pension Scheme provide for fixed age limits for entitlement to national old age pension. On his attaining sixty seventh years, any citizen is entitled, without having to account for his financial circumstances, to receive the so-called minimum pension, which at present comes to approximate 110 Kr. a month for a single person. It was reported that starting from 1st April, 1970, any person will be entitled, irrespective of income, to draw the basic rate of pension which at present amount to about 6,000 Kr. a year for a single person. Further, law provides for a pension to persons between

²⁸ . Ibid., p.182.

²⁹ . Ibid., p.182.

60 and 67 years of age, if warranted by ill health or other very special circumstances. The entire cost of national old age pension is met through taxation, and payments to individual pensioners are made through local authorities.

The Labour Market Supplement Pension is a superstructure on the national old age pension, covering all wage and salary earners. The scheme provides for payment of weekly contributions on the part of the wage and salary earners and employers at a rate of Kr. 1.80 and Kr. 3.80, respectively.³⁰ The contributions render wage and salary earners eligible for supplementary pension at 67 in proportion to the length of their membership.

Welfare services for the aged in Denmark include their maintenance in an old peoples' home or a nursing home, encouragement to find an occupation tending to alleviate their feeling of loneliness and the provision of a home-help in appropriate cases. These services are being provided under the care of Disability and Old Age Pensioners Act, 1964.³¹ The Act provides for a certain grant to be paid to the local authorities for welfare services which are provided to enable old people to maintain independent living as long as possible. These welfare services include home visiting, club activities, occupational therapy and entertainment. All these services are designed to break the isolation.

Old age pensioners' flats- a quite ordinary convenient flat let has been provided in the form of blocks outside the regular residential quarters but within easy reach of public transport. New old age pensioners' flats are now laid out only as a part of regular house building and are approaching a type of service flats. In the blocks of service flats, each resident has his own flat but there is common restaurant for the residents who may not feel like doing their own cooking. Certain services flats have a unit for nursing home patients. The purpose of these types of housing arrangement is to offer gradual transition from own home to service flat and further to still smaller dwelling in the nursing unit of the service flat.

Medical attention to the aged in Denmark is given through services being paid by the National Health Insurance. Membership of state recognized sickness fund is compulsory for old age and disability pensioners who are thus assured of free medical care and are reimbursed for a substantial proportion of medicine expenses.

³⁰ . Ibid., p.183.

³¹ . Ibid., p.183.

3.5 Right of the Aged:

The aged are those who have retired from employment or from business after having had their innings. This also means that during their younger days, they had worked hard on the job or the business and all of them individually and together contributed their mite towards nation-building. They jointly created national assets like factories, dams, educational institutions, hospitals and contributed to food production. This development helped the younger generation to have a better quality of life than their elders who slogged for long years at the cost of their physical and mental health. This therefore creates rights of the elderly on these national resources, so that they are able to lead the rest of their life comfortably. In other words, social security, medical aid and social services for the aged have really been earned by them as a matter of right. Therefore, any reference to the rights of the aged is logical. The following are some of the rights that the aged have on the society, the building of which they contributed greatly:

- (i) **The Right to Freedom: Independence and the Free Exercise of Individual Initiative.**
This should encompass not only opportunities and resources for personal planning and managing one's life style, but support systems for maximum growth and contributions by older persons to their community.
- (ii) **The Right to an Income in retirement which would provide an Adequate Standard of Living.** Such income must be sufficiently adequate to assure maintenance of mental and physical activities which delay deterioration and maximize individual potentials for self help and support. This right should be assured regardless of employment capability.
- (iii) **The Right to an Opportunity for Employment Free from Discriminatory Practices because of Age.** Such employment when desired should not exploit individuals because of age and should permit utilization of talents, skills, and experience of older persons for the good of self and community. Compensation should be based on the prevailing wage scales of the community for comparable work.³²
 - a. **The Right to an Opportunity to participate in the Widest Range of meaningful Civic, Educational, Recreational and Cultural Activities.** The varying interests and needs of elders require programmes and activities sensitive to their rich and diverse heritage.

³² . D.Paul,Chowdhry, op.cit., p.142.

There should be opportunities for involvement with persons of all ages in programmes which are affordable and accessible.

- b. The Right to Suitable Housing: The widest choices of living arrangements should be available designed and located with reference to special needs at cost which older persons can afford.
- c. The Right to the Best Level of Physical and Mental Health Services. Such services should include the latest knowledge and techniques science can make available without regard to economic status.
- d. The Right to Ready Access to Effective Social Services. These services should enhance independence and well-being, and yet to provide protection and care as needed.

In a nutshell, the aged have the right to retire, adequate income, participation in community services, housing, medical aid and other social services and most importantly right to family living. The unattached (widowed, childless and the destitute) aged have special right to community services and old age assistance.

3.6 Charter of Rights:

The aged in India like their American counterparts must strive to have a magna carta for senior citizens, based on the following objectives; as such a charter alone can ensure the physical, socio-economic and cultural well-being of the senior citizens in the country.³³

- (i) An adequate income in retirement in accordance with the standard of living of the country.
- (ii) The best possible physical and mental health care that science can make available, without regard to the senior citizen's economic status.
- (iii) Suitable housing, designed and located with reference to special needs, at costs retired person can afford.
- (iv) Full restorative services for those who require institutional care, either free or at a nominal charge.
- (v) Opportunity for employment with no discriminatory personnel practices just because of old aged.
- (vi) Retirement in health, honour, dignity- after years of valuable contribution to the national economy and culture.

³³ . Ibid., 145.

- (vii) Pursuit of meaningful activity within the widest range of civic, socio-economic, cultural and recreational opportunities.
- (viii) Efficient community services (including access to low cost transportation) which provide a choice in supported living arrangement and social assistance in a coordinated manner.
- (ix) Immediate benefit from proven research knowledge that can sustain and improve the health and happiness of senior citizens.
- (x) Freedom and independence (of thought, word and deed) and the free exercise of individual initiative in planning and managing one's life.

In relatively advance countries of the West, like the UK, USA and Canada, the older citizens are paid monthly cash allowances to maintain themselves either in their own homes or in institutions. One out of every five old persons cannot get enough from relatives, private income, pension or other social security benefits. Such assistance is available only to such needy persons over the aged of 65 years who cannot support themselves. The amount is payable to an older person eligible for such assistance, and covers necessary expenditure on food, clothing, shelter and incidentals. The quantum for such assistance is to be determined after the applicant's is visited by social and economic status and resources. After the amount is paid to the oldster, it is to be seen by the social worker, through visits to the family, whether the amount is being utilized properly for the maintained of the applicant.

The concept of old age assistance was first developed in the West-Great Britain and then the United States of America as part of social security programme. These programmes were in recognition of the valuable services rendered by the members of the earlier generation of settlers in the United States for their contribution to the developments of the United States. Guided by programme of old age assistance in US, India also initiated Old Age Pension scheme in different states.

In view of rapidly increasing population of the aged, it will be useful for India to take into consideration the policy measures, laws and welfare programmes prevalent in the United States, Russia, Britain, Denmark and other Western countries for the purpose of formulating a policy for the ageing and evolving programmes and machinery for them. So far, we have discussed policy governing social security with reference to the United States of America and other countries. In view of the fact that in India there is no such social security system per se but only the employees of government and organized sector are

governed by a limited social security system by way of pension, gratuity and provident fund. Therefore, any policy has to take into consideration the need of social assistance for the aged population. Several states in India have introduced old age pension scheme for the destitute aged which has policy implication regarding old age pension in India. There is no special arrangement for health, medical, housing and socio-cultural facilities for the aged, which indicates a policy gap in this area.

While drawing comparisons about the status of and services for the elderly with those in the western world, the socio-cultural, economic and political factors have to be kept in view. On the one hand the West has to learn from Indian value system of caring for its aged, on the other, India has to study the Western Social Security system as our socio-economic system is now heading in that direction. India should therefore, learn from this situation and adopt a path which places the responsibility on the family on the one hand and provisions of state resources for the care of the destitute aged with better care and medical facilities. It is in this context that there is a need for having a look at the policies, programmes and services for the aged in different countries.

There is no special arrangement for health, medical, housing and socio-cultural facilities for the aged among the Naga society, which indicates a policy gap in this area. Therefore, society and community should bridge the gap and give possible help to the needy aged. Further, to change the mindset and work for the well being of the aged, problems and the impact of ageing should include in school syllabus to educate the children right from the school levels.

Traditionally Naga aged are assigned a place of honour and respect. Apart from the religious and social functions the aged pass on social values. Aged in the Naga society plays valuable role in socializing young children and transmitting social and cultural heritage. Their help and advice is sought in crisis situations. Because of modern education, urbanization, migration, the position and the status of the elderly has been undermined, thereby devaluing the knowledge and experience of the elderly and eroding their status. High cost of living, lack of residential accommodation and materialism has led to stresses and strains for the elderly persons arising out of a feeling of being unwanted or isolated. The position of those without regular incomes becomes more vulnerable, therefore social assistance and social benefits should be given to the aged to meet their basic needs.

CHAPTER 4

SOCIO-ECONOMIC STATUS OF THE RESPONDENTS AND THE ISSUES OF DISENGAGEMENT

The studies relating to socio-economic and the issues of disengagement of ageing are still at the infancy and some time is required to draw broad generalizations on ageing in the changing context of Naga society. Therefore, the following delineations on the socio-economic status of the aged in Naga society are based on the finding of the empirical studies undertaken on different communities of rural- urban aged population of Nagaland.

The social background of the elderly is very important in understanding their living conditions, perceptions and expectations from the family members, the community and the state in terms of their needs.¹ Nagas, with various cultural backgrounds, follow various customs and beliefs, which ultimately mould their lifestyles. Understanding their social background in terms of culture and family life situations would probably help their problems.² The social background of a person is expected to have a vital influence on the living conditions of the elderly male/female.

Socio-economic situation as faced and experienced by individuals differ for different groups of people. Just because one has become old, it does not mean that one has same set of problems as others. Similarly, problems of affluent aged differ from that of destitute aged; the conditions of slum dwellers differ from those living in developed or posh colonies; similar is the position with regard to pensioners and non-pensioners, of those living in rural, urban and tribal areas, of those belonging to land-owning class and landless class, etc. The differences in problems may be because different groups face different physical conditions, they are differently organized, or have different traditions, values and culture.

Among the several problems of the elderly, economic problems occupy an important position.³ A majority of the aged in the study were unemployed and retired without any financial security. They depend mostly on their children economically. Due to low economic condition, their children also experience difficulty in providing even the

¹ . S.Siva Raju, Health Status of the Urban Elderly. A Medico-Social Study, p.37

² . A.S.Kohli, Social situation of the aged in India, p.1.

³ . Ibid., p.51.

basic necessities of life to the aged as their limited income has to provide not only for their offspring, but also for their aged.

Basing on the empirical findings, an analysis has been drawn on several determining factors which throw light on the socio-economic statuses of the aged. The discussion on the social status of the aged is made by analyzing of their age-sex composition, marital status, educational attainment, Living arrangement. The economic status of the aged is discussed on the basis of factors like earning status of the aged, sources of monthly income, monthly household income of the respondents, position held by the retired Government servants, previous and present occupations of the respondents, wealth of the respondents etc.

4.1 Age-Sex Composition and Marital Status:

Age-sex structure is one of the most essential characteristics of population composition. Almost all population characteristic vary significantly with age. Age statistics form a major component of population analysis, as most of the analysis is based on age-sex structure of the population. The usefulness of the age data is more noticeable when it cross classified by variables like marital status, literacy rate, economic activity which vary with age in different patterns.

Apart from purely demographic concerns, the age-sex data structure is required for age specific analysis of data for planning, scientific, technical and commercial purposes. The dependency ratio, which is the ratio of economically active to economically inactive persons, is dependent on age composition.

Table 4.1

Age-Sex Composition and Marital Status

Age Groups	Unmarried				Married				Widowers/Widows				Divorced				Total	
	R		U		R		U		R		U		R		U		R	U
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	R	U
60-65	0	0	0	1	53	45	23	16	7	14	1	3	6	4	2	1	129	47
66-70	0	0	0	0	32	30	12	15	2	11	2	2	3	0	1	0	78	32
71-75	0	0	0	0	19	9	4	4	5	10	1	0	0	1	0	1	44	11
76-80	0	0	0	0	9	5	2	3	4	7	0	1	0	0	0	0	25	6
80& above	0	0	0	0	6	0	0	2	3	14	1	2	1	0	0	0	24	5
Total	0	0		1	119	89	41	39	21	56	6	8	10	5	3	2	300	100

The above table 4.1 involves a discussion on the age-sex composition and marital status of the rural and urban Naga aged covered under the study area. The age-sex composition was classified into five categories, 61-65, 66-70, 71-75, 76-80, 80 and above as shown in the table. In the study it was found that, out of 400 samples, a majority of 176 respondents (44%), comprising of 129 samples of rural respondents which is 43% (22% male and 21% female), and 47% of the urban respondents (27% male and 20% female) are in the age of 60-65 years old. The data also shows that 78 respondents, which are 26% (12.33% male and 13.66% female) of the rural aged and 31% (14% male and 17% female) of the urban aged, are in the age group of 66-70. 14.66% (8% male and 6.66% female) of the rural aged and 11% (5% male and 6% female) of the urban aged are in the age group of 71-75. And in the subsequent higher age group 8.33% (4.33% male and 4% female) of the rural areas and 6% (2% male and 4% female) of the urban aged are in the age-group of 76-80. Further 8% (3.33% male and 4.66% female) of the rural aged and 5% (1% male and 4% female) of the urban aged are in the age group of 80 & above respectively.

In the age-sex composition, the data found that there is more number of aged in the age- group of 60-65 as compared to the other higher age-group. It has also noted from the study that more number of young old is found in urban area as compared to rural areas, and more number of old-old are found in rural then urban counterpart. One probable reason for this was due to short period of urbanization in Nagaland as compared to other parts of the country. Unlike the other States, in Nagaland, urbanization starts only after the Second World War. People from the neighboring villages and tribes came in search of jobs, business and other non-agricultural occupation and started settling in Kohima which was not a long history as compared to other town and cities. So this was the reason for having more number of urban dwellers with young old categories as compared to rural areas in Nagaland. Except in the age-group of 60-65, male ageds are larger then female from both rural and urban area. In rest of the other age-group, data discovered that more number of female aged in all age categories from both rural and urban. So this determines that female longevity is longer as compared to male in the Naga society.

Family is a primary universal institution.⁴ Its central point is the married couple. With advancement in age many become widows and widowers, and the role of the family of maintaining contacts with society and the community gets weakened. Most of the aged

⁴ . A.S.Kohli, op.cit, p.15.

having already retired from active life live isolated lives. When the spouse is no more alive they are likely to get isolated all the more. Moreover a number of the aged are not able to maintain good health and they need care givers in the family. In the absence of spouse they may feel helpless and unattended. Thus marital status has great importance for the elderly.

Further, the above table (4.1) reveals age-sex- composition on the one hand and rural-urban distribution of the Naga aged on the other by their marital status. Among the total respondents, a majority 69.33% (39.66% male and 29.66% female) of the rural and 80% (41% male and 39% female) of the urban aged are currently married, of which 36 % (21% male and 15% female) of rural respondents and 46% (24% male and 16% female) from urban respondents are from the age-group of 60-65. The study noted that, there is more number of currently married urban aged as compared to their rural counterparts. This is because urbanization starts in Naga society only after the Second World War, and also people born during early 1950's will be just in their early sixties. Further, rural youths continuously migrate to town in search of jobs and business activities and the old and immobile aged are mostly left at their village. So this could be the reason to have more number of currently married aged in urban as compared to rural areas. Moreover, the study also indicate that at the higher age groups which is 4.66% (3% male and 1.66% female) rural and 5% (2% male and 3% female) of urban aged in the age group of 76-80 and 2% each from both rural and urban in the aged of 80 and above. This shows the longevity and the decreasing of the aged with the increase in age. The table 4.1 further indicates that the longevity of the Naga aged is mostly to be 75 years of age. This is because; at the higher age-group the study finds there are only 8.33% of the rural aged and 6% of the urban aged who are in the age-group of 76-80. Further 8% of the rural aged and 5% of the urban aged are in the age groups of 80 & above respectively. The study also projects to have more number of rural aged in the higher age group of 76-80, 80 and above as compare to urban aged. Major reason for short longevity among the Nagas is observes to be due to high consumption of meat and less physical activities it leads to high blood pressure, diabetes and stroke. More number of widow/widower was found in rural areas as compared to the urban aged. The data further pointed out that in rural areas 25.66%, (18.66 % widows and 7% widowers) and 14%, (8% widows and 6% widowers) was found in urban area widow outnumbered widower in both rural and urban setting. The data further recorded to have more number of divorced male as compared to female in both rural and urban. The main

problem for having more divorced male aged was found to be their drinking habits. The study also recorded one female unmarried respondent in the study. The sex-wise analysis also shows that the age of married males were slightly older to their spouse when compared to the females. This is due to the fact that in traditional Naga society the age of wife is expected to be lower than their husbands. The incidence of remarriage is also observed among the aged population.

4.2 Educational Levels:

The educational background of the elderly is an important social indicator that has a vital influence on their living conditions.⁵ Education seems to be one of the major factors influencing the motivation of the people.⁶ It is contributory factor for moving up the social ladder. It is generally presumed that those elderly with some level of education are generally better equipped to take care of themselves not only from the financial point of view, but also in adopting preventive and curative measures to protect their health, when compared to their counterparts among the illiterate group. Low-level literacy among the older population is understandable since they have spent much of their life prior to the advent of accelerated socio-economic development in the country. The rural elderly seem to be more disadvantaged in this respect, as both quantity and qualities of educational facilities in rural areas have been quite inferior compared to the urban area.

Table 4.2
Educational Levels

Educational Levels	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Illiterate	58	7	85	22	143	47.66 %	29	29 %
Under Metric	54	20	50	18	104	34.66 %	38	38 %
Pre-University	24	12	12	7	36	12. %	19	19 %
Degree	12	6	3	3	15	5 %	9	9 %
Post Graduate	2	3	0	0	2	0.66 %	3	3 %
Technical & Professional's	0	2	0	0	0	00	2	2 %
Total	150	50	150	50	300	100 %	100	100 %

⁵ . S.Siva Raju, op.cit., p.40

⁶ . Kirpal.Singh Soodan, Ageing in India, p.46.

In order to know the associated problems of aged person, it was necessary to examine their level of education because education is considered an important tool for change.

A study on the educational accomplishments of the Naga aged is shown in the table 4.2, that illiteracy is very high among women. Out of 400 Naga aged undertaken in the study area, 300 rural and 100 urban respondents was interviewed in the study. It was found that 48.66% (20.33% male and 28.33% female) respondents from rural, and 29% (7% male and 22% female) from urban area are illiterate. In the category of schooling under matriculation there are 104 samples from rural areas, which constitutes of 34.66% (18% male and 16.66% females) and 38% of which (20% males and 18% females) in urban area. From the analysis of the table 4.2, it is shown that the highest category of literacy level among the Naga aged is schooling under matriculation. The total percentage at the degree level was just 5% of rural respondents (4% males and 1% female) and 9% urban samples consisting of (6% males and 3% females). Further at the post- graduation degree level, (0.33%) from rural and 3 males (3%) from the urban area.

This study shows that, at the higher level of educational attainment, there is less number of aged respondents in Naga society. As compared to rural aged, urban aged are found to be better literate. Comparatively the aged male shows better educational achievement than the females in both rural and urban setting. Thus; on the whole, the data shows that, the level of education varies with the rural-urban, and also sex wise. This could be due to preference of male child in the traditional Naga society and lack of educational facilities as well as the attitude of the then society towards female education.

3. Living Arrangement of the Aged:

Living arrangements show whether the aged have family, have someone to live with and someone to care for them.⁷ Family caters to economic, social and emotional needs of its members, whether they are children, adults or the aged. One reason why in Nagaland there are few social welfare institutions, such as homes for the aged, or why general social security schemes are not being planned, is that, it is assumed that family has resources, ability and competence to take care of the needs of the people. Often the status of the aged and extent of the problems of the aged is judge by their living arrangement.

⁷ . A.S.Kohli, op,cit., p.31

Table 4.3
Living arrangement of the Aged

Living Arrangement	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>percent</i>	<i>U</i>	<i>percent</i>
Living Alone	15	3	23	6	38	12.66%	9	9%
Living with Spouse	48	11	36	8	84	28%	19	19%
Living with Spouse and Unmarried Children	62	23	62	16	124	41.33%	39	39%
Living Married Sons	18	7	21	10	39	13%	17	17%
Living with Married Daughters	5	2	3	4	8	2.66%	6	6%
Living with Grandchildren	2	4	5	6	7	2.33%	10	10%
Total	150	50	150	50	300	100%	100	100%

The table 4.3 on the living arrangements of the respondents, indicate that, large number of aged with 41.33% (20.66% male and 20.66% female) rural respondents, and 39% (23% male and 16% female) of urban respondents was found living with their spouse and unmarried children. The study also projects 13% (6% male and 7% female) of the rural respondents, and 17% (7% male and 10% female) of urban, living with their married sons. This shows that, the number of aged living with their married sons is higher in urban area than in rural areas. One reason for this is that educated and employed youth who had migrated to town want their parents from rural areas to live near them. In this aspect female aged outnumbered male aged in living with their sons. The data further shows 12.66% (5% male and 7.66% female), and 9% (3% male and 6% female) of urban respondents are living alone. In the detail analysis of these respondents, it was noted that, 6.66% (3.33% male and 3.33% female) from rural, and 3% (1% male and 2% female) from urban are living alone due to early death of spouse. Further 3% (1.66% male and 1.33% female) of the rural respondents and 4% (2% male and 2% female) of the urban respondents replied that none of their children lives in the same neighborhood. And 4.44% (1.66% male and 2.66% female) of the rural and 2% (2% female) of the urban respondents have no surviving family members to take care of them. The data found more urban aged than rural aged living with their married daughters. In this regard, it was find that no son, or early demised of sons, or daughter being the elder siblings are some of the reasons for depending to married daughters. 2.33% (0.66% male and 1.66%female) from rural and 10%, (4% male and 6% female) from urban are living with their grandchildren.

Respondents living with grandchildren are found to be from two aspects in both rural and urban area. 1.66% (0.66% male and 1% female) rural and 8% (3% male and 5% female) of the urban respondents are living with their grandchildren as the grandchildren took the responsibility of the aged parents because they are too old to work, and 0.66% female from rural and 2% (1% male and 1% female) from urban are living with their grand children as they have no other else to depend on. Aged living with grandchildren is found to be high in urban area than rural. It was disclosed by the respondents that economic stability was to be the major reason for this.

Though Nagas are undergoing a transitional period from tradition to modernity, no doubt they still hold on to traditional values, it may be declining but yet it is not totally disappeared. This is because the above table 4.3 prove that urban aged are more dependent to married sons and grand children as compared to rural aged in the study area, which also signifies the transmission of cultural values even in this modern era. On the other aspect it also loudly speaks of disengagement of the urban aged as compared to the rural aged among the Naga societies.

4.4 Earning Status of the Aged:

To maintain self-respect and status, one should not be economically dependent on others, and should have some personal income.⁸ Income flows from assets, past savings, pensions and gainful work. Some activities such as household work though may be supportive and hence very necessary, but do not yield independent income. Among the Naga aged, if not assets, holding of past savings and pensions account for income was only few. It is the gainful work which is a source of income for a vast majority.

The earning status of an individual is an important social indicator in any society. It determines one social roles and obligations within the family and community where he/she belongs to. The level of dependency and non-dependency ratio of any individual member of a society could be assessing only after knowing the earning status of each individual of its particular society. Therefore the table below tries to discuss the earning status of the Naga aged undertaken from the study area.

⁸ . Ibid., p.37.

Table 4.4
Earning Status of the Aged

Status of the Respondents	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>percent</i>	<i>U</i>	<i>percent</i>
Chief Earners	88	18	35	6	123	41%	24	24%
Part-time Earners	39	24	73	19	112	37.33%	43	43%
Totally Dependents	23	8	42	25	65	21.66%	33	33%
Total	150	50	150	50	300	100%	100	100%

In table 4.4 the data provides information regarding the earning capacity of the aged in terms of sex, rural-urban areas in Naga society. Out of 400 respondent's 38.75% (15.75% males and 23% females) are part-time earners, 36.75% (23.5% males and 13.25% females) as chief bread earners and 24.5% (7.75% male and 16.75% female) totally dependent. In the break-up of 300 rural and 100 urban respondents, data project that 41% (29.33% male and 11.66% females) of the rural respondents and 24% (18% males and 6% females) of urban area are chief earners. The major reasons for this was that many of the male aged are still in gainful employment and their general perception about their headship position in the family remained unchanged. Further, the data also observed that male chief earners at the rural areas are higher than the male chief earners at the urban area, this is because, in rural areas where most people work in agriculture and related fields with no upper age of retirement. The study further observed that as per the traditions and culture of the Nagas, it is the males who take up employment. Therefore a larger majority of the independent aged is that of males. This shows a prevalence of strong traditional headship in rural areas. Whereas, in urban area the position of headship among the parents is declining due to educated employed children shouldering the responsibility and taking the authority as the head of the family. This was found as a result of transition of headship due to holding of property and high income by the children then the parents in urban area.

Interestingly it was also noted from the study that most female's chief earners are found to be divorced widows or husbands are suffering from chronic illness. The data noted that 37.33% (13% male and 24.33% female) rural and 43% (24 male and 19 female) of the urban respondents from the study area are the part-time earners. Thus, in the chief earners category male aged predominate female in both rural and urban. In the partially

dependent category females outnumbered male aged in rural areas, whereas in urban area male continue to dominate. In the totally dependent category 21.66% of the rural respondents of which 14% are females and 33% urban samples of which are 25% females are totally dependents. In the analyses of these, the females totally dependency rate is higher than males. 9.66% female rural respondents and 9% female from urban respondents are totally dependent to their children due to health reason. Further, 5.66% female of rural and 16% female from urban respondents are totally dependent due to too old to work. The reason for the totally dependents among the rural aged females are: physical disabilities, continuous illness, majority of women being housewives all their lives, illiteracy, and unemployment. Among the urban females, Physical disabilities and chronic illness was found to be a primary reason for depending on others.

Thus, from the above discussion we can conclude that, the theory of disengagement is prevailing in the Naga society today, and it is found to be more prevalent in urban area as compared to rural areas with regard to the earning status of the Naga aged.

4.5 Sources of Monthly Income:

A source of monthly income is a major factor indicating the economic independency, the lifestyles and health care of every individual. Lack of economic resources not only affects individual health but also create a mental imbalance to one's living. In any society, aged people are found to have more obligations and also more expected from others during occasions like wedding's, birth day celebration and other social gathering at the family and community level. Apart from these social expectations, aged people are more vulnerable to diseases and therefore, need a constant and proper care. And in the process, if one does not have a proper source of income then they live a miserable life. Therefore the study tries to cover on the sources of income of the aged to examine their level of dependency and non-dependency.

Table 4.5
Sources of Monthly Income

Sources	Males		Females		R	Total		
	R	U	R	U		Per cent	U	Per cent
Salary	2	2	1	4	3	1%	6	6%
House Rent	16	9	18	9	34	11.33%	18	18%
Profit from Interest	4	1	11	6	15	5%	7	7%
Business	15	6	11	6	26	8.66%	12	12%
Govt. Pension	52	21	15	9	67	22.33%	30	30%
Old Age Pension	9	8	13	8	22	7.33%	16	16%
Farming	50	2	72	3	122	40.66%	5	5%
Any Others	2	1	9	5	11	3.66%	6	6%
Total	150	50	150	50	300	100%	100	100%

In table 4.5 the data clearly indicates the sources of monthly income of the aged respondents. The study found to have seven sources of income among the Naga aged respondents namely: salary, house rent, profit from interest, business, Govt. pension, Old age pension and farming etc. Interestingly 40.66% (16.66% male and 24% female) rural and 5% (2% male and 3% female) urban aged are depending on farming as their source of income. 22.33% (17.33% male and 5% female) of the rural respondents and 30% (21% male and 9% female) of the urban respondents are getting Govt. pension as their monthly source of income. The data illustrates the disparities and discrepancies in occupation and earning status between rural and urban, and sex-wise among the Naga aged which indicate the poor educational status of rural and female aged in the Naga society. The data further project that only 7.33% (3% male and 4.33% female) from rural and 16% (8% male and 8% female) urban respondents were getting old age pension as their source on income. This describes poor implementation of the welfare scheme meant for the aged by the government. Further, 3.66% (0.66% male and 3% female) rural and 6% (1% male and 5% female) urban are depending on family and relatives as their source of income. Sex wise analyses in this category shows that female respondents outnumbered male respondents as dependent on family and relatives among the Naga aged. 1% (0.66% males and 0.33% female) of the rural respondents and 6% (2% males and 4% females) of urban respondents are getting salary. In the analysis of these respondent's, 0.66% male from rural are employed in the church as Pastors and 1% male from urban as evangelist. 0.33% female from rural is serving as a sweeper in a private school at the village, and 4% female in urban

area are serving as sweepers in private sectors. Among the 2% male in urban area one is serving as a principal in a private college and the other is a chowkidar in private establishment.

Further it was also found in the study that, 14.66% (10% male and 4.66% female) of rural and 32% (21% male and 11% female) of urban respondents are having double/more than one income. In the analyses of these 8% of rural and 20% are getting Govt. pension and house rent as their double source of income. Further, 4.66% of rural respondents and 8% of urban aged are getting house rent and business as their double source of income, and 3% of rural and 5% from urban are getting house rent, weaving and handicrafts as their double source of monthly income. Thus, it has discovered from the study that more number of respondents from urban area is having double/more than one sources of income then to rural aged. This has strongly supported the assumption that urban dwellers having better economic status then their rural counterparts.

4.6 Monthly Household Income of the Respondents:

Household is defined as, “A group of persons sharing a home or living space, who aggregate and share their incomes, as evidence by the fact that they regularly take meals together”.⁹ For the purpose of the study household income generally refers to earning status or income generated by the family members in a month. Household income indicates the social position of a family in the community and society. Depending on the higher level of household income it solves one’s economic problems to meet their needs and demands. The aged being retarded from work activities are more prone to utilization of money in many ways unlike young adults. And in this regard, the income stability of each household plays a very significant role in the life of an aged individual. The table below discusses the monthly household income of the Naga aged covered under the study area.

⁹. Gordon, Marshall, Oxford dictionary of sociology, p.283.

Table 4.6
Monthly Household Incomes of the Respondents

Household's Income (in rupees)	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Below 2,000	62	14	94	17	156	52%	31	31%
2,001- 5,000	35	11	36	16	71	23.66%	27	27%
5,001- 10,000	28	16	14	12	42	14%	28	28%
10,001- 15,000	14	5	4	3	18	6%	8	8%
15,001- 20,000	7	2	2	2	9	3%	4	4%
20,000 & Above	4	2	0	0	4	1.33%	2	2%
Total	150	50	150	50	300	100%	100	100%

The table 4.6 shows that majority of the rural respondents 52% (20.66% male and 31.33% female) and 31% (14% male and 17% female) of urban aged are surviving with a household income below Rs 2000. Respondents surviving with the household income below Rs 2000 are recorded from three strata's. 36% of rural and 5% of the urban aged are depending of farming, 16% of rural and 9% of urban aged are depending on manual labors. 17% of urban aged does petty business. Further, it was also noted that majority of these respondents are living in very poor condition for survival. Further, 3% (2.33% male and 0.66% female) rural and 4% (2% male and 2% female) urban are getting Rs 15,000-20,000 respectively. 1.33% male from rural and 2% male of urban respondents are getting Rs 20,000 above in a month. The study discovered all those who are getting Rs 15,000 and above as their monthly source of income are to be mostly retired government servants, businessmen and Contractors.

In detail analysis of the household income, data shows that there is a sharp disparity between rural and urban respondents. Except at the income level (below Rs. 2000), in all the higher income level urban respondents outnumbered rural respondents. And in sex wise analysis, male aged outnumbered female aged both from rural and urban area. This was mainly due to lack of education and lack of resources among the female aged then to male. From the field work it was noted that Govt. pension, house rent, farming and selling of farm products as the most stable source of income among the Naga aged. Moreover the data also found that urban dwellers have better monthly income as compared to their rural counterparts. Further in-co-operation and denial from the respondents to give the exact/

accurate source/ sources of income was a hindrance to know the level of income. However, it was discovered that fear psychosis was one of the main reason to give positive reply to the investigators. One main reason was insecurity because of extortion and distrusts to the youth in the present society.

4.7 Position held by the Retired Government Servants:

The term 'retirement' is understood by different people in different ways. It can be explained as a specific stage in the developmental process of an individual, a withdrawal from most of the economic and social responsibility of adult life and the end of lifelong career as an employee.¹⁰ Therefore, retirement is an event, a process and a status. An occupation can be described as particular action or course of action in which one is engaged especially, habitually to earn one's living.

Sociologically it may be designated as a specific activity having value which enables an individual to obtain a steady flow of income.¹¹ Today, occupation rather than property is the source of income for most of the people. It distinguishes one man from another, giving a feeling of individuality and also unites people of different origins and backgrounds of the same occupational level. It impresses the inner being of the individual, affects their external life, serves as the link binding the individual to the society and gives them a specific form.

Table 4.7
Position held by the Retired Government Servants

Position	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Grade I	4	10	0	2	4	1.33%	12	12%
Grade II	8	2	1		9	3%	2	2%
Grade III	28	5	11	3	39	13%	8	8%
Grade IV	12	4	3	4	15	5%	8	8%
Total	52	21	15	9	67	22.33%	30	30%

¹⁰ . PushPa, Mary Rani, Institutional Care of the Aged. In Ishwar Modi (eds). Ageing and Human Development: A Global Perspectives, p.315.

¹¹ . Ram, Chandra Srivastava, The Problem of the Old Age, p.38

The table 4.7 projected the position and statistics of the retired government servants among the Naga aged in the study areas. The table clearly indicates that 22.33% (17.33% male and 5% female) of rural respondents and 30 samples 30% (21% male and 9% female) of the urban respondents are retired government servants served at various capacities. The data further pointed out 13% (9.33% male and 3.66% female) of the rural respondents, and 8% of the urban respondents (5% male and 3% female) were retired as Grade III category. Further, there are 5% (4% male and 1% female) rural respondents and 8% (4% male and 4% female) urban respondents served under Grade IV category. 3% (2.66% male and 0.33% female) rural and 2% urban respondents were retired as Grade II status. 1.33% of rural respondents and 12% (10% male and 2% female) were retired as Grade I gazetted officers.

In the detail analyses of these variables the data noted the largest number of retired government servant among the Naga aged is to be grade III retirees. The study also observed to have more numbers of Grade I Gazetted officer in urban area than the rural counterpart, where as in the Grade II category rural respondents are having more number than the urban respondents. Further in the comparative study of rural and urban area, it was also noted in the study that more number of retired government servants are recorded in urban area than rural areas. Sex-wise analysis shows more male than female are retired as government servants. This has substantiated that urban aged are more educated, have better earning and living condition as compared to the rural aged and which also prove the hypothesis right that, the nature and problems of ageing differs from rural-urban in the Naga society.

4.8 Previous and Present Occupations of the Respondents:

Advancement in age brings retardation to physical strength and capacity to work that ultimately affects one's economic position at the family and social life of an individual. The occupation of the aged prior to their retirement has a significant bearing on their social life as well as on health and psychological needs. A comparison between previous and present occupations of the aged will give a clear picture on the level of economic independent and economic role played by the aged before and after retirement. Therefore the study tries to cover on this aspect, to give more information related to the Naga aged respondents undertaken in the study areas.

Table 4.8
Previous and Present Occupations of the Respondents

Occupation held by the Respondents	Present Occupation of the Respondents																					
	Male		Female		Business				Church/Social Worker				Cultivator				Manual Labour				Total	
	R	U	R	U	M	M	F	F	M	M	F	F	M	M	F	F	M	M	F	F	R	U
Grade I	1	5		1					1	5		1									1	6
Grade II	3	2			1	2			2												3	2
Grade III	5	3		1	2				2		1	2									5	3
Grade IV	1													1							1	
Cultivator																						
Manual Labour																						
Total	10	10		2	3	2			5	5		3	1								10	11

Note: B – Business, CSW – Church/ Social Worker, C – Cultivator, ML – Manual Labour

To know the present status of the retired government servants, the study has focused on their previous and present occupation of the aged respondents. In this regard table 4.8 clearly shows the positions held by the respondents and the present occupation. It may be noted that only 3.33% (3% male and 0.33% female) of the rural and 10% (7% male and 4% female) of the urban respondents are re-engaged in various fields. The data shows that re-engagement in churches and social workers to be the highest among the Naga aged with 2% (1.66% male and 0.33% female) of rural and 8% (5% male and 3% female) are from urban area. In the analysis it was found that, 0.33% male from rural and 6% (5% male and 1% female) from urban was retired Class I officer, 0.66% male from rural as Class II officer, 0.66% male and 0.33% female from rural and 2% female of urban was retired as Class III category. Further retired government servants re-engaged in business is higher than re-engaged as a cultivator. The table also shows that 1% male rural and 2% female of urban are doing business after their retirements. The study noted to have 1 respondent with (0.33%) rural aged re-engaged as cultivator. But interestingly among the retired government servants, none of the aged respondents in the study is found to be re-employed as a manual labour.

From the data analysis, the table shows that urban aged has more retired re-engaged aged as compared to rural aged. And in the sex-wise it was also noted to have more male as compared to female retired re-engaged aged in urban, where as female aged retired re-engaged are slightly higher to male aged in rural areas. The retired aged has also a better economic security and stability as compared to those who were unemployed. This is because, the data indicate that none of the retired government servants were engaging in

daily wages or manual labour as re-engagement for their survival or after their retirement. Thus from a comparison between previous and present occupation the study clearly pointed out that force retirement which is a new trend to a Naga culture has also greatly sideline the role of the aged in many activities at the community and societal level. This also loudly speaks that activity theory which is more stronger in the context of traditional Naga society and disengagement theory is a modern trend to the Naga society.

4.9 Wealth of the Respondents:

In a simple language ‘wealth’ can be define as property or assets which an individual own or possess at hand. In another word wealth is material goods or a security which can be utilized by an individual at the time of needs. The aged are generally with less income and ways of spending are more, wealth of the aged has a great bearing to indicate his social position in the society. Apart from earning and source on income, in the traditional Naga society wealth determines the social position of an individual. By thorough understanding the wealth of the respondents it will give a better understanding of their economic freedom between rural-urban and sex wise disparity.

Table 4.9
Wealth of the Respondents

Wealth	Males		Females			Total		
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Saving in Banks	59	30	27	18	86	28.66%	48	48%
Cash Money at Hand	34	9	42	13	76	25.33%	22	22%
Assets	43	12	39	10	82	27.33%	22	22%
Expecting from Children/Relatives	14	4	42	4	56	18.66%	8	8%
Total	150	50	150	50	300	100%	100	100%

To know more about the socio-economic status among the Naga aged, the respondents are asked on their wealth and properties. Table 4.9 present detail analyses of the study pertaining to the wealth of the respondents. The data points out 28.66% (19.66% male and 9% female) rural and 48% (30% male and 18% female) of urban respondents are having saving in the banks. The detail analysis of the respondents having saving in the

bank shows that, 17.33% (11.33% male and 6% female) of rural and 26% (16% male and 10% female) of urban respondents are retired government servants. 6.33% (4.33% male and 2% female) of rural and 14% (8% male and 6% female) of urban respondents are getting house rent, further, 3% (2% male and 1% female) rural, and 8% (6% male and 2% female) of urban respondents are doing business. The data further shows 27.33% (14.33% male and 13% female) rural and 22% (12% male and 10% female) urban aged own assets like land, paddy fields, forest and buildings etc. 18.66% (4.66% male and 14% female) rural and 8% (4% male and 4% female) urban are expecting from children and relatives. In detail analysis of the respondents under this category, it is noted that 12.66% (2.66% male and 10% female) of rural and 3% (1% male and 2% female) of the urban respondents are widow/widower, 6% (2% male and 4% female) of the rural and 5% (3% male and 2% female) of urban are living with their children and few have no surviving children who expect from their relatives.

From the above discussion, a comparison drawn between rural and urban shows that in all the aspects Naga aged living in urban area has more economic prospects, security and better economic status than the rural aged. Whereas in sex wise analysis shows that, there is a great disparity between male and female, however, female aged livings in urban area are having better economic positions as compared to female aged from the rural areas. Therefore it makes a huge difference in their lifestyles, standard of living and even in health care. This has further proved the hypothesis right that, the nature and problems of ageing differs from rural- urban and also sex-wise among the Naga society.

4.10 Mode of living of the Aged:

The study on the mode of living of the elderly person is an important aspect. The provision of facilities at home and its location has sociological importance. The real objective of housing for the elderly go far beyond the provision of suitable independent housing and living arrangements, but it must be seen in the context of the suitability for interaction with family members, for privacy, and for maintaining and developing friendship with neighbours and relatives. Thus the mode of living of the aged has been studied in this chapter to know the level of satisfaction of the aged from physical and social

view points. Variables have been studied in relation to sex-wise, rural - urban area settings of the Naga aged under the study areas.

Table 4.10
Mode of living of the Aged

Mode of Living	Males		Females		Total	Total		
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>		<i>R</i>	<i>Per cent</i>	<i>U</i>
Own Constructed House	132	27	124	29	256	85.33%	56	56%
Rented House	2	17		18	2	0.66%	35	35%
With Children	16	6	26	3	42	14%	9	9%
Total	159	50	150	50	300	100%	100	100%

The table 4.10 illustrates the detail patterns of living among the Naga aged. In the study, 85.33% (44% male and 41.33% female) of the rural respondents and 56% (27% male and 29% female) of urban respondents are living in their own constructed house. The study shows that the number of urban aged living in rented house predominates rural aged living in rented house. This is clearly projects from the table 4.10 in which 35% (17% male and 18% female) of the urban aged were living in a rented house, whereas, only 2 male respondents consist 0.66% of the rural aged are living in a rented house which is a marginal difference of 34.34%. In the detail analyses of the respondents living in a rented house from rural areas, the study noted that 0.66% were paying a nominal amount to their relatives who lives permanently in Dimapur. 14% (5.33% male and 8.66% female) rural and 9% (6% male and 3% female) urban aged are living with their children.

From the above discussion of the table 4.10 the study observed that, there is more number of rural aged living in their own constructed house as compared to the urban aged. The study also found more number of urban aged living in a rented house as compared to rural aged. This is mainly because; traditionally there is no landless class among Nagas and therefore there is no question of living in rent house as every member of the family/ clan/community has its own land to built a house. But as a result of urbanization and modernization couple with high density of population due to migration to town areas, living in a rent house is becoming a trend and a necessity. Further it has also noted rural aged living with children out numbered urban aged. Therefore, logically it states that the

traditional values of taking care of the aged parents are still prevailing in the rural Naga community though somehow it is declining in urban area. This was clearly substantiated by table 4.10 that the number of the aged dependent to children is higher in rural areas than the urban counterpart in the mode of living.

11. Dependency of the Aged:

To examine the rate of dependency and the nature of survival, the respondents are interviewed on three categories on the mode of survival as: (a) self dependent, (b) dependent to children/ grand children, and (c) dependent to relatives. By knowing the mode of survival as classified in the table below it was expected to show a better understanding on the nature of dependency and their socio-economic status in the family and community at large.

Table 4.11
Dependency of the Aged

Type of Dependency	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Self Dependent	109	36	93	19	202	67.33%	55	55.00%
Dependent Children/ Grand Children	35	14	46	29	81	27.00%	43	43.00%
Relatives	6	0	11	2	17	5.66%	2	2.00%
Total	150	50	150	50	300		100	

It was noted from the study that, majority of the respondents both from rural-urban Naga aged is self dependent. Table 4.11 projects that 67.33% (36.33% male and 31% female) of the rural and 55% (36% male and 19% female) of urban aged are self dependent. In the analysis of the respondents who are self dependent the study noted that 35.33% (27.33% male and 8% female) of the rural respondents and 20% (17% male and 3% female) of the urban respondents are chief bread earner of the family. The rest 32% (9% male and 23% female) rural and 35% (19% male and 16% female) of the urban respondents are just maintaining their family with their occasional income. The data shows that the number of the aged dependent to their children and grand children in urban area is more as compared to rural areas. This is substantiated by the above table 4.11 where 43% (14% male and 29% female) of urban respondents were dependent to their children and

grand children, whereas it was just 27% (11.66% male and 15.33% female) in the case of rural respondents. From the data it also shows that only 2% of the urban respondents are depending to their relatives, whereas in rural areas it was 5.66% (2% male and 3.66% female).

With regard to type of dependency, the data shows that there are more respondents of rural aged who are self-dependent as compared to urban aged. Whereas the data also shows that more number of urban aged than to rural aged is dependent to children and grand children. In the analysis of this case, it was discovered from the study that many urban aged are less active as compared to the rural aged. This was because, many town dwellers are less engaged in regular work activities, they mostly confined to their house/compound and become less mobile, whereas majority of the rural aged are reluctant to sit idle and prefer to engage in various activities to make themselves busy at their own ability. This is one main activity shown the difference of disengagement between rural and urban area. In dependent to relatives, the study also found more number of rural aged as compared to the urban aged in the study area. Further it has also noted that due to complex and heterogeneous cultural background aged in urban area are getting less attention from relatives. But it can be said that though there is a transition of cultural values, in rural areas, villagers have still have a high concern for the aged.

4.12 Financial Supports:

It is important to know the financial supports of the elderly as they normally face financial constraints at an advance age with a limited income and continuous increases in the cost of living. Accordingly the elderly were asked to specify to whom they could turn to if they needed any financial help. Though the children and family is there, a major support for the elderly in the sample as a whole, and the percentage of those who find themselves dependent is analysis in this table below.

Table 4.12
Financial Supports

Financial Supports	Males		Females		Total	
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>
Church	17	2	15	1	32	3
Organization	9	6	7	2	16	8
Government	52	29	15	12	67	41
Total	78	37	32	15	110	52

The above table 4.12 shows that 22.33% (17.33% male and 5% female) of the rural respondents and 41% (29% male and 12% female) of urban aged are getting financial support from the government. In the analysis, the study recorded to have 15% (13% male and 2% female) of the rural respondents and 25% (21% male and 4% female) of urban respondents getting government pension benefits as their financial support, further, 7.33%, (3% male and 4.33% female) of the rural respondents and 16% (8% male and 8% female) of the urban respondents are getting financial support from old age pension. The data also noted that 10.66% (5.66% male and 5% female) rural and 3% (2% male and 1% female) of urban respondents are getting financial support from the church. All respondents who are getting financial support from the church are church workers as pastors, evangelists and women evangelists at their village and at the area /regional level. The data also pointed out that 5.33% (3% male and 2.33% female) of the rural respondents and 8% (6% male and 2% female) of the urban aged are enjoying financial source from various organizations. Unlike the other two categories, the study found that respondents getting financial support from organizations are not in a regular form, it's purely on occasional basis, but really serve the purpose of the aged people. Some of the various organizations helping the aged are, Village level Gazetted Officers Association, village level service association, SHG's and groups of like minded people who lend their timely support to the aged which was a great help for the poor aged who do not have any source of income.

From the analysis, it was observed from the study that more number of urban aged than to rural aged are getting retired pension benefits from the government. Moreover it was also noted to have more male than female drawing pension benefits among the Naga aged in the study. This table supports the assumption that urban dwellers are having better

economic status as compared to rural aged among the Nagas in the study. The government along cannot be expected nor depended upon to support the aged and their problems, therefore it is high time that the churches and civil societies should come up to show their concern in creating awareness to the younger youths for the aged in the society.

4.13 Leisure and Recreational Time:

Leisure generally involves withdrawal from routine activities such as work, and involvement instead in a pleasurable activity, highly valued by the individual. It may or may not be productive but it does not involve the social responsibilities attached to one's other social roles. There are many different ways of spending leisure time, but the study had chosen eight aspects of spending leisure time by the respondents. This was done by ascertaining the familiarity of the respondents undertaken in the study area.

Table 4.13
Leisure and Recreational Time

Leisure Time	Males		Females		R	Total		
	R	U	R	U		Per cent	U	Per cent
Going for a Stroll	25	8	23	9	48	16%	17	17%
Visiting Friends	30	4	41	6	71	23.66%	10	10%
Playing with Grand Children	15	6	31	11	46	15.33%	17	17%
Watching T.V	24	14	17	7	41	13.66%	21	21%
Listening to Radio	16	5	11	3	27	9%	8	8%
Entertaining Friends at Home	19	3	10	6	29	9.66%	9	9%
Reading Newspapers	6	7	1	3	7	2.33%	10	10%
Visiting Church	15	3	16	5	31	10.33%	8	8%
Total	150	50	150	50	300	100%	100	100%

To know more about how the aged spend their leisure time; the respondents are asked on eight various aspects. In this regard the table 4.13 indicates the details of the variable. From the study pertaining to the utilization of leisure time by the aged, the table shows that 23.66% (10% male and 13.66% female) rural and 10% (4 male and 6 female) of urban aged visits their friends. In the analyses of this, the data recorded that 12.66% (4% male and 8.66% female) rural aged and 7% (2% male and 5% female) of the urban aged

are totally dependent, and 11% (6% male and 4% female) of the rural aged and 3% (2% male and 1% female) of the urban aged respondents are part-time earners. The aged women taking care of the grand children outnumbered male aged in both rural and urban setting. Table 4.13 shows that 15.33% (5% male and 10.33% female) rural aged and 17% (6% male and 11% female) urban aged play with grand children during leisure time. It was discovered in the study that 9% (3% male and 6% female) of the rural aged and 12% (4% male and 8% female) of the urban aged respondents' baby sits their grandchildren as they are depending on their children. Further 6.33% (2% male and 4.33% female) of the rural aged and 5% (2% male and 3% female) of the urban aged respondents baby sits their neighbors' children as they have nothing to do. The study also found 10.33% (5% male and 5.33 female) rural and 8% (3% male and 5% female) urban aged spending leisure time by visiting church. All respondents who visits church during their leisure time are full time church workers as Reverend, pastor, evangelist etc. 9% (5.33% male and 3.66% female) rural aged and 8% (5% male and 3% female) urban aged respondents listen to radio. 9.66% (6.33% male and 3.33% female) rural aged and 9 % (3% male and 6% female) of the urban aged respondents entertain friends at home. 2.33% (2% male and 0.33% female) rural aged and 10% (7% male and 3% female) spend their time in reading news papers. Respondents reading news papers as leisure time in rural areas is mostly found to be among educated and retired primary teacher at the village level. In the case of urban area it was found among almost all section of the people excluding the illiterate aged.

From the detail analyses of the above table it was noted from the study that, there are, however, significant gender and class differences in leisure patterns. In particular, men are more involved in leisure pursuits outside the home and, generally speaking, women whether in paid employment or not, have less free time. Therefore, there is an urgent need of setting up of recreational centers in both rural and urban areas for the aged to spend their leisure time meaningfully and exchange their ideas and thoughts in positive ways which can be a source of knowledge to the younger generation.

CHAPTER 5

CHALLENGES OF AGEING AND SOCIAL RESPONSIBILITIES

Introduction: In some respect ageing is more difficult in a rapidly changing materialistic society. Modernization, urbanization, and consequent social mobility play a vital role in the ageing process of an individual. Along with these aspects, Social decay, disintegrations, impact on family and institutions through the process of modernization, westernization and globalization and the needs for protections measures are discussed in this chapter.

5.1 Globalization – Its Impact on Aged:

The concept of globalization is one that has become widely used in debates, in politics, business and media over the past few years. A decade ago, the term ‘globalization’ was relatively unknown. Today everyone is talking about it. Globalization refers to the fact that we are all increasingly living in ‘one world’, and that individuals, groups and nations have become more interdependent.¹

Sociologists use the term ‘globalization’ to refer to those processes, which are intensifying worldwide social relations and interdependence. It is a social phenomenon with vast implications, it should not be thought of simply as the development of worldwide networks – social and economic systems that are remote from our individual concerns. It is a local phenomena too, one that affects all of us in our daily lives. It is changing the way the world looks, and the way we look at the world.² By adopting a global outlook, we become more aware of our connections to people in other societies. We also become more conscious of the many problems the world faces at the start of the twenty first century. The global perspective opens our eyes to the fact that our increasing ties with the rest of the world means that our actions have consequences for others and that the worlds’ problems have consequences for us.

Globalization is a complex process, which has diverse meanings and implications. These meanings are important. Challenges of globalization are (a) economic and (b) social,

¹ . Sushila Jain, Globalization and the Aged. In Arvind K.Joshi (eds). Older Persons in India, p.33.

² . Ibid., p.33.

leading to marginalization of the aged.³ Retrenchment of personnel and its implications for the aged and in terms of certain kind of positive and negative freedom, new opportunities in terms of the potential for self fulfillment.

A general concern about the worldwide phenomena of increase in the aged population has existed for many years now.⁴ On the global level the phenomena of population ageing was first highlighted in 1982 when the United Nations organized the first world conference on ageing in Vienna. In the present times the proportion of people who are sixty-five or over is steadily increasing. At the same time, the issue of the social importance of ageing is one that ranges much more broadly. For what old age actually is – the opportunities it offers and the burdens it carries – is changing dramatically. Gerontology, the study of ageing and the elderly, concerns itself not only with the physical process of growing old, but also with social and cultural factors concerned to ageing.

Older people in modern societies tend to have lower status and less power than they used to have in pre-modern culture. In these cultures, as in non-western societies today, old age was believed to bring wisdom, and the older people in any given community were commonly its main decision makers. Today, increasing age normally brings with it something of its reverse. In a society undergoing constant change, as our Naga society, the accumulated knowledge of older people often seems to the young no longer valuable store of wisdom, but simply behind the times. The ageing process was once generally accepted as an inevitable manifestation of the ravages of time. But increasingly, ageing is not something taken for granted as natural. Advances in medicines and nutrition have shown that much that was once regarded as inevitable about ageing can either be countered or slowed down. On average, people live to much older ages than was true over a century ago, as a result of improvements in nutrition, hygiene and health care.

5.2 Ageing in Modern Industrialized Societies:

Industrialized societies experience rapid changes, so that the old tend to get outdated fast, while the youngsters perform better the new, changing set up. In developed societies too, different are seen in the conditions of the old depending on various factors such as old-age security measures, health care, and cultural attitudes to the family. Though

³ . Sushila Jain, op.cit, p.34.

⁴ . Ibid., p.34.

highly developed, in Japan the old are more highly esteem than in western societies. In Japan the old are integrated into the family and community life, while in West societies, the old living away from the family are not always satisfactorily accommodated. The aged of Japan are likely to continue working, because of the strong work ethic, work after the age of 65 is considered 'normal'. Thus the theory that 'modernization lowers the status of the aged' is proved wrong in the case of Japan. However, the conditions in Japan may change because modernization has been a relatively recent affair there.

Adopting a micro approach to the elderly, their problems may be viewed from the perspective of individual satisfaction. Some scientists have suggested two kinds of theories to view individual cases- the activity theory and disengagement theory. Activity theory is concerned with extend to which the old continue their activities of middle age. Disengagement theory can be seen as the opposite of activity theory, concerned as it is with the reasons and consequences of disengagement. The old invariably disengage themselves at various ages, which is good for both the individual and society. Engaging the old is probably more common among the Japanese than in the United States. Generally speaking, in any society no individual is reborn on his 65th birthday, and neither activity nor disengagement could be assumed to be natural way to age. The ageing individual makes sense of the present by adapting it in terms of his own past.

5.3 Problems Associated with Modernization and Urbanization:

The attitudes of aged persons towards the changing social conditions in which they are placed are very significant for their adjustment in this period of life. The Naga society is advancing towards modernization and passing through a transitional period at present. Changes in the social values and norms are causing the gradual transformation of social structure and are creating various problems for the senior members of society.

Lowgill says: "Modernisation is the transformation of a total society from relatively rural way of life based on animate power, limited technology, relatively undifferentiated institutions and traditional outlook and values, towards a predominantly urban way of life based on inanimate sources of power, highly developed scientific technology, highly differentiated institution matched by segmented individual roles, and a cosmopolitan outlook which emphasized efficiency and progress". Thus, the modernization denotes (i) transformation of a total society, and (ii) the process is unidirectional in the sense that the

change is always away from a rural, traditional form society, in the direction of an urbanized, highly energetic type of society.⁵

With the advancement of urbanization the traditional family system are breaking up. Owing to the mobility of children to their places of work and the changing attitudes of youngsters towards the aged, there is great concern for the aged. Moreover, in the traditional Naga society it was considered a moral duty of the younger generation to make the elders' life a peaceful one. But in the present society it is often observed, especially in urban areas, the older people are neglected by the younger and left to their own resources for the satisfaction of their needs.

The present society does not provide much opportunity for social participation to the aged people. Pre-retirement occupational activity gives opportunities for social contacts throughout the day and a sudden fall in the contacts due to retirement may create a feeling of isolation and loneliness in old people.

The ageing effects resulting from modernization and its accompaniments are of two kinds: intrinsic and reactive. Intrinsic effects are due to biological changes with ageing. Reactive effects arise from social structure including the family structure, which itself is the result of modernization and other changes. Most old age behaviour is reactive in the sense that it is shaped by social experience. For instance, modernization affects the whole life- cycle, with change in longevity, health standards, medication, age at marriage, age at retirement, economic circumstances, social security, etc. These factors affect the attitudes of old age in different ways.

In any changing society ageing becomes more problematic because it becomes very difficult for the aged to depart from the traditional values and norms. In this condition their attitudes towards new functions and structure of society in terms of acceptance or rejection of the new values and norms reflect their reactions to the new situation in which they are placed and become relevant to their adjustment.

5.5 Western Pattern:

The old people because of their sheer numbers in a group cannot be reckoned within the political process in democratic countries.⁶ They influence legislation as has been

⁵ . Vijaya Kumar, op.cit., p.119

⁶ . D.Pual Chowdhry, op. cit., p.66.

happening in the Western countries, particularly USA which has introduced large scale social security system. Older parents often help adult children with baby-sitting and non-monetary gifts. The older persons give advice and provide counseling to their adult children, which sometimes are taken as interference and are characterized as irritants.

Apart from erosion of the institution of family, in the west, economic pressure, generation gap, death of spouse etc compelled the older people to live in institutions but the real problem is faced by the chronic-ill. In the western countries, there are not only institutions for the aged but also nursing homes and private health care system for the aged. In the Scandinavian countries there are up to twice the number of institutional beds per capita as in the United States. In England, on the other hand, nursing homes are used than in the United States. In fact, health care for the aged is directly linked with social security system in the United States. However, even in the West, a system of mobile home service to the aged is being practiced in order to avoid pressure on institutions and costly nursing care. Thus on the one hand the West is a hell so far as familial care is concerned and on the other, it is heaven so far as social security/welfare services for the aged are concerned.

5.6 Asian Context:

Not only India but most of the Asian societies have maintained a rather strong family system despite eroding effects of urbanization. Families in these societies have traditionally provided the major social security for their senior members. These societies acknowledge the care of their elderly parents as both a duty and a privilege and consider the neglect or abandonment of parents to the care of strangers as a family disgrace.⁷

In the Asian region, all countries share a tradition of a close-knit family structure. Even today, many states seek to strengthen such a tradition. For example, Chinese tradition accords respect to the elderly as integral members of the community. Such an attitude is reflected in the Chinese Constitution which stipulates that it is the child's duty to support his parents. Most of the elderly in China live with their children thus fostering inter – generational ties and enabling older and younger family members to enjoy one another's company and share their experience and stories. Indonesia has started to implement short and long-term programmes for the maintenance of socio-cultural values, such as the family life structure based on the '*goton-royong*', a system of communal life in which the family

⁷. Ibid., p.68.

and community collectively care for the aged.⁸ To strengthen the respect and care habitually accorded to the elderly Myanmar families, the Government is placing emphasis on continuing cultural and religious celebrations in their honour including a Festival of Respect, during which individuals, families and organizations paid homage to aged by giving cash and other offerings. Despite the negative influence of trends towards modernization in some of Myanmar metropolitan areas, the elderly are well cared for in their families as well as in the 13 homes for the aged supported by the Government. In its concern to preserve family care for the aged, the Malaysian Government has stopped building institutions for the elderly.

In contrast, the elderly in the Republic of Korea had been affected by the conflict between traditional values and those of a modern industrialized and urbanized society, which led to gradual dissolution of the traditional three-generational family and its replacement by a nuclear family. In this new situation, the aged have found themselves increasingly isolated from major social activities. Consequently, the Government of the Republic of Korea proclaimed a Welfare law for older people in 1981 and a Charter for Older People the following year.⁹

In Nagaland among the majority of rural people engaged in agriculture, people continue working as long as they can (activity theory) and then gradually disengage themselves in preparation for the last phase of life. As ageing proceeds, less attention is given to the outside world and a greater preoccupation with inner states is observed.

Like all other tribal society, Nagas with distinct culture and rich traditional values was never heard of ageing as a problem to the community or society. The process of ageing is an emerging issue in the context of Naga society. Although there is no exact fact and figures about population ageing in Naga society, it is hope that the present study will gives a clear projection on the trend of ageing in Naga society from a sociological perspective. Some of the emerging problems and challenges that are facing by the Naga aged are discussed in this chapter.

⁸ . Ibid., p.68.

⁹ . Ibid., p.69.

5.7 Problems face by the Aged in Naga society:

Ageing was never a problem in the history of traditional Naga society. Among the Nagas, aged were highly respected and regarded in every aspects of social and political life because of their experiences and wisdom. But unfortunately, today, with the influence of modern and urban lifestyles and heterogeneous cultural background cropped up with the forces of globalization affects the life of the aged in Naga society which is still at an infant stage. The table 5.1 below tries to examine the nature and cause of the problems face by the aged in Naga society under the study area.

Table 5.1
Problems face by the Aged in Naga Society

Area of Problems	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>percent</i>	<i>U</i>	<i>percent</i>
Housing	7	4	3	9	10	3.33%	13	13%
Threat by the Youth	31	7	11	3	42	14%	10	10%
Negligence by the Family	21	2	49	13	70	23.33%	15	15%
Disregard by the Society	53	9	43	7	96	32%	16	15%
None of the Above	38	28	44	18	82	27.33%	46	46%
Total	150	50	150	50	300	100%	100	100%

To examine the problems face by the aged, the respondents was interviewed on various problems faced by the aged. The table 5.1 presents a clear picture of the various problems face by the aged respondents. Basing on the empirical study, the data shows that 32% (17.66% male and 14.33% female) of rural aged and 16% (9% male and 7% female) of the urban respondents are of the view that aged are disregarded by the society. From the analysis of the table 4.2, it has pointed out that more number of rural aged is disregarded by the society. And more male then female is found to be disregarded by the society both from rural and urban area. The study reveals that their suggestions and opinions are not given importance by the younger generation. The study also found to have more number of rural aged with 14% (10.33% male and 3.66% female) and 10% (7% male and 3% female) of the urban aged facing problems of threat by the youth. Ignorance and paying less attention to the advice of the aged by the youth is the common problems of findings in the

issue. In negligence by the family, 23.33% (7% male and 16.33% female) from rural and 15%, (2% male and 13% female) of the urban are neglected by the family. In the detail analyses it was noted to have 14% (6% male and 8.33% female) from rural and 8% (1% male and 7% female) of the urban who are not in a good relation with their family due to property matters. There are 4% female of rural and 6% female of urban respondents who are neglected due to their husband drinking habit. Further, 4% female from rural are neglected because of their children's marriage issue. 1% each, male respondents from both rural and urban are neglected due to state election matter .Interestingly it was also discovered that most of the respondents in this category are dependent to their children or less involves in decision making at their own family and community level.

Thus we can conclude that since aged in the traditional Naga society plays a dominant role in every activity at the village levels. Today, as a result of globalization, and due to urban influence with specialization and individualism, the aged is not given the same treatment and opportunity as a consequence of which it hurts the sentiments of the aged. So disengagement of the aged from socio-economic and political sphere, declining of traditional roles and values is a major problems related to the aged in Naga society.

5.8 Levels of Respect and Regard by the Society:

Nagas, in every sphere of their life and activity, the aged were the first people to be consulted, respected and regarded by the society. The Aged were the foremen in all the aspects, be it in cultural, social, and politics. They were the one who acted as the ice breaker of every social gathering. Unlike today's gatherings and meetings, in the traditional Naga society; the aged or the oldest person will brief the gathering or meeting and only then the young ones could speak. This is because, the aged were highly respected and regarded as the store house of wisdom of the society and community. Disrespecting and disregard to the aged were unknown and such act was condemned by the society in those days. But today, the interference of modern forces into the Naga society has gradually diluting the moral ethics and losing the traditional values and the consequence of which, the aged who have never alienated by the society and family are today facing a problem which was alien to Naga culture who has a high respect and regard to their aged irrespective of their socio-economic background. Therefore, the study tries to attempt to

examine the cause and the nature of the problem face by the aged in the present Naga society.

Table 5.2
Levels of Respect and Regard by the Society

Levels of Respect	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>percent</i>	<i>U</i>	<i>percent</i>
Highly Respected	19	9	24	17	43	14.33%	26	26%
Fairly Respected	95	23	96	15	191	63.66%	38	38%
Unrecognized	24	11	18	5	42	14%	16	16%
Cannot say	12	7	12	13	24	8%	20	20%
Total	150	50	150	50	300	100%	100	100%

The above table 5.2 indicates the levels of respect and regard toward the aged by the society. In the study it is found that 63.66% (31.66% male and 32% female) from rural and 38% (23% male and 15% female) of urban respondents are of the view that aged are fairly respected by the present generation. Majority of the rural respondents fall under this category was ex-village council members, khel leaders and village elders, whereas in urban area respondents are colony elders and senior citizen. In highly respected category 14.33% (6.33% male and 8% female) rural and 26 % (9% male and 17% female) of urban respondents are of the view that, aged are still respected and regarded by the society. Respondents responded to this category falls under two criteria; (i) 8% (5% male and 3% female) of rural and 16% (7% male and 2% female) of the urban respondents were retired government servants, (ii) 6.33% (1.33% male and 5% female) of rural and 10% (2% male and 8% female) of the urban are from the affluent family whom they are look upon by their society and community. In this aspect the urban aged outnumbered their rural counterpart. 14% (8% male and 6% female) of rural and 16% (11% male and 5% female) urban respondents opined that the aged are unrecognized by the society today. In pertaining to this, it was recorded that 4% of rural and 3% from urban are at the age group of 70 and above. 6% from rural and 3% of urban are widow/widower, and 2% from rural and 10% of urban are least involved at the societal affairs.

From the analysis of the table it was noted from the study that more number of rural respondents as compared to urban are of the view that aged are fairly respected by the present society, and more male as compared to female are of the view the aged are fairly

respected by the present society. In contrary more number of urban respondents are of the view that aged are still respected in the Naga society. Thus it pointed out that respecting an elderly by determining his/her status which was not an issue in the traditional Naga society is taking place today. This is because it was noted from the study that most of the retired government servants and aged belongs to rich economic background are of the view that they are still respecting by the present society, and most of the aged in rural areas are of different opinion saying that aged are no longer respected and regarded by the present society as compared to the traditional society. This has strongly supported the hypothesis that, modern education is responsible in reducing the traditional knowledge system of the aged persons in Naga society. However, there are more number of urban aged who are of the view that aged are unrecognized by the present society today. In the detail analysis it was noted from the study that advancement of age was one of the factor of unrecognized by the society. And subsequently, widow/widower was another factor why they are unrecognized by the present society. The study also noted urban aged outnumbered rural aged in cannot say category. One common reason was discovered from the study, and that is, the Aged did never want to socialize with others in the society. Thus from the discussion of the table it can conclude that the force of globalization and urbanization were the main hindrance to disengagement among the aged in Naga society today.

5.9 Health Care:

Health is not only a biological or medical concern, but also a significant personal and social concern. In general, with declining health, individuals can lose their independence, lose social roles, become isolated, experience economic hardship, be labeled or stigmatized, change their self perception, and some of them may be institutionalized.

According to Phelps and Henderson, “Old age is a natural and normal condition.... Its pathologies are the same as those that occur at any other age period, but they are intensified by illness, family disorganization, unemployment, reduce income and dependency”.¹⁰ Of all the problems of old age, the problem of health is a major unsolved problem because it is accentuated by an ‘increasing number of physical handicaps, more frequent and serious illness, more mental disturbances and a general reaction among the aged that ill health is their major burden’.

¹⁰ . Kirpal Singh Soodan, op,cit., p.86.

Problems related to health are more serious among many other problems of the elderly, in view of the fact that all their problems are closely linked with their health condition. As age advances, due to deteriorating physiological conditions, the body becomes more prone to illness. The illnesses of the elderly are multiple and chronic in nature. Some of the health problems of the elderly can be attributed to social values also. The idea that old age is an age of ailments and a physical infirmity is deeply rooted in the psyche of the aged and many sufferings and physical ailments, even when curable, are accepted as natural and inevitable by the elderly.

In the present study, an attempt is made to understand the various health problems of the elderly and the factors that seem to contribute to differences in the health status within our sample.

5.10 Systems of Medical Treatment:

It is generally believe that advancements in modern science and medicines have great effects on longevity. Therefore the present study tries to focus on the system of medical treatment availed by the Naga aged covered under the study area. This was meant to give a clear indication of the present scenario and also to give better information about their health status among the Naga aged under the study area.

Table 5.3
Systems of Medical Treatment

Types of Medical Treatment	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>percent</i>	<i>U</i>	<i>percent</i>
Private Allopathic Doctor	9	15	12	12	21	7%	27	27%
Govt. Clinic/ Hospitals	101	30	95	28	196	65.66%	58	58%
Indigenous Medical Practitioner	33	3	40	7	73	24.33%	10	10%
Any Others	7	2	3	3	10	3.33%	5	5%
Total	150	50	150	50	300	100%	100	100%

The above table 5.3 shows the detail system of medical treatment availed by the Naga aged under the study area. The study project that majority of the respondents 65.33% (33.66% male and 31.66% female) of rural and 58% (30% male and 28% female) from

urban go for treatment to Govt. clinics /hospitals. From the thorough discussion of the above table, the study noted that there is awareness and concerned for health care among the Naga aged under the study area. Interestingly more number of rural aged as compared to urban was found to have concerned in taking care of their health. And in sex-wise, male aged outnumbered female both in rural and urban from the study area. The study also found more number of rural aged 24.33% (11% male and 13.33% female) rural and 10% (3% male and 7% female) as compared to urban aged is depending to indigenous medical practitioners. It has discovered in the study that there are two reasons to aged for opting indigenous medical practitioner: Firstly, 14% (6% male and 8% female) of the rural respondents and 4% (1% male and 3% female) of the urban respondents go for indigenous practitioners due to poverty, and secondly, 10.33% (5% male and 5.33% female) of rural and 6% (2% male and 4% female) of the urban respondents has conservative belief and also easy accessibility was another reason for using indigenous medicines. In the analysis of this, it was noted that economic constraint, conservative belief and easy accessibility was the main reasons for the respondents using indigeneous medicine. The study also discovered few aged 3.33% rural and 5% urban who do not go for any kind of treatment. Interestingly, these respondents gave an interesting reply that they are frustrated and exhausted of taking treatment of their health as it does not help them much with advancement in age. Therefore, they usually visit Prayer and Healing Centers for their health care and support.

5.11 Physical Ailments of the Aged:

‘Illness’ is defined as any condition i.e., any disease, impairment, symptom, or a group of related symptoms, which was reported by the aged as having bothered them.¹¹

Gastrointestinal, toothache, asthma, indigestion, arthritis, giddiness, backache, diabetes, liverish, with varying degrees of affliction are some of the conditions of physical ailments which were observed among the Naga aged in the study. Among these, those complaints which worried the aged more or caused concern are discussed below.

¹¹ . Kirpal Singh Soodan, op.cit, p.90.

Table 5.4
Physical Ailments of the Aged

Ailments	Males		Females		Total			
	<i>Rural</i>	<i>Urban</i>	<i>Rural</i>	<i>Urban</i>	<i>R</i>	<i>percent</i>	<i>U</i>	<i>percent</i>
Gastrointestinal	35	8	30	6	65	21.66%	14	14%
Toothache	7	2	16	7	23	7.66%	9	9%
Asthma	3	0	8	1	11	3.66%	1	1%
Indigestion	10	0	10	2	20	6.66%	2	2%
Arthritis	24	3	18	3	42	14%	6	6%
Giddiness	21	14	22	6	43	14.33%	20	20%
Backache	27	9	28	11	55	18.33%	20	20%
Diabetes	6	7	2	4	8	2.66%	11	11%
Liverish	11	4	10	5	21	7%	9	9%
Others	6	3	6	5	12	4%	8	8%
Total	150	50	150	50	300	100%	100	100%

As shown in the above table 5.4, the health status of the Naga aged has been analysed by taking into consideration about the nature of illness and sex categories. In the physical ailments of the aged, large number of rural respondents with 21.66% (11.66% male and 10% female) against 14% (8% male and 6% female) urban aged are suffering from gastrointestinal. Based on the response given by the respondents, two reasons have been noted for this problem: (i) 16% (9% male and 7% female) of rural and 6% (4% male and 2% female) of the urban are of the view that excessive intake of hot dishes is the reason for developing gastrointestinal problem. Further, 5.66% (2.33% male and 3% female) of rural and 8% (4% male and 4% female) of the urban respondents view that irregularity of having food on time to be the reason for developing gastrointestinal problem. With a thorough discussion on the nature of illness among the Naga aged under taken in the study area. The study recorded more number of rural aged as compared to urban aged was suffering from gastrointestinal problem. It was also noted to have more male aged with gastrointestinal problem as compared to female aged in both rural and urban area. The study also noted 14.33% (7% male and 7.33% female) rural and 20% (14% male and 6% female) urban was found suffering from giddiness. Of all the other ailments two sharp contradictory statements has noted in the study with pertaining to giddiness. Rural respondents suffering from giddiness are of the view that disengagement from work activity with good diet was the reason for having giddiness problem, whereas in contrary to

this statement majority of the urban aged said that stress and psychological tension is the reason for the problem.

Along with continuous illness and physical disabilities, loss of teeth adds to the sufferings of the Naga aged who are found no remedial steps against it. Loss of teeth leads to poor mastication of food which aggravates the digestive troubles like indigestion. It is therefore, no surprise to note in the present study that aged of the Nagas who invariably suffer from indigestive trouble, are either toothless or have only some teeth intact.

Another significant point that emerges from a study of illness among the Naga aged is that most of them take the prevalence of disease for granted, with advancing age and do not consider them to be 'sick'. They, therefore, refrain from seeking medical aid. This has implication for social work. This attitude calls for the services of medical social workers who can promote better working relationships of the aged with medical and Para-medical personnel.

The Nagas aged, who suffer from various illnesses, are invariably taken care of by the family members. As per the cultural customs and traditions of the Nagas, the children are expected to serve their parents during illness and this is why in the present study many of the aged get family assistance. Interesting to note, in the study no respondents with skin disease and bed ridden aged was found.

5.12 Love and Care of the aged:

Family occupies a unique position in the human society. Its significance, however, varies from society to society and within the same society, among different groups and individuals, occupying various positions and statuses that are placed at different stages of growth in their passage of life. As a social institution, family fulfils the needs and interests of the large number of individuals as compared to any other social institution. In general, an individual is born in the family, brought up in the family, grows old in the family, and in normal course dies in the family.¹²

Ageing is not just an individual problem, but a problem of the family as well as that of the community. Traditionally the family structure of the Nagas were nuclear in form, however, most of the family members live within the same neighbourhood. Such living condition was favourable due to heavy reliance on the members for productive and

¹² . S.Vijaya Kumar, op.cit., p.1.

remunerative activities. In the past the fruit of the labour of the children could be depended upon for subsistence, and each contributed to the family pool of resources; today the scene has gradually change as the priority has somehow shifted to the needs of the immediate family members. To sum up, the individualistic and secular trends are appearing in Naga life too.

Table 5.5
Love and Care of the aged

Love and Care	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Very much	51	6	54	9	105	35%	15	15%
Love me but Don't Care me Well	68	31	51	25	119	39.66%	56	56%
They have no Concern for Me	27	11	33	10	60	20%	21	21%
Cannot Say	4	2	12	6	16	5.33%	8	8%
Total	100	50	100	50	300	100%	100	100%

The table 5.5 illustrates the response of the Naga aged how they feel about love and care to them by their family and society. Large number of the respondents both from rural and urban replied that, they are loves by the family but don't care them well. Based on the empirical study, the table shows that 39.66% (22.66% male and 17% female) rural aged and 56% (31% male and 25% female) of urban aged stated that, they are loved by their family but don't care them well. In the analyses of these respondents it was noted that majority of the aged 23% of the rural and 34% of the urban respondents said that children provide all what they need, but pay very less care when they felt sick. The data pointed out that more number of urban aged as compared to rural aged was of the view that they are love by their children but do not care them well. Further, 16.66% of rural and 22% urban are of the view that children give more important to their work rather than taking care of them. The data also noted 20% each from rural and urban (9% male and 11% female) rural and (11% male and 9% female) urban, that they are not concerned by the family. In this issue, not having cordial relationship was found to be a common cause for not concerned by the family. In the study, it was found that 12% rural and 7% of urban are having bad relationship with their children over property matters, and 8% of rural and 13% of urban are in bad terms with their son/daughter-in- laws. Further, 5.33% (1.33% male and 4%

female) rural and 8% (2% male and 6% female) urban had no opinion on it. In the analysis on this, 1% female from rural and 3% of urban said they have no surviving children, another 3% of rural and 2% female of urban are widow/widowers, and 1.33% of rural and 3% of the urban who are dependent on to their family and relatives felt uncomfortable to give comment on it.

Thus on the whole data pointed out that love and care of the aged which was never a problem in the Naga society has creating as an emerging issue in the present Naga society. This need to be taken care seriously by the government and civil societies at it initial stage of cultural transition, before it totally damage the rich traditional and cultural values of the Nagas.

5.13 Frequency of visit to Aged by their Children:

In the Naga society, an aged parent is supposed to be taken care of either by the youngest or the eldest son in the family. Because of this strong tradition, there is a feeling of security even among the Naga aged, thinking that there are children to take care of them in time of needs or whenever situation demands. And in most of the cases aged are taken care of by their children even in their dying bed. Neglecting of the aged and feeling of loneliness among the aged was very rarely heard in the traditional Naga society. Therefore to find out the interpersonal relationship among the Naga aged and their children, the present study tries to conduct an in depth study on the frequency of visit to the aged by the children.

Table 5.6
Frequency of visit to the Aged by their Children

No. of frequency	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Daily	35	13	33	9	68	22.66%	22	22%
Weekly	29	8	42	17	71	23.66%	25	25%
Once in a Month	44	11	42	12	86	28.66%	23	23%
Once in a Year	33	16	32	12	65	21.66%	28	28%
Once in two Years	9	2	1	0	10	3.33%	2	2%
Total	150	50	150	50	300	100%	100	100%

Data furnished in table 5.6 shows the frequency of visit to the aged by the children. The data noted that 28.66% (14.66% male and 14% female) of rural and 23% (11% male and 12% female) of urban aged are visited once in a month by their children. In this regard it was found in the study that, 17.66% of rural respondents and 10% of urban respondents' children are permanently settled in other places. 11% of rural and 13% of urban respondents children are employed at other places. The data also observed 23.66% (9.66% male and 14% female) rural and 25% (8% male and 17% female) of urban aged are visited weekly by their children. All respondents under this category are found to live in the same place with their children but just that they have different nature of works. Further 22.66% (11.66% male and 11% female) rural and 22% urban (13% male and 9% female) visited daily by their children. In this regard it was found in the study that children are living with their parents; either parent live with their children either in the same house or in the same compound. In detail analyses data shows that 16.66% (9.66% male and 7% female) of rural and 8% (5% male and 3% female) of urban respondents children are living with their parents, subsequently, 6% (2% male and 4% female) of rural and 14% (8% male and 6% female) of the urban respondents are living with their children. This also shows that more number of children is dependent to the aged in rural areas as compared to urban, and in contrarily urban aged outnumbered rural aged in dependent to children. This clearly states that activity theory is strong in rural Naga society and disengagement theory is more active in the urban Naga society. Few respondents with 3.33% rural (3% male and 0.33% female), visit once in two year by their children. In this case the data found that 2% male is not in a good term with their children. And 1.33% (1% male and 0.33% female) of the rural respondents said that their children live outside the state and therefore could not visit them very frequently.

From the detail analysis of table 5.6, it shows that more numbers of rural aged are visited by their children monthly as compared to the urban aged. In contrary it was also noted that more number of urban aged as compared to rural aged are visited weekly by their children. Further the study also found that more number of urban aged are visited once in a year by their children. Thus, the data noted that the position of the aged living in rural areas have better frequency of visit by their children as compared to urban aged. This also shows that there is still a sense of acknowledging the cultural value in rural areas as compared to urban dwellers among the Naga society.

5.14 Frequency of visit to the Children by the Aged:

In contrary to the above table, in table 5.7 the study tries to focus on the frequency of visit to the children by the aged. By understanding the frequency of visit to the children by the aged, it will also point out the nature of their relationship and also their health status as far as mobility is concerned. The detail of the findings and interpretation of the data was shown in the table below.

Table 5.7
Frequency of visit to the Children by the Aged

No. of frequency	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Daily	34	8	32	7	66	22%	15	15%
Weekly	40	13	29	13	69	23%	26	26%
Once in a Month	29	8	44	13	73	24.33%	21	21%
Once in a Year	45	21	38	17	83	27.66%	38	38%
Once in two Years	2	0	7	0	9	3%	0	0
Total	150	50	150	50	300	100%	100	100%

The table 5.7 shows that large number of the respondents 27.66% (15% male and 12.66% female) rural and 38% (21% male and 17% female) urban aged visits to their children once in a year. In the analyses majority of the respondents 21% of rural and 29% of the urban respondents live in a separate place from their children. 24.33% rural respondents and 21% urban respondents visits their children once in a month. 23% (13.33% male and 9.66% female) rural and 26% (13% male and 13% female) urban aged visits their children weekly. In this regard the data noted that 14% (5.33% male and 8.66% female) of rural respondents and 9% (3% male and 6% female) of the urban respondents pay visit to their children every Sunday. 8% male of the rural respondents pay visit to their children weekly while visiting their farm or garden. And 12% (5% male and 7% female) of the urban respondents pay visit to their children while coming out for marketing every week and 5% male pay visit weekly to see their grand children. 3% (0.66% male and 2.33% female) of the rural respondents visit to their children once in two years and all happened to be in too old category, whereas it was not found any from the urban respondents.

From the discussion of the table 5.7, the data reveals that, urban aged outnumbered rural aged in visiting their children once in a year. Subsequently, rural aged outnumbered

urban aged in paying visit to their children once in a month. Further, there is more number of urban aged as compared to rural aged in visiting their children weekly. It was also found that there is more number of rural then urban aged to visit their children on daily basis.

5.15 Types of Assistance received by the Aged:

Within the family there are physical, emotional, economic and social resources that can be exchanged in serial or reciprocal manner, depending upon the needs and stage in life. As pointed out by Moore ¹³“serial exchanges tend to be prevalent and generally represent a downward flow of assistance from the older generations to the younger generations because of a sense of responsibility and affection”. Most commonly this process of mutual exchange involves the services such as household maintenance, financial assistance and the help in such as clothes, baby nursing, and help in personal work as such. The frequency and form of exchange vary greatly among families and are influenced by number of such residential propinquity, social class, children’s economic stability. Besides, cultural ties also influencing significantly.

The patterns of kin assistance are typical in old age. Adult children help their parents and parents help their children. Patterns of help take many forms and include money, clothing, firewood, food items and others.¹⁴ The figure in the following table indicates the nature of help available to the elderly by their children among the Naga aged under the study area.

Table 5.8
Types of Assistance

Types	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Money	35	27	38	13	73	24.33%	40	40%
Clothing	48	7	59	11	107	35.66%	18	18%
Firewood	26	4	35	2	61	20.33%	6	6%
Food Items	38	12	17	24	55	18.33%	36	36%
Any Others	3	0	1	0	4	1.33%	-	0
Total	150	50	150	50	300	100%	100	100%

¹³ . S. Vijaya Kumar, op,cit., p.59

¹⁴ . Ram. Chandra Srivastava, op,cit., p.96.

As regards to the nature of help obtained from the children on occasional or regular basis, the table 5.8 indicate that, 35.66% (16% male and 19.66% female) rural and 18% (7% male and 11% female) urban respondents gets clothing from their children. All respondents under this category get different item of clothes from their children as a gift on the occasions like ‘Mother’s Day’, Father’s Day’, ‘Christmas and New Year’s gifts etc. The data also noted that 24.33% of the rural respondents (11.66% male and 12.66% female) and 40% (27% male and 13% female) urban respondents get financial help from their children. In this aspect the data recorded that 13% of rural and 28% of the urban respondents’ children are employed. Further, 7% of rural respondents and 10% of urban respondents’ children are doing business, and 4% of rural and 2% male of the urban respondent’s children are carpenters and masons. 4 respondents which is 1.33% (1% male and .33% female) of the rural respondents do not get anything from anyone as they do not have any surviving children and no relative supports.

On the analysis of the above table, the data pointed out that more number of rural aged than urban aged get material helps from their children. And in sex-wise distribution, more female than male is getting material help from children. This has shown that female has more emotional attachment to children rather than male. The data further pointed out that urban aged are getting more financial help from their children as compared to the rural aged in the study area. The thorough discussion and interpretation of the table 5.8 clearly indicate a socio-economic disparity between rural and urban aged among the Naga society under the study area. This is because, the data projects that more number of rural aged are getting material helps from their children as compared to the urban counterpart, whereas in contrary, there are more number of urban aged as compare to rural aged who gets financial support from their children. This has also supported to the assumption that urban aged have better economic status as compare to rural aged.

5.16 Expectations from the Family:

On the one hand the aged feel the need for an independent life with built-in social interaction, while on the other, contrarily, they are economically dependent on their families. The problem becomes more acute when the aged people need critical care. Because of our existing cultural values elderly men are able to have interaction with peer groups outside the family which cannot have. Although the younger generation may allow

their elders to stay with them, yet the generation gap may create problems and conflicts. There may be friction regarding the methods of cooking between the daughter-in-law and mother-in-law and conflict between the role of the son and that of husband. The table 4.10 tries to indicate the expectation of the aged from the children.

Table 5.9
Expectation from the Family

Expect from Family	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Health Care	60	9	57	6	117	39%	15	15%
Shelter	21	10	30	15	51	17%	25	25%
Love and Care	69	31	63	29	132	44%	60	60%
Total	150	50	150	50	300	100%	100	100%

In table 5.9 the data shows that, majority of the respondents' 44% (23% male and 21% female) rural respondents and 60% (31% male and 29% female) of urban respondents expect love and care from the family. In the analyses of this aspect, majority of the respondents are of the view that love and care from their children is the foremost thing they expect in their aged life. Further 39% rural and 15% urban expect health care from the family. Respondents who expect health care from their family are of the view that health care is the most important than anything else. The study also observes 17% (7% male and 10% female) rural and 25% (10% male and 15% female) of urban expecting shelter from the family. With regard to providing shelter by the family it has been found from the study that 1% male of rural and 13% (6% male and 7% female) of the urban respondents are living in a rented house and desire to have their own shelter. Further 16% (6% male and 10% female) of rural and 12% (4% male and 8% female) of urban who are living in poor housing condition therefore expect from their children to reconstruct their house and give them proper shelter.

In detail analysis of the table 5.9, the study discovered that there are more number of urban aged as compared to rural aged expecting love and care from their family. This shows the declining of cultural values in the urban set up among the Naga society. Further there is also more number of rural aged than urban who expect proper housing condition from the children. From the interpretation of the data, the study observe, urban aged to

have better economic position as compared to their rural aged. This is because the table shows that there are fewer respondents from urban who expect health care and proper housing condition from the children.

The senior citizens face many sorts of ageing problems, which could be contained only with the help of the Government.¹⁵ Following its meeting with Nagaland Governor Nikhil Kumar on 3rd November 2010, Nagaland Senior Citizens' Forum (NSCF) had written several points of concerned to the governor to consider for the welfare of senior citizens and for general welfare.

In a memorandum to the governor the forum had stated that:

- (a) The state government should contribute matching amount as the center is providing Rs.200 per month to beneficiaries under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). In case of persons over 65 years of age were not cover under National Old Age Pension Scheme, they should be given 10kg food grain under Annapurna Scheme.
- (b) On medical facilities, they suggested that senior citizens be provided 50% concession for service like registration, investigation, treatment and hospital beds in government-run hospital beds, and district hospitals be provided with geriatric wards.
- (c) On transport facilities, the forum sought for 50% concession on government transport vehicles and reservation of at least two front seats on NST buses for senior citizens.

5.17 Role of the Aged in Decision-making in the Family:

To remain integrated in the community and to maintain a self-concept participation of the aged in different activities is necessary. It is generally believed that more active the aged are, the better adjusted they are. Decision in the family are generally taken by the elderly either individually or in consultative with other members of the family. The decisions made by the elderly may be viewed as authoritative, egalitarian or neglected depending on family circumstances.

Being the elders in the family, with more experience on various family matters, the elderly ought to be a good source of information and advice for the younger generation. However, with the advent of modernization, the younger members of the family feel that

¹⁵ . Nagaland Post. 2010, Nov 11 issue. Dimapur: p.2.

the views of the elderly are outdated in the present day context and their advice is not very useful. Participation of the aged in decision making at the family level were discussed on marriage of children, property matters, children's education, children employment and vote casting.

Table 5.10
Decision's taking at the Family Level

Decision's Taking	Parents				Children				Relative				Others				Total	
	M		F		M		F		M		F		M		F		R	U
	R	U	R	U	R	U	R	U	R	U	R	U	R	U				
Marriage of Children	82	19	63	25	46	21	49	11	17	6	26	8	5	4	12	6	300	100
Property Matters	98	24	71	19	28	19	35	25	24	8	44	5	0	0	0	0	300	100
Children's Education	87	20	84	22	40	24	36	17	14	6	19	11	9	0	11	0	300	100
Children's Employment	55	25	49	11	51	15	47	9	27	14	23	7	17	9	31	1	300	100
Vote Casting	72	29	55	22	59	7	48	13	19	14	47	16	0	0	0	0	300	100

In the table 5.10, the respondents are asked about on which matters their family members sought their opinion. In relating to property matters 56.33% (32.66% and 23.66% female) rural respondents and 52% (24% male and 28% female) urban respondents are taken decision. In detail analysis of the data, the study found that majority of the aged in both rural and urban is still continuing to exercise the sole authority in the family. This is projects by the data that more than 50% in both rural and urban, respondents continue to take decisions in regard to property matters. The data also shows that there is more number of rural aged as compared to urban aged in taking decision with regard to property matters. However, sex-wise analysis shows that male aged outnumbered female in both rural and urban, where as female aged in urban area outnumbered female aged from rural areas in decision making with regard to property matters. This has indicates that female literacy and employment has overshadowing their male counterparts in urban area among the Naga society. Subsequently, 21% rural and 44% urban respondents said, children takes decision in property matters. The data shows a huge gap of 23% which clearly portray the diminishing value of the traditional value in the urban setting. Further the data also shows that 22.66% rural and 13% urban respondents allow their relatives to take decision in property matters. Here, the study depicts the nature of relationship and attachment to

family and relatives among the rural and urban dwellers. The data pointed out the sense of collectiveness and oneness still prevailing among the rural Naga society and also exposed the diminishing traditional value and greater sense of individualism in the urban Naga society.

In regard to decision making on their children's marriage, the data show that 48.33% (27.33% male and 21% female) of rural and 44% (19% male and 25% female) of the urban, respondents takes decision in Children's marriage. The study finds that, most of these parents are to be the chief bread earners of the family or still retained the headship of the family. The data further noted that 31.66% (15.33% male and 16.33% female) rural and 32% (21% male and 11% female) of urban, respondents children take decision in marriage. Here the study noted two reasons for the respondents' children taking decision in their marriage: (i) respondents children who are educated and employed reluctant to obey parents' choice and, (ii) children had either eloped or having child out of wedlock. 5.66% (1.66% male and 4% female) rural and 10% (4% male and 6% female) of the respondents are taking decision in children marriage by others. The study further finds that the decision taken by relative and others with regard to children's marriage is mostly arranged by the relatives, neighbors and family friends.

Thus from the data it was also understood that the practice of marriage in both rural and urban is becoming quite liberal and lenient at present in Naga society as compared to the past. This is because in the traditional Naga society, no matter how a boy and a girl liking each other, parents approval and consent is a must. But today, as a result of urbanization couple with global culture changes is taking place in Naga society.

Unlike other advanced societies, parents in the Naga society still do not want to get rid off in decision making and giving freedom to the children to decide even for the course of study. This was clearly substantiated by the data that 57% rural and 42% of urban, respondents takes decision in children's education. In this regard most of the parents wanted to direct their children to opt for a course of study under the guideline of their parents and not wanted their children to choose for their choice. This also depicts the traditional role of headship in decision making by the parents and way of conservatism. The data further pointed out that 41% urban and 25.33% rural, respondents' children takes decision in their education. This shows a disparity of mind set among rural-urban aged in their outlook. 6.66% of the rural respondents take decision on their children's education by

others. All these respondents do not have any person among their family to guide their children's education so they depend on others who are neighbors and family friends.

In contrast with the other aspects of decision making, 51% (29% male and 22% female) rural against 42.33% (24% male and 18.33% female) urban, urban parents outnumbered rural parents in decision making in vote casting, whereas rural respondents' children outnumbered urban respondents' children in taking decision on vote casting. Further urban respondents outnumbered rural respondents in decision taken by their relatives in vote casting. Sex wise analysis shows more number of aged male as compared to female aged from both rural and urban takes decision in vote casting. Interestingly the data also observed more number of female aged as compared to male aged are taken decision by their relative in vote casting. From the detail analyses, the data illustrates that the process of election and vote casting is an emerging trend out of Naga traditional culture so modern influence play a very significant role in this aspect where money and education are the key role to take decisions.

In relating to children's employment, the study noted to have more number of the urban respondents taking decision by the parents and also by their relatives. The study noted, 32.66% (17% male and 15.66% female) and 24% (15% male and 9% female) urban parents say that children take their own decision in employment. In rural areas since parents do not have much knowledge and education as compared to urban parents; children had to strive in seeking any kind of employment by themselves, whereas in urban area, parents help in finding job for their children. Further it was also recorded 16% of rural and 19% of urban respondents children have any employment at the time of the study.

In the agricultural economy the aged own land and their children are dependent upon him/her, whereas in the urban areas, the parents move into the household maintained by the son who is earning. Sometimes the property and the income of both aged parents and the son(s) are pooled together for meeting the family requirements. When they aged have grand-children and they live with their sons, they lose authority which is generally derived from control of the economy.

In urban areas, the relationship of the aged with their siblings also gets weakened because of a breakdown of the traditional family system, difficulty in transport and ill-health of the aged, particularly when one had limited means. The aged create problems of

adjustment with their children because of the changing socio-economic system and conflict of their cultural values with the current value system of their children.

5.18 Comments on whether Society listens to the Advice of the Aged:

In olden days, the senior member of a family (father or grandfather) not only takes decisions about the family affairs, but his authority was unquestioned. However, there is now a change in this attitude. Wisdom and knowledge are no longer the prerogative of the aged and even the second generations are also knowledgeable about several matters. However, here again, it is the elder son generally who consulted or takes decisions in place of his father which is supposed to be accepted by the junior members of the family. The table below discussed on how society listens to the advice of the aged in the Naga society.

Table 5.11
Comments on whether Society listens to the Advice of the Aged

Comments	Males		Females		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Accept in Toto	56	8	65	9	121	40.33%	17	17%
Listening Carefully but Reject the Opinion	65	27	65	22	130	43.33	49	43.33%
Totally Rejected	29	15	20	19	49	16.33%	34	16.33%
Total	150	50	150	50	300	100%	100	100%

Although the traditional family system has lost its control over resources and thus by denying authoritarian role to the aged, still then, the elderly persons play significant role in decision making process in the Naga society. Majority of the respondents 43.33% (21.66% male and 21.66% female) rural and 49% (27% male and 22% female) urban respondents' commented that society listens carefully, but rejects the opinion of the aged. Most of the respondents who are of this view were ex- village council chairmen, council members, khel elders, women leaders at the village and khel level. The data clearly prove that the traditional value of listening to the aged is declining. As many as 40.33% (18.66% male and 21.66% female) of the rural and 17% (8% male and 9% female) urban respondents' comments that society listens to the advice of the aged in accept in toto. Here the data shows a great disparity in the level of respect to the aged by the society between

rural and urban society. This is one area where it has noted the difference in attitude between rural and urban society. 16.33% (9.66% male and 6.66% female) rural and 34% (15% male and 19% female) urban comments that society totally rejected the advice of the aged. Respondents under this category are of the view that the present society are over ruled by the younger generation and never bother to take the advice from the aged people. This is a strong sign of disrespect and disregard to the aged in the present Naga society. Comparatively, views and suggestions of the aged males are more honoured in decision making relating to financial, social and religious problems than the views of the aged females.

By tradition, the eldest male acts as head of the family who enjoys authority in matters of property and marriage and also command respect and obedience from the younger generation. However, the existing patterns of family organization in both rural and urban sectors are quite variance with the ideal norms.

The shift in the status of the aged from dominant to subordinate position occurs quite prominently with the advancing age. Needless to make a specific mention about the fact that, very few members, irrespective of age and marital status act as head of the family. Even in the case of males, advancing age deprives them of the status of being head of the family.

5.19 Awareness and Benefits of the Priviledges:

As a part of the welfare measures for the well-being of the elderly, especially among the poor, almost all the state governments have initiated old age pension schemes in their states. Even though the pension amount is very meager, it helps to relieve, to a certain extent, the financial burden of caring for the elderly on the younger members of the family. As awareness of such schemes is very important for its effective utilization, the respondents are asked whether they are aware of such scheme.

Table 5.12
Awareness and Benefits of the Priviledges

Priviledges	Males		Females		Total	
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>
Old Age Pension	47	27	47	18	94	45
Travel Concession	5	11	0	4	5	15
Bank Interest	0	17	0	6	0	23
Facilities in Post Office	0	8	0	2	0	10
Old Age Home	41	27	28	13	69	40
Annapurna	7	3	12	5	19	8

In the above table the data shows that 31.33% (15.66% male and 15.66% female) rural respondents and 45% (27% male and 18% female) of urban respondents are aware about old aged pension. But study finds that there are only 7.33% rural and 16% urban of respondents getting old age pension in the study area. 23% rural and 40% urban aged are aware about old age home. Only 23% of the urban respondents are aware about bank interest. 1.66% rural and 15% urban aged are aware of travel concession on railways and airways. However, the study also discovered that there is no such provision of travel concession to the aged by the state transport department under Nagaland state government which needs to be implemented for the welfare of the aged. 10% of the urban respondents are aware about facilities in post office. 6.33% rural respondents and 8% of the urban respondents are aware about Annapurna distribution.

From the data it has shown that large numbers of the rural respondents are unaware and ignorant about the benefits and priviledges which are meant for the aged people. The government and the NGO's have to play a major role in this regard in creating awareness and educating the aged people about their rights and priviledges.

5.20 Roles Played by the Aged Person in Naga Society:

If we give our glance at society, we find that individuals differ not only in such attributes as sex, colour, height, age etc., but also differ in respect of their occupations. They perform different functions. An individual cannot perform all jobs nor can all the individuals be given the same job. The social system is based on a division of labour in which every person is assigned a specific task to perform. The task performed by an

individual makes up the role he/she is expected to play in the life of his community. It specifies the part a person is supposed to play in the activities of his/her group or community. To give a better information of the role played by the aged and the changes that has being taking place in the Naga society, the table below attempt to discussed on the role played by the Naga aged.

Table 5.13
Major Roles Played by the Aged Person in Naga Society

Major roles	Male		Female		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Encouraging younger Generations	48	15	40	12	88	29.33%	27	27%
Advisor of the Society	40	9	30	10	70	23.33%	19	19%
Active part in Church Activities	12	9	30	11	42	14%	20	20%
Social Activities	35	14	38	12	73	24.33%	26	26%
VDB'S	15	3	12	5	27	9%	8	8%
Total	150	50	150	50	300	100%	100	100%

From the above table 5.13, it has noted from the study that 29.33% (16% male and 13.33% female) of rural and 27% (15% male and 12% female) of urban are of the view that encouraging the younger generation was a major role played by the aged in the Naga society. 28.66% (11.66% male and 16.66% female) of rural and 26% (14% male and 12% female) of the urban respondents opines that the aged played a major role in social activities. 23.33% (13.33% male and 10% female) of rural and 19% (9% male and 10% female) of the urban respondents states that aged played the advisory role of the society and community. Further 16.33% (6.33% male and 10% female) rural and 20% (9% male and 11% female) of urban aged are of the opinion that aged played active role in the church activities. And 9% (5% male and 4% female) of rural and 8% (3% male and 5% female) of urban states that aged played major roles in the Village Development Board (VDB's).

After a thorough interpretation of the table 5.13, the study noted two categories of the respondents. Respondents who are of the view that aged played a major role in the church activities and Village development Board are mostly born in late 1940's and early 1950, and are in their early sixties. And respondents from the other groups were found to

be in in their 70 and above. Apart from their chronological difference, respondents who are of the viewed that aged played major roles in encouraging the younger generations, plays a major role in social activities and aged as advisors of the society and community have more knowledge and experiences then those of young old category of the respondents. This has shown that with the passage of time the wisdom of the aged also go changing.

5.21 Wishes of the Aged:

Every individual has a goal to achieve and a desire to obtain, so also the aged has. The table below discussed the areas of suggestion given by the respondents for a happy ending of life.

Table 5.14
Wishes of the Aged

Area of Suggestions	Male		Female		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Peace of Mind	56	16	49	10	105	35%	26	26%
Abstain from Alcohol	27	8	26	12	53	17.66	20	20%
Maintaining Good Health	36	14	39	17	75	25%	31	31%
God Fearing	31	12	36	11	67	22.33%	23	23%
Total	150	50	150	50	300	100%	100	100%

In relating to the suggestions given by the respondents for happy ending of life, the above table 5.14 noted to have 35% (18.66% male and 13.33% female) of rural and 26% (16% male and 10% female) of urban respondents expecting peace of mind. In the analyses of this category of respondents, the data noted that large number of the respondents is of the view that they expect their children to get married before their death. Another few respondents expect children to love one another even after the death of their parents. 25% (12% male and 13% female) of rural and 31% (14% male and 17% female) of urban wants to maintain good health. Respondents who held the view of maintaining good health for happy ending of life states that, they wish to die without any ailments/sickness so that will not trouble their family. 22.33% (10.33% male and 12% female) of rural and 23% (12% male and 11% female) of urban wish to be God fearing at the end of their life. Respondents falling under this aspect are found to be church workers

and devoted Christians who have a high hope for second life after dead through Christ. 23.33% (13.33% male and 10% female) of rural and 20% (8% male and 12% female) from urban said to abstain from alcohol.

The data shows how much parents have a desire and expectation on their children. Children are one of the foremost things to make the aged life happy. No matter how rich or poor, it was found in the study that their major concern is for their children and falling which it affects their peace of mind. The data shows more male than female are concerned for their children to have a peace of mind. It was also further noted to have more rural respondents as compared to urban respondents on this view. One genuine reason for male outnumbering female is because of distribution of property. There is more number of urban respondents as compared to rural respondents who wish to maintain good health for ending their life. It was also found to have more female than male aged to maintain good health. This was because female aged tends to have more health complications as compared to male aged. The study also found to have more number of rural respondents than urban to abstain from alcohol. In this regard it was noted that many of the respondents had faced problems with drinking in life.

5.22 Message of the Aged Persons:

Opinion and advice of the respondents with regard to younger generation are noted in the study. The advice of the aged was highly regarded in the traditional Naga society because of their wisdom and experiences. Therefore, their concern for the younger generation are sought to study how changes are taking place in Naga society and for remedial measures.

Table 5.15
Message of the Aged Persons

Area of suggestion	Male		Female		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Love one Another	36	7	38	8	74	24.66%	15	15%
Avoid anti-Social Activities	31	9	29	6	60	20%	15	15%
Fear God	33	11	45	9	78	26%	20	20%
Away from Alcohol and Drugs	28	8	20	11	48	16%	19	19%
Respect Elders	22	15	18	16	40	13.33%	31	31%
Total	150	50	150	150	300	100%	100	100%

It was observed from the study that 26% (11% male and 15% female) of rural and 20% (11% male and 9% female) of urban respondents wants younger generation to fear god. 24.66% (12% male and 12.66% female) of rural and 15% (7% male and 8% female) of urban respondents expect younger generations to love one another. 20% (10.33% male and 9.66% female) of rural and 15% (9% male and 6% female) of urban respondents dream of younger generation to get rid off anti-social activities. 16% (9.33% male and 6.66% female) of rural and 19% (8% male and 11% female) of urban respondents wants younger generation to stay away from alcohol and drugs. 13.33% (7.33% male and 6% female) of rural and 31% (25% male and 16% female) of the urban opines younger generation to respect elders.

Aged has a serious concern for the younger generation. They have diverse opinions and concern for the upcoming young generation of the society. They believe that it is their responsibility to give a proper guidance to the younger generation and only by doing that Naga society can prevailed with unity and oneness. The study noted a huge variation between rural respondents and urban respondents in their opinion on younger generation to respect elders. The data shows that more number of urban respondents with 31% against 13.33% of rural wants younger generation to respect elders. The study further noted to have more male then female are of the opinion to this view. This has shown a serious concern of the aged and the prevailing system of the society by the aged respondents and which need to be reviewed and check at the earliest.

Table 5.16

Different Opinions Given by the Respondent Relevant to the Naga Context

Nature of opinions	Male		Female		Total			
	<i>R</i>	<i>U</i>	<i>R</i>	<i>U</i>	<i>R</i>	<i>Per cent</i>	<i>U</i>	<i>Per cent</i>
Aged should be Respected	62	14	54	17	116	38.66%	31	31%
Unity	35	10	53	21	88	29.33%	31	31%
Give proper Guidance to the Youth	53	26	43	12	96	32.%%	38	38%
Total	150	50	150	50	300	100%	100	100%

The table 5.16 shows that 38.66% (20.66% male and 18% female) of rural and 31% (14% male and 17% female) of urban are of the opinion that aged should be given respect. Respondents who are of this view feel that giving respect and honour to the elderly people

by the younger generation should be considered as a priority next to god. 29.33% (11.66% male and 17.66% female) rural and 31% (10% male and 21% female) of urban aged expect to have unity among the Nagas. In this regard aged are of the view that Nagas must unite, love another irrespective of tribes and communities. 31.66% (17.33% male and 14.33% female) rural and 38% (26% male and 12% female) of urban asked the aged to give proper guidance to the youth.

The table 5.16 shows that more number of rural as compared to urban 38.66% (20.66% male and 18% female) of rural and 31% (14% male and 17% female) are of the view that aged should be respected. The study also found more male then female from rural area who feels that aged should be respected by the society. Further the data also pointed out that more number of urban as compared to rural respondents longs for unity amongst the Naga society. In this issue it was also observed to have more female as compared to male aged years for unity in the society. It was also found to have number of urban as compared to rural, and more male then female from both rural and urban area who is of the view that aged should give proper guidance to the younger generation. In the analysis, the aged feels that it is their moral duty to give a clear guidance to the younger generation for a better tomorrow

CHAPTER 6

COMPARATIVE ANALYSIS OF THE SELECTED DISTRICTS

To understand and to examine the differences among the three communities belonging to three districts under the study area, the present chapter deals with a comparative study of the three districts of the study area namely; the Angamis from Kohima, the Lothas from Wokha and the Aos from Mokokchung. The data drawn from the field have been analyzed and interpret to make a comparative analysis in various aspects like, Age-sex compositions, socio-economic status, health and related aspects of the aged Naga tribe in the three districts under study area.

Table 6.1

Consolidated figures of Age-Sex Composition and Marital Status in Three Districts

Age Groups	Districts	Unmarried		Married		Widower/Widow		Divorced		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
60-65	Khm	0	0	20	17	1	2	1	1	42
	Wkh	0	0	27	18	0	7	0	1	53
	MKg	0	0	16	10	1	5	0	2	34
66-70	Khm	0	0	13	9	1	2	0	0	25
	Wkh	0	0	14	9	0	6	0	0	29
	MKg	0	0	7	12	1	3	1	0	24
71-75	Khm	0	0	7	4	1	3	0	1	16
	Wkh	0	0	4	4	0	3	0	0	11
	MKg	0	0	11	1	1	4	0	0	17
76-80	Khm	0	0	2	1	2	4	0	0	9
	Wkh	0	0	2	1	1	0	0	0	4
	MKg	0	0	5	3	1	3	0	0	12
80& above	Khm	0	0	0	0	2	6	0	0	8
	Wkh	0	0	1	0	1	1	0	0	3
	MKg	0	0	5	0	0	7	1	0	13
Total	Khm	0	0	42	31	7	17	1	2	100
	Wkh	0	0	48	32	2	17	0	1	100
	MKg	0	0	44	26	4	22	2	2	100

Note: Khm-Kohima, Wkh-Wokha, and Mkg-Mokokchung

Age classification is considered not because; age is an important status determining factor, but also an important aspect of demographic characteristics in a social structure.

The table 6.1 shows age -sex composition and marital status of the three communities of three districts under study. The age-sex distribution of the three districts/communities is presented in table 6.1. The age-sex composition was categories into five strata's as, age-group of 60-65, 66-70, 71-75, 76-80, 80& above. In this, age group of 60-65 recorded of having the largest respondents from all three districts. 53% of the respondents (27% male and 26% female) from Wokha district are in the age group of 60-65 which also recorded as the highest in this category from all the three districts in the study area. In the same age group of 60-65 Mokokchung district is found to have the lowest respondents with 34% (17% male and 17% female). Mokokchung district is also found to have the highest respondents with 12% (6% male and 6% female) in the age-group of 76-80, and 13% with (5% male and 8% female) in the age-group of 80 and above. Kohima district is having 9% (4% male and 5% female) in the age-group of 76-80 and 8% (2% male and 6% female) in the 80 and above category. Wokha district which was superceding the other two districts in the young old age-category is found to be opposite in the higher age-groups with 4% (2% male and 2% female) in 76-80 age-group, and just 3% (2% male and 1% female) in 80 and above category.

In the analysis of the three communities from three districts it has been discovered from the study that Mongchen village under Mokokchung district has more number of aged in the old-old age group (80& above) as compared to the other villages from the other selected districts. Whereas, Wokha village of Wokha district was found to have more aged in the young old category (60-65). This pointed out that, there is a sharp difference in population ageing even within the three districts. Two aspects for this reason could be drawn from the data analysis; (i) as Mokokchung district is educationally one of the most advanced districts as compared to all other districts in Nagaland, the level of health care and well being of the aged is more concerned, and (ii) care and support of the family and community also may be stronger than the other two districts.

Marital status of the elderly is an important factor on which, their overall cares and support, both from within the family and from society depends significantly. Moreover, it has also a significant effect on the health and life style of the elderly. In the analysis of marital status of the Naga aged, the study finds Wokha district of having the highest currently married aged with 80%. Further Wokha village is noted of having the highest currently married aged in the age group of 60-65 as compared to the other selected villages

in the study areas. Whereas; Longmisa village of Mokokchung district is found to have more number of currently married respondents in the higher age-group as compared to the villages from other two districts. The data also pointed out that with the increasing age, there is fewer respondents in currently married status. This indicates, advancement in age reduces ageing population. In currently marital status the study found more male as compared to female from all the districts under the study.

In the case of widower/widow, female respondents outnumbered male respondents in all the three districts. Mokokchung has the highest number of widow with 22% as against 4 widowers. The reason for widow outnumbering widower is due to two aspects. (i) High death rates among the male spouse as compare to female and, (ii) because of widower re-marriage after the death of female spouse. The study further noted 8% of divorcee in the study areas, of which 5% of the divorce are from the age- group of 60-65 age-group, which is also found to be the highest rate among the age-groups. Whereas, at the higher age-group it is found 1% each in 66-70 age group, 71-75, 80 and above age-group. This also shows that there is lesser rate of divorce among the married couple in the higher age-group.

Table 6.2
Educational Status of Three Communities

Educational Levels		Males	Females	Total	Per cent
Illiterate	Kohima	23	29	52	52%
	Wokha	20	30	50	50%
	Mokokchung	18	26	44	44%
Under Matric	Kohima	16	17	33	33%
	Wokha	18	15	33	33%
	Mokokchung	15	18	33	33%
Pre-University	Kohima	8	4	12	12%
	Wokha	9	4	13	13%
	Mokokchung	10	4	14	14%
Degree	Kohima	3	0	3	3%
	Wokha	3	1	4	4%
	Mokokchung	6	2	8	8%
Post-Graduate	Kohima	1	0	1	1%
	Wokha	0	0	0	0
	Mokokchung	1	0	1	1%
Technical & Professional's	Kohima	0	0	0	0
	Wokha	0	0	0	0
	Mokokchung	0	0	0	0

The well-being of the elderly is intimately linked with their educational records because education enables greater adaptability to changing socio-economic conditions. A “literate”, according to the Indian census, is person having the ability to read and write with and understanding in any regional language.

The table 6.2 shows the educational level of the Naga aged respondents from the three communities under the study areas. The table projects that majority of the aged respondents in three communities are illiterate. The data pointed out that 52% (23% male and 29% female) Angami aged from Kohima district are illiterate. Further, 50% (20% male and 30% female) of the Lotha aged from Wokha district is illiterate. However, from Mokokchung only 44% (18% male and 26% female) is illiterate. In the educational attainment at degree level, Mokokchung district has 8% (6% male and 2% female) respondents. Wokha has 4% (3% male and 1% female) who had graduated, and Kohima has 3% and all are male respondents. In the post-graduate level there is only 1 respondent each from Kohima and Mokokchung and both respondents are male aged. In the study there was no respondent having technical and professional education from the rural areas. This also depicts the status of low education in the Naga society.

From the analysis of the table 6.2, it shows the literacy rate of the aged belonging to three communities from three districts of Nagaland. The study observed Mezoma village of Kohima district with lowest literacy rate among the selected villages from the study areas, further, the data also projects low literacy rate of female aged as compared to male respondents in all three communities. And even among the literate category, more male aged respondents outnumber female aged respondents at the higher level of education. This could be due to the preference given to a male child in the traditional Naga society. In the literate category the Ao’s from Mokokchung district is having 56% literate respondents, where as the Angami’s of Kohima district is having only 48% which is less than 50% of the respondents. The data further observes aged from Mongchen village under Mokokchung district to be the most literate village among the selected villages in the study areas. From the data it proves that the Ao’s of Mokokchung district being the first Naga tribe to accept Christianity, is found to be more advanced even in literate rate among the aged Naga population as compare to the aged from other two districts/ community in the study areas.

Table 6.3
Residential Arrangement of the Aged among the Selected Districts

Living Arrangement		Males	Females	Total	Per cent
Living Alone	Kohima	4	7	11	11%
	Wokha	5	8	13	13%
	Mokokchung	6	8	14	14%
Living with Spouse	Kohima	16	13	29	29%
	Wokha	12	10	22	22%
	Mokokchung	20	13	33	33%
Living with Spouse & Unmarried Children	Kohima	21	23	44	44%
	Wokha	24	22	46	46%
	Mokokchung	17	17	34	34%
Living with Married Sons	Kohima	8	5	13	13%
	Wokha	5	7	12	12%
	Mokokchung	5	9	14	14%
Living with Married Daughters	Kohima	1	2	3	3%
	Wokha	2	0	2	2%
	Mokokchung	2	1	3	3%
Living with Grandchildren	Kohima	0	0	0	0
	Wokha	2	3	5	5%
	Mokokchung	0	2	2	2%

The term 'living arrangements' or 'a co-residential arrangement' is used interchangeably to refer household structure of the elderly people. The table 5.3 presents the basic data on living arrangements of older persons. Aspect covered includes living alone, living with spouse, living with spouse and unmarried children, living with married sons, living with married daughters, living with grandchildren.

In table 6.3, the data shows the living arrangement of the Naga aged in the three districts of Nagaland. The study found large number of the aged respondents from Wokha district with 46% (24% male and 22% female) are living with spouse and unmarried children. Where as it is 34% (17% male and 17% female) from Mokokchung district living with their spouse and unmarried children. Unlike the Lotha's and Angami's, the Ao's have less number of aged living together with their spouse and unmarried children because many of their children move to other places for employment and education. Mokokchung district is found to have 14% (5% male and 9% female) of the aged respondent living with their son, and Wokha district has 12% (5% male and 7% female) aged respondents living with their married children. This gives a serious concern to the intellectual and researchers to examine and analyze the traditional values of caring the aged parents and the

consequences of diminishing family ties in the present modern Naga society. This is mainly because of occupational mobility and also due to breaking down of family ties as a result of modern influences.

The study also noted Kohima village from Kohima district to have the largest respondents living with spouse and unmarried children, whereas, Mongchen village of Mokokchung has the lowest respondents living with spouse and unmarried children in the study areas. This is mainly because, Kohima town the capital of Nagaland falls under the jurisdiction of Kohima village. Therefore most of the family could settle and stay at their own place and do their works irrespective of different jobs and professions. But in the case of Longmisa village of Mokokchung, families have to go apart even for education and services. The data further shows that, Mokokchung district outnumbered the other two districts with 14% (5% male and 9% female) of the aged respondents living with their married children. But among the selected villages under the study areas, the data noted Viswema village from Kohima district to have the highest number of aged living with their married children.

Table 6.4
Status of Earning among the Aged in Three Districts

Status of the Respondents		Males	Females	Total
Chief Earners	Kohima	30	13	43%
	Wokha	27	15	42%
	Mokokchung	31	7	38%
Part-time Earners	Kohima	10	25	35%
	Wokha	12	23	35%
	Mokokchung	17	25	42%
Totally Dependent	Kohima	10	12	22%
	Wokha	11	12	23%
	Mokokchung	2	18	20%

In table 6.4, the study shows the earning status of the aged from three communities of three districts undertaken for the study. The data shows that Kohima district have 43% (30% male and 13% female) aged respondents as the chief earners and Mokokchung district have 38% (31% male and 7% female) aged respondents as the chief bread earners. The table 6.4 project that Angami aged from Kohima district outnumbered the other two districts as the chief earners. In this regard, the study observe Khonoma village to have the largest chief earners among the selected villages, this is mainly because control of

resources and property lies totally in the hand of the father. Further among the three communities under taken for the study, male aged predominate female aged as a chief earners of the family. In the part-time earners category, Mokokchung district have 42% (17% male and 25% female) respondents , Kohima and Wokha have 35% each, Kohima with (10% male and 25% female) respondents, and Wokha with (12% male and 23% female) respondents respectively. Where as in the part-time earners category female aged outnumbered male aged. This speaks very clearly that, male still retain the headship of the family at the village level. This is because, holding and controlling of property lies at the hand of male in the family, but it has also noted from the study that, the pattern is changing somehow in the present society due to occupational mobility of the children. In the totally dependent category Wokha district have 23% (11% male and 12% female) respondents, and Mokokchung district is having 20% (2% male and 18% female) of the aged respondents. In totally dependent category out of 23% respondents, 18% (9% male and 9% female) aged respondents was found from the Lotha's of Wokha district, and 15% (2% male and 13% female) respondents from Ao's of Mokokchung was noted to be totally dependent to their children due to health reason. Further, 5% (2% male and 3% female) respondents from Wokha, and 7% female respondents from Mokokchung was found to be too old to work. Among the selected villages from the study areas, the data find Panti village from Wokha district to have the largest totally dependent aged. Panti village under Wokha district which is one of the biggest Lotha village having high literacy rate, educated children contribute more to the family welfare and have more say towards the family and community.

Table 6.5

District-wise Sources of Monthly Income

Sources	District-wise Sources of Monthly Income								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Salary	2	0	2%	1	0	1%	0	1	1%
House Rent	7	9	16%	3	4	7%	6	5	11%
Profit from Interest	1	3	4%	1	3	4%	2	4	6%
Business	7	5	12%	4	1	5%	9	4	13%
Govt.Pension	15	6	21%	21	3	24%	16	6	22%
Farming	17	27	44%	19	37	56%	16	25	41%
Any Others	1	0	1%	1	2	3%	1	5	6%

In the detail sources of monthly income, the table 6.5 shows that majority of the respondents from all three districts are depending on farming as their regular source of income. The data projects that 56% (17% male and 37% female) respondents from Wokha district are depending on farming as their source of monthly income. Here, the data found Lotha's from Wokha district out numbered the other two districts as the highest depending on farming, and the Ao's from Mokokchung district being the lowest on depending to farming as their source of income. In the sex-wise analysis, the data also noted that more female aged as compared to male aged in the three communities/ districts under the study areas depending on farming as their major source of income. In this regard the study observe Longsachung village under Wokha district to have the largest number of respondents who depend on farming and Khensa village from Mokokchung district to have the lowest number depending on farming as their source of income.

The second major source of income among the Naga aged is found to be Govt. pension. In this regard, Wokha district have 24% (21% male and 3% female) respondents who gets retired government pension as their monthly source of income and, Kohima district have found with 21% (15% male and 6% female) aged respondents. Among the villages from Wokha district Pangti village is find to have the largest retired government pensioners. The study also shows there are more male drawing retired government pension than the female counterparts. This could be due to the poor educational status of the women in Naga society. Although Wokha district was found of having the highest government retired aged among the districts, the data observes Longmisa village under Mokokchung district to have the largest retired government from the selected villages. The study further noted, aged from Mezoma village under Kohima district to be the poorest literate village among the selected villages, this is because there was only 4 literate respondents under matriculation and no retired government servants among the respondents was found from this village. The study also noted 4% (3% male and 1% female) of the respondents from the three districts are getting salary, of which two male respondents are found from Kohima district, 1 male working as a chowkidar in a private school at a village and the other 1 is working as farm supervisor. Another male noted from Wokha district is working as a church chowkidar. 1 female respondent from Mokokchung is a sweeper in a school at the village.

Table 6.6
District-wise Household Income of the Respondents

Household's Income	District-wise								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Below Rs 2,000	18	26	44	23	37	60	21	31	52
Rs. 2001- 5000	9	13	22	10	8	18	16	15	31
Rs. 5001 -10000	12	7	19	12	5	17	4	2	6
Rs. 10001- 15000	7	3	10	3	0	3	4	1	5
Rs. 15001 -20000	3	1	4	0	0	0	1	0	1
Rs. 20000 & Above	1	0	1	2	0	2	1	0	1

The monthly household income of the respondents was divided into six categories. In the category of household income below Rs 2,000, the data shows Wokha district to have 60% (23% male and 37% female) and Kohima district is having 44% (18% male and 26% female). In the category of household income between Rs 2,001-5000, Mokokchung district is found to have 31% (16% male and 15% female) respondents, and Wokha district have 18% (10% male and 8% female). In the category of Rs 5,001-10,000, Kohima district is having 19% (12% male and 7% female) and Mokokchung district is found to have 6% (4% male and 2% female). In the category of Rs 10,001- 15,000, Kohima district have 10% (7% male and 3% female) respondents and Wokha district is having 3% male. In the category of the household income between Rs 15,001- 20,000, Kohima district have 4% (3% male and 1% female) and Mokokchung district have 1% male. In the category of 20,000 and above household income, there is only 4% male from the three districts, 2% male from Wokha district, 1% male each from Kohima and Mokokchung districts.

From table 6.6, it was noted that Kohima district have better household income status as compared to Wokha and Mokokchung. This is because, Kohima being the state capital, there are more avenues for business and other opportunity to earn a living as compared to the other two districts. Sex-wise household income status of the respondents among the three communities also shows that female aged has less income as compared to their male counterpart in the three districts/ communities under taken for the study. This shows a low status of women in the society and the main reason was due to lack of education and lack of economic opportunities for female in the Naga society.

Table 6.7
Model of Living among the Aged in Three Districts

Mode of Living	Model of living among the Aged in Three Districts								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Own Constructed House	46	43	89	44	42	86	42	39	81
Rented House	0	0	0	1	0	1	2	0	2
With Children	4	7	11	5	8	14	6	11	17
Grand Total	50	50	100	50	50	100	50	50	100

The study on the mode of living of the elderly is very important not only from the economic point of view, but also from the perspective of their health and family adjustment. As reported in the chapter on methodology, the three districts/communities considered in the study namely sex, districts/communities are categorized on the basis of living in own constructed house, living in a rented house and living with children.

Aged are facing numerous of problems other than social, due to physical and economic retardation. After retired from the physical and economic activities, aged who do not own a house nor cannot afford to pay rent live in a miserable condition. Moreover, there are also aged who are uncared by the family and society and as a results of which, they roam in the streets for begging and sleeping at the corridors outside the buildings in cities and towns. Therefore, in table 6.7 the study tries to focus on the pattern/type of living by the Naga aged among the three rural communities undertaken for the study.

To know their mode of livings, aged respondents are asked on three criteria. From the analysis of the table 6.7, the study noted that more than 80% from all three districts of the rural aged in the Naga society are living in their own constructed house. Unlike the aged from urban area, majority of the rural Naga aged under the study area are living in their own plot of land and own constructed house. The study also noted that this is great relief for the aged in Naga society. The study further noted 3 respondents, 1 from Wokha district and 2 respondents from Mokokchung district living in a rented house. The study observed this practice to be a very new trend in the context of the Naga people living in rural areas. This is because, traditionally among the Nagas, there was no landless class. In the analysis of this three respondent's case, it was found that, 2 male respondents from

Mokokchung district are paying a nominal tax to their relative who lives permanently in Dimapur. Another respondent from Wokha district who get married a woman belonging to other Lotha village and settled at his wife's village, so he don't have his own land and that's the reason for living in a rented a house. Aged from Mokokchung district living with their children/grandchildren is more than aged from Wokha and Kohima districts. This also indicates the prevalence of strong traditional cultural values in Mokokchung district as compared to the other two districts in the study areas.

Table 6.8
Level of Dependency among Three Districts

Mode of Survival	Level of Dependency among Three Districts								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Self Dependent	37	29	66	40	36	76	32	28	60
Dependent on Children/Grand Children	9	15	24	10	12	22	16	19	35
Relatives	4	6	10	0	2	2	2	3	5
Grand Total	50	50	100	50	50	100	50	50	100

The sources of survival by the aged is a determinant factor to know how the aged are living and to who they are depending to? Therefore the data in table 6.8 discussed the mode of survival of the three communities/ districts of the Naga aged. The data shows that majority of the respondents; more than 60% from all three districts under the study area are self dependent. In dependent to children/grandchildren, the data projects 35% (16% male and 19% female) respondents are found from Mokokchung district. In the analysis of the data, it was noted that 23% (10% male and 13% female) respondents are depending on their children's salary. Others depend on their children who are into business, and children daily wages. Further the data also noted 10% (4% male and 6% female) from Kohima district outnumbered Mokokchung and Wokha district depending on relatives. In the analysis of the aged in this category, it was discovered that 5% (2% male and 3% female) respondents have no immediate family members to look after them due to early demised, 2% female has to depend on their relatives as their children and immediate family are hardly managing their own living, and 1% female had to depend on her relative because of having bad relationship with her daughter-in-law.

No doubt, there is a change of traditional value and culture in the Naga society, yet, one cannot deny that it has totally eroded. This is because; in the study, the data pointed out that majority of the rural aged are self dependent. The status of self dependent among the aged in any society speaks loudly that aged are still economically strong and lead an independent life. In comparison of the three districts under the study area, the study found that aged from Wokha district having the largest self dependent aged and in this regards the data also observes aged from Lonsachung village under Wokha district to be the most self dependent aged among the selected villages in three districts. The data further noted that aged from Mokokchung district outnumbered the other two districts on depending to children and grandchildren.

Table 6.9
Nature of Problems face by the Aged among Three Communities

Problems	Nature of Problems face by the Aged among Three Communities								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Housing	1	0	1%	1	0	1%	5	3	8%
Threat by the Youth	15	5	20%	7	3	10%	9	3	12%
Negligence by the Family	9	19	28%	5	18	23%	7	12	19%
Disregard by the Society	13	15	28%	26	16	42%	14	12	26%
None of the Above	12	11	23%	11	13	24%	15	20	35%

The above table 6.9 discussed the problems faced by the Naga aged in three districts under study area. The study noted that, disregard to the aged by the society is the largest factor affecting the life of the aged in the present Naga society. The data shows that 42% (26% male and 16% female) aged from Wokha district viewed that, they are disregarded by the society. From the above discussion and analysis it is very clear that, the status and values of the aged is deteriorating. The data pointed out Wokha district to have the highest record in disregard by the youth as compared to Kohima and Mokokchung. Further, the data found Lonsachung village under Wokha district to have more respondents facing disregard by the society as compare to the other villages under the study areas. The study also noted more male aged as compared to female aged being disregard by the

society in the study areas. In negligence by the family, the study found 28% (9% male and 19% female) from Kohima district, 23% from Wokha district and 19% from Mokokchung district fall under this category. The data noted to have more female than male neglected by the family. The data also observes that out of 19% female in Kohima district, 9% are widows, 4% are not in good relation with their family members due to property matters, and another 6% are neglected because of husbands drinking behavior. The study also finds female aged from Kohima village facing more problems in negligence by the family as compare to other villages in the study areas. 20% (15% male and 5% female) from Kohima district, 12% (9% male and 3% female) from Mokokchung district and 10% (7% male and 3% female) from Wokha district face problems of threat by the youth. In this regard, unlike the earlier cases male aged are more prone to the threat by the youth rather than the female. In the analysis, it is found to have 9% male from Kohima district who declares that their ideas and view are not given importance by the youth in matters relating to village and Khel welfare and developments. Further, 6% male from Kohima district said that, even in matters relating to important decision making for the village welfare, the youth pay very less attention to the advice of the aged. The study further observe male aged from Kohima village are more prone to threat by the youth, whereas, male aged from Mezoma village of the same district are of the view that young generations are becoming more caring and concern for the aged. This indicates that Kohima village being a global village, having all sorts of modern amenities and modern lifestyles the value of respecting the aged is deteriorating as compare to the other villages in the study areas. Housing problem is found to be very less in all districts which is a major problem to the aged in other parts of the world.

Disrespecting the aged which had never happened in the history of our Naga culture started to take place in our society today. The aged who were the undisputed owner of property are also dragged down to a broken relationship and disregarded and neglected by the family. All this factors are the results of globalization and disengagement of the aged in the present Naga society.

Health Problems: Old age in general, is a multi-dimensional problem. The problems which are associated with old age and the care of the elderly are not exclusively the problems of social, cultural and economic ramifications; rather they include health and medical problems also that affect the life of a community as well. Paradoxically, it is the

advanced technology of medicine, which in turn facilitating contraception and reducing morbidity during the second half of life, has eventually increased the prominence to the needs of the elderly.

Old age in itself is not a disease. Every living being may have disabilities or weaknesses. With advancement in age these ailments come to the surface. They may be of recent origin or a carry-over from the past. The aged are normal people. They may become ill but they are not necessarily sick.

Poor health is repeatedly cited by the aged as one of their most serious problem. Though the fact that many of the aged are more susceptible to the sickness is not denied nor disputed, the society generally considers old age as synonymous with illness. Ethel Shanas pointed out that “There is no such disease as ‘old age’. Some old people are severely restricted in their mobility. Others are able to maintain themselves in the ordinary activities of daily living. The variation among the elderly in their physical health and degree of impairment is enormous”.

Table 6.10
Access to Medical facility by the Aged in Selected Districts

Types of Medical Treatment	Access to Medical facility by the Aged in Selected Districts								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Private Allopathic Doctor	0	2	2	3	2	5	6	8	14
Govt.Clinic/Hospitals	31	28	59	35	39	74	35	28	63
Indigenous Medical Practitioners	17	15	32	11	9	20	8	12	20
Any Others	2	5	7	1	0	1	1	2	3
Grand Total	50	50	100	50	50	100	50	50	100

Unlike the adults, the aged are mostly inactive and less mobile as far as their health and physical strength is concern. In this regard their access to the systems of medical treatment is also important; health concern also indicate the socio-economic status of the aged. In the systems of medical treatment, the data noted that, there is a concerned and awareness among the Naga aged in taking care of their health. The above table 6.10 shows that, more than 50% of the aged respondents in the three districts under taken for the study are have being visiting Govt. clinics/ hospital for their health care. In the study, it was also

noted that aged from Wokha district outnumbered aged from Mokokchung and Kohima districts in visiting Govt. clinics/hospitals. The study observes Wokha village from Wokha district to have a major access to government hospital for treatment and the poorest happen to be from the same district. Moilan village which is at a distance of 63 kms from Wokha town. The study further noted that distance and transportation to be a major problem for the aged belonging to this village to avail the medical facility. The study finds 32% (17% male and 15% female) from Kohima district, of having the largest respondents to go for indigenous medical practitioners, followed by Wokha and Mokokchung districts. In this aspect, the study noted Mezoma village from Kohima district to have a major dependent on the indigenous practitioners. The study further noted poverty and easy accessibility to be to be main reason that pushes aged to go for indigenous system of treatment. The data further noted 14% (6% male and 8% female) from Mokokchung district, 5% (3% male and 2% female) from Wokha district and 2% female from Kohima district against taking treatment from the private allopathic doctors. In the analysis, it was discovered in the study that most of these respondents are socio-economically in a better position as compare to other rural respondents. This was observed from the study that out of 14%, 5% (3% male and 2% female) from Mokokchung district happened to be treated by their family doctors. Furthermore, 9% (3% male and 6% female) from Mokokchung district having relatives as doctors, and they get treated by them whenever they are sick. The study finds that, this could be the reason for Mokokchung district having more population ageing at higher age-group as care and support of the aged is more as compared from the other two districts in the study.

Table 6.11
Levels of Love and Care enjoying by the Aged in Three Districts

Love and Care	Levels of Love and Care enjoying by the Aged in Three Districts								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Very Much	9	7	16%	18	22	40%	24	25	49%
Love me but Don't care me Well	28	23	51%	24	15	39%	16	13	29%
They have no Concern for Me	13	17	30%	6	8	14%	8	8	16%
Cannot Say	0	3	3%	2	5	7%	1	5	6%
Grand Total	50	50	100	50	50	100	50	50	100

In table 6.11 the study illustrates the details of love and care shown towards the aged by the family and children. In love and care of the aged, the data shows that, 49% (24% male and 25% female) from Mokokchung district, 40% (18% male and 22% female) from Wokha district and 16% (9% male and 7% female) from Kohima district said that they are very much love by their family and children. In analysis of the data, it has noted that 30% (12% male and 16% female) from Mokokchung said that their children are so responsible that they have nothing to worry. 12% (7% male and 5% female) from Mokokchung district replied that their children are so concerned even about their movements. 7% (3% male and 4% female) from Mokokchung district are of the view that they are the most blessed people to have such a God fearing children The data further noted 51% (28% male and 23% female) from Kohima district of having the highest respondents who held the view that, they are loved but not cared them well. In the analysis the study finds that 33% (18% male and 15% female) from Kohima district said that children provide everything what they wanted at home but pay less attention to them when they are not in good health. Further 18% (10% male and 8% female) from Kohima district said that children so love but they hardly visit them. Further 30% (13% male and 17% female) from Kohima district, said that family or children have no concern for them. In this case it was found that 16% (7% male and 9% female) from Kohima district is having a bad relationship with their in-laws. Further 14% (6% male and 8% female) from Kohima district, are having a bad relationship with their sons over distribution of properties.

From a comparison of the aged respondents from three districts under taken for the study, the data noted Longsa village from Mokokchung as receiving maximum love and care from children and family. Kohima district is observes to be the poorest in receiving love and care from children and family as per the study. The table also noted that more female aged as compared to male aged are contented with the love of children and family. Among the selected villages, the study observes Kohima village of being the poorest in receiving love and care from the family and children. In the analysis it was noted that, Kohima being the capital of Nagaland with multi cultural influences, aged from Kohima district living in rural areas are also mostly affected by the outside influences. Thus with the wave of urbanization coupled with the forces of globalization like individualism and specialization it has breaking down the cultural values of the Nagas today.

Table 6.12
Levels of Decision's taking by the Aged in Three Districts

Decision's Taking		Parents			Children			Relatives			Others		
		<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>
Marriage of Children	Khm	29	21	50	12	18	30	7	9	16	2	2	4
	Wkh	27	21	48	15	17	32	5	8	13	3	4	7
	Mkg	26	21	47	20	14	34	5	8	13	0	6	6
Property Matters	Khm	34	22	56	8	12	20	8	16	24	0	0	0
	Wkh	31	27	58	9	11	20	10	12	22	0	0	0
	Mkg	33	22	55	11	12	23	6	16	22	0	0	0
Children's Education	Khm	25	22	47	10	8	18	6	9	15	9	11	20
	Wkh	33	39	72	14	7	21	3	4	7	0	0	0
	Mkg	29	23	52	16	21	37	5	6	11	0	0	0
Children's Employment	Khm	16	13	29	17	16	33	11	13	24	6	8	14
	Wkh	18	14	32	16	18	34	9	6	15	7	12	19
	Mkg	21	22	43	18	13	31	7	4	11	4	11	15
Vote Casting	Khm	19	11	30	24	22	446	7	17	24	0	0	0
	Wkh	26	21	47	19	18	37	5	11	16	0	0	0
	Mkg	27	23	50	16	8	24	7	19	26	0	0	0

Note: Khm-Kohima, Wkh-Wokha and Mkg-Mokokchung

The table 6.12 presents a detail discussion on the decision taken by the Nagas aged of three districts/communities under taken in the study area. In decision taking at the family level, the data recorded that 50% from Kohima district, 48% from Wokha district and 47% from Mokokchung district, parents takes decision in children marriage. From the analysis of the data; it is noted that, in all three districts, decision taking by the parents are found to be the chief bread earners of the family and continue to control over the property of the family. The study also projects 34% (20% male and 14% female) from Mokokchung district; respondents' children take decision of their own marriage. In this connection, the data noted Longsa village to have more children who take decision in their marriage. Further, the study also finds education as one of the major reason because according to the respondents educated and employed children refuse to obey parents' choice or decision, and when parents try to interfere they elope or had child out of wedlock which leaves no option for the parents but to accept. The data further shows 16% (7% male and 9% female) from Kohima district who allows their relatives to take decision at the time of their children marriage. In the case of depending on to relatives, among the selected villages from three districts, the study observes Viswema village under Kohima district to have more parents who are indecisive and could not take a strong decision in regard to marriage

of their children, who usually consult the other family members like elder brother/ younger brother, elder sister/ younger sister, uncles and aunts etc.

In relating to property matters, the data shows 58% (31% male and 27% female) from Wokha district, parent takes decision in property matters. It has find to be a common reason for all the three communities that respondents aged who are still taking decision in property matters are still active or continue to be the head of the family as the chief earners of the family. Further, 23% (11% male and 12% female) from Mokokchung district, respondents' children takes decision in property matters. In the analysis, it has noted that 6% (2% male and 4% female) respondents are part-time earners and 10% (3% male and 7% female) are totally dependent on children. 4% are too old that their age does not permit them to supervise their properties so that they have entrusted their eldest son responsibility.

In children's educational matters the data projects 72% of the respondents (33% male and 39% female) from Wokha district, parent takes decision in children's education. Further 37% (16% male and 21% female) from Mokokchung district, and 18% (10% male and 8% female) from Kohima district, respondents' children's takes decision in their choice of educational career. From the analysis of the data, it also states that the advancement of Ao Naga tribe in the field of education over the other two districts. It also further shows the conservative and narrow mindedness of the parents belonging from Wokha and Kohima districts as it directs their children to their choice of education and not giving free hand to their children to choose from their volition.

In relating to children's employment 43% (21% male and 22% female) from Mokokchung district, parent takes decision in children's employment matters. Further, 23% (11% male and 13% female) from Kohima district, relative takes decision in respondents' children's employment matters. The study also noted that with regard to children's employment and vote casting matters, more number of respondents from Mokokchung district is found as compared to Kohima and Wokha districts. Therefore, in generalizing the whole aspects of decision making it was observed that, aged from Mokokchung district takes major part in decision making as compared to Kohima and Wokha district. Further in sex-wise analysis, it also shows a great disparity between male aged and female aged with regard to decision making in three districts. This clearly pointed out that, more male as compared to female aged take part in decision making. Thus from

the study it was observed that there is lesser control of female in decision making among the Naga society.

Table 6.13
Adherence to the Advice of the Aged among Three Communities

Comments	Adherence to the Advice of the Aged among Three Communities								
	Kohima			Wokha			Mokokchung		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Accept in Toto	17	26	43	11	21	32	28	26	54
Listening Carefully but Reject the Opinion	24	18	42	24	18	42	17	21	38
Totally Rejected	9	6	15	15	11	26	5	3	8
Grand Total	50	50	100	50	50	100	50	50	100

In table 6.13 the data shows the comments whether society listens to the advice of the aged or not? It has noted from the data that, 54% (28 male and 26 female) from Mokokchung district are of the view that their advice are accepted by the younger generation. The data further shows that 42% from Kohima and Wokha districts respectively, are of the view that the younger generation listen to them carefully but rejected their opinion. Further the data also projects that 26% (15% male and 11% female) from Wokha district, 15% (9% male and 6% female) from Kohima district are of the view that their advice are totally rejected. From the analyses it was noted that 16% from Wokha district, 10% from Kohima district are at the age group of 70 and above category. And 10% (6% male and 4% female) from Wokha district, 5% (3% male and 2% female) from kohima district are village leaders.

Thus, from the analysis of the above table the study observed that, there are more of respondents from Mokokchung district who opined that the advice of the aged is accept in toto by the society. The study also noted that more problems are face by the aged from Wokha and Kohima districts in this regard. Further the data noted Longsa village under Mokokchung district to be a village most adherence to the advice of the aged and Longsachung village from Wokha district and Kohima village from Kohima districts were found with more number of respondents who held the view that advice of the aged are

totally rejected by the society. From the data we can draw a conclusion that the system of respect and honour to the aged in Naga society is diminishing today. In a comparison of the three districts under study, the data also observed that aged from Mokokchung district are still enjoying better power and prestige when compared to aged from Wokha and Kohima district.

CHAPTER 7

SUMMARY AND CONCLUSION

The problem of old age has become a social problem due to the rising proportion of aged people and their declining roles and status in the present society. Of these two reasons the latter is more responsible for the social problem of old age. The problem of old people is a by-product of the present society. It does not give opportunities to the aged to satisfy their needs and thereby deprives them a comfortable, respectable, creative and socially useful life. They have to depend on their own resources for this purpose. Under these threatening circumstances, the productive aged people find themselves unable to solve their problem. Then they look forward for social help and become problematic cases to society. In the process of rapid modernization, and tremendous increases in number of aged persons in modern world added more problems in Naga society.

The impact of rapid modernization and urbanization is noticed very significant in Naga society on old aged persons like any other society. The problem of old age is emerging as a social problem. The present society, by decreasing the roles and status of the aged people, has started creating an environment for the old which is less conducive to their good adjustment compared to that of the pre-industrial society. Therefore, among Naga also the number of maladjusted old people is increasing gradually.

With the transition of society from the agricultural to the urbanization stage, there was an exodus from traditional agricultural practice and the setting of the old changed. In an agrarian set-up, each member of the household has the same of income. In an urbanized society, on the other hand, an individual wage-earner makes for difficulties in budgeting because of the different sources of income available. Instead of being a productive unit providing for all, the household has become a consumer unit, and those who do not earn are likely to be overlooked when the rights of consumption are assessed. In the traditional families the older people accepted the burden of providing for the family, and the next generation living with them could enjoy their incomes if any. But in the non-agricultural context, when the elderly cease to earn they become acutely conscious of their non-earning status and experience a sense of helpless dependency. In urban areas usually it is the old from rural areas that go to live in the son's house. In the urban setting adult children might

even take advice from the elderly but might not act on it, knowing that their elderly parents are not sufficiently experienced in the demands of the new setting.

Ageing becomes more troublesome in a changing society because it becomes difficult for the aged people to depart from the traditional values and norms of the pre-industrial society and adopt modern values and norms of the society. But the changes in the functions of society as well as in the social structure keep on taking place and old people have to change their traditional attitudes and develop positive attitudes towards these changes for leading a satisfying life. It is generally observed that aged people who are less resistant to the social changes approve the activities of the young people and do not have many complaints against modern attitudes. So there are fewer conflicts between two generations. Parents having non-interfering attitudes do not impose their own desires and decisions on their grown up children and allow them to manage their own affairs independently. The younger generation does not like interference by parents. Therefore, non-interfering parents get more respect and affection from the younger generation than the conservative ones.

Modern technology creates new occupations by replacing the old ones. Modern education gives rise to social mobility among the younger generation which ultimately wane the social security of the aged. If the children are highly educated or skilled in the new technology they do move to cities where they can find good opportunities, as evident from the data furnished.

Urbanization and modernization have created problems of housing in the urban areas. Rural migration is also responsible for breaking down of family relations. The spread of education is gradually taking us towards a western value system. The younger generation's style of living does not permit their elders to live with them. Social engagements of the daughter-in-law stand in the way of the parent-in-laws being looked after by her. The problems of the aged become worse, if both son and daughter-in-law are working. For want of work, the aged are alienated first from the community and then from the family, because of the aspiration and attitude of independence of the younger generation. They, therefore, ignore or abandon their parents. Their number is constantly growing. The problem of the elderly however varies from urban to rural settings. Though, the rural aged are a little more comfortable than their urban counterparts, yet lower economic position creates problems for the rural aged.

The study shows that the social problem causes among the Naga aged is an emerging issue and they are likely to increase due to rapid modernization and urbanization taken place in Naga society. This provides a step forward direction adding authentic information in the field of old aged persons. In fact, this study makes an attempt to find out the correlation of ageing and disengagement in Naga society that are discussed in different chapters.

The present investigation shows that old age is a social problem in Naga society due to the socio-cultural changes brought about by the forces of modernization and globalization. The findings clearly indicate that increasing social structure, especially the family structure, individualistic values, negative attitudes of the younger generation towards the aged and compulsory retirement from the economic activity are the main contributing factors to the emergence of the social problem in the Naga society.

In societies with collectivist traditions like Nagas, the elders were cared for better. Age was power in politics. The nature of authority depended upon the number of their years; this 'crowning glory' old age was 'power, authority and affluence'. In dying too old age was considered as a virtue when a person was freed from the material prison of his own possessions. In the traditional Naga society, the aged had a better status on account of the value system. There was love, respect and care for the aged. Their wisdom and long experience, gives them their authority which is generally accepted.

In view of rapidly increasing population of the aged, it will be useful for India to take into consideration the policy measures, laws and welfare programmes prevalent in the United States, Russia, Britain, Denmark and other Western countries for the purpose of formulating a policy for the ageing and evolving programmes and machinery for them. So far, we have discussed policy governing social security with reference to the United States of America and other countries. In view of the fact that in India there is no such social security system per se but only the employees of government and organized sector are governed by a limited social security system by way of pension, gratuity and provident fund. Therefore, any policy has to take into consideration the need of social assistance for the aged population. Several states in India have introduced old age pension scheme for the destitute aged which has policy implication regarding old age pension in India. There is no special arrangement for health, medical, housing and socio-cultural facilities for the aged, which indicates a policy gap in this area.

While drawing comparisons about the status of and services for the elderly with those in the western world, the socio-cultural, economic and political factors have to be kept in view. On the one hand the West has to learn from Indian value system of caring for its aged, on the other, India has to study the Western Social Security system as our socio-economic system is now heading in that direction. India should therefore, learn from this situation and adopt a path which places the responsibility on the family on the one hand and provisions of state resources for the care of the destitute aged with better care and medical facilities. It is in this context that there is a need for having a look at the policies, programmes and services for the aged in different countries.

There is no special arrangement for health, medical, housing and socio-cultural facilities for the aged among the Naga society, which indicates a policy gap in this area. Therefore, society and community should bridge the gap and give possible help to the needy aged. Further, to change the mindset and work for the well being of the aged, problems and the impact of ageing should include in school syllabus to educate the children from the school levels.

Basing on the empirical findings, an analysis has been drawn here of several determining factors which throw light on the socio-economic statuses of the aged. The discussion on the social status of the aged is made by analysis of their age-sex composition, marital status, educational attainment, Living arrangement. The economic status of the aged is discussed on the basis of factors like earning status of the aged, sources of monthly income, monthly household income of the respondents, pension held by the retired Government servants, previous and present occupations of the respondents, wealth of the respondents etc.

Age-Sex Composition and Marital Status:

The age-sex composition was classified into five categories, 61-65, 66-70, 71-75, 76-80, 80 and above. In the age-sex composition, the table 4.1 shows that 43% (22% male and 21% female) of rural and 47% (27% male and 20% female) of urban respondents in the age- group of 60-65. It has also noted from the study that more number of young old is found in urban area as compared to rural areas, and more number of old-old are found in rural than urban counterpart. One probable reason for this was due to short period of urbanization in Nagaland as compared to other parts of the country. Unlike the other

States, in Nagaland, urbanization starts only after the Second World War. People from the neighboring villages and tribes came in search of jobs, business and other non-agricultural occupation and started settling in Kohima which was not a long history as compared to other town and cities. So this was the reason for having more number urban dwellers with young old categories as compared to rural areas in Nagaland. Except in the age-group of 60-65, male aged are outnumbered female in both rural and urban area. In rest of the other age-group, data discovered that more number of female aged in all age categories from both rural and urban. So this determines that female longevity is longer as compared to male in the Naga society.

Further, the study reveals age-sex- composition on the one hand and rural-urban distribution of the Naga aged on the other by their marital status. Among the total respondents, a majority of 69.33% (39.66% male and 29.66% female) of the rural and 80% (41% male and 39% female) of the urban aged are currently married, of which 36 % (21% male and 15% female) of rural respondents and 46% (24% male and 16% female) from urban respondents are from the age-group of 60-65. The study noted that, there is more number of currently married urban aged as compared to their rural counterparts. This is because urbanization starts in Naga society only after the Second World War, and also people born after 1950's are just in their early sixties. Further, rural youths continuously migrate to town in search of jobs and business activities and the old and immobile aged are mostly left at their village. So this could be the reason to have more number of currently married aged in urban as compared to rural areas. Moreover, the study also indicate that at the higher age groups which have 4.66% (3% male and 1.66% female) rural and 5% (2% male and 3% female) of urban aged in the age group of 76-80 and 2% each from both rural and urban in the aged of 80 and above as currently married. This shows the longevity and the decreasing of the aged with the increase in age. The table 4.1 further indicates that the longevity of the Naga aged is mostly to be 75 years of age. This is because; at the higher age-group the study finds there are only 8.33% of the rural aged and 6% of the urban aged who are in the age-group of 76-80. Further 8% of the rural aged and 5% of the urban aged are in the age groups of 80 & above respectively. The study also projects to have more number of rural aged in the higher age group of 76-80, 80 and above as compared to urban aged. Major reason for short longevity among the Nagas is observes to be due to high consumption of meat and less physical activities which leads to high blood pressure,

diabetes. The data further recorded to have more number of divorced male as compared to female in both rural and urban. The main problem for having more divorced male aged was found to be their drinking habits. The sex-wise analysis also shows that the age of married males were slightly older to their spouse when compared to the females. This is due to the fact that in traditional Naga society the age of wife is expected to be lower than their husbands. The incidence of remarriage is also observed among the aged population.

Educational Levels:

A study on the educational accomplishments of the Naga aged found that illiteracy was very high among women. Out of 400 Naga aged undertaken in the study area, 300 rural and 100 urban respondents were interviewed in the study. The study finds that 48.66% (20.33% male and 28.33% female) respondents from rural, and 29% (7% male and 22% female) from urban area was to be illiterate. From the analysis of the table 4.2, it was noted that the highest category of literacy level among the Naga aged is schooling under matriculation. The total percentage at the degree level was just 5% of rural respondents (4% males and 1% female) and 9% urban samples consisting of (6% males and 3% females). Further at the post- graduation degree level, (0.33%) from rural and 3 males (3%) from the urban area. This shows that, at the higher level of educational attainment, there is less number of aged respondents in Naga society (see table 4.2). As compared to rural aged urban aged was found to be better literate. Comparatively the aged male shows better educational achievement than the females in both rural and urban setting. Thus; on the whole, the data shows that, the level of education varies with the rural-urban, and also sex wise. This could be due to preference of male child in the traditional Naga society and lack of educational facilities as well as the attitude of the then society towards female education.

Living Arrangement of the Aged:

On the living arrangements of the aged, the study finds that, large number of the aged 41.33% (20.66% male and 20.66% female) rural respondents, and 39% (23% male and 16% female) of urban respondents living with their spouse and unmarried children. The study also project 13% (6% male and 7% female) of the rural respondents, and 17% (7% male and 10% female) of urban, living with their married sons. This shows that the

number of aged living with their married sons is higher in urban area than in rural areas. One reason for this was educated and employed youth who had migrated to town wanted their parents from rural areas to live near them. In this aspect female aged outnumbered male aged in living with their sons. The data further observed to have 12.66% (5% male and 7.66% female), and 9% (3% male and 6% female) of urban respondents in living alone category. The study found death of spouse, children not living in the same neighbourhood and no surviving family members were some of the common reasons for the aged living alone.

Though Nagas are undergoing a transitional period from tradition to modernity, no doubt they still hold on to traditional values, it may be declining but yet it is not totally disappeared. This is because the table 4.3 prove that urban aged are more dependent to married sons and grand children as compared to rural aged in the study area, which also signifies the transmission of cultural values even in this modern era. On the other aspect it also loudly speaks of disengagement of the urban aged as compared to the rural aged among the Naga societies.

Earning Status of the Aged:

The data also provides information regarding the earning capacity in terms of sex and rural-urban areas of the Naga aged. In the break-up of 300 rural and 100 urban respondents, data project that 41% (29.33% male and 11.66% females) of the rural respondents and 24% (18% males and 6% females) of urban aged are chief earners. The major reasons for this is, many of the male aged are still in gainful employment and their general perception about their headship position in the family remained unchanged. Further, the data also observed that male chief earners in the rural areas are higher than the male chief earners at the urban area, this is because, in rural areas where most people work in agriculture and related fields with no upper age of retirement. The study further observed that as per the traditions and culture of the Nagas, it is the males who take up employment. Therefore a larger majority of the independent aged is that of males. This shows a prevalence of strong traditional headship in rural areas. Whereas, in urban area the position of headship among the parents is declining due to educated employed children shouldering the responsibility and taking the authority as the head of the family. This was

found as a result of transition of headship due to holding of property and high income by the children than the parents in urban area.

The data further shows that 37.33% (13% male and 24.33% female) rural and 43% (24 male and 19 female) of the urban respondents from the study area are the part-time earners (see table 4.4). Thus, in the chief earners category male aged predominate female in both rural and urban. In the partially dependent category, females outnumbered male aged in rural areas, whereas in urban area male continue to dominate. In the totally dependent category 21.66% of the rural respondents of which 14% are females and 33% urban samples of which are 25% females are totally dependents. The reason for the totally dependents among the rural aged females were due to physical disabilities, continuous illness, majority of women remained as housewives, illiteracy, and unemployment. Among the urban females, Physical disabilities and chronic illness were found to be a primary reason for depending on others.

Thus, from the above discussion we can conclude that, the theory of disengagement is prevailing in the Naga society today, and it is found to be more prevalent in urban area as compared to rural in regard to the earning status of the Naga aged.

Sources of Monthly Income:

In regard to the sources of monthly income of the aged respondents, the study found to have seven sources of income among the Naga aged respondents namely: salary, house rent, profit from interest, business, Govt. pension, Old age pension and farming etc. The table 4.5 indicates the disparities and discrepancies in occupation and earning status between rural and urban, and sex-wise among the Naga aged which also shows poor educational status of rural aged as well as female aged in the Naga society. The data further projects that 7.33% (3% male and 4.33% female) rural and 16% (8% male and 8% female) urban respondents are getting old age pension as their source on income. This describes poor implementation of the welfare scheme meant for the aged in Naga society. 1% (0.66% males and 0.33% female) of the rural respondents and 6% (2% males and 4% females) of urban respondents are getting salary. In the analyses of these respondent's, 0.66% male from rural are employed in the church as Pastors, and 1% male from urban as evangelist. 0.33% female from rural is serving as a sweeper at a private school in the village, and 4% female in urban area are serving as sweepers in private setups. Among the

2% male in urban area one is serving as principal in a private college and the other as chowkidar in private establishment.

Further it was also found in the study that, 14.66% (10% male and 4.66% female) of rural and 32% (21% male and 11% female) of urban samples were having double/ more than one income. In the analyses of these 8% of rural and 20% were getting Govt. pension and house rent as their double source on income. Further, 4.66% of rural respondents and 8% of urban aged are getting house rent and business as their double source on income, and 3% of rural and 5% from urban are getting house rent, weaving and handicrafts as their double source of monthly income. Thus it has been ascertained from the study that more number of respondents from urban area have double/ more than one sources of income as compared to the rural aged. This has strongly supported the assumption that urban dwellers have better economic status than their rural counterparts.

Monthly Household Incomes of the Respondents:

In detail analysis of the household income, data shows that there is a sharp disparity between rural and urban respondents. Except at the income level below Rs 2000, in all the higher income levels, urban respondents outnumbered rural respondents. And in sex wise analysis, male aged outnumbered female aged both from rural and urban area. This is mainly due to lack of education and lack of resources among the female aged to male. From the study it was also shows that Govt. pension, house rent, farming and selling of farm products as the most stable source of income among the Naga aged. Moreover the data also found that urban dwellers have better monthly income as compared to their rural counterparts. Further in-co-operation and denial from the respondents to give the exact/ accurate source/ sources of income was a hindrance to know the level of income. However, it was found that fear psychosis was one of the main reason to give positive reply to the investigators. One main reason was insecurity because of extortion and distrusts of the youth in the present society.

Position held by the Retired Government Servants:

The position and statistics of the retired government servants among the Naga aged is discussed in table 4.7. The study finds that, 22.33% (17.33% male and 5% female) of rural respondents and 30 samples 30% (21% male and 9% female) of the urban

respondents are retired government servants served at various capacities. In the detail analyses of these variables, the data noted the largest number of retired government servant among the Naga aged is to be grade III retirees. The study also observed to have more numbers of Grade I Gazetted officer in urban area than the rural aged, where as in the Grade II category rural respondents outnumbered urban respondents. Further, in the comparative study of rural and urban areas, it was also noted in the study that more number of retired government servants are recorded in urban area than rural areas. Sex-wise analysis also shows that more male than female are retired government servants. This has substantiated that urban aged are more educated, have better earning and living condition as compared to the rural aged and which also have prove the hypothesis right that, the nature and problems of ageing differs from rural-urban in the Naga society.

Previous and Present Occupations of the Respondents:

From the data analysis, the study observes that urban aged has more retired re-engaged aged as compared to rural aged. And in the sex-wise, it was also noted that more male as compared to female retired re-engaged aged in urban, where as female retired re-engaged aged are slightly higher to male aged in rural areas. The retired aged has also a better economic security and stability as compared to those who were unemployed. This is because, the data finds that none of the retired government servants are engaging in daily wages or manual labour as re-engagement for their survival or after their retirement (see table 4.8). Thus from a comparison between previous and present occupation, the study clearly pointed out that forced retirement which is a new development in Naga culture has also greatly sidelined the role of the aged in many activities at the community and societal level. This loudly speaks that activity theory is stronger in the context of traditional Naga society and disengagement theory is a modern trend to the Naga society.

Wealth of the Respondents:

The table 4.9 present detail analyses of the study pertaining to wealth of the respondents. 28.66% (19.66% male and 9% female) rural and 48% (30% male and 18% female) of urban respondents are having saving in the banks. The detail analysis of the respondents having saving in the bank shows that, 17.33% (11.33% male and 6% female) of rural and 26% (16% male and 10% female) of urban respondents are retired government

servants. 6.33% (4.33% male and 2% female) of rural and 14% (8% male and 6% female) of urban respondents are getting house rent, further, 3% (2% male and 1% female) rural, 8% (6% male and 2% female) of urban respondents are doing business.

From the above discussion, a comparison drawn between rural and urban shows that in all the aspects Naga aged living in urban area to have more economic prospects, security and better economic status than the rural aged. Whereas sex wise analysis shows that, there is a great disparity between male and female, however, female aged livings in urban area have better economic positions as compared to female aged from the rural areas. Therefore it makes a huge difference in their lifestyles, standard of living and even in health care. This has further proved the hypothesis right that, the nature and problems of ageing differs from rural- urban and also sex-wise among the Naga society.

Mode of Living of the Aged:

In the detail patterns of living among the Naga aged, the study find 85.33% (44% male and 41.33% female) of the rural respondents and 56% (27% male and 29% female) of urban respondents are living in their own constructed house. Here, study shows the number of urban aged living in a rent house predominates rural aged living in rent house. This is clearly projects from the table 4.10 in which 35% (17% male and 18% female) of the urban aged are living in a rented house, whereas, only 2 male respondents consist 0.66% of the rural aged are living in a rented house which is a marginal difference of 34.34%. This is mainly because; traditionally there is no landless class among Nagas and therefore there is no question of living in a rent house as every member of the family/ clan/community has its own land to build a house. But as a result of urbanization and modernization couple with high density of population due to migration to town areas, today it has become a system to live in a rent houses. Further it has also noted rural aged living with children outnumbered urban aged. Therefore, logically it states that the traditional values of taking care of the aged parents are still prevailing in the rural Naga community though somehow it is declining in urban area. This was clearly substantiated by table 4.10 that the number of the aged dependent to children is higher in rural areas than the urban counterpart in the mode of living.

Dependency of the Aged:

It has noted from the study that, majority of the respondents from both rural-urban Naga aged are self dependent. Table 4.11 projected that more than 67.33% (36.33% male and 31% female) of the rural and 55% (36% male and 19% female) of urban aged to be self dependent. With regard to type of dependency, the data shows that there are more respondents of rural aged who are self-dependent as compared to urban aged. Whereas in dependent to children and grand children the data found more number of urban aged than to rural aged. In the analysis of this case, it was discovered from the study that many urban aged are less active as compared to the rural aged. This was because many town dwellers are less engaged in regular work activities, they mostly confined to their house/ compound and become less mobile, whereas majority of the rural aged were reluctant to sit idle and prefer to keep engage in doing works and keep them busy at their own ability. This is one main activity that differentiates disengagement between rural and urban area. Aged depending on their relatives is high in rural areas than the urban area. In dependent to relatives the study also found more number of rural aged as compared to the urban aged in the study area. Further it has also noted that due to complex and heterogeneous cultural background aged in urban area are getting less attention from relatives. But in rural areas it can be said that though there is a transition of cultural values, people in the villages cared for the aged and the traditional values of Naga culture are not totally neglected.

Financial Supports:

The study finds 22.33% (17.33% male and 5% female) of the rural respondents and 41% (29% male and 12% female) of urban aged getting financial support from the government. In the analysis, the study recorded 15% (13% male and 2% female) of the rural respondents and 25% (21% male and 4% female) availing government pension benefits as their financial support, and 7.33%, (3% male and 4.33% female) of the rural respondents and 16% (8% male and 8% female) of the urban respondents get financial support from old age pension. The data also found 5.33% (3% male and 2.33% female) of the rural respondents and 8% (6% male and 2% female) of the urban aged getting financial sources from various organizations. Unlike the other categories, the study finds that respondents getting financial support from such organizations were not on regular but occasional. However it does help the aged people in many ways. Some of the various

organizations helping the aged are, Village level Gazetted Officers Association, village level service association, SHG's and groups of like minded people who lend their timely support to the aged which was a great help for the poor aged who do not have any source of income.

From the analysis it was observed in the study that more number of urban aged than to rural aged are getting retired pension benefits from the government. Moreover it was also noted to have more male than female drawing pension benefits among the Naga aged in the study (see table 4.12). This support the assumption that urban dweller is having better economic status as compare to rural aged among the Nagas in the study. The government along cannot be expected nor depended upon to support the aged and their problems, therefore it is high time that the churches and civil societies come up to show their concern in creating awareness among the younger youths for the aged in the society.

Leisure and Recreational Time:

From the analyses of the data pertaining to the utilization of leisure time by the aged, the data shows that 23.66% rural and 10% of urban aged visits their friends. In the analyses of this, the data recorded that 12.66% rural aged and 7% of the urban aged are totally dependent, and 11% of the rural aged and 3% of the urban aged respondents are part-time earners, so most of them have ample leisure time to spare. Subsequently 16% of the rural aged respondents and 17% of the urban aged respondents spent their leisure time by going for a stroll. The aged women taking care of the grandchildren outnumbered male aged in both rural and urban setting. Table 4.13 projects that 15.33% (5% male and 10.33% female) rural aged and 17% (6% male and 11% female) urban aged play with grand children during leisure time. 2.33% rural aged and 10% of urban spend their time in reading news papers. Respondents reading news papers as leisure time in rural areas are mostly found to be educated and retired primary teacher at the village level. In the case of urban area it is found amongst almost all section of the people except the illiterate aged.

From the detail analyses of the leisure and recreational time of the Naga aged, it has been noted from the study that there are, significant gender and class differences in leisure patterns. In particular, men are more involved in leisure pursuits outside the home and generally speaking, women whether in paid employment or not, have less free time. Therefore, there is an urgent need for setting up of recreational centers in both rural and

urban areas for the aged to spend their leisure time to mingle by the aged among the aged themselves and can exchange their ideas and thoughts in positive ways which can be a source of knowledge to the younger generation.

The study also covers the challenges of ageing and social responsibilities. In some respect ageing is more difficult in a rapidly changing materialistic society. Modernization, urbanization, and consequent social mobility play a vital role in the ageing process of an individual. Along with these aspects, in chapter five, Social decay, disintegrations, impact on family and institutions through the process of modernization, westernization and globalization and the need for safeguards are discussed.

Problems face by the Aged:

Basing on the empirical study, the data indicates that 32% (17.66% male and 14.33% female) of rural, and 16% (9% male and 7% female) of the urban respondents are of the view that aged are disregarded by the society. From the analysis of the table 5.1 it has pointed out that more number of rural aged are disregarded by the society. And more male than female were found to be disregarded by the society both from rural and urban area. The study reveals that their suggestions and opinions were not given importance by the younger generation. The study also found to have more number of rural aged with 14% (10.33% male and 3.66% female) and 10% (7% male and 3% female) of the urban facing problems of threat by the youth. Ignorance and paying less attention to the advice of the aged by the youth is the common problem according to findings in the study. In the negligence by the family, 23.33% (7% male and 16.33% female) from rural and 15%, (2% male and 13% female) of the urban are neglected by the family. Sex wise analysis also shows that female outnumbered male in negligence by the family both in rural and urban. Some of the important findings relating to this problem are (a) conflict due to property matters, (b) husband drinking habit, (c) Children marriage issue and (d) due to state election matters.

Thus, it can be said that in the traditional Naga society the aged played a dominant role in every activity at the village levels. But today, as a result of globalization, and moreover due to urban influence with specialization and individualism they are not given the same treatment and opportunity, as a consequence of which it hurts the sentiments of the aged. So disengagement of the aged from socio-economic and political sphere,

declining of traditional roles and values is found to be a major cause of problems to the aged in Naga society.

Levels of Respect and Regard by the society:

In the levels of respect and regard by the society, the study shows that 63.66% (31.66% male and 32% female) of rural and 38% (23% male and 15% female) of urban respondents are of the view that aged are fairly respected by the present generation. In highly respected category 14.33% (6.33% male and 8% female) rural and 26 % (9% male and 17% female) of urban respondents are of the view that, aged are still respected and regarded by the society. Respondents responded to this category falls under two criteria; (i) 8% (5% male and 3% female) of rural and 16% (7% male and 2% female) of the urban respondents were retired government servants, (ii) 6.33% (1.33% male and 5% female) of rural and 10% (2% male and 8% female) of the urban happened to be from the affluent family who they are respected by their society and community. In this aspect the urban aged outnumbered their rural counterpart.

From the analysis of the table 5.2, it has been noted from the study that more number of rural respondents as compared to urban are of the view that aged are fairly respected by the present society, and more male as compared to female are of the view that aged are fairly respected by the present society. In contrary more number of urban respondents are of the view that aged are still respected in the Naga society. Thus it has pointed out that respecting an elderly by determining his/her status which was not an issue in the traditional Naga society is taking place today. This is because, it was noted in the study that most of the retired government servants and aged belongs to rich economic background are of the view that they are still respected by the present society, and most of the aged in rural areas are of different opinion that aged are no longer respected and regarded by the present society. This has strongly supported the hypothesis that, modern education is responsible in reducing the traditional knowledge system of the aged persons in Naga society (see table 5.2). 14% (8% male and 6% female) of rural and 16% and (11% male and 5% female) and urban respondents opined that the aged are unrecognized by the society today. In the detail analysis it was noted from the study that advancement of age was one of the factor of unrecognized by the society. And subsequently, widow/widower was another factor to be unrecognized by the present society. Thus from the study it can be

said that the force of globalization and urbanization are the main hindrance to disengagement among the aged in Naga society today.

Systems of Medical Treatment:

The study shows that majority of the respondents 65.33% (33.66% male and 31.66% female) of rural and 58% (30% male and 28% female) from urban takes treatment from Govt. clinics/hospitals. The study noted that there is awareness and concerned for health care among the Naga aged under the study areas. Interestingly more number of rural aged as compared to urban is found to have concerned in taking care of their health. And in sex-wise, male aged outnumbered female both in rural and urban from the study area. The study also projects more number of rural aged with 24.33% (11% male and 13.33% female) rural against 10% (3% male and 7% female) of urban aged depending to indigenous medical practitioners. In the analysis of this, it was noted that economic constraint, conservative belief and easy accessibility was the main reasons for the respondents using indigenous medicine. The study also discovered few aged 3.33% rural and 5% urban who do not go for any kind of treatment. Interestingly, these respondents replies that they were frustrated and exhausted of taking treatment of their health as it does not help them much with an advancement in age. Therefore, they usually visit Prayer and Healing Centers for their health care and support.

Physical Ailments of the Aged

The health status of the Naga aged was analyzed in table 5.4, taking into account the nature of illness and sex categories. In the physical ailments of the aged, large number of rural respondents 21.66% (11.66% male and 10% female) against 14% (8% male and 6% female) urban aged is suffering from gastrointestinal. Based on the response given by the respondents, two reasons have been noted for this problem; (i) Excessive intake of hot species, and (ii) Irregularity of having food on time, is the reason for developing gastrointestinal problem. The study also noted 14.33% (7% male and 7.33% female) rural and 20% (14% male and 6% female) urban found suffering from giddiness. Of all the other ailments two sharp contradictory statements has noted in the study with pertaining to giddiness. Rural respondents suffering from giddiness are of the view that disengagement from work activity with good diet was the reason for having giddiness problem, whereas in

contrary to this statement majority of the urban aged said that stress and psychological tension is the reason for having giddiness problem.

Along with continuous illness and physical disabilities, loss of teeth adds to the sufferings of the Naga aged who are found no remedial steps against it. Loss of teeth leads to poor mastication of food which aggravates the digestive troubles like indigestion. It is therefore, not surprise to note in the present study that aged of the Nagas who invariably suffer from indigestive trouble, are either toothless or have only some teeth intact.

Another significant point that emerges from a study of illness among the Naga aged is that most of them take the prevalence of disease for granted, with advancing age and do not consider them to be 'sick'. They, therefore, refrain from seeking medical aid. This has implication for social work. This attitude calls for the services of medical social workers who can promote better working relationships of the aged with medical and Para-medical personnel.

Love and Care of the Aged:

Large number of the respondents both from rural and urban replied that, they are loved by the family but are not cared for well. Based on the empirical study, the study finds that 39.66% (22.66% male and 17% female) rural aged and 56% (31% male and 25% female) of urban aged stated that, they are loved but not well cared by their family. In the analyses of these respondents it was noted that majority of the aged said that children provide all what they need, but pay very less care when they felt sick. The data pointed out that more number of urban aged as compared to rural aged was of the view that they are love by their children but do not care them well. Further, 16.66% of rural and 22% urban are of the view that children give more important to their work rather than taking care of them. The data also noted 20% each from rural and urban (9% male and 11% female) rural and (11% male and 9% female) urban, that they are not concerned by their family. In this issue, it was found that 12% rural and 7% of urban are having bad relationship with their children over property matters, and 8% of rural and 13% of urban are in bad terms with their son/daughter-in- laws. Further, 5.33% (1.33% male and 4% female) rural and 8% (2% male and 6% female) urban had no opinion to share on it. In the analysis on this, 1% female from rural and 3% of urban said they have no surviving children, another 3% of rural and 2% female of urban are widow/widowers, and 1.33% of rural and 3% of the

urban who are dependent on to their family and relatives felt uncomfortable to give comment on it.

Thus on the whole data pointed out that love and care of the aged which was never a problem in the Naga society is an emerging issue in the present Naga society. This needs to be taken care seriously by the government and civil societies at its initial stage of cultural transition, before it totally damages the rich traditions and cultural values of the Nagas.

Frequency of visit to the Aged by the Children:

The data projects that 28.66% (14.66% male and 14% female) of rural and 23% (11% male and 12% female) of urban aged are visited once in a month by their children. From the detail analysis of table 5.6 it was found that more number of rural aged are visited by their children monthly as compared to the urban aged. Further 22.66% (11.66% male and 11% female) rural and 22% urban (13% male and 9% female) visited daily by their children. In detail analyses data shows that 16.66% (9.66% male and 7% female) of rural and 8% (5% male and 3% female) of urban respondents children are living with their parents, subsequently, 6% (2% male and 4% female) of rural and 14% (8% male and 6% female) of the urban respondents are living with their children. This also shows that more number of children is dependent to the aged in rural areas as compared to urban, and in contrary more number of urban aged is dependent on children as compared to rural areas. This clearly states that activity theory is strong in rural Naga society and disengagement theory is more active in the urban Naga society. Thus, the data noted that the position of the aged living in rural areas have better frequency of visit by their children as compared to urban aged. This also shows that there is still a sense of acknowledging the cultural values in rural areas as compared to urban dwellers among the Naga society.

Frequency of visit to the Children by the Aged:

The study shows 27.66% (15% male and 12.66% female) rural and 38% (21% male and 17% female) urban aged visits to their children once in a year. In the analyses majority of the respondents 21% of rural and 29% of the urban respondents live in a separate place from their children. Further, the data also noted that 23% (13.33% male and 9.66% female) rural and 26% (13% male and 13% female) urban aged visits their children weekly. In this regard the study finds 14% (5.33% male and 8.66% female) of rural respondents and 9%

(3% male and 6% female) of the urban respondents pay visit to their children every Sunday. 8% male of the rural respondents pay visit to their children weekly while visiting their farm or garden. And 12% (5% male and 7% female) of the urban respondents pay visit to their children while going out for marketing every week and 5% male pay visit weekly to see their grand children. 3% (0.66% male and 2.33% female) of the rural respondents visit to their children once in two years and all happened to be in too old category.

Thus, it was observed that urban aged outnumbered rural aged in visiting their children once in a year. Subsequently, rural aged outnumbered urban aged in paying visit to their children once in a month. Further, there is more number of urban aged as compared to rural aged in visiting their children weekly. It was also found that there is more numbers of rural than urban aged who visits their children on daily basis.

Type of Assistance:

On the analysis of the table 5.8, the data shows to have more number of rural aged than urban aged getting material helps from their children. And in sex-wise distribution, female outnumbered than male in getting material help from children. This has shown that female has more emotional attachment to children compared to male. The data further pointed out that urban aged are getting more financial help from their children as compared to the rural aged in the study area. The interpretation of the table 5.8, clearly indicate a socio-economic disparity between rural and urban aged among the Naga society under the study area. This is because the data projects that more number of rural aged are getting material helps from their children as compared to the urban counterpart, whereas in contrary, there are more number of urban aged as compared to rural aged who gets financial support from their children. This has strongly supported to the assumption that urban aged have better economic status as compare to rural aged.

Expectations from the Family:

In detail analysis of the table 5.9, the study shows that there are more number of urban aged with 60% (31% male and 29% female) as compared to 44% (23% male and 21% female) rural aged expecting love and care from their family. This shows the declining of cultural values in the urban set up among the Naga society. Further there is

also more number of rural aged with 16% (6% male and 10% female) and 12% (4% male and 8% female) of urban who expect proper housing condition from the children. From the interpretation of the data, the study finds urban aged to have better economic position as compared to their rural aged. This is because the study finds that there are fewer respondents from urban who expect health care and proper housing condition from the children.

Role of the Aged in Decision-making in the Family:

In relating to property matters 56.33% (32.66% and 23.66% female) rural and 52% (24% male and 28% female) urban, parents take decision. In detail analysis of the data, the study found that majority of the aged in both rural and urban is still continuing to exercise authority in the family. This is projected by the data that more than 50% in both rural and urban, respondents continue to take decisions in regard to property matters. The data also shows that there is more number of rural aged as compared to urban aged in taking decision with regard to property matters. However, sex-wise analysis shows that male aged outnumbered female in both rural and urban, where as female aged in urban area outnumbered female aged from rural areas in decision making with regard to property matters. This has indicates that female literacy and employment overshadow their male counterparts in urban area among the Naga society.

With regard to decision making in children's marriage, the data show that 48.33% (27.33% male and 21% female) of rural and 44% (19% male and 25% female) of the urban, parents take decision in Children's marriage. The study finds that, most of these parents are to be chief bread earners of the family or still retained the headship of the family. The data further noted that 31.66% (15.33% male and 16.33% female) rural and 32% (21% male and 11% female) of urban, respondents children take decision in marriage. Here the study noted two reasons for the respondents' children taking decision with regard to their marriage: (i) respondents children who are educated and employed are reluctant to obey parents' choice and, (ii) children had either eloped or had child out of wedlock. Thus from the data it was also understood that the practice of marriage in both rural and urban is becoming quite liberal and lenient at present in Naga society as compared to the past. This is because in the traditional Naga society, no matter how a boy and a girl liking each other,

parents approval and consent is a must. But today, as a result of urbanization couple with globalization changes is taking place in Naga society.

Unlike other advanced societies, parents in the Naga society still do not want to get rid off in decision making and giving freedom to the children to decide even for the course of study. This was clearly substantiated by the table 5.10, that 57% rural and 42% of urban; respondents' takes decision in children's education. In this regard most of the parents wanted to direct their children to opt for a course of study under the guideline of their parents and did not want their children to choose for their choice. This also depicts the traditional role of headship in decision making by the parents and way of conservatism.

In contrast with the other aspects of decision making, 51% (29% male and 22% female) rural against 42.33% (24% male and 18.33% female) urban, parents takes decision in vote casting, whereas rural respondents' children outnumbered urban respondents' children in taking decision of vote casting. Sex wise analysis shows more male as compared to female aged from both rural and urban taking decision in vote casting. Interestingly the data also observed more female aged as compared to male aged listen to decisions of their relatives in vote casting. From the detail analyses, the data illustrates that the process of election and vote casting is an emerging trend out of Naga traditional culture so modern influence play a very significant role in this aspect where money and education play the key role in decision making.

In relating to children's employment, the study noted more number of the urban parents' takes decision along with their relatives. In rural areas since parents do not have much knowledge and education as compared to urban parents; children had to strive in seeking any kind of employment by themselves, whereas in urban area, parents help in finding job for their children. Further it was also recorded 16% of rural and 19% of urban respondents children have any employment at the time of the study

Comments on Whether Society Listens to the Advice of the Aged:

Although the traditional family system has lost its control over resources and thus by denying authoritarian role to the aged, still then the elderly persons play significant role in decision making process in the Naga society. The table 5.11 indicates that 43.33% (21.66% male and 21.66% female) rural and 49% (27% male and 22% female) urban respondents' commented that society listens carefully, but rejects the opinion of the aged.

As many as 40.33% (18.66% male and 21.66% female) of the rural and 17% (8% male and 9% female) urban respondents' comments that, society listens to the advice of the aged in accept in Toto. Here the data shows a great disparity in the level of respect to the aged by the society between rural and urban society. This is one area where it has noted the difference in attitude between rural and urban society. 16.33% (9.66% male and 6.66% female) rural and 34% (15% male and 19% female) urban comments that society totally rejected the advice of the aged. Respondents under this category were of the view that the present society are over ruled by the younger generation and never bother to take the advice from the aged people. This is a strong sign of disrespect and disregard to the aged in the present Naga society. Comparatively, views and suggestions of the aged males are more honoured in decision making relating to financial, social and religious problems than the views of the aged females. The shift in the status of the aged from dominant to subordinate position occurs quite prominently with the advancing age. Even in the case of males, advancing age deprives them of the status of being head of the family.

Awareness and Benefits of the Privileges:

The data shows that 31.33% (15.66% male and 15.66% female) rural respondents and 45% (27% male and 18% female) of urban respondents are to be aware about old aged pension. But study finds that there are only 7.33% rural and 16% urban getting old age pension in under the study area. 23% rural and 40% urban aged are aware about old age home. Only 23% of the urban respondents are aware about bank interest. 1.66% rural and 15% urban aged are aware of travel concession on railways and airways (see table 5.12). However, the study also discovered that there is no such travel concession to the aged by the transport department under Nagaland state government which needs to be implemented by the state government for the welfare of the aged. From the data it has shown that large numbers of the rural respondents were unaware and ignorant about the benefits and privileges which were meant for the aged people. The government and the NGO's have to play a major role in this regard in creating awareness and educating the aged people about their rights and privileges.

Major Roles Played by the Aged Person in Naga society:

From the analyses of the table 5.13, the study noted two categories of the respondents. Respondents who were of the view that aged played a major role in the church activities and Village development Board are mostly born in late 1940's and early 1950's, and are in their early sixties. And respondents from the other groups are found to be in in their 70's and above. Apart from their chronological difference respondents who viewed that aged played major roles in encouraging the younger generations, plays a major role in social activities and as advisors of the society and community have more knowledge and experiences than those of young old category of the respondents. This has shown that with the passage of time the wisdom of the aged also undergo changes.

Suggestions given by the Respondents for Happy Ending of Life:

Children are one of the foremost things to make the aged life happy. No matter how rich or poor, it was found in the study that their major concern is for their children and falling which it affects their peaceful existence. The data noted to have more male than female 35% (18.66% male and 13.33% female) of rural and 26% (16% male and 10% female) urban concerned for their children to have a peace of mind. It was also further noted to have more rural respondents as compared to urban respondents on this view. One genuine reason for male outnumbering female is because of distribution of property. It was also found to have more female than male aged to maintain good health. This was because female aged tends to have more health complications as compared to male aged. The study also found to have more number of rural respondents than urban to abstain from alcohol. In this regard it was noted that many of the female respondents had faced a problem to tackle a drunkard person in their life.

Message of the Respondents for Younger Generations:

Aged has a serious concern for the younger generation. They have diverse opinions and concern for the upcoming young generation of the society. They believe that it is their responsibility to give a proper guidance to the younger generation and only by doing that Naga society can prevailed with unity and oneness. The study noted a huge variation between rural respondents and urban respondents in their opinion on younger generation to respect elders. The data shows that more number of urban respondents with 31% against

13.33% of rural wants younger generation to respect elders. The study further noted more male than female are of the opinion to this view. This has shown a serious concern of the aged and the prevailing system of the society by the aged respondents and which need to be reviewed and addressed at the earliest.

Different Opinions given by the Respondents Relevant to the Naga Context:

The study projects that 38.66% (20.66% male and 18% female) of rural and 31% (14% male and 17% female) urban are of the view that aged should be respected. The study also find more male than female from rural area who fills that aged should be respected by the society. Further, the data also pointed out that more number of urban as compared to rural respondents longs for unity amongst the Nagas. In this issue it was also observed to have more female as compared to male aged who yearns for unity in the society. It was also found to have more male than female from both rural and urban area who is of the view that aged should give proper guidance to the younger generation.

The study also makes comparative analyses of the three districts undertaken for the study to gives a clear picture of each community so also to examine the disparity of the aged and their problems on the community/district wise. Therefore, to understand and to examine the differences among the three communities/districts under the study area, chapter six deals with comparative study of the following districts namely; Kohima, Wokha and Mokokchung. The data drawn from the field have been analyzed and interpret to make a comparative analysis in various aspects like, Age-sex compositions, socio-economic status, health and related aspects of the Naga aged belonging to three tribes in Nagaland.

Consolidated figures of Age-Sex Composition and Marital Status in Three Districts:

The age-sex distribution of the three districts/communities is presented in table 6.1. The age-sex composition was categories into five strata's as, age-group of 60-65, 66-70, 71-75, 76-80, 80& above. In this, age group of 60-65 recorded of having the largest respondents from all three districts. 53% of the respondents (27% male and 26% female) from wokha district were in the age group of 60-65 which also recorded as the highest in this category from all the three districts in the study area. Mokokchung district is found to have the highest respondents with 12% (6% male and 6% female) in the age-group of 76-

80, and 13% with (5% male and 8% female) in the age-group of 80 and above. Wokha district which was ahead of the other two districts in the young old age-category is found to be opposite in the higher age-groups with 4% (2% male and 2% female) in 76-80 age-group, and just 3% (2% male and 1% female) in 80 and above category.

It has been discovered from the study that Mongchen village under Mokokchung district has more number of aged in the old-old age group (80& above) as compared to the other villages from the selected districts. Wokha village from Wokha district is found to have more aged in the young old category of 60-65 years. This has pointed out that, there is a sharp difference in population ageing even within the three districts. Two aspects for this reason could be drawn from the data analysis; (i) as Mokokchung is educationally one of the most advanced districts as compared to all other districts in Nagaland, the level of health care and well being of the aged is more concerned, and (ii) care and support of the family and community also may be stronger than the other two districts.

In the analysis of marital status of the Naga aged, the study find Wokha district of having the highest currently married aged with 80%. Further Wokha village is noted of having the highest currently married aged in the aged group of 60-65 as compared to the other selected villages in the study area. Whereas; Khensa village of Mokokchung district is found to have more number of currently married respondents in the higher age-group as compared to the villages from other two districts. The data also pointed out that with the increasing age, there is fewer respondents in currently married status. This indicates advancement in age reduces ageing population (see table 6.1). In currently marital status the study found more male as compared to female from all the districts under the study.

Educational Status of Three Communities:

From the analysis of the table 6.2, it shows the literacy rate of the aged belonging to three communities from three districts of Nagaland. The study observed Mezoma village of Kohima district with lowest literacy rate among the selected villages from the study areas, further, the data also projects low literacy rate of female aged as compared to male respondents in all three communities. And even among the literate category, male aged respondents outnumbered female aged respondents at the higher level of education. This could be due to the preference given to a male child in the traditional Naga society. In the literate category the Ao's from Mokokchung district was having 56% literate respondents,

where as the Angami's of Kohima district was having only 48% which is less than 50% of the respondents. From the data it proves that the Ao's community from Mokokchung being the first Naga tribe to accept Christianity, is found to be more advanced even in literate rate among the aged Naga population as compared to the aged from other two districts/ community in the study areas.

Residential Arrangement of the Aged among the Selected Districts:

The study also noted Kohima village of having the largest respondents living with spouse and unmarried children, whereas, Longmisa village of Mokokchung to have the lowest respondents living with spouse and unmarried children in the study areas. This is mainly because Kohima town the capital of Nagaland falls under the jurisdiction of Kohima village. Therefore, most of the family could settle in a place and do their works irrespective of different jobs and professions. But in the case of Longmisa village of Mokokchung, families have to go apart even for education and services. The data further shows that, Mokokchung district outnumbered the other two districts with 14% (5% male and 9% female) of the aged respondents living with their married children. But among the selected villages under the study areas, the data noted Viswema village from Kohima district to have the highest number of aged living with their married children.

Status of Earning among the Aged in Three Districts:

The data shows that Kohima district have 43% (30% male and 13% female) aged respondents as the chief earners and Mokokchung district with 38% (31% male and 7% female) aged respondents as the chief bread earners. The table 6.4 projects that Angami aged from Kohima district outnumbered the other two districts as the chief earners. In this regard the study observed Khonoma village to be the most patriarchal village among the selected villages, control of resources and property lies totally in the hand of the father. Whereas, Pangti village which is one of the biggest Lotha village under Wokha district having high literacy rate, educated children contribute more to the family welfare and have more say towards the family and community. Further among the three communities under taken for the study, male aged predominate female aged as a chief earners of the family. Whereas in the part-time earners category female aged outnumbered male aged. This speaks very clearly that, male still retain the headship of the family at the village level.

This is because, holding and controlling of property lies at the hand of male in the family, but it has also noted from the study that, the pattern is changing somehow in the present society due to occupational mobility of the children.

From the study it is found that Lonsachung village under Wokha district have the largest number of respondents who depend on farming and Khensa village from Mokokchung district to have the lowest number depending on farming as the source of income (see table. 6.5).

District-wise Monthly Household Income of the Respondents:

The monthly household income of the respondents is divided into six categories. From table 6.6, it shows that Kohima has better household income status as compared to Wokha and Mokokchung. This is because, Kohima being the state capital, there are more avenues for business and other opportunity to earn a living as compared to the other two districts. Sex-wise household income status of the respondents among the three communities also shows that female aged has less income as compared to their male counterpart in the three districts/ communities under taken for the study. This indicates a low status of women in the society and the main reason was due to lack of education and lack of economic opportunities for female in the Naga society.

Model of living among the Aged in Three Districts:

Unlike the aged from urban area, majority of the rural Naga aged under the study areas are living on their own plot of land and own constructed house. The study also noted that this is great relief for the aged in Naga society. The study also noted 3 rural respondents, 1 from Wokha district and 2 respondents from Mokokchung district living in a rented house. The study observed this practice to be a very new trend in the context of the Naga people living in rural areas. This is because, traditionally among the Nagas, there was no landless class. In the analysis of this three respondent's case, it was found that, 2 male respondents from Mokokchung district are paying a nominal tax to their relative who lives permanently in Dimapur. Another respondent from Wokha district married a woman belonging to other Lotha village and settled at his wife's village, so he doesn't have his own land and that is the reason for living in a rented a house. Aged from Mokokchung district is more than aged from Wokha and Kohima districts living with their

children/grandchildren. This also indicates the prevalence of strong traditional cultural values in Mokokchung district as compared to the other two districts in the study areas.

Level of Dependency among Three Districts:

The study finds that more than 60% from all three districts under the study area are self dependent. In dependent to children/grandchildren, the data projects 35% (16% male and 19% female) respondents are found from Mokokchung district. In the analysis of the data, it is noted that 23% (10% male and 13% female) respondents depends on their children's salary. And the others depend on their children who are into business, and children daily wagers. No doubt, there is a change of traditional values and culture in the Naga society; yet, one cannot deny that it has totally eroded. This is because; in the study, the data pointed out that majority of the rural aged are self dependent. The status of self dependent among the aged in any society speaks loudly that aged are still economically strong and lead an independent life. In comparison of the three districts under the study area, the study found that aged from Wokha district of having the largest self dependent aged (see table 6.8). In connection to this, the study observes Lonsachung village from Wokha district to be the most self dependent aged from the selected villages among the study areas. The data further noted that aged from Mokokchung district outnumbered the other two districts on depending to children and grandchildren. This also pointed out the levels of dependency and socio-economic security of the aged from Mokokchung district.

Natures of Problems face by the Aged among Three Communities:

The study noted, disregard to the aged by the society was the largest factor affecting the life of the aged in the present Naga society. The data finds that 42% (26% male and 16% female) aged from Wokha district who viewed that, they are disregarded by the society. From the above discussion and analyses it is very clear that, the status and values of the aged is deteriorating. The data projected Wokha district to have the highest percentage in disregard by the youth as compared to Kohima and Mokokchung (see table 6.9). Further, the study observes Lonsachung village under Wokha district to have more respondents with the opinion of being disregarded by the society. The study also noted to have more male aged as compared to female aged disregarded by the society in the study areas. In negligence by the family, the study found 28% (9% male and 19% female) from

Kohima district, 23% from Wokha district and 19% from Mokokchung district fall under this category. As compared to other villages in the study areas the study also finds female aged from Kohima village facing more problems in negligence by the family. 20% (15% male and 5% female) from Kohima district, 12% (9% male and 3% female) from Mokokchung district and 10% (7% male and 3% female) from Wokha district faced problems of threat by the youth. In this regard, unlike the earlier cases male aged are more prone to the threat by the youth rather than the female. The study further observed male aged from Kohima village are facing more problems from the threat by the youth, whereas, male aged from another village of the same district Mezoma village, male aged are of the view that young generations are becoming more caring and concern for the aged. This indicates that Kohima village being a global village, having all sorts of modern amenities and modern lifestyles the value of respecting the aged is deteriorating as compared to the other villages in the study.

Disrespecting the aged which never was an issue in the history of our Naga culture has started to rear its ugly head our society today. The aged who was also the undisputable owner of property are now dragged down to a broken relationship and disregarded and neglected by the family. All this factors are the results of globalization and disengagement of the aged in the present Naga society.

Access to Medical facility by the Aged in Selected Districts:

The table 6.10 finds that more than 50% of the aged respondents in the three districts under taken for the study areas have being visiting Govt. clinics/ hospital for their health care. In the study, it was also noted that aged from Wokha district outnumbered aged from Mokokchung and Kohima districts in visiting Govt. clinics/hospitals. The study observes Wokha village from Wokha district to have a major access to government hospital for treatment and the poorest happen to be Moilan village from the same district which is at a distance of 63 kms from Wokha town. The study further noted that distance and transportation to be a major problem for the aged belonging from Moilan village to avail the medical facility. The study further finds 32% (17% male and 15% female) from Kohima district, of having the largest respondents to go for indigenous medical practitioners, followed by Wokha and Mokokchung districts. In this aspect the study observes Mezoma village from Kohima district to have a major dependent on the

indigenous practitioners. The study noted poverty and easy accessibility to be main reason that pushes aged to go for indigenous system of treatment. The data further noted 14% (6% male and 8% female) from Mokokchung district, against 5% (3% male and 2% female) from Wokha district and 2% female from Kohima district taking treatment from the private allopathic doctors. In the analysis, it was discovered in the study that most of the urban respondents are socio-economically better positioned as compared to other rural respondents. This was observed from the study that out of 14%, 5% (3% male and 2% female) from Mokokchung district happened to be treated by their family doctors. Furthermore, 9% (3% male and 6% female) from Mokokchung district having relatives as doctors, and they get treated by them whenever they are sick. The study finds that, this could be the reason for Mokokchung district having more population ageing at higher age-group as compared from the other two districts in the study areas.

Levels of Love and Care enjoying by the Aged in Three Districts:

In table 6.11 the study illustrates the details of love and care shown towards the aged by the family and children. In love and care of the aged, the data shows that, 49% (24% male and 25% female) from Mokokchung district, 40% (18% male and 22% female) from Wokha district and 16% (9% male and 7% female) from Kohima district said that they are very much loved by their family and children. From a comparison of the aged respondents from three districts under taken for the study, the data identified Mokokchung district of receiving maximum love and care from children and family. The study further observes Kohima district to be the poorest in receiving love and care from children and family. The study also noted that more female aged as compared to male aged are contented with the love of children and family. Among the selected villages, the study observes Kohima village as the poorest in receiving love and care from the family and children. In the analysis it was noted that, Kohima being the capital of Nagaland with multi cultural influences, aged in Angami villages are being mostly affected by outside influences. Thus the wave of urbanization coupled with the forces of globalization like individualism and specialization is breaking down the cultural values of the Nagas today.

A Level of Decision's taking by the Aged in Three Districts:

In decision taking at the family level, the data shows that 50% from Kohima district, 48% from Wokha district and 47% from Mokokchung district, parents take decision in children marriage. From the analysis of the data; it was noted that, in all three districts decision taking by the parents are found to be the chief bread earners of the family and continue to control over the property of the family (see table 6.12). The study also projects 34% (20% male and 14% female) from Mokokchung district respondents children take decision of their own marriage. In this connection, the data noted Longsa village to have more children who take decision in their marriage. Further, the study also finds education as one of the major reason, because, according to the respondents educated and employed children refuse to obey parents' choice or decision, and when parents try to interfere they elope or have child out of wedlock which left no option for the parents but to accept. In depending on to relatives among the selected villages from three districts, the study observes Viswema village under Kohima district to have more parents who are indecisive and could not take firm decisions, who usually consult the other family members like elder brother/ younger brother, elder sister/ younger sister, uncles and aunts etc.

It also found to be a common reason for all the three communities that respondents aged who are still taking decision in property matters are still active or continue to be the head of the family as the chief earners of the family. Further, 23% (11% male and 12% female) from Mokokchung district, respondents' children takes decision in property matters. In the analysis, it has noted that 6% (2% male and 4% female) respondents are part-time earners and 10% (3% male and 7% female) are totally dependent on children. 4% were too old that their age does not permit them to supervise their properties so that they entrusted their eldest son.

In children's educational matters the data projects 72% of the respondents (33% male and 39% female) from Wokha district, parent takes decision in children's education. Further 37% (16% male and 21% female) from Mokokchung district, and 18% (10% male and 8% female) from Kohima district, respondents' children's takes decision in their choice of educational career. From the analysis of the data, it also confirms that the advancement of Ao Naga tribe in the field of education as compared to the other two districts. It also further shows the conservative and narrow mindedness of the parents

belonging from Wokha and Kohima districts in relation to their children's choice of education and not giving free hand to their children to choose of their volition.

The study also noted that with regard to childrens' employment and vote casting matters, more number of respondents from Mokokchung district was found active in decision making as compared to Kohima and Wokha districts.

Adherence to the Advice of the Aged among Three Communities:

It has noted from the table 6.13 that, 54% (28 male and 26 female) from Mokokchung district are of the view that their advice are accept in toto by the younger generation. The data further finds that 42% from Kohima and Wokha districts respectively, are of the view that the younger generation listens to them carefully but rejects their opinion. Thus, from the analysis of the table the study observed that, there are more respondents in Mokokchung district who opined that the advice of the aged is accept in toto by the society. The study also noted that more problems are face by the aged from Wokha and Kohima districts in this regard. Further Wokha and Kohima districts is found with more number of respondents who held the view that advice of the aged are totally rejected by the society. From the data we can draw a conclusion that the system of respect and honour to the aged in Naga society is diminishing today. In a comparison of the three districts under study, the data also observed aged from Mokokchung district is still enjoying more power and prestige as compared to aged from Wokha and Kohima district.

Therefore, in generalizing the whole aspects of decision making it was observed that, aged from Mokokchung district takes major part in decision making as compared to Kohima and Wokha district. Further in sex-wise analysis, it shows a great disparity between male aged and female aged with regard to decision making in three districts. This clearly pointed out that, more male as compared to female aged take part in decision making. Thus from the study it was observed that there is fewer influence of female in decision making among the Naga society.

THE MAJOR FINDINGS AND OBSERVATIONS:

- a) The demographic characteristic of the Naga aged population reflects that the married male aged outnumbered the married females aged, whereas the aged widows are numerically larger than the aged widowers.
- b) Economic dependency, wholly or partially is noted to be the significant feature of the livelihood of the Naga aged. Nevertheless, there is a tendency among the aged to secure economic production by participating in the production process as long as the resources are in their command and they are physically capable of performing manual work. The aged women are comparatively more dependent upon other family members than the aged men for maintaining the livelihood.
- c) Loneliness is not an alarming problem as the aged Nagas mostly live either with their children or kinsmen.
- d) Education and the elimination of illiteracy explicitly favour the young. The young today have better and more valued knowledge of the new system of society. This again creates a status inversion between youth and their parents and widening a generation gap.
- e) In discussion and debate over the relative significance of theories on ageing. The two theories are: (i) the activity theory and (ii) the disengagement theory. According to the activity theory, it is presumed that individuals can adjust better during their old age if they continue to remain active and engaged in various social roles in the family and in the community. The activity implies that by keeping themselves engaged, the individuals are able to ward off many of the limitations of old age, and thus achieve a successful ageing. The disengagement theory implies that the aged should withdraw themselves from their various social roles, or disengage themselves from the society; and the society should also disengage itself from the aged for their successful ageing during their retired life.

As far as activity theory is concerned, it was noted in the study that, Naga aged are determined to lifelong activity until they become feebly weak and nearly blind. Among the Naga society, more number of rural aged as compared to urban are still retaining the headship of the family as the chief bread earner or taking active parts in decision making at the family and community level. Disengagement in the present Naga society has been seen as withdrawal from important social positions, roles and participation on the part of the

aged. Three specific behavioral situations were observed from the respondents towards withdrawal, namely,

- (i) Acceptance of a secondary position in the family,
- (ii) Transfer of family responsibility to the younger members, and
- (iii) Minimizing social participation and involvement.

The study observed the above three aspects as an emerging trend in the context of Naga society, and it was also found to be more active in urban area as compared to rural Naga society. Therefore, it proves that activity theory to be more effectively working in the Naga society.

The urban and the rural aged differ in education, occupation, income of the household and personal earnings. Therefore, a common approach cannot be applied for the amelioration of their problems. Majority of the urban aged had migrated from rural areas in their youth. This trend of migration not only increases the proportion of the aged in urban areas but also draw the attention of social researchers and social welfare agencies as these migrants have a mix of rural and urban values, thereby giving rise to value-conflict. Therefore, it is suggested that the welfare agencies should chalk out the programmes according to the needs of the specific demands.

Thus, the above findings of the present study have clearly justified and supported the hypothesis of the study.

The following suggestions may be recommended;

1. Family counseling and individual counseling should be organized as emotional integration is required, and each community must learn to respect, to recognize, to love the elders and never consider them as a burden.
2. The unskilled aged should be given some appropriate training for income generating activities so that their status can be maintained with changing conditions and they do not consider themselves useless.
3. Society and community should bridge the gap and give possible help to the needy aged. Further, to change the mindset and work for the well being of the aged, problems and the impact of ageing should included in school syllabus to educate the children right from the school levels.

4. The working aged, in both urban and rural communities have better status in their family as compared to the non-working aged. Similarly those who have property have better status than those who do not have or transferred it to sons/heirs. Thus, in both communities possession of property is a must for ageing gracefully in the increasing materialistic world.
5. Another vulnerable section is the illiterate and traditional fathers of the educated rural youth employed in towns. The aged father cannot adjust in urban environment and the educated young sons and his children neither try to understand his problem nor try to adjust with him. On the one hand an active aged at this stage should not be shifted to new environment and on the other there is a need to make the young people aware of the problems of the aged for better adjustment.
6. Maintaining good health is a major problem of the aged. In urban community, health services are available but the increasing cost has made it difficult for the aged to avail them. In rural areas the problem is graver; because neither the facilities nor financial support is available in most cases. It is appreciated that many philanthropic agencies organizes health camps and it helps the aged. It is suggested that more and more welfare agencies should come forward to serve our senior citizens. The best remedy can be to provide free treatment and follow up of the aged people. The private practitioners should feel their obligation to these senior citizens of the state by providing treatment at nominal charges. Special provisions for livelihood of the disabled aged be made and our senior citizens should kept in the main stream of social life.
7. Creation of social medicinal facilities is one of the most needed measures that can enhance the longevity of the aged persons. What they would require as a component of social medicine can be socio-psycho counselling and appreciation and recognition of the aged of about what they have done and giving them due honour and respect which can be done without financial involvement.

Old age is a natural stage in the development of human existence that every individual must have to pass through in the stages of life. Therefore, each individual, family and community must provide shelter to the shelterless, care to the abandoned, hope to the hopeless and love to the neglected aged.

Ph.D
Schedule questionnaire

Ageing and Disengagement in Naga Society: A Comparative Study of Rural and Urban Areas.

Objective: The purpose of this schedule is purely for academic data collection. Therefore respondents are requested to give their frank judgement without any hesitation or bias to highlight the issues of the aged person in our society.

Note: Before the main operation of data collections begin a pilot study was conducted testing the questionnaire from 5 respondents in Kohima Town who are 60 years and above. After which the questionnaire was used to interview 400 respondents in the study areas which was discussed and analyzed in the body of the thesis.

Personal Identification of the respondents:

Name of the respondent:

Sex: M, F.

Age:

Marital Status: U M D W

Present Occupation:.....

Educational level:

a. Illiterate

b. Under matric

c. Pre-university

d. Degree

e. Post-graduate

f. Technical and professional's if any please specify.....

Socio-Economic Conditions

1. Are you still working? Yes No

If yes, what is your present designation?

2. Please let me know with whom are you living

a. Living alone

b. Living with spouse

c. Living with spouse and unmarried children

d. Living with married sons

e. Living with married daughters

f. Living with grandchildren

3. Please let me know the status of your earning in your family?

- a. Chief bread winner
- b. Part-time earner
- c. Totally dependent

4. Please put a tick mark, if you are getting any income from the following source.

- a. Salary,
- b. House Rent,
- c. Profit from Interest,
- d. Business,
- e. Pension
- f. Farming
- g. Any other, please specify?

5. What is your appropriate monthly income?

- a. Below 2,000
- b. 2,001-5,000
- c. 50,001-10,000
- d. 10,001-15,000
- e. 15,000-20,000
- f. 20,000 and above.

6. Are you a pensioner? If yes, state the followings

- (a) Your last official designation.....
- (b) Monthly pension.....

7. Specify the nature of your main activities if any after your retirement?

- a. Re-employed
- b. Farming
- c. Business
- d. Social activist
- e. Working in religious organizations
- f. Doing nothing
- g. Any other please specify

8. Please mention whether you have the following or not?

- a. Saving in banks
- b. Cash money at hand
- c. Assets
- d. Expected contribution from relative/ children per month.

9. Please let me know where are you living in?

- a. Own constructed house
- b. Rented house
- c. With children

10. How do you survive your living?

- a. Self dependent
- b. Dependent on children/grandchildren
- c. Relatives

11. Do you get any financial support from the following?

- a. Church
- b. Organization
- c. Government

12. Is your income enough to take care of daily needs? Yes /No .

If no, how do you manage?

.....
.....
.....
.....

13. How do you spend your leisure time? Please put a tick mark if you observe the following or not?

- a. Going for a stroll
- b. Visiting friends
- c. Playing with grand children
- d. Watching T.V
- e. Listening to Radio
- f. Entertaining friends at home
- g. Reading newspapers
- h. Visiting church

14. Are you facing any of the following problems?

- a. Housing
- b. Threat by the youth
- c. Negligence by the family circle
- d. Disregard by the society
- e. None of the above

15. As an elderly person in society do you think that you are regarded by your community people? Delete which one is not correct

- a. Highly respected
- b. Fairly respected
- c. Unrecognized
- d. Cannot say

16. Where do you get treatment when ill?

- a. Private allopathic doctor
- b. Government Clinic/Hospital
- c. Indigenous medical practitioners
- d. Any other.

17. Having become old age are you maintaining good health? Yes/No

If no, what are your ailments?

- a. Gastrointestinal
- b. Toothache
- c. Asthma
- d. Indigestion
- e. Arthritis
- f. Giddiness
- g. Backache
- g. Diabetes
- h. Liverish
- i. Others

IMPACT OF AGEING ON SOCIETIES

18. Do you feel that your children and grand children love and care for you?

- a. Very much
- b. They love me but don't care me well
- c. They have no concern for me
- d. Cannot say

19. What is the frequency of their visit?

- a. Daily
- b. Weekly
- c. Once in a month
- d. Once in a year
- e. Once in two years

20. What is the frequency of your visit to their place?

- a. Daily
- b. Weekly
- c. Once in a month
- d. Once in a year
- e. Once in two years

21. Please let me know whether your children /grandchildren give you the followings? Please put serial number in order of priority in the blank given below

1. Money.....
2. Clothing.....
3. Firewood.....
4. Food items.....
5. Any other specify.....

22. Which of the following points do you expect from your family members? Select only one item and put tick mark

- a. Health care
- b. Shelter
- c. Love and care

23. Do you feel that your society respect the aged persons? Yes/No. Please give your frank judgement below.

- | | Yes | No |
|---------------------|--------------------------|--------------------------|
| a. Highly Respected | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Respected | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fairly respected | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cannot say | <input type="checkbox"/> | <input type="checkbox"/> |

24. Please give your comment whether the society listen to the advice given by the elderly people.

- | | Yes | No. |
|---|--------------------------|--------------------------|
| a. Accept in toto | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Listening carefully but reject the opinion | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Totally Rejected | <input type="checkbox"/> | <input type="checkbox"/> |

25. Who takes decision in your family pertaining to the following matters?

- a. Marriage of Children
- b. Property matters
- c. Children's education
- d. Children's employment
- e. Vote casting during election

RIGHTS OF THE AGED

26. Are you aware about the priviledges and benefits of old age? Yes/No
If yes, are you enjoying or ever enjoyed the following benefits?

- (a) Old age Pension Yes/No
- (b) Travel concession Yes/No
- (c) Bank interest Yes/No
- (d) Facilities in post office Yes/No
- (e) Old age Home Yes/No
- (f) Annapurna (free food grain)

27. What were the roles played by the aged person in the past? Mention three points below

a.

b.

c.

28. Suggest three points for aged like you for a happy ending of life

a.

b.

c.

29. What is your message to the younger generation?

.....
.....
.....
.....
.....

30. Do you want to say something on the matters of aged person relevant to the Naga society?

.....
.....
.....
.....
.....
.....

Thanks for your participation

Illustration



Neila-o dependent to his son



Medonuo dependent to children



Saneilie enjoying sun bath



Charou totally dependent



Duohelie part time earner



Lakuo-ü dependent to her grand children



Mesevile (vegetable vendor)



Visul relaxing after dinner



Krithan weaving basket



Mr.&Mrs. Visane (73yrs&62yrs)



Kovor partially dependent on children



Purakhü (66yrs)



Kie-ü repairing basket



Lotha elderly person attending clan meeting



Lotha women chatting to spend leisure time



Lhouchü-u (chief earner)



Pangti villagers(aged) during marriage party



Inmates of old age home, Kohima.

BIBLIOGRAPHY

- Acharya,P.K and Das,P.K. 1998: *Socio-Economic Status and Health Conditions of the Aged Tribals of Phulbani, Orissa*. In R.N Pati and B.Jena (eds). *Aged in India: Socio-Demographic Dimensions*. New Delhi: Ashish Publishing House, Pp. 301-325.
- Aier, Imo Lanutemjen. 2006: *Contemporary Naga Social Formation and Ethnic Identity*. New Delhi: Akansha Publishing House.
- Alam, Moneer. 2006: *Ageing in India: Socio-Economic and Health Dimensions*. New Delhi: Academic Foundation.
- Ao, A.L and Sinha, A.C. 1993: *Rural Development in Nagaland*. New Delhi: Har Anand Publications.
- Arber, Sara and Ginn, Jay.1991: *Gender and Later Life: A Sociological Analysis of Resources and Constraints*. London: Sage Publications.
- Atchley,Robert. 1998: *Aging and Society*. In Morgan, Leslie and Kunkel, Suzane (eds). *Aging: The Social Context*. California: Pine Forge Press, pp. 3-21.
- Atal, Yogesh. 2001: *The United Nations and Ageing*. In Modi, Ishwar (eds). *Ageing and Human Development: Global Perspectives*. Jaipur: Rawat Publications, Pp. 1-9.
- Awin, Narimah. 2007: *The Role of Government in Health and Ageing-Experience of Malaysia*. In Prakash, Indira.Jai (eds). *Aging with Health and Dignity*. Bangalore: Prasaranga, Bangalore University, pp.1-12.
- Baum,Martha and Baum,C. Rainer. 1980: *Growing Old: A Societal Perspective*. New Jersey: Prentice-Hall.Inc.
- Bali, Arun.P. 2007: *Gerontological Research and Action: A Stocktake*. In Prakash, Indira.Jai (eds). *Aging with Health and Dignity*. Bangalore: Prasaranga, Bangalore University, pp.13-24.
- Bhat, Vighnesh.N. 2006: *Social Construction of Ageing: An Empirical Study of the Perception of the Urban Elderly*. In Joshi, Arvind.K (eds).*Older Persons in India*. New Delhi: Serials Publications. Pp. 126-137.
- Bigby, Christine. 2004: *Ageing with a Lifelong Disability: A Guide to Practice, Program and Policy Issues for Human Services Professionals*. London: Jessica Kingsley Publishers.
- Bond, John. 1990: *Living Arrangements of Elderly People*. In Bond, John. and Coleman, Peter. (eds). *Ageing in Society: An Introduction to Social Gerontology*. London: Sage Publications, Pp. 162-182.

- Bond, John. Briggs Roger and Coleman, Peter 1990: *The Study of Aging*. In Bond, John et.al (ed). *Aging in Society*. London: Sage Publication, pp. 17-47.
- Bond, John. and Cabrero, Gregorio. Rodriguez. 2007: *Health and Dependency in Later Life*. In Bond, John. Peace Sheila, Kohli. Freya. Dittann and Westerhof. Gerben. J. (eds). *Ageing in Society: European Perspective on Gerontology*. London: Sage Publication, Pp. 113-141.
- Bhawsar, Rahul. Dev. 2001: *Population Ageing in India: Demographic and Health Dimensions*. In Modi, Ishwar (eds). *Ageing and Human Development: Global Perspectives*. Jaipur: Rawat Publications, Pp. 256-277.
- Bhatia, H.S. 1983: *Aging and Society: A sociological Study of Retired Public Servants*. Udaipur: Arya's Book Center.
- Bromley, D.B. 1984: *Gerontology: Social and Behavioural Perspectives*. London: Croom Helm.
- Brubaker, Timothy. H. 1987: 'Aging, Health, and Family.' *Long-term Care*: (ed). London: Sage Publications.
- Coleman, Peter and Bond, John. 1990: *Ageing in the Twentieth Century*. In Bond, John and Coleman, Peter. (eds). *Ageing in Society: An Introduction to Social Gerontology*. New Delhi: Sage Publications, Pp.1-16.
- Collins, Chiquita. A. et.al. 2001: *Inequality and Aging: The Creation of dependency*. In Estes, Carroll. L. et.al. *Social Policy and Aging: A Critical Perspective*. Thousand Oaks, California: Sage Publications, pp.136-163.
- Chowdhry, Paul D. 1992: *Aging and the Aged*. New Delhi: Inter-India Publications.
- Crandall, C Richard. 1980: *Gerontology: A Behavioural Science Approach*. U.S.A: Adison-Wesley Publishing Company.
- Chadah, N.K and Easwaramoorthy. 2001: *Leisure Time Activities and Indian Elderly*. In Modi, Ishwar (ed). *Aging and Human Development: Global Perspectives*. Jaipur: Rawat Publication, pp. 374-380.
- Dandekar, Kumudini. 1996: *The Elderly in India*. New Delhi: Sage Publications.
- Dak, T.M and Sharma, M.L. 1987: *Changing Status of the Aged in North Indian Villages*. In Sharma, M.L and Dak, T.L (eds). *Aging in India: Challenge for the Society*. Delhi: Ajanta Publications (India), pp. 40-55.
- Dixon, Sinikka. 2001: *Cross-Culturally Comparative Structural Constraints Affecting the Social Aspect of Aging*. In Modi, Ishwar (ed). *Aging and Human Development: Global Perspectives*. Jaipur: Rawat Publication, pp. 10-29.

- Dobelstein, Andrew.W and Johnson, Ann.B. 1985: *Serving Older Adults: Policy, Programs, and Professional Activities*. New Jersey: Prentice-Hall,Inc.
- Elvin,Verrier. 1969: *The Nagas in the Nineteenth Century*. Bombay: Oxford University Press.
- Elwin,Verrier. 1961: *Nagaland*. Calcutta: Saraswaty press, Ltd.,
- Estes,Carroll.L. Linkins,Karen.W and Binney,Elizabeth.A. 2001: *Critical Perspectives on Aging*. In Estes,Carroll.L et.al. *Social Policy and Aging: A Critical Perspective*. Thousand Oaks, California: Sage Publications, pp.23-44.
- Finley, Gordon.E. 1992: *Modernization and Ageing*. In Krishnan, P. and Mahadevan. K (eds). *The Elderly Population in Developed and Developing World: Policies, Problems and Perspective*. Delhi: B.R.Publishing Corporation, Pp. 88-105.
- Ganguli. 1984: *A Pilgrimage to the Nagas*. New Delhi: Oxford & IBH Publishing Co.
- Gokhale,S.D. 2003: *Towards a Policy for Aging in India*. In Liebig, Phoebe. S, and Rajan, S. Irudaya (eds). *An Aging India: Perspectives, Prospects, and Policies*. New York: The Haworth Press, Inc. pp. 213-234.
- Gupta,S.K. 2007: *Constitutional Provisions, Privileges and Benefits to Old Aged People*. In Ao, A. Lanunungsang (eds). *Ageing in North East India: Nagaland Perspectives*. New Delhi: Akansha Publishing House, Pp. 33- 40.
- Hargovind, Joshi. 2001: *Nagaland: Past and Present*. New Delhi: Akansha Publishing House.
- Horam,M. 1992: *Social and Cultural life of Nagas* . Delhi: Low Price Publications.
- Hutton, J.H.1969: *The Angami Nagas*. London: Macmillan and Co. Ltd.
- Jamir,Talitemjen.N and Lanunungsang.A. 2005: *Naga Society and Culture*. Jorhat: Barkataki and company (P) Limited.
- Jain, Sushila. 2006: *Globalization and the Aged*. In Joshi, K. Arvind (eds). *Older Persons in India*. New Delhi: Serials Publications, pp. 33-46.
- Joshi, Arvind. K. 2006: *Rural Aged: Living Arrangements, Problems and Care*. In Joshi, Arvind.K (eds). *Older Persons in India*. New Delhi: Serials Publications, Pp. 68-85.
- Kaur, Malkit, Grover,R.P and Aggarval, Kusum. 1987: *Socio-Economic Profile of the Rural Aged*. In Sharma, M.L et.al (eds). *Ageing in India: Challenge for the society*. Delhi: Ajanta Publications, Pp. 67-75.

- Kaur, Praveen. Rajani, Jain and Sardana, Praveen.K. 1987: Attitude of Second Generation towards Aging Problems. In Sharma, M.L et.al (eds). *Ageing in India: Challenge for the society*. Delhi: Ajanta Publications, Pp. 127-133.
- Kumar,B.B. 1993: *Modernization in Naga Society*. New Delhi: Omsons Publications.
- Kumar, B.B. 1998: *Society and Culture in a Corner of Nagaland*. Meerut: Pragati Prakashan.
- Kumar, Narendra and Saxena, Pushpa. 1989: *Aged among the Tribal's of Madhya Pradesh*. In Pati,R.N and Jena,B (eds). *Aged in India: Socio-Demographic Dimensions*. New Delhi: Ashish Publishing House, p. 71-94.
- Kumar,Vijaya.S. 1991: *Family Life and Socio-Economic Problems of the Aged*. Delhi: Ashish Publishing House.
- Kohli, A.S. 1996: *Social Situation of the Aged in India*. New Delhi: Anmol Publications PVT LTD.
- Kumar, S. Vijaya. 2003: *Economic Security for the Elderly in India: An Overview*. In Liebig, Phoebe. S, and Rajan, S. Irudaya (eds). *An Aging India: Perspectives, Prospects, and Policies*. New York: The Haworth Press, Inc. pp. 45-65.
- Kumar,Vinod. 2003: *Health Status and Health Care Services among Older Persons in India*. In Liebig, Phoebe. S, and Rajan, S. Irudaya (eds). *An Aging India: Perspectives, Prospects, and Policies*. New York: The Haworth Press, Inc. pp. 67-83.
- Lanunungsang,A. 2007: *Problems of Old Aged and the Need for Care: A Case Study of Mokokchung Town*. In Ao, A.Lanunungsang (eds). *Ageing in North East India: Nagaland Perspectives*. New Delhi: Akansha Publishing House, Pp. 67-78.
- Liebig, Phoebe.S and Rajan, S. Irudaya (eds)2003: *An Aging India: Perspective, Prospects, and Policies*. In Liebig, Phoebe.S and Rajan, S. Irudaya (eds). *An Aging India: Perspective, Prospectives, and Policies*. U.S.A: The Haworth Press, Inc.pp 1-9.
- Marshall, Gordon. 2005: *Oxford Dictionary of Sociology*. New Delhi: Oxford University Press. Indian Edition. P- 283.
- Mills, J.P. 1973: *The Ao Nagas*. Bombay: Orford Univrsity Press.
- Mills, J.P. 1980: *The Lotha Nagas*. Bombay: Macmillan and Co.Ltd.
- Mahadevan,K and Sumangala,M. 1992: *Approaches to the Study of Elderly Population*. Delhi: B.R.Publishing Corporation.
- Majumadr,Krsihnakali. 1992: *An Angami Village. Nagaland: Acontemporary Ethnography*. In S.M.Channa (ed). New Delhi: Cosmo Publication.

- Mishra, Saraswati. 1987: *Social Adjustment in Old Age*. Delhi: B.R. Publishing Corporation.
- Mohanty,S.P. 1989: *Demographic and Socio-Cultural Aspects of Ageing in India-Some Emerging Issues*. In Pati, R.N and Jena.B (eds) *Aged in India (Socio-Demographic Dimensions)* New Delhi: Ashish Publishing House, pp37-46.
- Nagar,Sheela. 1987: *Status and Care of the Aged in India and Japan*. In Sharma,M.L. (ed). *Aging in India: Challenge for the Society*. Delhi: Ajanta Pubglications, Pp. 187-189.
- Patel,S.1989: *Ageing and Disengagement Among some Populations in Orissa*. In Pati,R.N and Jena,B (eds). *Aged in India: Socio-Demographic Dimensions*. New Delhi: Ashish Publishing House, Pp. 243- 259.
- Phillipson, Chris and Baars, Jan. 2007: *Social Theory and Social Ageing*. In Bond, John. Peace, Sheila, Kohli, Freya, Dittann and Westehof. Gerben.J. (eds). *Ageing in Society: European Peespectives on Gerontology*. London: Sage Publication, Pp. 68-84.
- Punia, R.K, Malik,R.S and Punia Deep.1987: *Aging Problems: A Study of Rural-Urban Differentials*. In Sharma, M.L et.al (eds). *Ageing in India: Challenge for the society*. Delhi: Ajanta Publications, Pp. 56-66.
- Rajan,S.I., Mishra,U.S., & Sarma,P.S. 1999: *India's Elderly: Burden or Challenge?* New Delhi: Sage Publications.
- Rajan, S. Irudaya. Sarma, P. Sankara and Mishra, U.S. 2003: *Demography of Indian Aging, 2001-2051*. In Liebig, Phoebe. S, and Rajan, S. Irudaya (eds). *An Aging India: Perspectives, Prospects and Policies*. New York: The Haworth Press, Inc. pp. 1-30.
- Raju, S. Siva. 2002: *Health Status of the Urban Elderly (A Medico- Social Study)*. Delhi: B.R. Publishing Corporation.
- Ramnath, Rajalakshmi. 1998: *Problems of the Aged*. In Pat,i R.N and Jena,B. (eds). *Aged in India: Socio-Demographic Dimensions*. New Delhi: Ashish Publishing House, pp. 125-132.
- Rani, Pushpa. Mary. 2001: *Institutional Care of the Aged*. In Ishwar, Modi (eds). *Ageing and Human Development; Global Perspective*. Jaipur: Rawat Publications, pp. 312-321.
- Rao,P.Venkata. 1999: *Aging in the Tribal Context. A Study of Chenchu*: In Behera and Preffer (eds). *Tribal Studies Volume Four. Social Realities*: New Delhi: Concept Publishing Company).
- Ramunny Murkot. 1993: *The World of Nagas*. New Delhi: Northern Book Centre.

- Reddy, P. Jayarami and Rani, D. Usha. 2000: *Perspective on Elderly in India: Rural-Urban Analysis*. In Das, Murli and Raju,Siva (eds). *Gerontological Social Work in India: Some issues and Perspectives*. Delhi: B.R.Publishing, Corporation, Pp. 126-138.
- Sanyu,Visier. 2003: *A History of Nagas and Nagaland (Dynamics of Oral Tradition in Village Formation)* New Delhi: Commonwealth Publishers.
- Sati, P.N. 1996: *Needs and Problems of the Aged. (A Study for Social Intervention)*. Udaipur: Himanshu Publications.
- Sen, Sipra. 1987: *Tribes of Nagaland*. Delhi: Mittal Publications.
- Sen, Kasturi.1994: *Ageing: Debates on Demographic Transition and Social Policy*. London: Zed Books Ltd.
- Shashi, S.S. 2004: *Tribes of Nagaland and Tripura*. New Delhi: Anmol Publications.
- Singh, Prakash. 1995: *Nagaland*. New Delhi: National Book Trust.
- Singh,A.K.P.J, Dak,T.M and Sharma,M.L. 1987: Work and Leisure Among the Aged Males. In Sharma, M.L et.al (eds). *Ageing in India: Challenge for the society*. Delhi: Ajanta Publications, Pp. 82-93.
- Smith,W.C. 2002: *The Ao-Naga Tribe of Assam*. New Delhi: Mittal Publications.
- Sobha, I and Reddy, M.S.N. 2006: *Healthy Ageing: Concept, Problems and Prospects*. In Arvind, K. Joshi (eds). *Older Persons in India*. New Delhi: Serials Publications, pp. 3-19.
- Sharma,M.L and Dak,T.M. 1987: Aged in India: Policies and Programmes. In Sharma, M.L et.al (eds). *Ageing in India: Challenge for the society*. Delhi: Ajanta Publications, Pp. 8-23.
- Shanas, Ethel. 1970: *What's New in Old Age?* In Shanas, Ethel (eds). *Aging in Contemporary Society*. Beverly Hills: Sage Publications, pp. 5-11.
- Soodan, Kirpal. Singh. 1975: *Aging in India*. Calcutta: Minerva Associates Pvt.Ltd.
- Srivastava, Ram. Chandra. 1994: *The Problem of the Old Age*. New Delhi: Classical Publishing Company.
- Streib,Gordon. F. 1970: *Old Age and the Family: Facts and Forecasts*. In Shanas,Ethel (eds). *Aging in Contemporary Society*. London: Sage Publications, Pp. 25-39.
- Suri,Renu. 2006: *The Angami Nagas*. New Delhi: Mittal Publications.
- Vashum, R. 2002: *Nagas Right to Self Determination*. New Delhi: Mittal Publication.

Victor, Christina.R. 1987: *Old Age in Modern Society*. London: Croom Helm Ltd, Provident House.

Visielie. 2007: *Ageing in Nagaland: A Sociological Study*. In Ao.A. Lanunungsang (eds). *Ageing in North East India: Nagaland Perspectives*. New Delhi: Akansha Publishing House, Pp. 41-66.

Wells, Nicholas and Frees, Charles. 1998: *The Ageing Population. Burden or Challenge?* London: The Mamillan Press Ltd.

Westerhof, Gerben.J and Tulle, Emmanuelle. 2007: *Meanings of Ageing and Old Age. Discusive Contexts, Social Attitudes and Personal Identities*. In John,Bond et.al.(eds). *Ageing in Society: European Perspective on Gerontology*. London: Sage Publication, Pp. 235-254.

Wilson.Gail.2000: *Understanding Old Age: Critical and Global Perspective*. New Delhi. Sage Publications.

Nagaland State Human Development Report.2004: New Delhi: Published by Department of Planning & Coordination. Government of Nagaland.

Census of India 2011. Provisional Population Totals Paper 2, Volume II of 2011: Rural-urban Distribution. Nagaland Series 14.

Web-site

<http://www.cehat.org>. Rajan. S. Irudaya. 2006. *Population Ageing in India*. Mumbai: Centre for Enquiry into Health and Allied Themes.

[http:// www.angelfire.com](http://www.angelfire.com). Origin of Nagas. Gangmumei Kamei.

[http:// www.silverinnings.com](http://www.silverinnings.com). Senior Citizens in India: Benefits and Facilities. April 2008.

[http:// Zeenews.india.com](http://Zeenews.india.com). Ageing China to have 30% old People by 2042. August 25, 2011.

[http:// www.ons.gov.uk](http://www.ons.gov.uk). Population Ageing in the United Kingdom and its Constituent Countries, and the European Union. 02 march 2012.

[http:// www.en.wikipedia.org](http://www.en.wikipedia.org). Aging of Japan. 6 july 2012.

[http:// www.cdc.gov](http://www.cdc.gov). Public Health and Aging: Trends in Aging-United States and World-Wide. February 14/2003.

<http://en.wikipedia.org>. Naga People. 26 July 2012.

[http:// updateox.com](http://updateox.com). India/District-wise male-female literacy rate in India 2011 Census. 24 May 2011