

Vol. XII
Number-1

ISSN 2319-8265

April 2018 (Special Issue)

EDUCATION TIMES

A Peer Reviewed Journal of
Education & Humanities

APH PUBLISHING CORPORATION

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Socio-Economic Status of Elderly People in Ladnun, Rajasthan

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ABSTRACT

In the present study, the writer has made a humble attempt initially, to find out some of the important socio-economic characteristics of older persons living in the Ladnun of Rajasthan. He also analyses government and non-government policies, provisions, programmes, schemes and services related senior citizen and included important recommendation & suggestions for future plan.

Main Point: Senior Citizen, Socio-economic, Policy, Programme, Schemes, Provision, Population, Phenomenon, Problems and Needs.

INTRODUCTION

Since the last century, human civilization has witnessed a silent revolution- **an ageing population**. This population ageing reflects both significant increases in longevity and significant decreases in fertility. The United Nation reports on population and population projections indicate that today the median age for the world is 28 years. Over the next four decades, the world's median age will likely increase by ten years, to reach 38 years in 2050. In 2000, the population aged 60 years and above, numbered 600 million, triple the number present in 1950. In 2009, the number of older persons had surpassed 700 million. By 2050, 2 billion older persons are projected to be alive, implying that their number will once again triple over a span of 50 years. Globally the population of older persons is growing at a rate of 2.6% per year, considerably faster than the population as a whole, which is increasing at 1.2% annually. At least until 2050, the older population is expected to continue growing more rapidly than the population in other age groups. Such rapid growth will require far-reaching economic and social adjustments in most countries [Hemamalini Ramakrishnan, 2012].¹

Human life is divided into different stages such as childhood, adolescence, youth, adulthood and old age etc. Old age is generally the chronologically age which tells very little about a person. Even the yardstick of chronologically age varies for geographical reasons in a country. It also varies at different points of time. Chronological age is generally used as an instrument of power and control. In advanced societies like Japan, the majority of the people continue to work, except when they stop work voluntarily or for health reasons.²

The last stage of life span is frequently sub-divided into early old age, which extends from Age sixty to seventy, and which begins at seventy and extends to the end of life. People during the sixties are usually referred to as "**elderly**", "**old aged**", "**senior citizen**". Aging is a universal phenomenon and no society can escape from it. Our place in the social structure also changes throughout our life span. Every society is age graded. That is, it assigns roles, expectations,

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opportunities, status and constraints to people of different ages. In our society, there are both positive and negative views and attitudes toward aging. Some people believe being old means being sick and worthless. Others believe that being old is having freedom, wisdom and enjoyment. In the traditional Indian culture, people who lived over 60 years were considered as repositories of wisdom and sole authorities to the family and community. The notions of '**vanaprasta**' and "**sanyasa**' were the social mechanisms that encouraged the aged to move away from the management of every day concerns. The joint family easily accommodated their elderly persons. But the situation has been changed totally by the intervention of modern institutions in the everyday affairs of human life. Now, many see the elderly as a burden to society (**Rajan et al., 1999**).

The gradual change in the joint family along with the changes in values due to the forces of industrialization, urbanization and modernization bring changes for elderly people also as they are now victim of violence and ignorance, neglect by society. The utmost need of people in old age is often overlooked, which includes proper care and support in terms of health and nutrition, social, economic and psychological needs.

AGING: CONCEPTS AND DEFINITIONS

Various scientists have attempted defining ageing from time to time. Few are given below:

Older Persons: The term 'Older Persons' refers to person aged 60 and above.

Old Age

Ageing is, no doubt, a physiological phenomenon, which is accompanied by some complex progressive changes in an organism. According to **Phelps and Henderson (1952)**, "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, unemployability, reduced income and dependency."

Handler (1960) defined as "the deterioration of a mature organism resulting from the dependent essential irreversible changes, intrinsic to all members of a species, such that with the passage of time they become increasing the probability of death."

Later adulthood is the last major segment of the life span. Sixty-five has usually been cited as the dividing line between middle age and old age (**Hareven, 1976**). There is nothing magical or particularly scientific about age 65. Wrinkles do not suddenly appear on the 65th birthday, nor does the hair suddenly turn gray or fall out.

Birren and Renner (1977), well known psychologists refer to ageing as "the sum of regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age."

Gerontologists have attempted to deal with these age-related differences among the elderly by dividing later adulthood into two groups: the young-old, from age 65 to 74 years, and the old-old, from 75 years and above (**Hall, 1980**).

Davidson (1984) opines that ageing comprises of those fundamental changes not due to disease occurring in individuals after maturity which are more or less common to all members of the species and which increase the probability of death. Ageing is thus the increasing inability to resist death.

According to **Hurlock (1990)**, the last stage in the life span is frequently subdivided into early old age, which extends from the age sixty to age seventy and advanced old age which begins at seventy and extent to the end of life.

Gorman (2000) says, the ageing process is, of course, a biological reality which has its own dynamics, largely beyond human control. However, it is also subject to the constructions by which

each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age.

AGING IN DIFFERENT PERSPECTIVE

A Biological Aging

In biological sense, aging means changes in structure and function of some organs and systems of the body during the entire life span. According to Handler (1960), "biological aging is a deterioration of a mature organism resulting from time dependent, essential irreversible changes intrinsic to all members of the species such that, with the passage of time they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death". In the field of biological gerontology, Weiss (1966) and Shock (1977) consider aging as the sum total of changes during an individual's life span which are common to all members of his species. Some biological gerontologists consider aging as any time dependent change or a progressive loss of functional capacity after an organism has reached maturity (Rockstein, 1974; Busse and Blazer, 1980). This change, according to them, may be distinct from daily, seasonal and other biological rhythms.

B Psychological Aging

Psychological aging deals with the evolution of adult behavior over the life span, which includes capacities, skills, feelings, emotions and behavior. Psychologists are concerned with the changes in personality and the external behavior of the aging person. They deal with the behavior that is the product of both the biological and social systems (Birren and Zarit, 1985). Birren and Renner (1980) have defined psychological aging as "the regular ~behavioral changes that occur in mature, genetically represented organisms living under representative environmental conditions as they advance in chronological age".

C Sociological Aging

Sociological aging comes under the purview of changes in social roles, status and habits in relation to one's group or society. According to Tibbitts (1960), sociological aging is concerned with changes in the circumstances or situations of the individual as a member of the family, the community and society. The changes and events associated with time, include age grading and social attitudes and behavior of society towards the individual, completion of parental and work roles, reduced income, restricted activity and mobility, loss of spouse, loss of authority, decrease in social contact, large increments of free time and relative absence of clearly defined social expectations. Positively, sociological aging can also designate the elevation of status in the family, a greater participation in the management of the affairs of the family, community and religion (Mahajan, 1987). It follows that when some roles are reduced, some other roles are intensified.

NEEDS AND PROBLEMS

In the earlier day, the number of older persons was small. With the advancement of medical and social sciences, availability of medical, social welfare and social security measures have resulted in increase in average life expectancy and accordingly enabled a rise in population of the aged and the

chronic-ill. Therefore, in the modern society, care of the aged has assumed greater importance than in the past. Moreover, because of the electoral strength of the aged and their status in the society, the elderly as a class have assumed greater importance.

In terms of age, economic and health conditions, erosion of social values and breaking of joint family system, the aged have become socially vulnerable. Moreover, the aged have are not a homogenous group. Their needs and problems vary according to their age, society, health and economic status, living environment, etc. ⁴

Needs of Aged

Some of the older people's needs are the following:

- Protection against outliving one's savings;
- Protection against being financially devastated by medical or other emergency;
- Protection against inflation;
- Development and maintenance of social support network;
- Provision of opportunities for increased productive activity in a variety of ways;
- Provision of opportunities for social and economic interaction;
- Protection against illness and being physically assaulted;

Factors Affecting the Problems of aged:

Following are the factors affecting the problems of the aged:

- (i) Bodily changes and problems and depletion of physical and mental strength;
- (ii) Modern education and working youth couples;
- (iii) Urban influences and industrialization;
- (iv) Materialistic and individualistic outlook;
- (v) Breaking of the joint family system, generation gap;
- (vi) High cost of living and social security measures;
- (vii) Paucity of accommodation in urban areas and uncongenial environments;
- (viii) Migration of younger generation;
- (ix) Employment of women;
- (x) Additional economic responsibility of the elderly-educating sons, marrying daughters etc. in later life, and
- (xi) Sense of loss of job, status, assets, physical strength and social responsibility.

Problems of Aging

Problems of aged people are mainly divided into following categories:

- **Physical problems** such as disabilities and chronic illness coupled with lack of nursing and medical facilities, sometimes physical abuse and lack of shelter,
- **Economic problems** such as lack of resources, employment or income,
- Refusal to be maintained by children and being forced to sell property or forced to make changes in the will,
- **Psychological problems** such as emptiness, loneliness, feeling of being unwanted, sense of loss etc.,
- **Emotional problems** of being away from children and devoid of interaction with peer group,
- **Social problems** arising out of loss of job, social status, spouse, group relationship, and
- Problems of abuse and physical violence, depression and anxiety of being bullied or pressurized.

DEMOGRAPHIC PROFILE OF THE AGED

The population of the world stood at around 6.1 billion in the early 21st century and is projected to increase to 9.4 billion in 2050 and 10.4 billion in 2100. If we compare the global population, it has doubled between 1950 and 2000 and is likely to add another 4.4 billion in the next 100 years. However, the growth of the elderly population is much higher than that of general population

(UNFPA, 2008). The sixty plus population accounted for 10.4 per cent in 2008 and more than 8 per cent are in the 65 plus age group. The proportion of elderly aged 60 and above is expected to grow from 10.4 per cent in 2008 to 14.6 per cent in 2025 and 21.1 per cent in 2050 respectively. Among the elderly, the oldest old (80+) is likely to increase its proportion from just 1.1 per cent in 2000 to 3.4 per cent in 2050. Overall, the female elderly outnumber the male elderly. This is a clear indication of feminization of ageing (UNFPA, 2005; UN, 2008)

Major demographic facts in India

1. Over 81 million in 2002,
2. To be 324 million by 2050,
3. 75% reside in rural areas,
4. One third live below poverty line,
5. 51 million out of 81 million elderly are poor (Source: Helpage India)

India's older population will increase dramatically over the next four decades. The share of India's population ages 60 and older is projected to climb from 8 percent in 2010 to 19 percent in 2050, according to the United Nations Population Division (UN 2011). By mid-century, India's 60 and older population is expected to encompass 323 million people, a number greater than the total U.S. population in 2012. This profound shift in the share of older Indians—taking place in the context of changing family relationships and severely limited old-age income support—brings with it a variety of social, economic, and health care policy challenges.

The Indian aged population is currently the second largest in the world next to that of China with 100 million elderly persons. The absolute number of the over60 population in India is expected to increase from 77 million in 2001 to 137 million by 202 (UN estimates).

According to the **2001 Census**, the total number of older persons in India was approximately **70.6 million** and is expected to cross **173 million by 2026** as the life expectancy at birth is projected to increase to **69.8 years** for males **by 2021-25** (from **61.6 years in 1996**) and **72.3 years** for females (from 62.2 years in 1996). At the same time, the total fertility rate (TFR) declined to 3.2 per women in 2001 and is expected to drop further, to replacement level, by 2021-25. However, this demographic transition is not taking place uniformly across all the states in the country.

Sample size

We selected 25 elderly people as respondents randomly from 5 zone of the (North, East, West, South and Central zone) Ladnun town for the study (5 Respondents from each zone).

OBJECTIVES

To know the socio-economic status of elderly people.

Findings

Table No.– 1: Number of respondent by sex

Male	Female	Total
12 (48.0%)	13 (52.0 %)	25

52 % of the respondents are female and 48% are male.

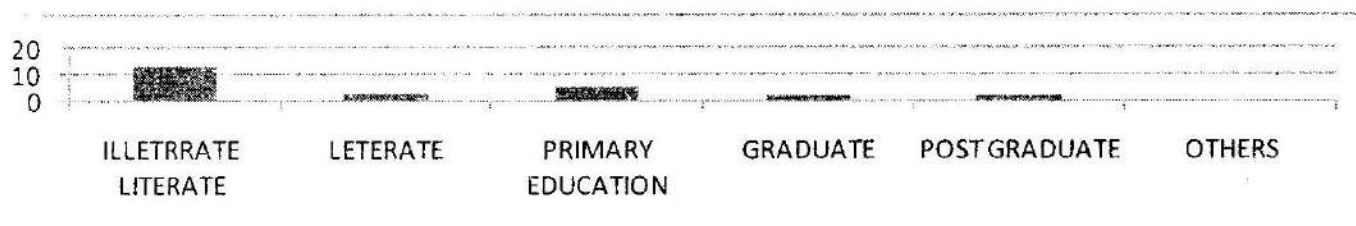
Table No.– 2: Classification of respondent by age



From the above table it is clear that most of respondents belong to 60-64 age groups (56%). While 16 % are from each 70-74 & 75-79 age group. There is no one from 85-89 and 90+ age group. It also shows that most of respondents are on their initial stage of old age.

Hundred percent respondents were Hindu and married.

Table No. – 3: Number of respondent by their education status



Above chart shows that 52.0 percent respondent was Illiterate. Only 20.0 percent respondents have education at primary level. Higher educated respondent is 16.0 percent

Table No. – 4: Respondent by type of family

Nuclear	Single	Joint
02 (8.0%)	02 (8.0%)	21(84.0%)

84% of respondents are live in joint family simultaneously 8% in nuclear and single family

Table No. – 5: Percentage of Respondent by Source of Income

Sr. No	Source of income	Frequency	%
1.	Agriculture/ laborer	03	12.0
2.	Business	07	28.0
3.	Service	01	4.90
4.	Dependent on pension/husband/son/daughter	14	56.0
TOTAL		25	100%

14 out of 25 respondents are dependent on pension/ husband /sons/ other. Only 07 are doing business and 03 have agriculture/laborer as source of income.

Table No. – 6: Percentage of Respondent by Monthly Income

Sr. No	Income	Frequency	%
1.	Below 5,000	3	12.0
2.	5,000 – 10,000	2	08.0
3.	10,000 – 15,000	4	16.0
4.	15,000 – 20,000	6	24.0
5.	20,000 – 25,000	1	04.0
6.	25,000 +	9	36.0
Total		25	100%

Monthly income of 36% respondents is above Rs. 25,000 and 12% respondents earn less than Rs. 5,000 per month.

Table No. – 7: How Respondents manage expenditure

Sr. No	Sources	frequency	%
1.	Govt. pension	7	28.0
2.	Take from son	15	60.0
3.	Self	3	12.0
Total		25	100%

Above table shows that most of respondents ask money from their son 60%, 28% manage from govt. pension and only 12% manage at themselves. 52% of respondents are satisfied from their source of income but 48% don't satisfy.

Table No. – 8: Percentage of Respondent by support from their family

Sr. No.	Yes	No
1.	08 (32.0%)	17 (62.0%)

8 (32.0%) out of 25 respondents say that their family supported economically when needed while 17 response (62%) said that their family not supported.

Table No. – 9: Percentage of Respondent by taken any loan

Sr. No.	Yes	No
1.	01(04.0%)	24 (96.0%)

96% of respondents (24 out of 25) don't take any loan. Only 4.0% respondent took loan for business from bank.

Table No. – 10: Number of Respondents has any social support/govt. pension

Sr. No.	Yes	No
1.	14	11

14 out of 25 respondents get govt. pension while 11 respondents don't get pension.

Table No. – 11: Percentage of Respondent by their role in family

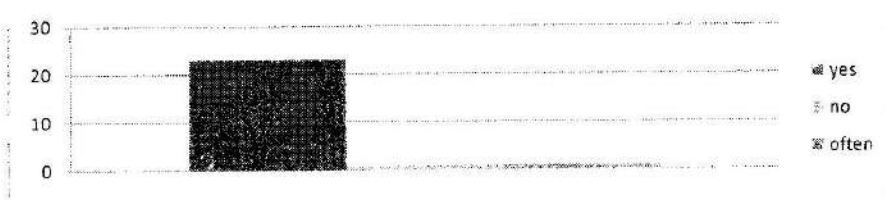
Sr. No	Role	Frequency	%
1.	All decision taken by you	04	16.0
2.	Participatory role only	21	84.0
Total		25	100

Majority of respondents (84.0) have a participatory role in family's decisions while 16.0% respondents are main decision maker in family.

View on discrimination and spend time: None of respondent faces any discrimination in family and all respondent spend their time with family.

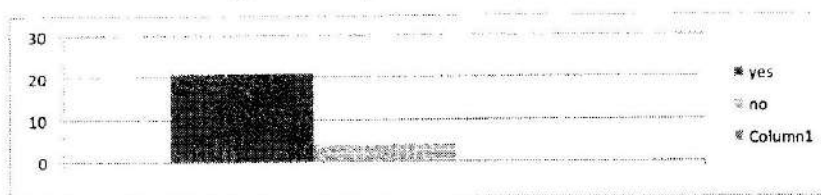
Spouse is alive: Only 14 respondent's response that their spouse is alive

Table No. – 12: Percentage of respondent by health care from family members



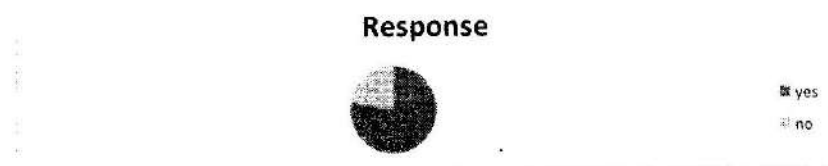
Majority of respondents 23 out of 25 (92.0%) response that their family members care about them but 1 respondent response as no and 1 also response as often their family care about them. So its means that the more they received care from family they feel more happy and comfortable.

Table No. – 13: Percentage of respondent by Feel weakness due to old age



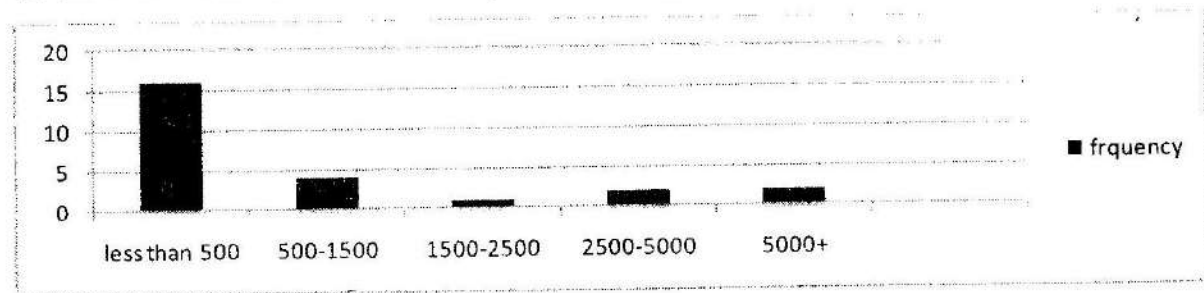
The above chart shows that 84% of respondents feel weakness due old-age. Only 16% feel no weakness.

Table No. – 14: percentage of respondents by serious illness



The above chart shows that 56.0% Respondents have serious illness while 44.0% respondents have no any serious illness.

Table No. – 15: Number of respondents by per month expenditure on health



Out of 25 respondents 16 respondents spends less than Rs. 500/- on health per month and 4 spends Rs.1500-1500/-. Only 1 spend Rs.1500-2500 and 2-2 respondents spends Rs.2500-5000/- & Rs. 5000+ respectively.

MAJOR FINDINGS

Findings Related to Socio Demographic Characteristics of the Respondents

- Majority of the respondents' (56%) are in the age group of 60-64 year.
- More than half of the respondents' (52%) are female.
- Majority of the respondents' (56%) are married and living along with their spouse
- Regarding educational qualifications, 52 percent of the respondents' are illiterate, 20 percent have done primary education.
- Most female respondents are illiterate.
- Majority of the respondents' (100%) are Hindus.
- Majority of the respondents' (84%) live in joint family.
- Little less than half of the respondents' (47%) are in the nuclear family set up.
- None of respondents faces discrimination at home.
- Majority of them feel satisfaction as their role in the family.

Economic Conditions of the Respondents

- 56% of the respondents are dependent on husband/sons/govt. pension.
- 25% of the respondents' are doing business
- 12% of the respondents' monthly income is below 5,000 Rs. And 26% has more than 25,000.
- 56% of the respondents' are pensioners while 44% have no pension.
- Only 16% of the male respondents' or the husbands of female respondents' are family head, while 84% play participatory role in family decision-making.
- 12% of the respondents' manages their expenditure at their own.
- 32% of the respondents' family's expect financial support from them, (majority of them are men).
- 24% of the respondents' do savings while remaining doesn't.

Health Status

- Majority of the respondents received care from family members.
- It is evident from the study that 56 per cent of the respondents' suffer from serious illness as blood pressure, hypertension, etc.

- 84% of the respondents' feel weakness due to old-age.
- Most of respondents used to go Govt. hospital for health related issues.

Leisure Activities

- Most of respondents spend their time with family.
- None of the respondents' feel loneliness.

SUGGESTIONS

Based on the researchers' frequent visits to the area where the data were collected using observation and interaction with the older people and based on the findings that have emerged from this study, a few suggestions for implementation are hereby offered. Singh (1970) has discussed the role of social scientists in the field of gerontology. He has described the problems after retirement as multifarious: greater economic deprivation, disturbed routine, utilization of time through economically non rewarding activities, loss of social status and prestige in general and particularly in the family. He also suggests that in old age, people be socialized for their physical activities. For this, he argues that socialization of the people will differ from the west as in the Indian setting old people differ in their rural-urban, occupational, educational and cultural background.

The social scientists should take up the social domain for filling the gap due to the roles loss. Since the present study has found out that majority at the older persons in most of the categories were having moderate level of quality of life, subjective well being, life satisfaction, the research suggests counseling intervention with older persons. Counseling centers can offer specialized counseling services to the older persons in their areas of operation counselor can help. Counselors can help the older persons on an individual basis by offering counseling services to help them to overcome their emotional problems. They need to be helped to lower their feelings regarding poor socio – economic and health conditions and enhance their sense of life-satisfaction.

Professional social workers can help the older persons by offering them, regular group work activities on issue of common interest besides enabling them to share their problems and offer psychological support to one another which could have immense therapeutic benefits.

The social worker can further liaison with other organizations and implement programmes for the welfare of the older persons. Mutual acceptance of the aged and the youth need to be fostered by arranging innovative and creative inter-generational programmes.

Though programmes like Old Age Pension and Day Care Centers have been a few interventions done by government to ameliorate some of economic and social problems of the aged, there is a demand for sensitization of the families as well as the elderly about the needs and problems of the elderly and efforts and skills for harmonious relations of the elderly with their significant others.

Formation of self-help groups, counseling, involvement of elderly women in the family and community affairs, depending upon their physical capacity, Yoga, meditation, spiritual workshops, etc., are a few intervention steps meant for adding life to the grey years.

There is need for home / family based services for home bound older persons such as mobile meals, clinics and libraries, volunteer's visits for help in home- making and running external errands, information and referral services.

SUGGESTIONS TO THE NGO SECTORS

The resources of NGO and service clubs can be mobilized for providing health care, recreational activities and day care services can be established to cater to the needs of the older persons. NGOs

and service clubs have the advantage of planning independently to carry out innovative and creative project activities. They are also known for their high level professionalism and quality services. The major need of older persons in the study area is the job opportunities since majority of older persons have nothing worthwhile to do which makes them to be dependent on others for all basic needs. Older people living in same area can form themselves into an association or club for the sake of recreation. It will also be very beneficial to the older persons and to the societies if older persons involve themselves in social services or welfare activities and even in systematic development work.

SUGGESTIONS TO THE GOVERNMENT

Well being of the older persons has been mandated in the constitution of India. List II of Schedule VII of the constitution says that social security is the current responsibility of the central and the state governments. Item 9 of state list and item 20, 23 and 24 of the concurrent related to provision of old age pension, social security, social insurance, economic and social planning and relief to the disabled and the unemployed.

The government of India has brought a very comprehensive policy concerning older persons. It has also created the necessary, institutional mechanism, systems and procedures. The government must include the older persons between 60 to 65 years of age under the old age pension scheme and this group of people suffers a lot as age onsets.

The NPOP also has provisions for grant- in- aid schemes for the NGOs to run service projects for older persons including the old age homes and day care programmes. However, the progress in implementing the various schemes for the older persons has been rather slow and it is also not uniform all over the country. Better elder care services are found in metropolitan and major cities and benefits have not percolator to the grass root level especially the rural and slum areas. Efforts can be taken up by the Government to see that quality elder care services are uniformly and effectively offered all over the country. The Government needs to ensure that proper monitoring and supervision of older care services are done at all levels.

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