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Pattern and Trend of Population Ageing in India

Suvalaxmi Chakrabarti
Prof. Ashis Sarkar

Geographically, India is a vast country with amazing cultural diversity and remarkable demographic heterogeneity. It is the second most populous country in the world with over 1.21 billion people in 2011, more than 70% of whom live in rural areas, while the remainder in about 5480 towns and urban agglomerations non-uniformly distributed over the country's space. During the past decades, India has been experiencing socio-economic changes, particularly in respect of literacy, employment, health and morbidity, the scale and intensity of which vary from one part of the country to another with obvious urban and rural differentials. The present study is all about the above changes in respect of the ageing population from geographical perspective.

Introduction

Population ageing, the process by which older individuals come to form a proportionately larger share of the total population, is one of the most distinctive demographic events of the contemporary world. Initially experienced in the more developed countries, the process is now rapidly approaching the developing world. Although not a global phenomena yet, various predictions indicate that population ageing is going to become a major global issue in the years to come (Chakraborti, 2004). For most of the nations, regardless of their geographic location or developmental stage, there are two notable aspects of the global ageing process: one is progressive demographic ageing of the elderly people and the other is about feminization of ageing. The rapid growth of older population has an identical importance in public policy.

Population ageing is the most significant result of the process known as demographic transition. Reduction of fertility leads to a decline in the proportion of the young in the population (Fig. 1). Reduction of mortality means a longer life span for individuals. Population ageing involves a shift from high mortality / high fertility to low mortality / low fertility and consequently an increased proportion of older people in the total population (Prakash, 1999) (Fig.2).

India is undergoing through such a demographic transitional phase. By the end of 2003, crude birth rate was around 24.8 per thousand population (26.4 for rural and 19.8 for urban areas), whereas the crude death rate was only 8.7 per thousand population (8.7 for rural and 6 for urban areas). Improvement of public health and medical services leads to substantial control of specific infectious diseases which has a great effect in reducing mortality rates. Improved sanitation, better maternal health and child care facilities reduced the infant mortality. On the other hand, in the urban areas, family planning methods are

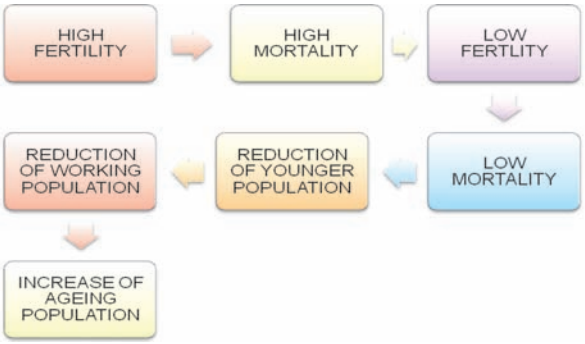


Fig 1.

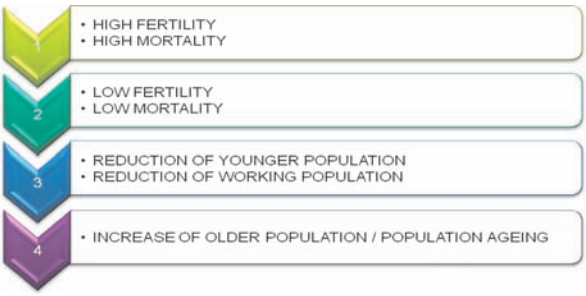
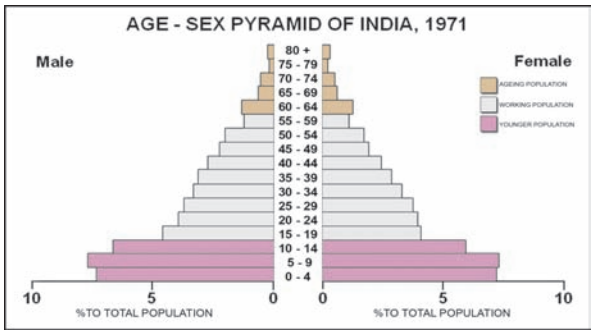


Fig 2.

greatly accepted which reduced the fertility rate. The shape of the population pyramid is gradually changing from a wide–based and narrow topped form to a barrel-shaped form in recent future (Fig. 3, 4, 5, 6).



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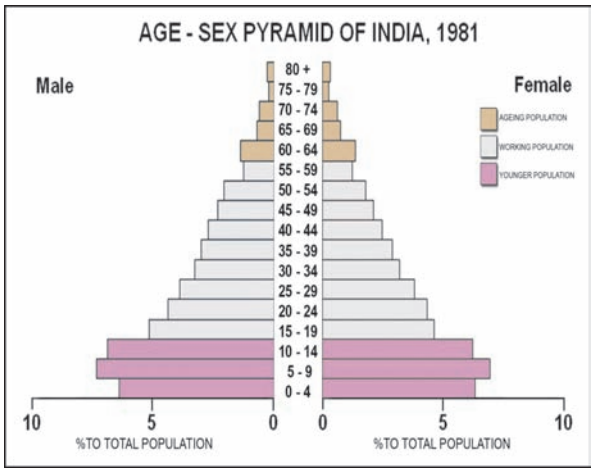

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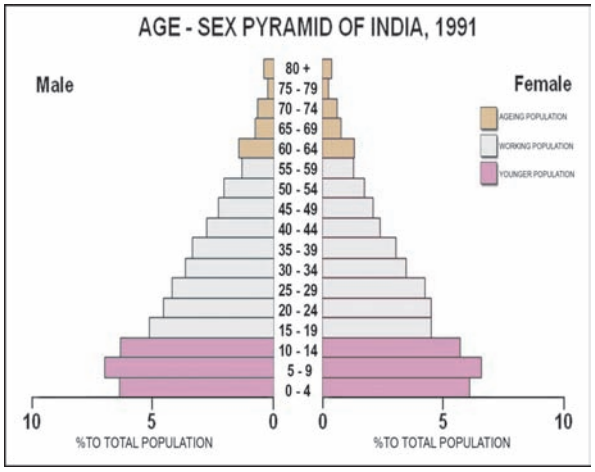

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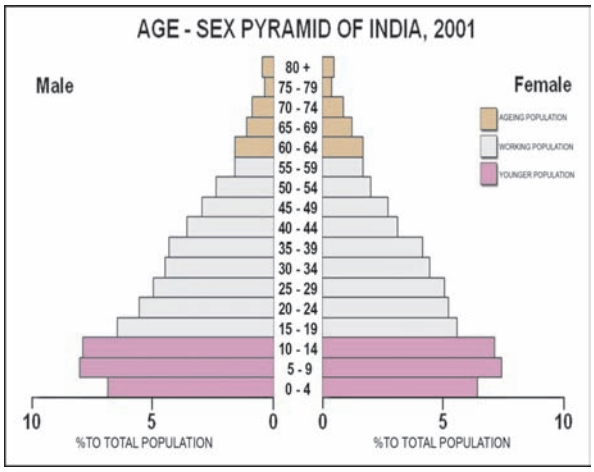


Fig 6.

The demography of ageing may be defined in terms of two different dimensions: first, dealing with what might be called the demography of population ageing and second, dealing with the demography of the aged population. It's a fact that, not only the ageing of the total population but also the ageing of the aged population is steadily occurring. A population ages when increase in the proportion of older persons (aged 60 years or over) is accompanied by reduction in the proportion of children (aged under 15 years) and also by decline in the proportion of working age (15-59 years) population. Persons aged 80 years or more, termed the "oldest-old", are still rather a small part of India's population, just 0.78% to total population in 2001, yet it is the fast growing segment of the Indian population.

The success story of increasing longevity in India is now creating a new challenge for ensuring the well-being of the enormous number of the elderly population. Ageing has a profound impact and implications for all facets of human life. In the economic aspects, it affects economic growth, savings, investment, consumption, labour markets, pensions, taxation and intergenerational transfers. In the social sphere, it influences family composition and living arrangements, housing demand, migration trends, epidemiology and the need for healthcare services. In the political arena, population ageing may shape voting patterns and political representation (UN Report, 2009).

Ageing Population: Indian Scenario (1971-2001)

The UN defines a country as 'Ageing" or "Greying Nation" where the proportion of people over 60 reaches 7% to total population. By 2001 India has exceeded that proportion (7.47%) and is expected to reach 12.6% in 2025. Improved life expectancy has contributed to an increase in the number of persons in the age group of 60+ from only 12 million in 1901 to 20 million in 1951, 57 million in 1991 and 77 million in 2001. The proportion of the elderly population rose from 5.96% in 1971 to 6.48% in 1981, 6.80% in 1991 and 7.47% in 2001. This is true of other older age cohorts too. The elderly population in the 70+ age group was only about 11 million in 1971 that rose to about 15 million in 1981, 20 million in 1991 and alarmingly to 21 million in 2001. There were about 130,352 centenarians in 1961 that increased to 132,839 in 1971, and 151,646 in 1991. In 2001, the population of the 80+ age group increased to over 8 million who are of major concern to our society. The volume of supportive socio-economic and emotional infrastructure needed for this fast growing population is huge and it's a big challenge of the planners in the years to come.

The ageing process in India is therefore undergoing at a fast rate. 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 (Table – 1).

Table – 1: Number and Proportion of Elderly in the Indian Population by Age Groups, 1971–2001

Age/Year	Number				%			
	1971	1981	1991	2001	1971	1981	1991	2001
60+	21375281	27681981	35607475	47323734	3.90	4.16	4.27	4.61
70+	8124272	11358638	14699654	21259869	1.48	1.71	1.76	2.07
80+	3200178	4126765	6374511	8038718	0.58	0.62	0.76	0.78

Source: Compiled by the authors from various Census of India

The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the ageing population.

During the period 1947-70, the mortality rate fell considerably due to reductions in several major communicable diseases and the absence of major famines. However, many infant and childhood diseases remained prevalent, tuberculosis contributed to high levels of adult morbidity (and significantly mortality), and malaria began to re-emerge after a period when it had seemed to have brought under control. The mortality rate continued to decline fairly steadily during the last three decades of the twentieth century.

Changes in India's record in mortality and heath are best understood in historical perspective. India's mortality improved quite significantly during the first 25 years following independence. Indeed, between the mid-1940s and the mid-1960s average life expectation at birth increased almost by 12 years. It was a significant achievement. However, the mortality and health disadvantages suffered by females became much more evident because, for the first time since estimates became available, Indian females began to experience lower average levels of life expectancy than males (Visaria , 2004).

The steady decline in mortality that was clearly evident in the 1950s and 1960s continued during the last three decades of the twentieth century. The crude death rate declined from almost 16 deaths/'000 population during 1971-75 to under 9 /'000 by 1999 (Table – 2). Furthermore, life expectation at birth for both sexes combined rose from about 50 years in 1971-75 to around 61 years by 1993-97. During 1971-75, male life expectation exceeded that of females by more than one year, but the mid-1990s the situation reversed. Between the early 1970s and the end of the 20th century the gains in female and male life expectancy were by about 12 and 10 years respectively.

These figures for all-India conceal differential rates of progress for different sections of the society. In general, mortality rates have been generally higher in rural areas. In the mid-1990s, the life expectation

Table – 2: Mortality estimates for all India and by rural-urban residence, 1971-2001

Period	Crude death rate (/'000)			Life expectancy at birth (years)					
				Male			Female		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
1971-75	15.5	17.1	9.8	50.5	48.9	58.8	49.0	47.1	59.2
1976-80	13.8	15.0	8.9	52.5	51.0	59.6	52.1	50.3	60.8
1981-85	12.1	13.3	7.9	55.4	54.0	61.6	55.7	53.6	64.1
1986-90	10.6	11.6	7.3	57.7	56.1	62.0	58.1	56.2	64.9
1991-95	9.5	10.4	6.6	59.7	58.5	64.5	60.9	59.3	67.3
1996	9.0	9.7	6.5	60.1	58.9	64.9	61.4	59.8	67.7
1997	8.9	9.6	6.5	60.4	-	-	61.8	-	-
1998	9.0	9.7	6.6	-	-	-	-	-	-
1999	8.6	9.4	6.3	-	-	-	-	-	-
2000	8.5	9.3	6.3	-	-	-	-	-	-

Notes: for each period the rates shown are averages of respective annual estimates. The life expectations shown against the year 1996 actually relate to the period 1992-6 and those shown against the year 1997 relate to 1993-7.

Source: Registrar General, India, Sample Registration Bulletin, Ministry of Home Affairs, New Delhi (various years); Registrar General, India (1999a)

of males in urban areas was some 6 years more than that of their rural counterparts. With average life expectation of almost 68 years, urban females in the mid-1990s had a life expectation that was almost 8 years more than the figure prevailing in the rural areas. During 1971-75, the urban population of India outlived the rural population by about 10.9 years. By 1992-96 this differential had fallen to just 6.9 years.

Before the mid-twentieth century, average levels of human fertility were high. Although for women, marriage was both early and universal, there was little or no practice of deliberate birth control, and therefore, fertility level was high for several years. During 1901-51, the crude birth rate was about 45 - 47 births /'000 population (Visaria and Visaria, 1982). The birth rate fell during 1941-51 probably due to the Bengal famine (1943-44) and the Partition. However, fertility increased modestly during the 1950s and 1960s possibly as a result of the medical advances in coping with malaria (Bhat, 1998). The all India birth rate fell from about 35.6 /'000 in 1971-75 to around 26.6 /'000 in 1997-98. The total fertility rate (TFR) dropped from about 5.0 births per woman in the early 1970s to 3.5 births in 1994-96 and further to 3.3 in 1997-98. It can be said that in recent three decades, fertility per woman declined by nearly 50 % (Table – 3).

Both crude birth rate (CBR) and TFR are much higher in rural India than the urban areas. However, these declined over the years due to emergence of necessity of family planning through contraception measures. As a result, fertility fell first in the urban areas and then slowly in the rural areas. Between the early 1970s and the late 1990s, the urban TFR fell from about 3.9 to 2.4 births / women, while the rural TFR fell from 5.2 to 3.6 births / women.

India had the second largest number of elderly (60+) in the world in 2001. The analysis of historical patterns of mortality and fertility decline indicates that the process of population ageing intensified only in the 1990's. The older population of India, which was about 3.3 million in 1971, increased to became 4.3 million in 1981 (Table 4). During this period, the proportion of 60+ aged people increased

Table – 3: Fertility Status of India, 1971-1999

Period	Crude birth rate (per 1000)			Total fertility rate (per woman)		
	Total	Rural	Urban	Total	Rural	Urban
1971-75	35.6	37.2	29.3	5.0	5.2	3.9
1976-80	33.4	34.7	28.1	4.5	4.8	3.4
1981-85	33.6	35.2	28.1	4.5	4.8	3.4
1986-90	31.4	33.0	26.1	4.0	4.3	3.0
1991-93	29.1	30.7	23.7	3.6	3.9	2.7
1994-96	28.2	29.9	22.5	3.5	3.8	2.6
1997-98	26.6	28.2	21.1	3.3	3.6	2.4

Source: Registrar General, India (1999a, 2000a)

Table – 4: Size and Proportion of Population Groups, India (1971-2001)

Population Groups / Year	Number				%			
	1971	1981	1991	2001	1971	1981	1991	2001
Young	230352822	263107052	312364662	363610812	42.03	39.57	37.46	35.44
Working	285008835	358679635	464826476	585638723	52.00	53.94	55.74	57.09
Aged	32699731	43167384	56681640	76622321	5.96	6.48	6.80	7.47
Total	548061388	664954071	833872778	1025871856	100	100	100	100

Source: Compiled by the authors from various Census of India

from 5.96% to 6.48 %, and that of 70+ aged people from 1.48 % to 1.71 %. The same trend has been shown by the oldest-old group that recorded an increase from 0.58 % to 0.62 % probably due to the development in medical services and availability of support structure (Table - 4). In 1991, the older population further increased to about 5.7 million (6.80% of total population). Hence the issue whether India is going to be a "greying nation" in future or not initiated debate and soon became a subject of great concern.

Since 1991, the steady growth of elderly population may be attributed to a steady decline in birth rate. In 2001, total population of the 60+ age group became 7.66 million of which 49.3% were male and 50.7% female, the total proportion being 7.47%. The proportion of 70+ age group increased from 1.76% (1991) to 2.07% (2001), and that of the oldest-old group from 0.62% (1991) to 0.76% (2001). Substantial progress in health care facilities is one good reason for this. Both the absolute and relative size of the population of the elderly in India will gain in strength in future.

In 1971, the dependent population comprising young population (0 – 14 age group) plus older population (60+ age group) was only 47.99% that decreased to 46.05% in 1981, 44.26% in 1991 and 42.91% in 2001. Thus, although the proportion of young dependents decreased, aged dependents increased slightly. The hidden fact is that the share of working group increased significantly (Table - 4). As dependent population has been increasing in previous 30 years, pressure of socio-economic well-beings as well as dependency burden become a concern for the working population of the nation. It is bringing about the slowdown of the growth of the number of children coupled with the steady increase in the number of older persons with a direct bearing on both the inter-generational and intra-generational equity and solidarity that are the foundations of society.

The sex ratio among the elderly in India has favoured males as against the trend prevalent in others parts of the worlds. 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. Though life expectancy at birth among females are generally low than the males in early 1990s with the phenomenon of higher female mortality during infancy and childhood, it does not represents a true picture for the elderly Indian population.

Rural — Urban Differentials

India is a country of villages, and nearly three quarters of its population is rural. Changes in population structure have a several implications for health, economic security, family life and well-being of the people, both in rural and urban areas. Rural and urban areas provide a striking contrast in terms of living conditions, availability of supportive socio-economic infrastructure. Though there are regional variations in the condition of villages but in general, most villages have poor sanitary conditions and less access to education and medical facilities. Most of the rural people cultivate in their own land or as agricultural labourers. There is neither income security nor any systematic provision for old age. Children are perceived as old age security.

The urban old are found to have better health and better economic security than those in rural areas. Urban areas in India have benefited disreputably from improvements in housing, sanitation, education and health care. Urban males are in the most opportune position compared to urban females, rural males and rural females. Senior citizen clubs are becoming popular in cities. In metropolitan areas, older people organize themselves to fight for better facilities and to pressurize the Government for tax benefits and user-friendly public services (Prakash, 1997).

According to Census of India, ageing scenario also differs from rural to urban India. Gender is an important determining factor for the steady well-being of the society. India is one of the countries in the world where men outnumbered women at all ages till old-old age. One of the main social effects of extension of life in later life is the extended period of widowhood for women. Widowhood often lowers the socio-economic level of women. Illiteracy or poor education becomes the barrier for their economic and social security. Their work as home-makers and caregivers is never monetized. Urban widows sometimes get the pension and the life-insurance money of their deceased spouses. Rural women rarely have these advantages. Nor are they likely to hold property exclusively in their names. These factors increase the dependency of women on others in old age.

Consistently rural elderly outnumbered urban elderly in the period of 1971 to 2001 in India (Table 5). Rural India constituted total elderly (60+) of 6.21% to total rural population in 1971 which was higher than the urban elderly, i.e. 4.98% to total urban population. The figure became 6.84% for rural elderly and 5.36% for urban elderly in 1981. For both men and women, this figure is quite higher in rural areas when compared with that of urban areas. In 1971, total rural male elderly was 3.21% to total rural population and total rural female elderly was 3.00% to total rural population. However in 1981, these figures raised to 3.50% for rural India's male elderly and 3.34% for rural India's female elderly. About 2.55% male and 2.43% elderly lived in urban India in 1971 whereas it constituted 2.70% male and 2.66% female urban elderly in 1981. Due to rapid urbanization from 1990's onwards in India, urban dwellers became more in number that also effects the living condition of elderly population of India. Rural elderly population became 7.15% to total population in 1991 where more male elderly (3.72%) lived in rural areas than female elderly population (3.43%). Total urban elderly population reached to 5.79% to total population in 1991 whereas it increased to 6.72% in 2001.

An increase in the share of the female section of the older population is another notable demographic profile among the aged. Since mortality rates are usually higher among men than among women, even at older ages, the percentage of women tends to increase with advancing age. In most countries older women greatly outnumber older men as women normally marry men senior to them, a greater number of older women are more likely to be widowed. This trend is more pronounced in Asian countries where the age gap between spouses is much higher than in other developed regions. Apart from widowhood, women also have less access to skill formation, education, health care and other sources of private and public support. Indeed, the concerns of the oldest old should be viewed primarily as the concerns of

Table – 5: Ageing Scenario in Rural and Urban India (1971 – 2001)

% of 60 + Population of India	Years			
	1971	1981	1991	2001
60 + Total	**5.97**	**6.49**	**6.80**	**7.47**
60 + Male	3.08	3.31	3.52	3.68
60 + Female	2.89	3.18	3.28	3.79
60 + Total Rural	**6.21**	**6.84**	**7.15**	**7.76**
60 + Rural Male	3.21	3.50	3.72	3.83
60 + Rural Female	3.00	3.34	3.43	3.93
60 + Total Urban	**4.98**	**5.36**	**5.79**	**6.72**
60 + Urban Male	2.55	2.70	2.96	3.30
60 + Urban Female	2.43	2.66	2.83	3.42

Source: Compiled by the authors from various Census of India

Table – 6: Number and Portion of Population Groups in the Rural Indian Population (1971-2001)

Population Groups/ Year	Number				%			
	1971	1981	1991	2001	1971	1981	1991	2001
Younger Population	187751352	205564285	238774812	275946977	42.77	40.52	38.54	37.26
Working Population	223923363	267032106	336482479	407202130	51.01	52.64	54.31	54.98
Ageing population	27272028	34711162	44278838	57444714	6.21	6.84	7.15	7.76
Total	438946743	507307553	619536129	43857198	100	100	100	100

Source: Compiled by the authors from various Census of India

older women (Chakraborti, 2004). Feminization of elderly population was a noticeable phenomenon in 2001. There was 3.30% of total population being male elderly whereas it was 3.42% being female elderly in 2001 in urban India. In rural India, this phenomenon was also striking in the year 1991 as 3.93% of total elderly population was female than the male portion (3.83%).

In rural India, dependent population is much higher than the urban areas (Table 6). Dependent population in rural India was 21, 502, 3380 in 1971 among which 42.77% was younger population and 6.21% was ageing population. In 1981, percentage of younger population drops to 40.52% whereas working groups became larger (52.64%). However number of elderly people became higher in 1981 as it grew to 34711162 (6.84% to total population). Ageing population became alarming for the society when rural elderly increased to 7.15% to total rural population in 1991 which became 7.76% in 2001 (Fig. 7, 8, 9, 10). Subsequently higher dependency ratio became a burden for the rural working folks with lowered income security where agro-based economy which is dependent largely on monsoonal rainfall causing insecure production of crops. In 2001, dependent population was 45.02% to total rural population which becomes a burden for the working force (54.98%). The well-being of the elderly largely depends on labour force participation literacy, marital status and health. It affects socio-economic well-being as earning members are lowered and dependency burden affects literacy and living standard of the younger population and unsecured old age both physically and socio-economically.

In urban areas, use of contraception, controlled fertility and development of medical services and geriatric care facilities along with economic security

in tertiary jobs leads to population control. As maximum population of India lives in rural areas, proportion of urban population is in general lower than rural areas. Working age group is higher than

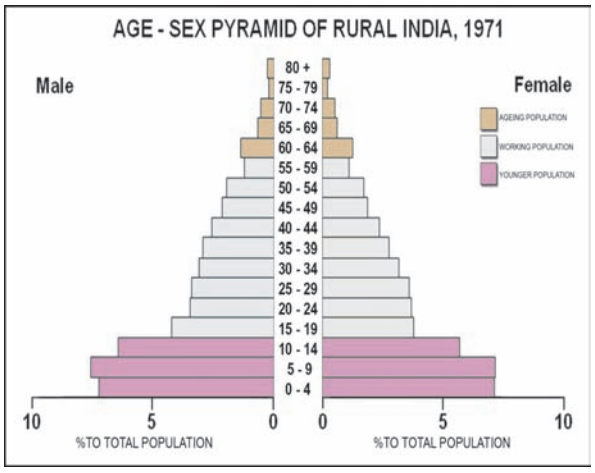
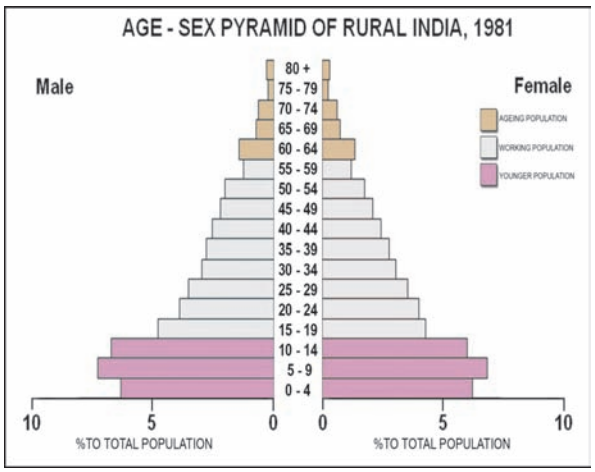


Fig 7.



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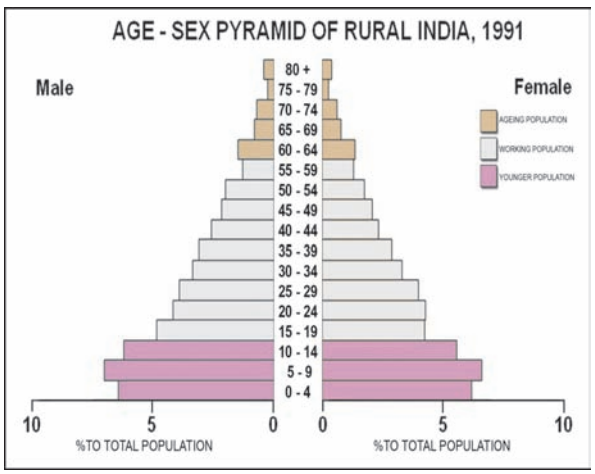

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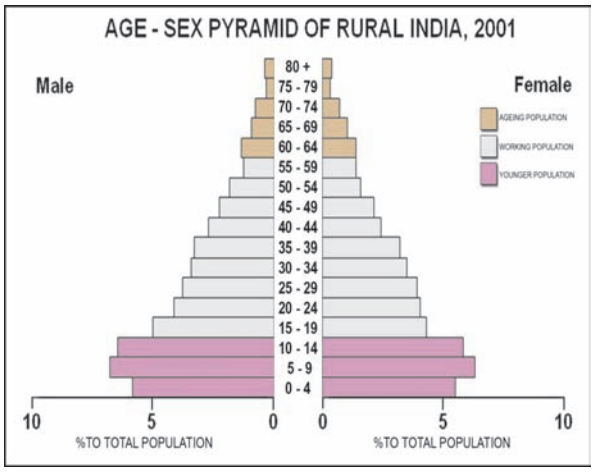

Fig 10.

the dependent younger and ageing population groups in urban areas (Table 7).

In 1971, working group on urban areas was 55.99% which steadily increased to 58.11% in 1981 due to industrialization and more participation as urban workforce due to rural to urban migration also. Proportion of younger population aged 0-14 years drops down from 39.03% in 1971 to 36.52% in 1981 and simultaneously proportion of the aged 60 and above increased to 4.98% in 1971 to 5.37% to total urban population in 1981. In the year 2001, portion of younger dependent population lowered to 30.73% to total urban population which was 34.33% in the year 1991. As younger population became lower, consequently working population became higher in portion which became 62.55% in 2001 from 59.88% to total urban population in 1991. The urban increase of elderly population aged 60 years or above is not so much strikingly high compared to the rural population (Fig. 11, 12, 13, 14). In 2001, elderly dependent population grew to 6.72% from 5.79% in 1991. More availability of medical services, improved standard of living, higher literacy both for male and female population, prevention of early marriage and early widowhood, more labour force participation and secured socio-economic support structure for the urban elderly have strong influence on urban age-structure in India.

Summary

People of India have been experiencing slow but steady demographic transitions since the half of the century. In recent years, however, the fertility

Table 7: Number and Portion of Population Groups in the Urban Indian Population, 1971-2001

Population Groups/Year	Number				%			
	1971	1981	1991	2001	1971	1981	1991	2001
Younger Population	42583470	57542767	73589850	87663835	39.03	36.52	34.33	30.73
Working Population	61085472	91552524	128343997	178436593	55.99	58.11	59.88	62.55
Ageing population	5427703	8450226	12402802	19177607	4.98	5.37	5.79	6.72
Total	109096645	157545517	214336649	285278035	100	100	100	100

Source: Compiled by the authors from various Census of India

transition has accelerated resulting in rapid changes in the age structure of population. This change creates unique opportunities along with significant challenges both for the economy and society. The demographic dividend is of a shorter duration for any country and eventually the nation will move into an ageing of population. There is no significant

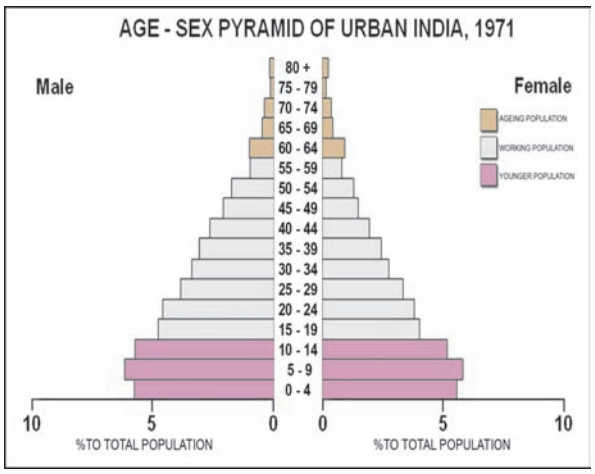

Fig 11.

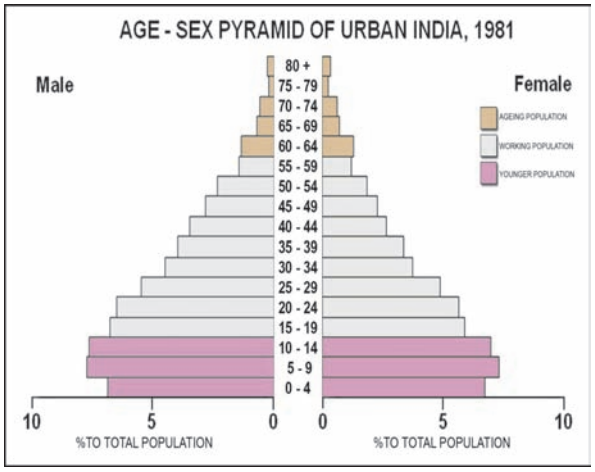

Fig 12.

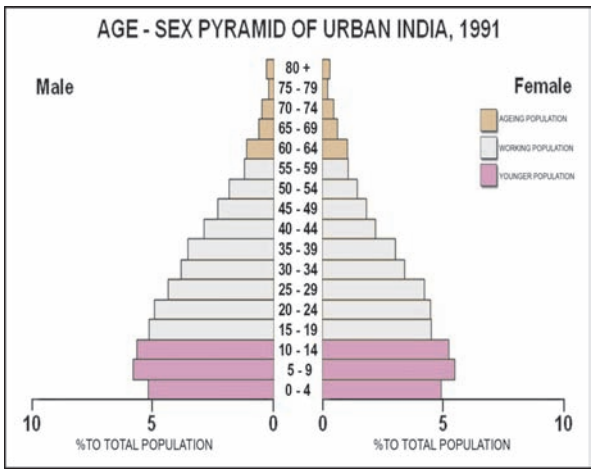

Fig 13.

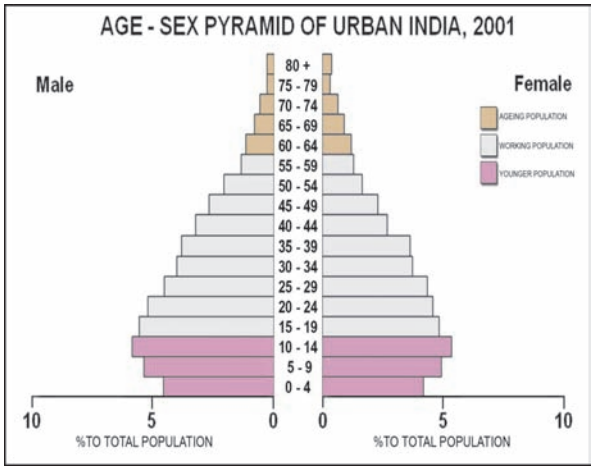

Fig 14.

empirical evidence to suggest that larger proportion of elderly population would impede the economic progress of a nation. At the same time, there are many social changes expected as a result of ageing population in any nation. The major challenge would be on the care for the elderly. With changes in demography and economy, out migration is also

enhanced for better employment opportunities affecting elderly population who are left behind. The living arrangement pattern of the elderly are expected to undergo rapid changes during this period.

Government of India must be applauded for its foresight in drafting the National Policy on Older Persons (NPOP) as early as in 1999, when less than 7% of the total population of India were aged 60 and above. The NPOP has identified principal areas of intervention and action strategies. These include financial security for the elderly in both the formal as well as those working in the informal sector, health care and nutrition, shelter and housing, development of trained manpower in medical colleges and schools of social work, attention to the needs of vulnerable groups among the elderly such as the destitute, widows and those who are disabled (GOI, 2000). In addition, the policy suggests the formulation of a National Council and a National Association of Older Persons, the establishment of a separate bureau for older persons in the Ministry, preparation of Sectoral Annual and Five Year Plans for the Elderly and a detailed review of the implementation of the National Policy every three years (GOI, 2000). The government also has a scheme of assistance to Panchayati Raj Institutions/Voluntary Organizations or other self help groups for the construction of old age homes or multi-service centers for older persons (Das and Shah, 2001). Thus, the policy vision statement is concerned with important socio-economic aspects like financial security, health, shelter, education, welfare and protection of life and property etc. However the major gap of the NPOP is the prioritization of oldest-old population, feminization of elderly and ruralisation of elderly along with inter-state variations.

Conclusion

The problems of senior citizens in India and for that matter in most of the third world countries are different from the problems of the old persons in the developed and western countries. The social institutions, cultural milieu, customs, traditions, religion, community controls and individuals as well as group psychology of the two worlds are quite different. Whenever, the problems of the aged are discussed from academic or policy orientation point of view, it is the large, middle class and the other elite families whose problems get enlightened in India. There has hardly been any concerted effort to measure the problems of the aged in the poorer sections of the society. Where an aggregate of more than 50 % of the urban and rural population exist below the poverty line, it is not only the problem of the aged that is important but it is the problem of poverty which also needs attention.

In our country, any welfare package for the elderly has to be developed considering the low levels of literacy among them, their concentration in the rural areas and their primary occupation in the unorganized agricultural sector, poor financial security in terms of possession of assets, property and income, their dependence on others, their overall low standard of living which denies them basic amenities of daily living and poor access to means of mass communication to inform them about various programmes and services designed especially for them. The states that already have a larger share of the elderly population need to prioritise the development of a suitable package for their elderly. In addition, the government health services need to be equipped in terms of infrastructure and manpower training to address these special health needs of the elderly (Das and Shah, 2001).

The physiological and psychological problems associated with old age are certainly inevitable. Besides, the ageing population suffers from a variety of economic, social, and cultural problems like, occupational and financial insecurity, family negligence, non-participation in decision-making, and so on mainly arising out of disintegration of joint family system, increasing materialism, urbanization, industrialization, break down of moral values, fast life, and etc. Hence, the state needs to provide suitable institutional and other economic support to address the socio-economic needs of the elderly. However, despite welfare schemes for the geriatric problems of the elderly the creditability of the Government and Non-Government Organisations are not fully established. But while we still exist, let us make the lives of ourselves and those of the elderly fellow human beings not only longer but also livelier.

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