

Problems of The Aged – A Sociological Analysis

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ABSTRACT

‘Old age’ or ‘the aged’ or ‘Population Ageing’, ‘elderly’ are the terms quite popular for academic usages to denote a bio-sociological process under which human grows older. However, a person’s usefulness and images in the society diminishes because of his or her age. India has entered into an era of ageing society with demographic transition which has resulted in the continuous increase of the population of the elderly. Graying population, i.e. increasing the population of elderly is one of the most ‘significant characteristics’ of the 20th Century and the first quarter of the 21st Century known as the “age of ageing”. The increasing number of aged has given rise to the dilution of traditional support system in India. In olden days, the aged were greatly respected for their wisdom and kept with a great care in the family fold. However, with rapid urbanization, modernization and changes in social structure, the traditional joint family system is gradually giving way to the nuclear family. As a result, an alarming threat to smooth and comfortable lives of the aged has cropped up. They are gradually becoming appendage and burden on the family. There is a breakdown of the family system structurally and functionally and the support base for the elderly is eroding. Material views are replacing family values. The concern for others, a significant feature of Indian society is decaying. With this changing socio-structural setting, the abuse and exclusion of elderly is rampant and widespread across the country. This paper attempts to discuss the abuse and exclusion of the elderly in India.

Key words: Elderly person, Health Issues, Depression, Family relation, Social Status

Introduction

A man’s life is normally divided into five main stages namely: infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. Infancy and childhood are periods of dependence. One is normally at the mercy of one’s parents. In the later stage of childhood and during the period of adolescence how circumstances make a few of them delinquents, have already been examined. It is during the adulthood that an individual has to bear the main brunt of life. Old age is comparatively less, from the stand point of the individual problems which are not less significant. In old age physical strength deteriorates, mental stability diminishes, money power becomes bleak and eye sight suffers a setback. It is only for a blessed few, old age may prove to be a stage of contentment and satisfaction.

The traditional norms and values of Indian society laid stress on showing respect and providing care for the elderly. Consequently, the older members of the family were normally taken care of in the family itself. The family, commonly the joint family type, and social networks provided an appropriate environment in which the elderly spent their lives. The advent of modernization, industrialization, urbanization, occupational differentiation, education, and growth of individual philosophy has eroded the traditional values that vested authority with elderly. These have led to defiance and decline of respect for elders among members of younger generation. Although family support and care of the elderly are unlikely to disappear in the near future, family care of the elderly seems likely to decrease as the nation develop economically -and modernize in other respects. For a developing country like India, the rapid growth in the number of older population presents issues, barely

perceived as yet, that must be addressed if social and economic development is to proceed effectively. Unlike in the western countries, where there is dominant negative effect of modernization and urbanization of family, the situation in the developing countries like India is in favour of continuing the family as a unit for performing various activities (Siva Raju, 2000,2002, 2004). In spite of several economic and social problems, the younger generation generally looks after their elderly relatives. Though the young generation takes care of their elders in traditional societies, it is their living conditions and the quality of care, which widely differs from society to society.

Demographic Profile of the Elderly in India

India, a sub-continent that carries 15 per cent of the world's population, is gradually undergoing a demographic change as a result of many factors including specific development programs. With decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of older people. In 1951, 60+ populations were around 20 million. Three decades later in 1981, it was a little over 43 million, a further decade later in 1991, this had increased to 55.30 million and for 2001 it is 76 million. These demographic facts and trends make the older people in India an increasingly important segment of the population pyramid in the coming years.

India, now home to 1.2 billion people, is projected to overtake China in about a decade to become the world's most populous country. Bloom (2011a) calls the share of India's population ages 50 and older relatively small at 16 percent, but notes that India will experience rapid growth among this age group. The United Nations Population Division projects that India's population ages 50 and older will reach 34 percent by 2050 (UN 2011). Between 2010 and 2050, the share 65 and older is expected to increase from 5 percent to 14 percent, while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent.

The population dynamics fuelling India's growth and changing age structure are rooted in the

combined impact of increasing life expectancy and declining fertility. Life expectancy at birth in India climbed from 37 years in 1950 to 65 years in 2011, reflecting declines in infant mortality and survival at older ages in response to public health improvements (Arokiasamy et al., forthcoming; Haub and Gribble 2011). By 2050, life expectancy at birth is projected to reach 74 years. Fertility rates in India have declined to 2.6 children per woman, less than one-half the early 1950s rate of 5.9 children per woman (Haub and Gribble 2011).

As India's population ages, the nation will face a shrinking pool of working-age people to support the elderly population. Arokiasamy and colleagues (forthcoming) report that the old-age dependency ratio—the number of people ages 60 and older per person ages 15 to 59—is expected to rise from 12 per 100 to 31 per 100 by 2050. By 2042, the share of Indians 60 and older is projected to exceed children and youth ages 14 and younger (Chatterji et al. 2008). Bloom (2011a) notes the burden of old-age dependency “will be substantially offset by the decline in youth dependency associated with declining fertility.” Indeed, some studies suggest that in India, the burden of old-age dependency may be less than usually assumed.

India's national trends mask tremendous regional variation. Pointing to India's 16 languages, Haub and Gribble (2011) describe India as a “collection of semi-independent countries united under one democracy.” Fertility rates in India's southern states of Kerala and Tamil Nadu were a low 1.7 children per woman in 2009, while the fertility rates in the northern states of Bihar and Uttar Pradesh were twice as high. Bloom (2011a) notes that the ratios of the working-age population to the nonworking-age population for Tamil Nadu and Bihar are widely different, comparing that difference to the gap between the ratios for Ireland and Rwanda today. These stark regional differences will mean that the impact of a shifting age structure and population aging will not unfold uniformly throughout the country.

Dimensions and Definition of ageing

Ageing has been defined in various ways by different scholars and it is measured in many ways according to the academic background of

the person who study them. Some have regarded ageing as period of physiological deterioration, others regard it as simply the advancement of years and still others have emphasized that ageing involves a restriction on cultural roles.

According to Bhatia (1983) the term ageing is a broad one and can be studied under three types – Biological, Psychological, and Socio-cultural.

In the broadest sense, Charles S Becker (1959) defines ageing as those changes occurring in an individual, which are the result of the passage of time'. These may be, according to him, anatomical, physiological, psychological and even social and economic. He further adds: Ageing consists of two simultaneous components – anabolic building up and catabolic breaking down. In the middle years there is an essential balance between expansion and decay, while growth predominates in youth; degenerative changes which start occurring very clearly in life pre-dominate in the late life span.

Edward J. Stieglitz (1960) 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.

According to Tibbitts (1960) ageing may be best defined as the survival of a growing number of people who have completed the traditional roles of making a living and child rearing and years following the completion of these tasks represent an extension of life. He also says, ageing is an inevitable and irreversible biological process.

According to Hooyman and Kiyak (1994), the gerontologist view ageing in terms of the following four distinct process or dimensions:

Four dimensions of ageing are commonly identified: chronological, biological, psychological and social ageing.

Characteristics of Elderly Population in India

The number of elderly in India is rising rapidly. India's elderly population is estimated at 10 crore in 2011, and is projected to reach 20 crore by 2030. The proportion of elderly persons in the total population is expected to increase from 8.3 percent in 2011 to 12.4 percent in 2026.3 In this context, a few important characteristics need to be considered. In 2010, about two-third of the elderly lived in villages and nearly half were of

poor socio-economic status (Lela et al, 2009). Half of the elderly are dependents mainly due to widowhood, divorce or separation and a large number of these are females (Rajan, 2001). On the basis of number of surveys undertaken, it can be concluded that there is a high prevalence of risky behaviour by the elderly, like use of tobacco and alcohol (Mutharayappa and Bhat, 2008). About 60 per cent of the elderly depend on others for their day-to-day maintenance while less than 20 per cent elderly women and majority of elderly males, were economically independent. Amongst the economically dependent, 85 percent of men and 70 percent of women were supported by their children. Of the economically independent elderly, more than 90 percent supported one or more dependents. Table 1 shows that nearly 40 per cent of elderly with 60 per cent being males were working and the proportion was higher in rural areas as 66 per cent of rural men were working compared to 39 per cent of urban men.

Problems of the Aged:

The aged face a number of problems in present day societies. According to the wellknown sociologist Rostow, the old have basically two kinds of problems. One the kind of problem that they really have and two the kind of problem that they think they have. In general the problems faced by the aged are the following: -

1. Failing Health: It has been said that "we start dying the day we are born". The aging process is synonymous with failing health. While death in young people in countries such as India is mainly due to infectious diseases, older people are mostly vulnerable to non-communicable diseases. Failing health due to advancing age is complicated by non-availability to good quality, age-sensitive, health care for a large proportion of older persons in the country.

2. Economic Insecurity: The problem of economic insecurity is faced by the elderly when they are unable to sustain themselves financially. Many older persons either lack the opportunity and/or the capacity to be as productive as they were. Increasing competition from younger people, individual, family and societal mind sets, chronic malnutrition and slowing physical and mental faculties, limited access to resources and

lack of awareness of their rights and entitlements play significant roles in reducing the ability of the elderly to remain financially productive, and thereby, independent.

3. Isolation: Isolation, or a deep sense of loneliness, is a common complaint of many elderly is the feeling of being isolated. While there are a few who impose it on themselves, isolation is most often imposed purposefully or inadvertently by the families and/or communities where the elderly live. Isolation is a terrible feeling that, if not addressed, leads to tragic deterioration of the quality of life.

4. Neglect: The elderly, especially those who are weak and/or dependent, require physical, mental, and emotional care and support. When this is not provided, they suffer from neglect, a problem that occurs when a person is left uncared for and that is often linked with isolation.

5. Abuse: The elderly is highly vulnerable to abuse, where a person is willfully or inadvertently harmed, usually by someone who is part of the family or otherwise close to the victim. It is very important that steps be taken, whenever and wherever possible, to protect people from abuse. Being relatively weak, elderly is vulnerable to physical abuse.

6. Fear: Many older persons live in fear. Whether rational or irrational, this is a relevant problem face by the elderly that needs to be carefully and effectively addressed. Elderly who suffers from fear need to be reassured.

7. Boredom: Boredom is a result of being poorly motivated to be useful or productive and occurs when a person is unwilling or unable to do something meaningful with his/her time. The problem occurs due to forced inactivity, withdrawal from responsibilities and lack of personal goals.

8. Lowered-Self-esteem: Lowered self-esteem among older persons has a complex etiology that includes isolation, neglect, reduced responsibilities and decrease in value or worth by one-self, family and/or the society.

9. Loss-of-Control: This problem of older persons has many facets. While self-realization and the reality of the situation is acceptable to some, there are others for whom life becomes insecure when they begin to lose control of their resources – physical strength, body systems,

finances (income), social or designated status and decision-making powers.

10. Lack of Preparedness for Old Age: A large number of people enter 'old age' with little, or no, awareness of what this entails. While demographically, we acknowledge that a person is considered to be old when (s)he attains the age of 60 years, there is no such clear indicator available to the individual. For each person, there is a turning point after which (s)he feels physiologically or functionally 'old'. This event could take place at any age before or after the age of 60.

Economic Security Schemes for Elderly

Government under standardized economic security policy is covering retirement benefits for those in the organized sector, economic security benefits for those in the unorganised sector and old age pension for rural elderly. The government pension bill in 2001 was more than 1 percent of GDP or 15 percent of the revenues. The employees provident funds, though gradually extended from 5 to 179 industries, the increase in the labour force coverage has barely risen from 1 percent to 5 percent. Though little evidence is available on poverty among the elderly and the impact of cash transfers, several studies have raised concerns about target population, administrative efficiency and other such issues. Given high growth rate among the elderly and also high longevity, there needs serious thinking on the part of planners to evolve suitable programmes and schemes and bring reforms in the existing pension programmes.

As per the National Policy on Aging (1999), one-third of the elderly population (1993- 94) is below the poverty line and about one-third are above it, but belonging to lower income group. The policy document also states that the coverage under the Old Age Pension Scheme for poor persons, which is 2.76 million (as on January 1997) will be significantly expanded with the ultimate objective of covering all older persons below the poverty line. NOAP scheme (National Old Age Pension Scheme) which is initiated by the Central Government provides for a pension of Rs.75/- per month to the old people living in the conditions of destitution. The budgetary allocation for NOAP scheme, which was Rs.450

crores in 1999, has been increased to Rs.465 crores in 2002. The NOAP scheme is in operation all over India and the reports indicate that the most vulnerable sections of Indian society like, women, and lower caste individuals have been benefited from this scheme.

All State Government and Union Territories have their own schemes for old age pension and the criterion of eligibility and the quantum of pension amount vary among these States. The average old age pension which is nearly Rs.150 per month was below the average per capita income per Indian. The percent of elderly who benefited from the old age pension scheme varies across states, with the minimum of 0.3 percent to 68 percent. As on 1999, a total amount of Rs.227 millions was spent to benefit 49 lakh beneficiaries among the elderly.

The combined national budget allocation for the NOAPS comes to 0.6 percent only as compared to 6 percent of Central Government revenue expended on pension for its employees (Irudaya Rajan, 2001). The Central government has announced in the year 1999 another social security programme called 'Annapurna Programme' for the elderly destitutes. Under the programme, all older persons who are eligible for the NOAPS are given 10 kg. rice / wheat monthly, free of cost, through the existing public distribution system and the expected beneficiaries for the programme are estimated to be 6.6 millions. The total number of beneficiaries during 2000-2001 for National Old Age Pension Scheme in the country is worked out as approximately 68.81 lakh. This would imply that 13.76 lakh beneficiaries would be eligible for coverage under the "Annapurna" Scheme. An amount of Rs.100 crores has been provided in the budget for 2000-2001 for the Scheme.

The Ministry realizes that poverty alleviation programmes directed at the aged alone cannot provide a solution to the income and social security problems of the elderly and has so commissioned the National Project titled OASIS (Old Age Social & Income Security) as a result of growing concern for old age social & income security; especially for the 330 million young workers in the unorganized sector (including farmers, shopkeepers, professional, taxi-drivers, casual/ contract labourers etc.) out of the total 370

million workers in India. According to this project, every young worker can build up enough savings during his/her working life, which would serve as a shield against poverty in old age. The need for this arose because of lack of adequate instrument to enable workers in the unorganized sector to provide for their future old age.

National Policies for the Elderly

A number of national policies for elderly operate in India. Article 41 of the Indian Constitution provides that the State shall, within the limits of its economic 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 other similar cases. In addition, the Maintenance and Welfare of Parents and Senior Citizen Act, 2007 was enacted in December 2007 to ensure need-based, maintenance of parents and senior citizens and their welfare.

To ensure that the elderly live longer and lead a secured, dignified and productive life is a major challenge for policy makers in India. To address the issue, an Integrated Program for Older Person (IPOP) is being implemented since 1992 with the sole objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities. The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure well-being of elderly. These policies envisage government support to ensure financial and food security, health-care, shelter and other needs of older persons and availability of services to improve the qualities of their lives. The draft National Policy for Senior Citizens (Chairperson: Mohini Giri) discusses about housing, productive ageing, multigenerational bonding, healthcare and various other schemes but is yet to be finalized and adopted by the government. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, assigns responsibility and obligation on the heirs to provide care and support to the elderly. There also is an inter-ministerial committee on older persons to address ageing issues. Various ministries like the Railways, Rural Development and Finance also offer special concessions to the elderly. In addition, a number of financial

schemes initiated by the government are specially focused on the BPL households.

To cater for the rising elderly population, government has also been undertaking pension reforms. Pension Fund Regulatory and Development Authority was established in 2003 and has been making efforts to improve social security in India. Despite such efforts, and introducing New National Pension Scheme that includes Swavalamban and launching extensive financial education program, only about 20 per cent of the elderly population are covered, mainly those who have retired from the organized sector, including government and public sector employees. In India, with the setting up of Insurance and Regulatory Authority in 1999, life insurance companies have increased from one, LIC, to 24 in 2013, with increasing participation from the private sector. Despite this, life insurance penetration is less than 4 per cent in India by many different estimates.

The survey by UNFPA (2011) reveals that the utilization of all schemes for BPL households was abysmally low. Only less than 20 percent of the elderly belonging to BPL are beneficiaries while still a fewer utilize the 'Annapoorna Scheme' and IGNWPS. It would be alarming to note that substantial wrong targeting of the schemes was apparent with up to 9 per cent of non-BPL card holders benefiting from IGNOAPS and 15 per cent from IGNWPS. Awareness of concessions and benefits in terms of train travel, bus reservation, phone connections, high interest rate on small savings, income tax benefits and privileges under NREGA was also found to be poor.

Suggestions to improve the lives of the Aged:

The study revealed that most of the inmates of the old age homes were economically dependent and less educated. The widowed and never married elderly constituted a large per cent of the study. Also the health condition of the inmates was not satisfactory. For these following suggestions have given for the welfare of the lives of aged:

1. The elderly should be encouraged to become the members of social organisations and thus they can take a active part in the social life.

2. Income generation programmes for the elderly has to be introduced who are fit to work at the old age homes.

3. Health care is becoming most expensive; hence it has to make very affordable for the elderly population.

4. Free periodical health checkup needs to be organised by the government.

5. For emergency health care facilities, vehicles, doctors etc should be made available. Voluntary service of medical professional should be promoted and encouraged.

CONCLUSION

The growth of the elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality across the country. As we have outlined, key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socioeconomic status, stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system. Economic security is as relevant for the elderly as it is for those of any other age group. Those who are unable to generate an adequate income should be facilitated to do so. As far as possible, elderly who are capable, should be encouraged, and if necessary, supported to be engaged in some economically productive manner. Others who are incapable of supporting themselves should be provided with partial or full social welfare grants that at least provide for their basic needs. Families and communities may be encouraged to support the elderly living with them through counseling and local self-governance. Among the most significant findings that emerged in developing this review was the incompleteness of data on the burdens of access and affordability among elderly populations in India.

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