
PROBLEMS OF THE AGED – A SOCIOLOGICAL ANALYSIS

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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 women, 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.

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 well-known 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) Loneliness: This makes them feel helpless, especially when they have lost their spouse. In the West, it is the women who are lonelier but in India it is the men who are lonelier. Social conditions are such that in India an old woman has someone to care for her i.e. son's family, daughters, other relatives and someone to talk to.

2) Economic insecurity: When a person retires there is a decline in his income which determines his standard of living and quality of life. If a person does not have enough savings, it becomes difficult to manage expenses often retirement. In old age medical expenses increase making elders dependent on their children for their treatment.

3) Physical helplessness: In old age there is a decline in physical strength, there is poor vision and loss of hearing etc. All this makes the person helpless and dependent upon others which is humiliating for the person.

4) Emotional problem: In the beginning retirement gives a sense or feeling of relief and relaxation. However, after sometime it creates emotional problems. Retirement makes the individual feel useless or worthless. Unless one has some hobby or interest to keep him occupied.

5) Making new friends: This is difficult for old and they may have only a few old friends left the aged become fixed in their beliefs and views and they find it difficult to make new friends.

6) Problems in travelling: The old find it difficult to travel particularly in public transports which are mostly crowded. Only a few can afford private cars and taxis. Even in these, they cannot travel long distances.

7) Need for adequate space and living facilities: Elders spend more time in the house rather than outdoors. If the house is big with adequate space, they are comfortable. But very few can afford this type of luxury.

8) Health problem: These are related to the following:-

- a) Decline of secondary and motor functioning like poor vision, hearing loss and taste and small sensitivity becoming low due to degenerative changes.
- b) Reserve capacity reduces in old age and this makes them prone to accidents and makes them feel tired easily.
- c) Medical problems which arrive like heart diseases, arthritis etc. In addition, the aged suffer from functional disorders like depression, anxiety, sadness, social withdrawal, inhibitions, lowered self-esteem, memory loss and so on.

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 IGWPS. 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 IGWPS. 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.

Conclusion

Elderly population is expected to rise from about 8 per cent of the total population in 2011 to about 20 per cent by 2050. Population ageing is already taking place, though gradually, in India. funded health and pension schemes before the full consequences of population ageing make themselves apparent on the fiscal. The role of partnerships between the public and private sectors, in areas such as health, education and caring for the elderly, also needs to be carefully explored. In the case of health, measures should be taken to minimize the fiscal impact of relatively expensive modern medical techniques through telemedicine. In education, private sector involvement could provide significant benefits. Timely action in a phased manner is required as evidence shows that in some developed and many developing countries, scope for increased public expenditure on health and education seems limited, with public finances already overstretched. Learning from the experiences of the developed world, it should be possible for India to develop funded health and pension schemes before the full consequences of population ageing make themselves apparent on the fiscal. The role of partnerships between the public and private sectors, in areas such as health, education and caring for the elderly, also needs to be carefully explored. In the case of health, measures should be taken to minimize the fiscal impact of relatively expensive modern medical techniques through telemedicine. In education, private sector involvement could provide significant benefits. Timely action in a phased manner is required as evidence shows that in some developed and many developing countries, scope for increased public expenditure on health and education seems limited, with public finances already overstretched.

There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. Along with proper and effective professional welfare services that need to be evolved to provide counselling services both to the elderly and their family members, it is also important to provide financial support to low income family groups having one or more elderly persons. The rapid population ageing will necessarily bring social change and economic transformation. In view of this, a holistic approach to population ageing taking social, economic and cultural changes into consideration is needed to effectively solve the emerging problems of the elderly. Based on the existing diversities in the ageing process, it may be stated that there is a need to pay greater attention to the increasing awareness on the ageing issues and its socio-economic effects and to promote the development of policies and programmes for dealing with an ageing society.

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