



Aged: Problems & Prospect

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Abstract:

“It is not sufficient to add years to life but the more important objective is to add life to years.”
- WHO slogan

The aged are the symbol of tradition, respect, wisdom and experience. They are considered to be the best source of social education, social service and social cohesion. Their experience and perspective ideas are invaluable assets for the development of the community. The elderly is a prize asset to the country and their health is an important component of the nation (Devi & Premkumari: 2000). Our ancient culture demands that the aged should be respected. In fact, the order of prevalence in India has been mother, father, teacher and god. Since time immemorial most traditional families in India cling fast to the belief that, while it is the duty of the parents to look after their children, it is equally incumbent upon the children to look after their dependent parents. However, the changes taking place in Indian society due to urbanization, industrialization and modernization have created problems for the aged in India (Moorthy: 2002). Aging is a biological process, experienced by the mankind in all times. However, concern for aging of population is a relatively new phenomenon, which has arisen due to significant by large increase in the number and proportion of aged persons in the society (Benerjee: 2002). This is the situation of population of the 70 million aged in India, mostly uncared, unnourished, unattended, not honoured and neglected. In India, the situation of population ageing has reached alarming properties. From 25.6 million in 1961 to number of those over sixty years is expected to touch 340 million in 2061. Between 1961 and 2061 while the total population would claim 5 times, the number of the elderly would show 13 times (Rengasamy: 2002).

Keywords: AGED, Industrialization, Modernization, Physical and mental changes, Urbanization

1. Meaning of Ageing

The process of life consists of physical and mental changes characterized by growth and decline. In the early years of life, growth predominates and in the later years decline predominates, though both these processes, also known as evolution and atrophy, accompany each other from the embryonic life and continue till death. Aging generally comprises those changes that take place in the later part of life when physical and mental decline becomes more apparent both to the concerned individuals and to the society. Dublin regards aging as “the physical and mental changes that take place in years past the prime of life. Psychological aging consists of a general decline in the mental abilities that accompany old age. Decline in mental abilities does not normally correspond to physical changes (Banerjee: 2002).

2. Customs and importance of family in Ageing

In India, the elderly took a respected position in the family and society. According to the ancient law giver ‘Manu’, it was the duty of the Head of the Hindu family to provide for his elderly parents. The Hindu joint family was a familiar unit which took care of aged, ill, widows and orphans. Our olden culture demands that the elderly should be valued. Since time immemorial most of the conventional families in India cling to believe that since it is the duty of parents to look after their children, it is equally serving upon the children to look after their dependent parents. One repays one’s duty to the

parents and also paves one's way to deliverance. Apart from the above mentioned belief in mutual compulsion, the joint family system, the caste institutions, the charitable organisations and kind hearted philanthropists have all been coming to the help of the aged. The Indian perception of ageing is dominated by a view of ageing as a method of maturation. Old people are to be respected for their maturity and intelligence. In customary Indian families, oldest members had to be accountable for all matters that concern family such as economic decisions, social relationships and family exchanges. Their system of caste and caste panchayats always valued old people. They played the position of society leaders. At family and population, the older generation always acted as a link between customs and traditions on the one hand and education of younger age group on the other.

3. Proportion of Elderly Persons (60+)

According to Indian Census figures, the proportion of elderly persons in India has risen from 5.63 percent in 1961 to 6.58 in 1991, and is expected to be 7.08 in 2001 and 9.87 in 2021 respectively. As of 1991, the highest proportion of elderly among the states and union territories was found in Kerala with 8.77, whereas the lowest proportion was observed in Andaman and Nicobar Islands. By 2021, Kerala is expected to maintain its lead along with Chandigarh, Goa and Tamil Nadu. Although no state or union territory in India is expected to have more than 10 percent elderly by 2001, about 17 of these are projected to have more than 10 per cent elderly by 2021.

4. Proportion of Old- Old Elderly Persons (70+)

It is the proportion and absolute numbers of old-old (70+) persons in the states and union territories for the period 1961 to 2021. The proportion of old- old persons is expected to increase from 2.40 percent in 1991 to 3.75 percent by 2021 for India. Around 6 percent of old-old persons is projected for Kerala whereas the lowest percentage will be observed in Meghalaya in 2021. As noted earlier, the highest number of old- old persons is expected to be in Uttar Pradesh (7.3 million), followed by Maharashtra (5.4 million), and India will have a total of 52 million old-old persons by 2021 (Banerjee: 2002).

5. Global situation of Aged

Ageing of population is a by- product of demographic revolution which is a consequence of industrial revolution, change in public health and education. The world demographic situation shows that the percentage of age 65+ is increasing from 5.5 per cent in 1970 to 5.77 per cent in 1985 and it will be 6.39 per cent in AD 2000. The rate of incidence of ageing has been higher in developed regions and less in developing countries. As against 38 per cent increase in the total world population for the period 1981 to 2000, the increase of population of 60+ age is 5.71 per cent (Chowdhury : 1992). The ageing of populations is now a global phenomenon. It is manifest in several parts of the world and incipient in all the rest. In 1950 there were 200 million persons aged 60 and over in the world constituting 8 per cent of the total global population. By 2025, there will be six fold increase in this number, the world elderly population is projected to be 1.2 million people about 14 per cent of the total figure. The median age of the world population will jump from 23.4 years in 1950 to 31.1 years in 2025 (World Population Prospects). By 2025, 72 per cent of the elderly, about 858 million people will be living in developing region. By 2025 the very old will number about 137 million, 11 percent of the total elderly. Between 1985 and 2025, projected increase for persons aged 70 and above are 32 million for males and 317 million for females in the developing regions. Sex differences in absolute increments are more apparent at older ages. Thus, over the same period, projected increase in the number of persons aged 80 and above are 8 million for males and 14 million for females in the developed regions and 24 million for males and 35 million for females in the developing countries (United Nation Publication, The World Ageing Situation, Vienna, 1991).

6. Emerging Ageing Scenario

As per the 1991 Census, there were 56.88 million elderly (60+) in India representing 6.8 percent of the country's population. The old (70+) accounted for 21.07 million and the oldest old (80+) numbered around 6.37 million. Among elderly women, 54 percent of the young old, 67 percent of the old old and

70 percent of the oldest old are widows (Irudaya Rajan, Mishra and Sharma 1998). The statistics are quite different in Kerala compared to India (Irudaya Rajan and Zachariah 1998; Irudaya Rajan and Mishra 1997; Irudaya Rajan 1999). According to the 1961 Census, the number of elderly aged 60 and above was just 1 million which increases to 2.6 million in 1991(a 160 percent increase). According to our projections, the number of elderly is expected to reach 7.2 million by 2021 (a 180 percent increase) and 11.9 millions in 2051 (a 65 percent increase). The change in proportion of the elderly is even more dramatic. Their proportion was around 9 percent in 1991 but it is expected to increase to 20 percent in 2021 and 37 percent in 2051. The growth rate among elderly during 1981-91 is 3 percent and is likely to continue at the same level for the next few decades. The old population (70+) was just million in 1991. The projection results indicate that the old will reach 3.2 million by 2021 (a 222 percent increase) and 7.4 million by 2051 (a 130 percent increase). Their proportion, which was just 2 percent in 1961, doubled in 1991 and will again double in 2021, reaching 23 percent in 2051. Between 1961-91, the decadal growth rate among the oldest old hovered around 3 percent, and is expected to register a growth rate of around 4 percent in the next four decades. The oldest old (80+) in Kerala is just 2,90,000 in 1991 and are expected to increase to 1 million in 2021 (a 258 percent increases) and further 3.3 million by 2051 (a 213 percent increase). The proportion of the oldest old in Kerala accounted for just 1 percent in 1991, which is expected to increase to 3 percent in 2021 and further to 10 percent in 2051. One of the main characteristics observed among the oldest old is their growth rate. The growth rate among the oldest old is higher than the young old and the old old in Kerala and is expected to be on the similar line during the next half of the twenty first century. In fact, among all the conventional age groups, the highest growth rate is registered among the old, especially the old old (Ranjan: 2002).

7. Problems of the Aged

“The length of our day as is seventy years or eighty. If we have the strength, yet their spar is but trouble and sorrow. For they quickly pass and we fly away.”

- (The Bible – Psalm 90:10)

The problems of the senior citizen 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 individual as well as group psychology of the two worlds are quite different. So the problems are:

(A) Biological and Physiological problems

1. Problem is mobility
2. Problem in following routine work
3. Dependency
4. Senescence
5. Senility

(B) Health Hazards

1. General reduction of physical and mental abilities such as feeling less well than usual, difficulty in working, fatigue, greater need for rest and sleep, forgetfulness and loss of confidence.
2. Illness due to cold, cough, fever , headache , body pain , dental problems, weak eye sight and impaired hearing ;
3. Major illness such as tuberculosis, paralysis, asthma, anaemia, diabetes, blood pressure, cardiac trouble etc. (Arananthran, 1980; Kumar, 1986).

(C) Psychological Problems

1. Loss of memory
2. Difficulty in learning, particularly complex matter.
3. Lack of confidence in one's own ability and judgement.
4. Tendency to blame others.
5. Feeling of being unnecessary.
6. Unwanted and useless.
7. Reduced interest.

8. Mental rigidity.
9. Feeling of isolation and loneliness
10. Tendency of hoard
11. Feeling of monotony and boredom
12. Feeling of inadequacy
13. Conservation
14. Irritation
15. Sudden emotional outbursts
16. Feeling of uncertainty and insecurity about future
17. Tendency of brood over trivial matters
18. Fear of disease and death
19. Constant feeling of tension, worry and anxiety(Shankar: 2012).

(D) Nutritional Problems:

1. Lack of awareness
2. Lack of Education
3. Non availability of nutrients.

(E) Socio- cultural Problems:

1. Changing in status
2. Breakdown of Joint family
3. Non or passive participation in decision making
4. Individual orientation in place of family
5. Rapid growth of Industrialization, urbanization
6. Generation gap
7. Changing in values, norms, culture, mores, folkways etc.
8. Housing problems

(F) Occupational & Financial Problem

1. Unable to arrange part time job
2. Creating economic independency

Guruswamy in his article "Plight of Elderly in Transitional society: A Socio- Psychological Perspective" has pointed out some of the major problems faced by the elderly in such transitional society are as follows.

- (1) Lack of homely atmosphere in families.
- (2) Segregation of aged from social contact.
- (3) Lack of social relationship in neighbourhood.
- (4) Negligence by youngsters in family.
- (5) Lack of love and affection on elderly by family members.
- (6) Physical inability to move around.
- (7) Inadequate Medicare.
- (8) Loss of mental balance and other psychiatric troubles.
- (9) Generation gap.
- (10) Inadequate care by kindred.
- (11) Suppression of their voice by dominant persons.
- (12) Feeling of disrespect or dishonor.

8. Need of Government of India efforts

In view of the changing socio-economic situation of Indian conventional society, the nature and aspect of the needs of the elderly have also changed. The government has realized that not only do the needy elderly need economic support and care through institutionalisation, but a huge portion of economically

safe and physically fit elderly require social support, emotional and mental security and community support for a healthy existence. There is an imperative need to increase the usual family support system. The services of helpful nature need to be developed at the local level rather than nationwide. The government has to help the elderly by various ways such as passing Acts and introducing benefit schemes which are directed to make the life of the elderly healthy to live in.

8.1 The problem of the aged can be solved by providing required welfare amenities to them by way of the following

- Rational amount of old age pension.
- Complimentary medical care and treatment.
- Housing amenities in the form of old age homes.
- Entertaining facilities to relieve their solitude.
- Customary courtesies to be extended to them.

9. Annuity and Retirement benefits for Government Servants

The people, who retire from Govt. service on attainment the age of superannuation, are granted pension as per fixed formula. The employees who are governed by provident fund scheme are given a lump sum amount at retirement as determined as per existing method. The provident fund is contributory in nature under which the employees contribute a part of their salary in the fund and government makes an equal contribution in same fund. Besides the pension the retirees are also entitled to get benefits of encashment of earned leave, fixed medical allowance, compensation in case of hospitalisation and some particular diseases like heart operation, cancer etc. It may be remarked that pensioners in India are not a satisfied lot as they carry on to receive the pension at an old rates on the basis of their salary at the time of retirement. The pension is not revised on the basis of their later revision of pay scale. The principle of 'same rank same scale' is not followed. The department of Pension and Pensioners' Welfare under the government of India looks after the problems of pensioners and formulated policy and coordinates matters relating to the retirement benefits of all central government employees. In some states old age pension scheme for destitute aged of 65+ years is in vague. The pension amount Rs. 65-100 per month is however very meager. The administration of the scheme also suffers from certain lacunas. It may also be noted that the facilities and concessions for the retirees and the aged differ from state to state. Every state government/UT has its own pension scheme and benefits available to elderly people. It has been suggested that there should be uniform retirement benefits through the country and similar benefits for the aged.

10. Various Programmes & Policies in India for Elder Persons

India is passing through a phase of rapid socio-economic transformation. Sustained development service after Independence has brought in its wake many important changes in the socio-economic profile of the people. The rapid urbanization has been associated with shortage of housing accommodation in the cities and the high rental acts as a severe constraint on the joint family system. In fact, the joint family system is gradually breaking down giving way to nuclear family. The factors of urbanization, modernization, scientific advancement, mobility, self-centered approach, individuality, freedom of thought, generation gap, identity crisis, sceptical tendencies, approaching any problem including intensely personal ones, with an open mind by the youth and conflicting values between generations have introduced changes in the lifestyle and value system of the people which have adversely affected traditional ethos as well as harmonious attitude of empathy on the care of the aged (Mangayarkarasu, 2002). The Government of India, is implementing the old age programme in the following categories providing physical, social, emotional, psychological and economic aids to the aged (60 years and above) with a view to help them to continue to be usefully active members of the community (Mangayarkarasu:2002).

11. Policy formation for elder persons in International field

1. World Assembly on Ageing (1982)

2. The Vienna International Plan of Action (1982)
3. United Nations Principles for Older Persons(1991)
4. Global Targets on Ageing for the Decade 1991-2001 adopted by the U.N.General Assembly (1992)

12. Legislative Framework

Article 41 : The needs of the elderly and enjoys upon the state the responsibility of making effective provision for public assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want.

13. Old Age Pension Scheme

1. Old Age Pension (General) Scheme (implemented from 1st April, 1962).
2. Old Age Pension (Destitute Physically handicapped) Scheme (implemented from 1st November, 1974).
3. Old Age Pension (Destitute Widows) Scheme (implemented from 15th June ,1975)
4. Old age pension (Destitute Agricultural Labourers) scheme (implemented from 15th March 1981)
5. Old Age Pension (Destitute Deserted Wives) Scheme (implemented from 25th April, 1986)

14. Social Security Acts

- (a) The Workmen's Compensation Act, 1923
- (b) The Employee's State Insurance Act, 1948
- (c) The Employees' Provident Funds and Miscellaneous Provisions Act,1952
- (d) The Maternity Benefit Act , 1961
- (e) The Payment of Garatuity Act , 1972
- (f) The Pensions Act, 1871

15. Tax concessions to Elderly Persons under

- (a) Income Tax (Amendment Acts), and
- (b) Finance Acts passed each year in favour of
 - (i) Pensioners (reduction allowed on pension) and
 - (ii) Taxpayers (below the age of 70 years on health insurance)

16. Various Schemes for Elder Persons:

1. Old Age Social and Income Security (OASIS)
2. Annapurna Scheme
3. Day Care Centres
4. Old Age Homes
5. Mobile Medical camp
6. Foster Care or Adoption Services
7. Help Age India
8. National Housing Policy

17. Old Age Policy (Pension Scheme)

All the state Government and Union Territories are implementing Old Age Pension Schemes to the destitute as poor elderly. Seen in this light, the objectives of the old Age Policy may be follows:-

- (1) Providing increasing employment options and evolving mechanisms for assisting elder persons seeking work after retirement.
- (2) Providing (a) family support,(b) mutual benefit societies, (c) income security through personal savings policies, (d) social insurance ,(e) occupational pensions, (f) provident funds, and (g) public and private social assistance.
- (3) Social and economic support to the old age persons living without families (on account of childlessness, death of spouses, migration of children, destitution, etc.)
- (4) Re-evaluating healthcare priorities and providing access to health services.
- (5) Reorienting housing and area planning to suit the special needs of the elderly (Savaswathy:2002).

18. Privileges to Senior Citizens

- (1) Senior citizens above 65 years are entitled a deduction of income tax subject to a limit of Rs.15,000/
- (2) An assessee is entitled to a tax deduction of Rs.15,000/ towards the medical insurance premium of him or her spouse or dependent parents or any other senior citizen in his family.
- (3) A senior citizen is entitled to a fixed deduction of Rs. 60,000 for the expenditure incurred for medical treatment.
- (4) A senior citizen those who are having a houses or flat ownership and paying telephone subscription are exempted by the notification S.O.710 (E) dated 20 August 1998 from filing income tax return.
- (5) In public transports a seat is reserved for the elderly.
- (6) A travel train concession of 30 percent is given for men above 65 years and women above 60 years. Senior citizens are allotted lower berths for the night journey.
- (7) Air travel concession of 50 percent discount is given for the senior citizens in domestic flights.
- (8) There is no demand for deposit fee for registration of telephone connection for senior citizens.
- (9) An extra interest of 0.5 to 0.75 percent for term deposits are given to senior citizens in all National Banks.
- (10) "Meals on wheels " a home delivery programme of food items are promoted in urban areas.
- (11) The aged who wants to transfer their property in the name of their children can pay low amount of registration charges compared to normal registration charge(Pappathi: 2007).

19. Strategies for Welfare

S. Gurusamy has suggested the following strategies for welfare of elder persons:

- (1) Establishment of family counseling centers,
- (2) Value based education to children and proper socialization to appreciate the problems of aged.
- (3) Preservation of homely atmosphere in family.
- (4) Due recognition of elders in family and their involvement in decision making.
- (5) Provision of effective health care
- (6) Proper implementation of old age benefits schemes.
- (7) Establishment of old age homes by GO s and NGOs.
- (8) Geriatric medicine units in hospitals.
- (9) Policy for old age persons.
- (10) Action research on the problem of aging in the rural context can influence policy formulations and planning of appropriate programmes.

20. Conclusions

The immortal William Shakespeare in this famous play " **As you like it** " described man's " acts being seven ages "in his seventh age .

"His bigmanly voice, turning again towards childish treble, pipes and whistles in his sound, last scene of all. That ends this strange eventful history.

Is second childishness and more oblivion sans teeth, sans eyes, sans taste, sans everything."

- (Act 2 scoon)

This is the picture of the aged in India, mostly uncared, un nourished, unattended, and un honoured. The fast development in information technology and wide spread employment and education opportunities for women also indirectly affect the morale of the old. The role of TV Channels, increasing number of crèche has also affected directly the social position of the old. The model role and social role formerly played by the old in formulating the personality of the young grandchildren at home has been slowly replaced by products of science and technology such as TV, video games, etc. The attention towards new set of creation and recreation through modern science and technology left the old socially isolated. Thus, grandfather/ grandmother's influence upon grandchildren are becoming less and almost a remote chance in certain section of the urban industrialized area. The moral values backed by the religion for

the respect of old are almost not favoured and found in the budding generations. There is no time and interest for the younger generation to look after the old, sincerely. The interest is to be stimulated with religious dogmas and doctrines. Values are abundant in epic and religious literature. The story of Shravana is a good example. So, the values for humanity to be reconsidered now, in betterment and uplift of the old. The concept of “old is gold” is to be reviewed, and the service rendered by them for establishment and progress of the society is to be duly regarded and honoured by every part of the society. The advice of the medical doctors regarding the health of the old are nowadays religiously oriented. Hospitals too now have meditation halls, yoga centres, counseling centres, etc., to have a desired result in their treatment. Future also depends upon the past. The society needs the past experiences in the form of human resource to build-up new pattern and structure. Religious acts as a bridge between old and young would be a solace to the old. Humanness is the need of the hour in instigating the time honoured religious values(Sridharan:2002).

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