Chapter 7

SUMMARY AND CONCLUSION

Population ageing is one of the most discussed global phenomena in the present century. It is generally expressed as older individuals forming large share of the total population. This process is considered to be an end product of demographic transition or demographic achievements with a decline in both birth and mortality rates and consequent increase in the life expectancy at birth and older ages. The portents of the demographic revolution that started with a decline in mortality continued to create waves to initiate decline in fertility. These increases in elderly population are the result of changing fertility and mortality regimes over the last 40 to 50 years. The combination of high fertility and declining mortality during the twentieth century has resulted in large and rapid increases in elderly populations as successively larger cohorts step into old age.

The population of the world stood at around 6.1 billion in the early 21st century and is projected to increase to 9.4 billion in 2050 and 10.4 billion in 2100. If we compare the 'global population, it is doubled between 1950 and 2000 and likely to add another 4.4 billion in the next 100 years. However, the growth of the elderly population is much higher than that of general population. The proportion of elderly aged 60 and above is expected to grow from 9.9 per cent in 2000 to 14.6 percent in 2025 and 21.1 per cent in 2050 respectively. Among the elderly, the oldest old (80+) is likely to increase its proportion from just 1.1 per cent in 2000 to 3.4 per cent in 2050 and 7.1 in 2100.

The 2001 census has shown that the elderly population of India as 77 million. In 1961, the elderly population was only 24 million; it increased to 43 million in 1981 and to 57 million in 1991. The proportion of elderly persons in India has risen from 5.63 per cent in 1961 to 6.58 percent in 1991 (Irudaya Rajan, Mishra and Sarma, 1999) and to 7.5 per cent in 2001 (Irudaya Rajan, 2006). This is also true of other older age groups. The elderly population aged 70 and above which was just 8 million in 1961 rose to 21 million in 1991 and to 29 million in 2001. The proportion of elderly above 70 to total population has increased from just 2.0 per cent in 1961 to 2.9 in 2001.

The changing age structure of a population can have long-term economic and social implications and create imbalance with in the generations. Existing studies show that the change in the intergenerational balance can have societal implications in the care for the
elderly. Increased ageing population along with a decreased pace of population growth can affect the whole economic performance of a given population (Hansen 1937, Keynes 1936). A crucial implication of an ageing society is that of the problem of vulnerable health condition among the aged that result in over all reduction in the production. The ageing and intergenerational imbalance is usually looked up on the issues of the stability in the social security and state sponsored pension system.

The studies had also identified that the dependency and insecurity will be high in an ageing society. The lives of many older people are more frequently negatively affected by the social and economic insecurity that accompany demographic and development process. The growth of individualism and desire of the independence and autonomy of the young generation (Serow, 2001) affect the status of the elderly. The studies also show that socio economic condition of older women is more vulnerable in the context of the demographic and socio cultural change. The situation of the poverty among elderly has been a consistent phenomenon in the third world as the older population is deprived of the basic minimum needs. In general, there exists eight diminution of deprivation among the elderly such as poverty, social inferiority, social isolation, physical weakness, vulnerability, seasonality, powerlessness and humiliation. The studies of international organizations such as World Bank and UNDP identify poverty is sought to be a major risk of ageing in developing countries as most of the older persons are dependant, poor and vulnerable (World Bank 1994).

Studies reveal that in a country like India where more than a quarter of the population experience chronic poverty, it becomes pertinent to examine chronic poverty among a vulnerable group (in terms of health, and economic dependency) like the aged. It is believed that with increasing in age, lack of physical and financial autonomy lead to compromise on the basic minimum needs among the elderly. In the absence of any comprehensive social security system in place, the elderly remain disposed to the good will of the household members, which often lends them in chronic poverty. This is affirmed by the observation made by (UNDP, 1997) with regard to inadequate income among the elderly to meet their basic needs. The socio economic condition of the elderly in India is in misery. A majority of the elderly is deprived of the basic necessity and thus in chronic poverty (Rajan, 2004). They are found to be economically dependent in large numbers and often compelled to engage in paid work to earn a living in the absence of
any social protection system. There exist intra regional and inter sectoral disparity in this regard across states of India. The intensity of ageing population alongside the chronic poverty among them is a matter of concern in the coming years. Their rising share coupled with the changing socio-economic circumstance poses a serious threat to their welfare. The condition of the aged in India is in midst of chronic deprivation as the aged are struggling to get their livelihood. Hanging social and economic relations with a change in the Family and non-family relations within the society has resulted in the social exclusion of aged in India. This exclusion led to a state of deprivation and misery among the elderly. Moreover social security system reaches only to less than fifteen percent of the elderly. Thus the fast ageing in future is likely to result in a more deteriorating condition of the aged in poverty and misery in the twenty first century

Traditionally, in the developing countries of Asia the family and social institution had the responsibility of old age care. A widespread expectation that the elderly will be taken care of by their children and that at least one child will co-reside with them persist there. However, with a change in the familial perception, old age care is removed from the calculation of familial relationship. Traditional Indian system had a legacy of treating elderly as head of the family, who were taken care of by the family itself in the later years of life. Studies indicate that with the societal transformation in values, the elderly are no more willingly accommodated as dependents within households, which tend to be nuclear and therefore consider elderly as a liability. This undoubtedly has placed today’s elderly at the receiving end of distress.

Present study primarily attempts an evaluation of the extent of poverty and deprivation among the elderly. While the aspect of poverty is examined from a perspective of compromise in welfare within a household for accommodation of elderly, the aspect of deprivation is examined in terms of its implication with increasing age. Apart from addressing income poverty, the study highlights the associated material and health deprivation as well. It essentially engages in understanding the manner in which poverty and deprivations are conditioned by the familial and social circumstances. Following an inter-state examination of the situation, the study considers a detailed elucidation of the aspects of vulnerability among elderly in the most demographically transformed state of Kerala. The specific objectives of the study are the following.
Objectives

4. To document poverty among elderly in India and to develop a methodology to measure poverty among elderly

5. To profile several aspects of deprivation among elderly in India, their determinants and correlates.

6. To understand vulnerability among elderly of Kerala on the background of specific social and demographic context.

The study understands the reduction in the well-being of the elderly in terms of poverty and deprivation. It looks up on poverty (income) and deprivation (non income) aspects of well-being. The study uses the framework of risk, coping up strategy and well-being and how it is related. A risk increase with the age in India and it is family and social system act as coping strategy for the old. In the recent years, as country experiences faster demographic and social transformation that affects the coping up in the later life. The present study uses the framework that links ageing, poverty and deprivation among aged with an increased stress on social and demographic transformation that derailed coping strategy that put them in a position of deprivation and stress. The study mainly contained to the fact that how the demographic and social factors that influence on the well-being of the elderly.

The study use simple and complex tools to develop a method to capture poverty and deprivation among elderly. The study developed a method in which Individual living standards are measured by deflating total household resources by an equivalence scale, defined as a function of the size of the household and its demographic composition to get a new base of consumer expenditure after scaling out intra household dynamics that reflect poverty. Concept of deprivation can incorporate capability and basic need poverty as it shows varying degrees of capability of elderly with how they are deprived from economic, health and social front. Here we use methodology of capturing generalized deprivation index that parameterizes various degree of this deprivation into a uniform index. This index is then scaled with characteristics of household to understand degree of deprivation with in the households. The study also uses Relative Deprivation index to measure the disparity in the deprivation among the old.
The present study is distinct in its own right, as it is an attempt to capture the levels of poverty and deprivation among the elderly from a comprehensive nation wide representative household survey. The studies of similar kind in the west use individual data for this purpose. But in India we lack such information reported by individuals. Generally poverty levels are defined in terms of household per-capita expenditure levels and therefore the ill-being implications remain the same among households with varied size and composition. Therefore, we have made an attempt at distinguishing between the ill-being implication for poor households with different size and composition. Further, we have introduced the concept of “dependency adjustment” and its implication on welfare. Our study highlights the linkage between the characteristic and composition of the households and the living condition of the elderly. The study also measures the degree of relative deprivation according to characteristics of elderly based on relative Deprivation Index. Following such a critical assessments, correlates of Economic Deprivation Index, Health Deprivation index and Social Deprivation index among aged is also examined. We made an attempt to look into linkage of perceptions on the old age and well-being of the aged in the state of Kerala to understand how the notion of welfare is conditioned.

The study uses three distinct data sets. Census gives us magnitude of ageing population in India cut across Indian states. It also provides various socio-economic characteristics of elderly persons among states of India. From census we can get data to provide picture on living condition of aged with various characteristics such as sex, marital status, work status (main, marginal workers etc), economic classification of the activity based on sectors. From this information we can get a background for how elderly are living in India.

Since we are intended to measure poverty among elderly, it is usually measured through income poverty gap. Here monthly expenditure on per unit of household is taken as a proxy for income and then fixes it as a bench mark poverty line (to be redefined on the basis of composition of households). We make use of 61st round on consumer expenditure to get a picture of poverty scenario. The 60th round of the NSS survey on health and morbidity is used to look at the non-income aspects of poverty and deprivation. Study also uses 61st round on employment by NSSO in the profile chapter.
The study extensively use Kerala Aging Survey (2005) which has been completed with funding support from the Indo-Dutch Program on Alternatives in Development of the Indian Council for Social Science Research, New Delhi, Shastri Applied Research Project (SHARP) of the Shastri Indo-Canadian Institute, New Delhi and the Global Health Initiative of the Canadian Institutes of Health Research, Canada, coordinated by one of the supervisors of the thesis, S Irudaya Rajan of Centre for Development Studies. The household survey consists of two parts and has targeted several social, economic and health issues pertaining to the elderly in Kerala. The purpose of the KAS was to examine the determinants of healthy aging along with social security, property rights and institutional provisions for elderly. In order to accomplish this main objective, a representative sample of 5013 elderly persons was interviewed from throughout Kerala covering both gender groups and rural and urban areas.

Organization of the Thesis

The thesis comprises of seven chapters including summary and conclusions. First chapter gives an introduction to the study with relevance, background along with a brief account of methodological and conceptual issues that provides the basis for the present study. The chapter also provides a framework of the study along with the point of departure from the existing works. The chapter also elaborates on the relevant data sets and their specific contents facilitating an analysis concerning the elderly. This chapter sets the tune for the present study.

The second chapter of the thesis presents a profile of the aged in India. This chapter serves as a prelude to situating such a study in India. It informs on the trends and magnitude of the aged according to a set of characteristics across states. Apart from the actual numbers of elderly, it provides the prevailing pattern of living arrangements among the elderly to reflect upon the well-being in later life in general. It uses both census and NSSO data to make a profile of living condition of aged. It essentially captures the characteristic feature of ill-being/well-being among the aged. Such characteristics include sex, marital status, work status, living arrangements, status of disability etc. Characteristic contrast with the living arrangement pattern and the status of well-being brings to the fore the entitlement deprivation ensuing due to old age. On
the whole this chapter asserts on the worsening of the condition of elderly with increasing in age.

Third chapter makes an attempt on Indexing living condition of aged across Indian states. Here we look up on how living profile is of the elderly changed across the age factor. Here we look up on how it changes with population moves to higher chronological ladder from 60-64 groups. It is found that as age goes up, condition of the elderly gets worsens. A weighted index of quality of life have been used in the chapter across Indian states and found that elderly in the north Indian states live better life than south - courtesy to the gap in the demographic and social transformation.

The chapter four on poverty assess the consumption poverty (income poverty) derived on the mismatched well-being of elderly individual in contrast with the average well-being of the household. The procedure of poverty estimation in the study recognizes the flaw in interpreting average household welfare representing each and every individual of a household. Therefore, the comparison of welfare (based on household per-capita consumption expenditure) across households needs to account for economies of scale, level of dependency within the household along with bias in intra-household allocation. On interpreting household level welfare accounting for the household size, and level of dependence, it is discovered that households having elderly are at a disadvantage. It is clear that households having elderly are reporting high levels of poverty. These levels of poverty are varying across varying social and economic compositions and characteristics of the households. The level of the poverty is determined by demographic and familial transformation that results in the welfare loss and thus in poverty.

Fifth chapter on deprivation looks more specific when compared with poverty and there is explicit lack of privilege in later years of life in India. It provides a dismal picture on the quality of life led by India’s elderly during the extended periods of life. In general, the deprivation and vulnerability of the aged are viewed from three dimensions namely, economic, health and social insecurities in their life. This study observes that there is an increased stress in the old age with high levels of economic, health and social insecurities. There persists interstate disparity in these elements of insecurities irrespective of sex and rural-urban residence. There are visible interlinkages between various forms of insecurity among elderly. The study computes a composite
index of deprivation and relative deprivation index to assess varying levels of deprivation among elderly. The social and demographic factors along with characteristics of the households determine the living condition of the elderly.

The prevailing circumstance of the elderly in one of the most demographically advanced state of Kerala is presented as a case study with greater details on the living conditions and perceptions of the elderly has been given in chapter six. The chapter use Kerala Ageing Survey of CDS for getting better understanding of Kerala scenario. The study found that most of elderly in the state are suffering from economic deprivation. Most of them are dependent and running short of basic need. Ageing curtails their financial autonomy and affect their economic condition. Majority of them depends on their spouse (in the case of females) or son. There is a gradual decline in the role in the decision-making and shows low levels in the case of females. The levels of employment are higher than expected and it is clear that they work because of economic pressures. State also reports in general better condition of males in the old age.

Here we connect well-being, perceptions and expectations of the elderly. These perceptions and expectations are found to be conditioned by the social and familial background of the elderly. It is found that in Kerala, living with son act as the best form of living. They perceive that old age should be spend with children and do not consider old age home as an alternative. The study looked up on the perceived well-being of the elderly by using Subjective Well-being Inventory (SUBI). It is found that perceived well-being measured among the elderly vary across age, sex and Sector. The mean score of the SUBI goes up from 1.93 to 2.73 in the rural male as they move up to higher age brackets. At the same time it is ranging from 2.04 to 2.32 for the rural females, 1.84 to 2.17 in the case of urban male and 1.97 to 2.03 in the case of urban females among various age brackets. As age goes up the SUBI goes up with signs of decline in the well-being. It is clear that there are several social and demographic factors that influence the subjective well-being of the elderly. We get an idea that factors like migration; disintegration of joint family, ownership dynamics with in the family is having significant effect on the life of elderly.
Scope for further research
The study looks on how the elderly are becoming vulnerable in India in terms of poverty and deprivation. It assesses how the changing social and demographic transformation affects the well-being of the elderly. The study made an attempt to look how the perceptions and well-being in the old age manifest in the most demographically developed state of Kerala. Study highlights needs for further study in following lines.

- Since a part of the study looks up on social transformation and well-being of the elderly, further probe in the issue to be a mix of anthropological and sociological in nature since the scope of the study is multidimensional.
- The study was approached towards measuring well-being in terms of poverty and deprivation by using household survey conducted by NSSO for India. It estimates poverty and deprivation by using NSSO surveys of the households. It limits the scope of the study. There is further scope of looking on old age poverty by using longitudinal survey conducted among elderly in India.
- Further in the poverty chapter, we borrow from given literature, values of economies of scale for India as 0.6 by Agnus Deaton. There is further scope in estimating scale value ideal for Indian familial structure.
- The study on perceptions, welfare of the elderly and outcome to be probed into further with special emphasis on how the social and familial relations manifest it in different states of India.

Policy suggestions
Here we look up on the inference of the study on state policy and society to improve the condition of the elderly. Here we look up on two aspects, first is policy suggestions for the government, then on the lessons to the society.

Policy inputs for Government
- The study recognizes greater poverty among households with elderly and therefore there is a need for subsidized PDS to target the elderly people.
- There is a need to revamp the social security system to give a reasonable income to the elderly. As the present system is lopsided.
- Government should enhance the coverage of the health care system as the country can be on high health risk as the society gets older
State should improve health insurance system to cover up eventualities of the elderly in the old age.

State should adopt appropriate measures to ensure welfare of the elderly in the event of mismatch between expectation and outcome of the well-being among elderly owing to societal-transformation.

State should initiate incentives through tax policy to make young generation to protect their parents in the old age.

The study highlights following initiatives to be taken by the society to improve living condition of the elderly in future.

- There is a mismatch between expectation and outcome in the old age. It make elderly to be out of focus in the preparation for late years. So there is a need to create social conscious among the young to make it cope up with old age
- There is a need for more NGO intervention to protect needs of the elderly though social intervention

**Concluding remarks**

The vulnerability among elderly is one of the challenging concerns in a country like India with second largest elderly folk in the world. There is large incidence of economic, health and social insecurities among elderly with poverty and deprivation reported to be high. Such deprivation among elderly is largely intertwined with the character and composition of the household. These characteristics evolve with changing social and demographic transformation. The traditional means of old age care within the household seem to be failing with the evolving transformation in familial and societal values. It is high time to rethink on the existing mechanism of old age protection and to create a new policy regime for old age security with participation of different stakeholders - Government, individuals and society.