Abstract of Dissertation

Deprivation and Poverty among Elderly in India

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Population ageing is one of the most discussed global phenomena in the present century. It is generally referred to in terms of the growing share of older individuals in the total population.

India has the second highest count of elderly population, which is to the tune of 77 million. The vulnerability and deprivation of the elderly in matters of health, economic dependence and familial support is of much concern under the evolving conditions of socio-economic transformation. Vulnerability arises primarily due to lack of preparedness to accommodate the expected risks, which become inevitable with various forms of dependence, be it physical, economic, familial or emotional.

The present study is founded on the observation that aging reduces welfare and that consequently various forms of deprivation become imminent with increasing age. The study considers consumption poverty alongside various forms of material and non-material deprivation including the deprivation in accessing health care. It unfolds the dynamics of poverty and deprivation that are conditioned by familial and social circumstances. The study also includes a specific case study of Kerala, the most demographically transformed state, to reflect on the aspects of vulnerability among the elderly that may evolve with time in other states of India. Another significant feature of this case study is that it attempts to highlight the response to changing societal conditioning in relation to care for the elderly.

Consumption poverty (income poverty) is derived based on the mismatched well-being of elderly individuals in contrast with the average well-being of the household. The procedure of poverty estimation in the study recognises the flaw in interpreting average household welfare as representing each and every individual in a household. Therefore, the comparison of welfare across households (based on household per-capita consumption expenditure) needs to account for economies of scale, and the 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 persons are at a disadvantage. It is clear that such households report high levels of poverty. These levels
of poverty vary across the different social and economic compositions and characteristics of the households. The level of poverty is determined by demographic and familial transformation that results in the loss of welfare and thus, in poverty.

As regards deprivation, which is more specific when compared with poverty, there is explicit lack of privilege in the later years of life in India. The study provides a dismal picture of the quality of life led by India’s elderly during the extended period of life. In general, the deprivation and vulnerability of the aged are viewed from three dimensions, namely, economic, health and social insecurities in their old age. This study observes that there is increased stress in 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. The study computes a composite index of deprivation and a relative deprivation index to assess varying levels of deprivation among elderly. It is found that social and demographic factors along with characteristics of the households determine the living conditions of the elderly.

The prevailing circumstances of the elderly in Kerala, one of the most demographically advanced states in the country, is presented as a case study with greater details on the perception of the elderly. Here, we connect the 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.

In short, the study concludes that the societal and familial system supporting the elderly is weakened with the advancement of social and demographic transformations. The study envisages the need towards redefining old age security beyond the household and ensuring the health security of the elderly. There is a need to restructure social security provisions in keeping with the imminent vulnerabilities associated with old age, which in turn will make the elderly an asset rather than a liability as perceived at present.