CHAPTER - I

INTRODUCTION

Family is an omni present phenomenon. It is an institution which produces a centripetal force, make compel to live within. It is generally speaking that a family comprised of husband wife and their children. When we think about family life, often there is an assumption that we are talking only about families with young children. There is also an assumed emphasis on immediate rather than extended relationships that consist of one generation. As a result of a dramatic increase in life expectancy and the subsequent growth in the population of older adults, more attention is now being given to the many relationships among family members in later life. Researchers and educators interested in the dynamics of later life family relationships have developed new terms, for example, “aging families,” “later life marriage,” “skip-generation grandparents,” and the “sandwich generation.” In fact, an emerging sub-field within the field of Family Science, known as “Family Gerontology” is becoming increasingly recognized (Bleiszner & Bedford 1996). This specialization area is specifically related to exploring and analyzing family relationships among older adults. Some of the roles and relationships that pertain to aging families include grandparents and their grandchildren, aging parents and their adult children, later life marriages, divorce and remarriage among seniors, and siblings in later life.

Family events, which bear two aspects, positive and negative, have transformed the aging experience of adults in the 21st century. At the same time, the aging of the society has transformed relations with the family. Many of the changes in family relationship are shifts in population age structure. Population aging refers most simply to an increasing proportion of elderly
persons within an overall population. In most countries today, the aging process is determined primarily by fertility rates and secondarily by mortality rates, so that populations with high fertility tend to have low proportions of older persons and vice-versa.

A major emerging issue of the 21st century is the ageing of population as an inevitable consequence of the demographic transition experienced by most countries. Across the world, declining fertility and increased longevity have jointly resulted in higher numbers and proportions of older persons 60 years and above. This trend will continue as the estimated 737 million older persons in 2009 (United Nations, 2009)\(^2\) is likely to increase to two billion by 2050 at which time the population aged 60 and above will outnumber children 0-14 years of age. The oldest-old age segment (80 years and above) is the fastest-growing segment and by 2050, about 20 per cent of older persons will be 80 years and above. The coming decades therefore are characterised by ageing of the aged. This will have significant implications for the older persons themselves, as well as the families and societies they live in. This recognition has resulted in the World Assembly on Ageing held in 2002 with 159 countries adopting the Madrid Plan of Action on Ageing which focuses on how the needs of older persons can be mainstreamed into development. Of particular relevance is the fact that in 2009, two-thirds of the world’s older persons lived in developing countries (55 per cent in Asia) that are much less prepared to deal with this aspect of population dynamics compared to developed countries.

For many years population ageing was considered to be a phenomenon of the developed countries of Europe and North America. At 21 per cent of the total population 60 years and above in 2009, the proportion of older persons in the more developed regions was much higher compared to the 8 per cent in developing regions. However, both groups are expected to have vastly increased proportions in the near future (33 per cent and 20 per cent respectively in 2050) with as many as 1,592 million older persons in
developing regions. This is a huge population that must receive attention from policymakers and social scientists across the world.\(^3\)

It has been observed that the ageing in past was not so noticeable issue for the society. In the present context, it has gained social prominence. One reason may be that, in the past people simply assumed the adult years to a time of stability, especially in one’s family life and personality. From the other point of view, in the past, there were very few elderly citizens, so that ageing was a less visible issue. Ageing is now recognized as a major global social, economic and humanitarian issue. In the United Nations, the issue was first raised in 1948 with a preparation of a draft declaration on “Old Age Rights”. Then more than 20 years later the question was again placed on the agenda of the UN General Assembly at the initiative of Malta, eventually leading in 1982 to the advent of the world Assembly on Ageing, held that year in Vienna. Its subsequent reviews in 1988 and 1989, followed by the UN principles for the decade 1991-2000, adopted by the UN General Assembly.

The Research Agenda on Ageing for the 21st Century, which was jointly developed by the United Nations Office on Ageing and the International Association of Gerontology, was adopted by the Second World Assembly on Ageing at Madrid, Spain in 2002. India is a signatory to the Madrid International Plan of Action on Ageing (MIPAA) that sets an agenda for formulating and implementing public policies on ageing and influencing the direction and priorities for scientific gerontology in the coming decades. According to UN (2002), “there is a need to assess the ‘state of the art’ of existing knowledge, as it varies across countries and regions and to identify priority gaps in information necessary for policy development.”\(^4\)

On October, 2012, the UN Population Fund (UNFAA) and HelpAge have released a report calling the international community to develop policy responses and explicit development goals on issue rotated to ageing and aged people’s concerns as the proportions of older persons in the world population

The ageing of population is on the increase world over in recent times. Advancement in medicare, improvement in living conditions and the general quality of life and effective measures for birth control could be attributed to this emerging global phenomenon. A population is said to be ageing, in demographic terms, which the proportion of the older people increases and the proportion of youth and children decreases.

Growing older can create a variety of difficulties. But one major cause for concern is the very notion that aging itself is a problem. A most pervasive problem facing older people is attitudes, which others have towards them. In response, older people may themselves come to hold attitudes about old people.

It is subjective matter that how older people view themselves depends, in part, or how society treats them. Many Asian cultures greatly respect the elderly for their wisdom and majority and maturity; in such societies gray hair is a mark of distinction, not embarrassment. In contrast, the European society is youth oriented society where people spend a fortune on making themselves to look younger.

On growing the people grow older, they gather experiences and expand their worlds. In Western Society growing older is not always easy, because of the negative stereotypes associated with the aging process. Although most older adults face aging from a mature and experiences vantage point, are in good health, and look forward to a fruitful retirement, they also face many challenges. Sometimes, their own or a spouse’s complicates life; sometimes society’s negative attitudes complicate it. In general, being over sixty-five, like being over twenty, brings with it new developmental tasks—retirement, health issues, and maintenance of a long-term standard of living.
The year 1999 was celebrated as the “Year of the Aged” by the International Federation of Ageing. Every country has been conscious of the rapid growth in the population of elderly persons above 60. According the UNESCO estimate the number of aged above 60, is likely to go up from 350 million in 1975 to 590 million in 2005. In 2009, the number of older person has surpassed 700 millions. By 2050, 2 billion older are projected to be alive. About half of them live in developing countries. India has 43 million old people according to 1981 census. According to the 1991 census of India 57 million people are in the age group of 60 years and above. Among them aged women are 25.6 million. The Indian aged population is currently the second largest in the world. The absolute number of the over 60 population in India will increase from 77 million in 2001. Presently, India has around 91 million elderly and expected to increase 137 million by 2021. The highest population above the age of 60 is found in China and India followed by Indonesia. The number of elderly population above the age of 85 is also growing fast. In most gerontological literature people above 60 years of age are consider as ‘old’ and as constituting the ‘elderly’ segment of the population.

DEFINING AGING

It is very difficult to define the old age. It is simply the opposite of youth. There is no precise point at which one becomes old. The term ‘ageing’ or ‘senescence’, which are often used interchangeably, implies decline and deterioration. Thus the growth of children over their initial years is thought of as ‘development’ rather than ageing, since the changes are beneficial rather than deleterious. Although the culmination of senescent decline is in the death of the individual organism, not all ‘cell death’ is damaging to the organism as a whole, indeed, it may be ‘programmed’ as part of the organism’s biological economy.

Ageing is viewed by the sociologists as a change in role differentiation and value orientations. Coupled with the change in role, people’s expectations
from the aged differ sharply. In a non-industrial set-up or traditional society where role differentiation among the aged people is considered a normal social behaviour, aged people have a different status than those living in an industrial society. In fact, some of in certain traditional societies, the change in role perception is considered to be the special prerogative of the old people. Therefore, their surrendering the earlier role in favour of the younger members of the family earn them a different status.

Ageing processes have been defined by Maynard (1960)\(^8\) as ‘those which render individuals more susceptible as they grow older to the various factors, intrinsic or extrinsic, which may cause death’, recognizing that death may arise from a decline in the individual organism’s ability to maintain its intrinsic function in the face of physiological stress from an extrinsic source such as ‘accident’ or disease.

According to Comfort (1960), ageing is “an increased liability to die, or an increasing loss of vigour, with increasing chronological age, or with the passage of the life cycle.”\(^9\) The four criteria proposed by Strehler (1962)\(^10\) have been widely accepted.

1. Ageing is universal, as it occurs in all members of the population (unlike disease).
2. Ageing is progressive, a continuous process.
3. Ageing is intrinsic to the organism.
4. Ageing is degenerative (as opposed to developmental or ‘maturational’ changes).

Most living organisms show an age-related decline in functional capacity which can be studied at various levels ranging from the intact organism, be it plant or animal, through its component organs and their cellular constituents, down to molecular structure.

Ageing in biological terms that ageing processes evolved at a time when few animals or human beings lived far into their lifespan, in those
circumstances, the risk of accidental death or starvation was too high to warrant expending excessive energy on the maintenance of highly accurate, potentially immortal, cells. Rapid and prolific reproductions were more likely to preserve the gene pool, a more important goal than the prevention of senescence in the individual. Now that most of us reach old age, evolution may take humans in a different direction in generations to come. The social and cultural meaning of aging is different from its biological meaning. Recognition of aging as a social problem is recent and aging as a social scientific problem is still more recent. People began to live longer due to the advancement in medical science and thus the population of the old increased, deserted and lonely old people. Aging evokes images but one must appreciate that ageing is more than an aesthetic reference to the aged. Indeed ageing has only a limited relation to old people. The term “ageing” is used descriptively, it refers to a sequence of changes across a lifespan.

Gerontologists in general have highlighted the problems of ageing from different angles. They divide the 65 and over age group into three groups: (1) elderly old age (65-74 years), (2) middle age group (75-84 years) and (3) advanced old age (85 and above). In 1900, individuals over the age of 65 made up only 4 per cent of the population; now in the United States, persons aged 65 and over comprise 16 per cent of the population. Not only the population over 65 increasing, but the number of persons who are 85 and over will double in the next 10 years. The age group over 85, referred as the ‘old-old’ is the fastest-growing segment of the entire population. Between 1960 and 1990, the population of individuals over the age of 85 increased by 37 per cent. Within the last five decades, the proportion of the world population of over 60 years old people has changed from one in 13 to one in 10. In Europe, it is already one in five. The world is expected to have 1 billion old people by 2000. Only about 15 per cent of the working population is employed in regular salaries jobs. Between 2000 and 2010, the segment of the population aged 75 to 84 will
increase by 57 per cent and the number of those aged 85 and over will grow by 91 per cent (US Bureau of Census, 1990). The fastest growing population in most countries persons 80 and over (World Health Organization, 1998). By the year 2030, it is expected that the elderly will comprise approximately 21 per cent of the population.

AGEING IN INDIA

Ageing is an irreversible biological process and may best be defined as the survival of a growing number of people who have completed the adult roles. For census purposes, a cut off age of 60 years is taken for classifying people as aged in India. Ageing is an inevitable consequence of fertility decline. With the gradual fall of mortality rate, awareness, better nutrition, advancement in health technology and the increase in life expectancy, the number of elderly both relative and absolute, are increasing all over the world. Ageing is main problem among senior citizen in India. It is one of pressing problems, faced by different strata of society. With advancement of health services in the society, a longevity has been increased by numerous of years for our adults in the rural as well as urban society. The process of ageing starts from 60 and above years. As a result, a steady degeneration of human tissue, give rise to ageing process among the adults.

A human life span is one hundred years in the traditional Indian. In the traditional Indian culture, a human span of life divided into four ‘ashramas’ or life stages. The first ‘brahmacharya’ (life of a student) was to be spent at the teacher’s (guru) house. This is the life of a celibate, to be spent in education and training. Once education was complete, the boy (grown into adulthood by now) would be ready to enter the ‘grihasta’ ashram. This was the life of a householder. A man was to marry, have children, and shoulder the responsibilities of an average citizen in the society. He was to discharge the debts he owed to the parents (pitra rina) by begetting sons and to the gods
(deva rina) by performing Yajnas (rituals). This was the stage when a man would fulfill his basic desires, for love, marriage, for parenthood, for status, wealth, prestige and other such physical and social needs. When a man’s head turned grey” and wrinkles appeared, he was to give up this life of householder and turn to ‘vanaprastha’ which literally means ‘moving to the forest’; A -mature and ageing man would gradually give up his worldly pursuits, move away from the mundane routine of householder and turn -inward in search of spiritual growth. Finally, when he was spiritually ready, he would renounce the world completely and enter the stage of ‘sanyasa’ or asceticism.13

Though this scheme of a man’s life did not comment about a woman’s life, it was assumed that a wife would follow her husband faithfully in his move through different stages. In ordinary social intercourse, a person would be considered old when his children were married and he had grandchildren, regardless of his chronological age. Marriage of a son and arrival of a daughter-in-law into the joint family often marked a major transition in the life of a woman. She would usually hand over the responsibilities of the household and relinquish her own position as ‘mistress’ of the house. In some parts of India, married women usually would have the keys of the house tied to the end of their ‘pallu’ (part of the sari that is drawn up over the upper part of the body or head). ‘When the bride arrived, these keys would be handed over to her symbolizing a transition in the status of the older woman. Menopause and arrival of grandchildren usually marked old age for women. There is a trend for women to consider themselves old at a younger age than men.14

In the 21st century is population ageing, with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last few decades, it is certain that India will move from being a young country to an old country over the next few decades. Presently, India has around 91 million elderly and by 2050, the number is expected to increase to 315 million, constituting 20 per cent of the total population. The
analysis found that around three-fourths of the elderly live in rural areas, of which 48 per cent are women and 55 per cent of them are widows. Nearly 70 per cent of rural elderly are dependent on others, and their health problems increase with age. In addition to problems of illiteracy, unemployment, widowhood and disabilities, older women in India also face life-long gender based discrimination, resulting in differential patterns of ageing of men and women. The Global Report on Ageing in the 21st Century (2012) reinforces the observations made in India that there is multiple discrimination experienced by older persons, particularly older women, including in access to jobs and health care, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security.\(^{15}\)

India is passing through technological, social, cultural and demographic transition. As a result, it has created an awareness of health care among the people took place, which led to the improvement in the quality of health care facility. Eventually the mortality rate has come down due to an increase in the life expectancy, which ultimately leads to the increase in elderly population. Along with the growing number of the aged, the traditional family support system is fast disappearing from the Indian society. The aged are one of the most vulnerable and high-risk groups in terms of health and socio-economic status in the society today. Elderly are the senior citizens of the nation leading their lives in a transitional phase. The transition from middle to old age is a period of critical biological and social emotional fabric of the society and consequent changes in the living arrangements have created more problems for the aged to adjust with the changing conditions in living.

India is an agriculture-dominated economy where is dependent on agricultural and its allied activities. The aged (60+) represent about seven to eight percent of the population, most of them living below the poverty line. The aged in the unorganized sector like agriculture workers, casual workers and landless labourers are in economically family responsibilities and inharmonious
relations are the major problems needs of the family and their personal requirements they have to work as long as they live. Moreover, the problems become more complicated when their children start neglecting them and elderly people face psycho-social problems coupled with economic and health problems.

India like many other developing countries in the world is witnessing the rapid aging of its population. Urbanization, modernization and globalization have led to change in the economic structure, the erosion of societal values, weakening of social values, and social institutions such as the joint family. In this changing economic and social milieu, the younger generation is searching for new identities encompassing economic independence and redefined social roles within, as well as outside, the family. The changing economic structure has reduced the dependence of rural families on land which has provided strength to bonds between generations. The traditional sense of duty and obligation of the younger generation towards their older generation is being eroded. The older generation is caught between the decline in traditional values on one hand and the absence of adequate social security system on the other (Gormal 2003).  

Family is the main source of care giving to all its members. One’s need for and ability to give care is negotiated by one’s place in family life cycle. Ageing of population is an obvious consequence of the process of demographic transition. In a globalizing world, the meaning of old age is changing across cultures and within countries and families (Bergeron 2001).  

Indian culture, like many other Asian cultures, emphasized filial piety. Parents were to be honoured as gods. It was considered the duty of a son to respect and care for his parents. Even today, in India, old parents live with sons and their families. Living with the eldest son and his family is the most common living arrangement. Indian society is patriarchal and after marriage
sons bring their wives to the parental household to live. This tradition assured that old people would have younger in-laws and grandchildren to care for them. Also, caste and kin group exerted pressure on younger members to obey and respect elders.

The diminishing joint family system in India and the various other social factors created a boom in emergence of old age homes. Various surveys carried out in India and abroad have confirmed that most of the elderly people consider home as a place where they can derive greatest emotional satisfaction. Elder abuse is one of the subjects of frequent discussion these days, whether it is institution based or community based. Elder abuse is not merely physical instead there are mainly five categories—physical, emotional, financial, neglect and sexual. Population ageing creates a new problem i.e., a growing breed of care takers who are themselves in need of care.

In India, the traditional practice has been for people to live with their children in old age; this is not necessarily with the intention of receiving support; often the rest of the family also benefits from the arrangement. For example, when the younger women of the household go to work, the grandparents take care of their children. On the International Day for the Older Persons, the United Nations (2003) addressed healthy older people as a resource for their families, societies and the economy of their respective countries.

In the rural communities of India the joint family system still prevails to a large extent. The old people in these communities are therefore not thrown on the mercy of the society by their families. Moreover the older people are the owners of the property and therefore they are given proper attention of the family members. The older people in the agrarian communities remain financially independent. They are not only the owners of the land holdings but they also participate in the productive activities as much as they can according
to their health. That is why the older people in the Indian rural communities are still enjoying a high status and the role of decision makers in the family.

The situation is slightly different in case of the urban communities. The joint family system is not prevalent to the same extent as in the rural communities. The urban residents might be maintaining their links with their joint families, but most of them live in the nuclear families. Therefore, these persons cannot avail themselves of the benefits provided by the joint family system. The problems of aging in urban India are therefore becoming somewhat similar to those prevailing in the industrialized societies of the west. However, this is only a trend and to a large extent the older people in the urban areas still enjoy a fairly high status in their families and are generally well respected by their children. Desai and Naik (1973) have reported in the study conducted in Greater Bombay that the advice of elderly persons was usually taken in family affairs.\textsuperscript{18}

In urban areas, the main problem, which the old has to face, is loneliness. In modern families, both the husband and wife work outside and while the children go out, to be old in the family feel lonely and neglected and think that they are of no use to their children. This feeling is more if it is associated with health problems as well. There is mutual relationship between old age and disease. Disease hastens aging and age renders the old more subjected to pathological disturbances. Old age is associated with declining physical and mental health, making it difficult to adjust with to be new ways of life of our society. There is no exception to this, whichever is the society they belong to. In our society, to a large extent, to be needs of the aged are looked after by the younger members of the family as a matter of customary social practice. But in the case the young who themselves find it difficult to make both, ends meet the old will have to suffer.

The decline of old age is not only distressing in itself, it also means that
the elderly mass is endangered in the outside world. As we have seen, he leads a very much reduced life very close to illness and on the verge of extreme poverty. He has an extremely painful feeling of insecurity, a feeling that is made all the worse by his powerlessness. The old person remains on the alert even when his security is guaranteed because he does not trust the middle-aged. This distort is the figurative expression of the dependence in which he lives. He knows that the children, friends, nephews who help him live, either by giving him money or by looking after him or by housing him, may refuse their assistance of diminish it; they can abandon him or dispose of him against his will for instance, they can force him to move house, and that is one of his terrors. He is acquainted with the double-cleaning of the adult world. He is afraid that the motive for the help he is given may be a conventional morality that implies neither respect on affection for him personally; he is being treated according to the demands of public opinion, and public opinion can be circumvented, or it may count for less than certain advantage. The misfortunes dreaded by the old-illness, infirmity, a rise in the cost of living are all the more to be feared since they may also bring about disastrous alterations in the behaviour of others. The aged man, far from hoping that is natural irreversible decline will be slowed down or counterbalanced by those near to him, suspects that they will hasten it for instance, if he becomes infirm, they will put him in an institution.

Elderly problem is a major problem across the world, as the elderly population is growing due to increase in health facilities and services, rendered by public and private health clinics. Among the elderly population, elderly people are most vulnerable group of the society suffering from socio-economic and health problems. Health problems be considered to be the major concern of a society as older people are more prone to suffer from ill health than younger age groups. It is often claimed that ageing is accompanied by multiple illnesses and physical ailments. Besides physical illnesses, the aged are more
likely to be victims of poor mental health, which arises from senility, neurosis and extent of life satisfaction.

With the 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 elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving.

The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions, and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined.

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affection for him personally; he is being treated according to the demands of public opinion, and public opinion can be circumvented, or it may count for less than certain advantage. The misfortunes dreaded by the old-illness, infirmity, a rise in the cost of living are all the more to be feared since they may also bring about disastrous alterations in the behaviour of others. The aged man, far from hoping that is natural irreversible decline will be slowed down or counterbalanced by those near to him, suspects that they will hasten it for instance, if he becomes infirm, they will put him in an institution.

Old age presents its special and unique problems but these have been aggravated due to the unprecedented speed of socioeconomic transformation leading to a number of changes in different aspects of living conditions. The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics (Siva Raju, 2002). For elders living with their families - still the dominant living arrangement – their economic security and well-being largely depends on the economic capacity of the family unit (Alam, 2006). In traditional Indian society, the informal support systems of family, kinship and community are considered strong enough to provide social security to its members, including older people. Urbanisation, industrialisation and the ongoing phenomenon of globalisation have cast their shadow on traditional values and norms within society. Gradual nuclearisation of the joint family, erosion of morality in economy, changes in the value system, migration of youth to urban areas for jobs or work and increasing participation of women in the workforce are important factors responsible for the marginalisation of older people in rural India. As a result, the elderly depend on ‘money-order economy’ and their intimacy with their children is only from a distance (Kumar, 1999). The many physiological, economic, emotional and interpersonal facets of ageing influence the social functioning and well-being of individuals in different ways. Changing traditional values, mobility of the
younger generation, changes in family structure and role of women have contributed to a ‘crisis in caring’ for the elderly (Prakash, 2005). Many facets of the generation gap contribute to marginalisation of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse.

Living arrangement of old age persons in India is of increasing concern in view of the expanding cohort of older ages resulting from increasing longevity. Moreover, with the rapid decline in fertility, there is substantial reduction in the number of children to take care of the elderly. The increasing number of the elderly has been of concern in the developed world for many years, both from the individual and social policy perspectives and for effectively responding to the increasing costs of providing care. In developing countries like India, where social pensions are meagre and access to health insurance is still very limited, the traditional support systems from family and community becomes important to uphold the Indian tradition of respect and care of the elderly. As a result, elderly members of the family have normally been taken care of within the family itself. The family and social networks provided an appropriate environment in which the elderly spent their lives, engaging in religious activities, participating in the rearing of grandchildren, and following other pursuits. This way, the institution of family fulfilled the needs of the elderly in providing social, psychological and economic security. In addition, the family took care of the physical welfare as well as the psychological well-being of the older family members, and in turn, the elderly contributed by dispensing their acquired wisdom and prudence, distributing their wealth and belongings, and maintaining family harmony resulting in symbiosis and reciprocity (Siva Raju 2011).

India, a developing country, is in the grip of fast demographic transition. According to an estimate about every minute 23 Indians become old. 50 per cent of the world’s elderly live in Asia and out of which 23 per cent live in
India. The U.N. defines a country as ‘ageing’ where the proportion of people over 60 reaches 7 per cent by 2000, India will have exceeded that proportion (7.7 per cent) and is expected to reach 12.6 per cent in 2025 and 20.6 in 2050. According to the United Nations, India’s is expected to have a total of over 91.6 million persons in 60 and above age groups in 2011, the second large population of the elderly persons in the world after China. Growing at a rate of over 3 per cent per annum, this exceeds the annual average growth rate achieved by the younger (0-14 and 15-59 years) cohorts. The 2001 Census has shown that the elderly population of India accounted for 77 million. While the elderly constituted only 25 million in 1961, it increased to 33 millions in 1971, 43 million in 1981 and to 57 million in 1991. The proportion of elderly persons in the population of India Improved life expectancy was contributed to an increase from 5.63 per cent in 1961 to 5.96 per cent in 1971 to 6.47 per cent in 1981 to 6.80 per cent in 1991 to 7.47 per cent in 2001 and 7.98 per cent in 2011 and is expected to reach 12.6 per cent in 2025.

This is true for other older age cohorts too. The elderly population aged 70 and above which was only 8 million in 1961 rose to 21 million in 1991 and to 29 million in 2001. Besides, the proportion of elderly above 70 in the total population increased from 2.0 per cent in 1961 to 2.9 per cent in 2001. The Indian population census reported 99,000 centenarians in 1961 their number rose to 138,000 in 1991. The growth rate among different cohorts of elderly such as 60 plus, 70 plus and 80 plus during the decade 1991-2001 was much higher than the general population growth rate of 2 per cent per annum during the same period. However, the sex ratio among the elderly in India has favoured males as against the trend prevalent in other parts of the world (Tables 1.1 and 1.2).
### Table 1.1: Number and Proportion of Elderly in the Indian Population by Age Groups, 1961-2001

<table>
<thead>
<tr>
<th>Age</th>
<th>Number (in Millions)</th>
<th>Percent of Elderly to the total population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>196</td>
<td>197</td>
</tr>
<tr>
<td>60+</td>
<td>25</td>
<td>33</td>
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<tr>
<td>70+</td>
<td>9</td>
<td>11</td>
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<td>80+</td>
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<td>90+</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>100+</td>
<td>0.01</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Source: Last Six Population Censuses.  
* Provisional Census Data, 2011.

### Table 1.2: Sex Ratio and Growth Rate among the Indian Elderly, 1971-2001

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex Ratio of Elderly (males per 1000 females)</th>
<th>Growth of Elderly (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>1066</td>
<td>1042</td>
</tr>
<tr>
<td>70+</td>
<td>1030</td>
<td>1026</td>
</tr>
<tr>
<td>80+</td>
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<td>892</td>
</tr>
<tr>
<td>100+</td>
<td>798</td>
<td>844</td>
</tr>
</tbody>
</table>

Source: Last Five Population Censuses.  
* Provisional Census Data, 2011.

India is one of the few countries in the world where males outnumber females. This phenomenon among the elderly is intriguing because female life expectancy at ages 60 and 70 is slightly higher than that of males. However, at any given age, contrary to what we would normally expect, there are more widows than widowers and reasons for this unusual phenomenon need to be identified. Life expectancy at birth among Indian males had been higher than that among females until the first half of the 1990s. Apart from this unusual
demographic pattern of excess female mortality during infancy and childhood, the phenomenon of age exaggeration among the aged complicates the analysis. Thus, the above observation of more males in old age does not reveal a true picture of elderly persons (Irudaya, Sarma and Mishra 2003).

In India, the sex ratio of the aged as well as that of the old-old favours males. Reasons for more males in old age may consist of under-reporting of females, especially widows, age exaggeration, low female life expectancy at birth, and excess female mortality among infants, children and adults (Sudha and Irudaya 2003).

Notwithstanding the several analytical and statistical problems indicated above, the preponderance of females in extreme old ages needs to be brought to the attention of planners and policy makers.

**Emerging Ageing Scenario of India, 2001-2051**

The elderly population of India has been projected for the next 50 years. Table 1.3 gives a profile of the elderly classified by ages 60 and above, 70 and above and 80 and above in terms of size, proportion and gender dimensions. India’s age pyramids at three demographic regimes—high fertility and mortality (1961), moderate fertility and low mortality (2001), and low fertility and low mortality (2051). For the projections, the 2001 Census age data published by the Registrar General of India has been used as the base population; assumptions on future fertility and mortality trends are based on past trends as revealed by the Sample Registration System and other sources such as the first and second round of National Family Health Surveys (Visaria and Irudaya 1999).

The projection period ranges from 2001 to 2051. It is also important to note that projected elderly population above 60 years of age in 2051 were already born in 1991 and were 10 years old in 2001. Given our assumptions regarding mortality, the projections are likely to be valid. The size of India’s elderly population aged 60 and above is expected to increase from 77 million in 2001 to 179 million in 2031 and further to 301 million in 2051. The
proportion is likely to reach 12 per cent in 2031 and 17 per cent in 2051. However, the sex ratio among the elderly favours males, which is contrary to the experience of other developing nations. The number of elderly persons above 70 years of age (old-old) is likely to increase more sharply than those 60 years and above. The old-old are projected to increase five-fold between 2001-2051 (from 29 million in 2001 to 132 million in 2051). Their proportion is expected to rise from 2.9 to 7.6 per cent. Although we have found excess males in the age group 60 and above, the old-old sex ratio is favourable to females. The oldest old (80+) among the elderly in India is expected to grow faster than any other age group in the population. In absolute terms, it is likely to increase four-fold from 8 million in 2001 to 32 million in 2051.

Table 1.3: Projections —Number, Proportion and Sex Ratio of the Elderly, (2001-2051) on the basis of Census, 2001

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2011</th>
<th>2021</th>
<th>2031</th>
<th>2041</th>
<th>2051</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 and Above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (in million)</td>
<td>77</td>
<td>93</td>
<td>133</td>
<td>179</td>
<td>236</td>
<td>301</td>
</tr>
<tr>
<td>Percentage to the total population</td>
<td>7.5</td>
<td>8.0</td>
<td>9.9</td>
<td>11.9</td>
<td>14.5</td>
<td>17.3</td>
</tr>
<tr>
<td>Sex Ratio (males per 1000 females)</td>
<td>1028</td>
<td>1034</td>
<td>1004</td>
<td>964</td>
<td>1008</td>
<td>1007</td>
</tr>
<tr>
<td>70 and Above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (in million)</td>
<td>29</td>
<td>36</td>
<td>51</td>
<td>73</td>
<td>98</td>
<td>132</td>
</tr>
<tr>
<td>Percentage to the total population</td>
<td>2.9</td>
<td>3.1</td>
<td>3.8</td>
<td>4.8</td>
<td>6.0</td>
<td>7.6</td>
</tr>
<tr>
<td>Sex Ratio (males per 1000 females)</td>
<td>991</td>
<td>966</td>
<td>970</td>
<td>930</td>
<td>891</td>
<td>954</td>
</tr>
<tr>
<td>80 and Above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (in million)</td>
<td>8</td>
<td>9</td>
<td>11</td>
<td>16</td>
<td>23</td>
<td>32</td>
</tr>
<tr>
<td>Percentage to the total population</td>
<td>0.5</td>
<td>0.7</td>
<td>0.8</td>
<td>1.0</td>
<td>1.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Sex Ratio (males per 1000 females)</td>
<td>1051</td>
<td>881</td>
<td>866</td>
<td>843</td>
<td>774</td>
<td>732</td>
</tr>
</tbody>
</table>


Marital Status among the old age persons

The marital status of the elderly assumes special significance in the context of care in old age as those who are married seem to fare better in all economic and social aspects rather than those who are single. A major concern
relates to the increasing proportion of elderly women, especially widows in the population. There are two reasons mentioned for considerable gender disparity in widowhood in India (i) longer life span of women as compared to men, (ii) the general tendency for women to marry men older than themselves (Gulati and Irudaya Rajan 1999). Besides, widowed men are more likely to remarry and thus restore their earlier status. Though the relationship between the well-being of the elderly and their marital status cannot be spelt out precisely, any change in the marital status of the elderly deserves careful examination.

According to the 2001 census, 33.07 per cent of the elderly in India are without their life partners. The widowers among men form 14.98 per cent as against 50.06 per cent widows among the women. However, the proportion of widows and widowers in accordance with the 1991 Census, were 15.5 per cent and 54.0 per cent respectively. Since last ten years, the widowhood percentages have declined for both sexes; however, the decline has been noticed among the women. Among the oldest-old (80 years and above), widowhood is much more common. Almost half of them live without the spouse. A gender-wise analysis of the population Census shows that 71.11 per cent of women were widows, while only 28.89 per cent of males were widowers. Loss of spouse is a major disaster in old age and such individuals deserve suitable and adequate social safety nets irrespective of gender. To formulate the policies for protecting the elderly females, particularly widows, should be formed a major welfare programme in the country.

**Living Conditions among the old age persons.**

The overall reduction in general and infant mortality rates and the steady increase in average age at death have resulted in the growth of the elderly population around the world. According to the National Family Health Survey-2.8 per cent of the population reported that they were in the age group 60 or above. The conventional living patterns among the elderly have changed drastically following the reduction in fertility and the increase in life
expectancy at older ages. The term ‘living arrangement’ is used to refer to one’s household structure (Palloni, 2001). Irudaya, Mishra and Sarma (1995) explain living arrangements in terms of the type of family in which the elderly live, the headship they enjoy, the place they stay in and the people they stay with, the kind of relationship they maintain with their kith and kin, and the extent to which they adjust to the changing environment. While dealing with the welfare of any specific group, it is important to study their pattern of living arrangement. The elderly, who are least independent, require a constant care and support of others in different matters. The former type of support is expected from family members or persons who are close to them, whereas, the latter is supposed to be a joint effort of the immediate family and society. There exist several living patterns for the elderly such as living with the spouse, living with children and living in old age homes. Living alone or with the spouse is the most stable living arrangement for people who are not too old yet, whereas for the oldest-old, living with a child or grandchild is the most stable arrangement (Wilmoth, 1998). Attitude towards and perception about the living place is another important component that decides where they should live (Chen, 1998). The effects of living arrangement on the physical and psychological well-being of the elderly have also been examined by researchers. According to them, changes in living arrangements, family structure and mode of retirement affect the old adversely (D’Souza, 1989). Leaving the parental home for education and employment results in elderly parents having to live alone at home until the children come back (Gaymu, 2003). The overall well-being of the elderly consists of their physical, mental and social wellbeing. It is widely known that the erosion of the traditional norm whereby the elderly generally live with children or relatives reduces the well-being of the older population (Palloni, 2001). However, that it is not necessarily so is shown by the experience of industrialised nations where the government has fostered systems to meet the economic and social needs of the
elderly.
The living arrangement is affected by the perception of costs and benefits by both older and younger generations manifested in preferences and constraints (United Nations 2001). The older generation may perceive costs in terms of taking care of the siblings or grandparenting and taking care of the households when the young couple is out of home to take up jobs, while the young generation might perceive costs in terms of taking care of the aged and their health and living expenses. The older people may own their house which is used by the younger generation. The young generation may face constraints in terms of living space, while the older generation may feel shrinkage in their space in decision-making in the household. Living arrangement reflects the balance between costs and benefits.

On the other hand, several studies in the Western countries have shown that there are substantial changes in the pattern of living arrangement as the economy moves from the pre-industrial family economy to the wage economy (Ruggles 2001). There is evidence of such changes in East Asian economies. The changes in living arrangements are also a result of personal preferences over time and changes in attitudes of the younger generation who favour nuclear families (Ogawa 1994). The state of health also affects the pattern of living arrangement. Those who need more help in activities of daily living tend to live in joint families rather than living alone or in nuclear families.

The age pattern of living of the elderly is influenced by life cycle and cultural factors. Further, it was pointed out that among the life cycle factors, level and timing of fertility largely determines the degree of overlap of life stages of parents and children. In case of those where the child-bearing has been completed relatively later in life, they may still be caring for young children and are in families. On the contrary, those who completed their family formation earlier, may now be in ‘empty nest’ stage, and in case of widows, they may be living alone (United Nations 2005). Thus, with changes in the demographic and economic fabric, family structure too is undergoing changes.
thus impacting the living arrangements of the elderly in India. Such changes have profound implications on social security, provision of care and support to the elderly.

**Economic Aspects among the old age persons**

It is generally believed that the elderly are a burden on the family and the nation as they do not contribute to the national income. This is not always true. In India, 40 per cent of the elderly who are 60 and above are working. The figure rises to 61 per cent in the case of males. On the other hand, there are adults (in the age group 15-59) who are not working and are dependants (Bhagat and Unisa, 2006). In India, an overwhelming proportion of elderly (90 per cent) whose children are alive, live with their children (Bloom et al., 2010). For elders living with their families - still the dominant living arrangement - the economic security and well-being are largely contingent on the economic capacity of the family unit. Particularly in rural areas, families suffer from economic crises, as their occupations do not produce income throughout the year. Inadequate income is a major problem of the elderly in India (Siva Raju, 2002). Nearly 90 per cent of the total workforce is employed in the unorganized sector. They retire from their gainful employment without any financial security like pension and other post-retirement benefits. The Ministry of Social Justice and Empowerment, Government of India (1999), in its document on the National Policy for Older Persons, has relied on the figure of 33 per cent of the general population below poverty line and has concluded that one-third of the population in the 60 plus age group is also below that level. Though this figure may be understated from the older people’s point of view, even at this estimate, the number of poor older persons comes to about 23 million. As per the Policy, 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. Women are more likely to depend on others,
given lower literacy and higher incidence of widowhood among them (Gopal, 2006).\(^{47}\) Hence, the greater vulnerability of women due to higher life expectancy than men and the higher incidence of widowhood indicates the need to have a special focus on gender-based policy implications and social security needs of women. Vulnerable groups like the disabled, fragile older persons and those who work outside the organised sector like landless agricultural workers, small and marginal farmers, artisans in the informal sector, unskilled labourers on daily, casual or contract basis, migrant labourers, informal self-employed or wage workers in the urban sector and domestic workers deserve mention here.

**Social Aspects among the old age persons**

These days, due to a change in family structure, the elderly are not given adequate care and attention by their family members. This trend is fast emerging partly due to growth of “individualism” in modern industrial life and also due to the materialistic thinking among the younger generation. These changes lead to greater alienation and isolation of the elderly from their family members and from society at large. Due to the changes in the family structure and the value system, respect, honour, status and authority, which the elderly used to enjoy in traditional society, has gradually started declining, and in the process the elderly are relegated to an insignificant place in our society (Gupta, 2004).\(^{48}\) Though the younger generation takes care of their elders, in spite of several economic and social problems, it is their living conditions and the quality of care, which differ widely from society to society.

The loss of the decision-making power is experienced more by those who have surrendered their property in favour of younger members and thus have no control over the sources of income. The loss of status and decision-making power is felt more by ageing women than men (Nandal *et al.*, 1987).\(^{49}\) Khan and Raikwar (2010)\(^{50}\), in an empirical study of 320 people over 60 years
of age in Delhi, selected through multi-stage stratified random sampling, suggest that 89 per cent of the respondents expected that their family members should take care of them but only 37 per cent are actually taken care of by their family members. Ninety-two per cent of the elderly felt that they should be included in important household matters but only 26 per cent of them were actually involved in family affairs. Though a majority of the younger generation view the elderly as a socioeconomic burden, the advantages of having an elderly person at home such as care in times of sickness, advice in family matters, education and all-round development of the family are also recognised by a few from the younger generation. An increase in the duration of un-utilised time during the post-retirement period as compared to the pre-retirement period is also noticed among the elderly. Religiosity seems to have increase with age. A quantitative study to understand the role of spirituality and ageing process (Pandya, 2010) in 906 elderly respondents in Mumbai reveals that the spirituality was perceived to provide support, aid relationship building and maintenance, facilitate coping with stress and ideas, and issues in relation to death and dying.

Given the rate of population ageing that developing countries like India are experiencing, there is a need to focus on ageing issues and to take effective measures for improvement in the quality of life of elderly in general and elderly women in particular. A country as large and complex as India needs to work out an extensive plan for the care and well-being of the elderly as necessary according to differences in levels of urbanisation as well as in cultural and familial systems. The rural poor, who mostly work in the informal or unorganised sector face insecure employment, insufficient income, and lack access to any form of social security and good quality and affordable health care. Generally, they have to pay a large percentage of their income for even basic healthcare services. As the interrelation of health and economic status continues throughout one’s life, it is of special importance among the elderly.
whose livelihood depends on their physical ability and who do not have any provision for economic security. Social security pensions, though meager in amount, create a sense of financial security for the elderly, who benefit through schemes such as old age pension, widow’s pension, agricultural pension and pension for informal sector workers. However, the proportion of elderly who benefit from these schemes has to be improved significantly.\textsuperscript{52}

Due to industrialisation and urbanisation and the changing trends in society, it is the urban elderly who are more likely to face the consequences of this transition as the infrastructure often cannot meet their needs. Lack of suitable housing forces the poor to live in slums which are characterised by poor physical conditions, low income levels, high proportion of rural migrants, high rates of unemployment and underemployment, rising personal and social problems such as crime, alcoholism, mental illness, etc. along with total or partial lack of public and community facilities such as drinking water, sanitation, planned streets, drainage systems and access to affordable healthcare services. With the increasing prevalence of slum dwellers who come to urban areas in search of better opportunities, a significant proportion of them would be elderly. While rural India continues to provide family support in old age, the forces of globalisation have touched many a life leading to migration of children to cities or abroad.

**Health Status among the old age persons**

Health problems are supposed to be the major concern of a society as older people are more prone to suffer from ill health than younger age groups. It is often claimed that ageing is accompanied by multiple illnesses and physical ailments. Besides physical illnesses, the aged are more likely to be victims of poor mental health, which arises from senility, neurosis and extent of life satisfaction. Thus, the health status of the aged should occupy a central place in any study of the elderly population. In most of the primary surveys, the Indian elderly in general and the rural aged in particular are assumed to have
some health problems.

A study done by Nandal, Khatri and Kadian (1987)\textsuperscript{53} found that a majority of the elderly are suffering from diseases like cough (cough includes tuberculosis of lungs, bronchitis, asthma, and whooping cough as per the International Classification of diseases), poor eyesight, anaemia and dental problems. The proportion of the sick and the bedridden among the elderly were found to be increasing with advancing age; the major physical disabilities being blindness and deafness (Darshan, Sharma and Singh, 1987).\textsuperscript{54} Shah (1993)\textsuperscript{55} in his study of urban elderly in Gujarat found deteriorating physical conditions among two-thirds of the elderly, consisting of poor vision, hearing impairment, arthritis and loss of memory. An interesting observation made in this study relates to the sick elderly’s preference for treatment by private doctors. Besides physical ailments, psychiatric morbidity was also prevalent among a large proportion of elderly. An enquiry in this direction by Gupta and Vohra (1987)\textsuperscript{56} provides evidence of psychiatric morbidity among the elderly. This study also draws a distinction between functional and organic disorders in old age. It was found that functional disorders precede organic disorders, which become frequent beyond seventy. The first National Sample Survey (NSS) conducted during the second half of 1980s, focussed on the elderly and indicated that 45 per cent of the elderly suffered from some chronic illness like pain in the joints and cough. Other diseases noted in the NSS survey included blood pressure, heart disease, urinary problems and diabetes. The major killers among the elderly consisted of respiratory disorders in rural areas and circulatory disorders in urban areas.

Clearly, the health issues of the ageing are not restricted to a set of diseases caused at times by free radicals, abnormalities of motor function, audio-visual degeneration and so on; they also include functional incapacitation due to senescent changes in human organs and frailties. All these diseases, infirmities and frailties may push a large number of older persons, particularly
those beyond 75 or 80 years, below the threshold of physical-cognitive-sensory abilities required to be autonomous and perform basic activities of daily living (BADL) without support. To ensure later life welfare and also to meet likely escalations in demand for the management of complex conditions with the growing number of older persons, it may not be implausible for the government to assimilate most of these issues in its health sector strategies, build necessary infrastructure and evolve instruments to cover health/disability risks of ageing. A further justification for some of these considerations may well be drawn from changes in major societal norms. The nuclearisation of families, erosion in intergenerational bonds and reversal in care-giving role played by families may be only a few examples with serious implications for the ageing and later life health.

While many of these issues and societal changes have already started gaining recognition in literature on ageing and old age health in India, a large body of this literature still remains non-representative due to smaller (purposive) samples and/or confined to limited areas of more specific concerns like age-related diminution of capabilities, financial cost of diseases/disabilities or care giving burden, etc. Many conceptual and data issues, often responsible for large variations in sicknesses and disabilities over time, have failed to draw sufficient attention. Arguably, improper conceptualisation and inconsistencies in estimates of poor health and disabilities may impede attempts to plan for old age health in the country as shown in the following table.

Table 1.4 shows significant variations in sample frames used by the National Sample Survey Organisation (NSSO) in the preceding three health-morbidity and disability surveys (52nd, 58th and 60th rounds), the only major source for nationally representative data on old age health and disabilities at the household level. This table clearly reveals significant differences in poor old age health and disability between the samples used for the 52nd and 60th
rounds, despite major comparability issues between the three NSS rounds, as discussed in Section 3.

**Table 1.4: Health-morbidity and disability**

<table>
<thead>
<tr>
<th>NSS rounds and Sample Size</th>
<th>Locality</th>
<th>Sample Household (number)</th>
<th>Sample Population (Number)</th>
<th>Estimated Population (000)</th>
<th>Elderly Persons (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>52\textsuperscript{nd} Round (1995-96)</td>
<td>Rural</td>
<td>71,284</td>
<td>380,885</td>
<td>636,844</td>
<td>36,206</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>49,568</td>
<td>249,003</td>
<td>203,260</td>
<td>10,164</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>120,942</td>
<td>629,888</td>
<td>840,104</td>
<td>46,370</td>
</tr>
<tr>
<td>58\textsuperscript{th} Round (2002)</td>
<td>Rural</td>
<td>45,571</td>
<td>259,755</td>
<td>763,493</td>
<td>49,698</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>24,731</td>
<td>136,021</td>
<td>293,755</td>
<td>17,350</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>70,302</td>
<td>395,775</td>
<td>1,057,248</td>
<td>67,048</td>
</tr>
<tr>
<td>60\textsuperscript{th} Round (2004)</td>
<td>Rural</td>
<td>47,302</td>
<td>250,775</td>
<td>714,953</td>
<td>50,256</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>26,566</td>
<td>132,563</td>
<td>243,787</td>
<td>16,105</td>
</tr>
<tr>
<td></td>
<td>All</td>
<td>73,868</td>
<td>383,383</td>
<td>958,740</td>
<td>66,361</td>
</tr>
</tbody>
</table>

Source: 52\textsuperscript{nd}, 58\textsuperscript{th} and 60\textsuperscript{th} Rounds of National Sample Surveys

Non-conforming samples are not the only issue that makes old age health and disabilities a complex issue to examine. There are also some important conceptual issues that need to be considered. For example, conditions that cause disability (heart conditions, cancer, diabetes, etc.) include those that also cause death. Disabilities could also be anatomical, mental or occupationally crippling (Burkhauser, et. al. 2002).\textsuperscript{58} Many of them even end up as functional dependencies and inhibit people from performing activities of routine personal life (Nagi, 1965, 1976).\textsuperscript{59} The latter has started gaining recognition in India only recently (Alam and Mukherjee, 2005).\textsuperscript{60} The availability of large and representative data collected on the basis of theoretically grounded concepts of functional limitations is still difficult.

In addition to the growing visibility of the ageing at the all-India level, several states across the country are ageing much faster than others. Another important point to note is the very high concentration of the aged in rural areas where the health infrastructure for their health care needs is abysmal. Three
issues are particularly significant in the case of older women: (i) their very low educational background; (ii) very high economic dependence; and (iii) very high prevalence of widowhood. With rapid changes in the socioeconomic milieu, the breakdown of the traditional family system and the migration of siblings both within and outside the country, the expected increase in the number of widows is particularly challenging. Most of these issues are related to pathology, functional disabilities and the need for providing long-term care. The vulnerability of older persons in India is also rooted in the fact that over 66 per cent of them are either illiterate or without any formal schooling, with about 80 per cent of women totally illiterate. This degree of educational backwardness is also reflected in the form of poor economic status of the Indian elders and their high levels of (total or partial) dependence. Table 1.5 shows that more than 51 per cent of elders rely on transfers of money to sustain themselves economically. Women obviously outnumber men in economic dependency, both partial and complete.

**Table 1.5: Share of economically dependent and independent: NSS 52nd and 60th Rounds**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons</td>
<td>Male</td>
</tr>
<tr>
<td>Independent</td>
<td>34.47</td>
<td>53.60</td>
</tr>
<tr>
<td>Partially Dependent</td>
<td>13.69</td>
<td>15.26</td>
</tr>
<tr>
<td>Fully Dependent</td>
<td>51.84</td>
<td>31.14</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: 52nd and 60th Rounds of National Sample Surveys

**Socio-Economic Determinants of Elderly Health and Disability**

In general, health is considered to be strongly associated with the socioeconomic condition of the population. A detailed study on the Indian health system conducted by Mahal et al. (2002) indicates that the poor have less access to health facilities in general, and public health facilities in particular, leading to their poor health conditions on the one hand and very high
financial burden of health care utilisation on the other.\textsuperscript{61} Similarly, a World Bank study (World Bank, 2001) indicated that incidence of disability is significantly higher among the elderly people in lower income social groups.\textsuperscript{62} This section therefore discusses some socio-economic correlates of the self-perceived health among the elderly population and disability. For socioeconomic correlates an array of socio-economic variables related to poverty, social groups, education, place of residence, etc. have been used. Most of these variables are widely used in the literature on health and morbidity. However, we begin with a few summary statistics of self-rated health across social groups and consumption expenditure quintiles of population.

The World Assembly for the welfare of old age persons

Many countries in Asia like India became active in considering and reviewing policies on ageing and on older persons after participating in the First World Assembly on Ageing, and started concretising their action plans by drawing from the 1982 Vienna International Plan of Action on Ageing and subsequently from the 1992 Proclamation on Ageing of the United Nations, and various other internationally agreed principles. However, most countries in Asia, till very recently, did not have a long-term perspective on developing a clear-cut policy on older persons. It is mainly at the turn of the century that the attempts to develop sound formal national policy to meet the growing needs of older people became an important exercise. The \textit{Macau Plan of Action on Ageing for Asia and the Pacific} (Macau POA, ESCAP 1999) provided a set of concise recommendations and specific guidelines within the framework of which individual countries attempted to set their own goals and targets. Also, the deliberations at the Second World Assembly on Ageing held in 2002 at Madrid, Spain, which led the UN Member countries to adopt the Madrid International Plan of Action on Ageing (MIPAA), further guided nations in expanding the extent and nature of national policies on ageing and associated
strategies to address the needs of older people. Subsequently, many countries in Asia framed their policies and programmes in line with MIPAA which outlined three Priority Directions: (i) Older Persons and Development; (ii) Advancing Health and Well-Being into Old Age; and (iii) Ensuring Enabling and Supportive Environments for Older Persons (United Nations, 2002a). However, all of the countries have not been able to implement the policies effectively.

Some countries in Asia, namely China, Japan, Malaysia, Singapore and Thailand have taken this challenge seriously and have put policies on ageing and older persons in place in line with the priority directions of MIPAA. Broadly these include health care and long-term care, social protection and security, older workers and labour force participation, housing, ageing-in-place and enabling environments, intergenerational relationships, guarding against age discrimination, reducing old age poverty, etc., to anticipate and head off future problems.

India is currently at the stage of revising the National Policy on Older Persons and strengthening the inclusive approach recommended in the 11th Plan for furthering the interests of older people and carrying them forward during the 12th Five Year Plan. As ageing of the population speeds up in India, like other Asian countries, and with demographic shifts increasing the care giving responsibility on families, governments and society, there is a need to craft new policies, improve infrastructure, and develop effective programmes.

**Framing Policies of Care for the old age persons**

A society as large and complex as India needs to explore the contemporary society to work out an extensive plan for the care and well-being of the elderly. The plan would vary from those in the more developed countries due to the different stages of urbanisation and differences in the cultural and familial systems in India. The diversity that has emerged in the ageing process
necessitates that research efforts focus on different ageing issues in society. This in turn is expected to promote the development of effective age-related policies and programmes. The heterogeneity among the elderly population cannot and should not be ignored, while framing various models of care for the elderly in our society. For social and familial relations of the elderly, there appears to be a steady change in care-giving from the traditionally secure joint family care of the elderly to extended family care in which care by adult children forms a major part. Scholars cite that if the present trend continues, there will likely be a decrease in elder care by adult children in the future, which will create more demand for old-age homes. India is at a crossroads and has to decide whether to go the family care way or the institutional/community care way. Liebig and Rajan state that for a country like India, the State cannot enter as a major player in elder care in view of the high (prohibitive) cost to the exchequer and the low national priority to elder care. The need to develop models of home or family care may be supplemented by suitably adapting them to a variety of respite services while at the same time suitably adapting them to Indian conditions (Phoebe S. Liebig and Irudaya Rajan, 2005).

Many of the ageing Asian countries are encouraging health promotion and illness prevention at an early age, supported by a firm system of health care, as well as that of family based services and community rehabilitation care. Responses to reduce the burden of chronic diseases and establish care giving mechanisms within and beyond the family and related experience in other countries can offer good learning for others as they work on polices and programmes to cope with ageing issues (United Nations, 2002b).

With increasing numbers of older persons and consequent higher demand for improvements in public services, sound social security measures, and adequate income security, many Asian countries are paying more attention to providing adequate quality and quantity of health, economic and social care (Kapur, 2006). This has brought new challenges in policy formulation and
implementation strategies to balance supply and demand on the one hand and sustainability on the other. It is a fact that many of tomorrow’s older persons will be fitter, better-educated and wealthier, but at the same time there will continue to be poorer, less healthy and vulnerable sections of older persons. This ageing reality and situation of older persons demands a development approach along with welfare orientation and poses challenges to governments, families and societies. Some of the countries in the region are facing the challenges in a more organised and concrete manner, adhering effectively towards a development framework that can offer very good learning examples to others in formulating age friendly policies and programme responses.

**Promoting the Well-being of Old Age Persons: The Government of India and States Efforts**

Much progress has been made in the quality and quantity of health care services in India in the last fifty years. However, improvements have been uneven with urban areas getting the best advantage of modern technological advances in medicare. Much emphasis of health care was given on mother and child programmes with special emphasis on controlling population. Older people are largely excluded. While elderly people in our country is the responsibility of family but with the changing conditions of our society and down fall in our values have risen a major problem. The Government, which is already grappling with a number of pressing problems, does not have enough resources. For more than a decade, several individuals and organizations working with older people have been pressing the government to introduce a national policy for their welfare. Several draft proposals have already been submitted to the government.

The constitution of India encourages the state of shield older people from undeserved want in their old age. An old age pension (OAP) scheme has been introduced to meet the needs of people who have no means to support
themselves. But many states accord old age pension (OAP) low priority and the amount given is as low as Rs 50/- per month. The Ministry of Welfare makes financial assistance available to voluntary agencies to run day care centres, often called’ activity centre, hobby club or golden age centres. These centres are managed by voluntary agencies. In 1993 there were 73 such centres in seven states supported by the Ministry of Welfare (Khan, 1995). But these centres do not provide a complete facility and health care to older people. So, its expansion is required both quantitatively and qualitatively.

India, with its predominantly agrarian based economy, has inadequate social security provisions for its older people. For government employees, pension scheme and contributory provident fund schemes are the major security provisions. There are several Acts, which make provision for labourers in the organized sector.

In 1992, the schemes of giving rebate on the income tax paid by senior citizens were introduced. The law also helps retired citizens in evicting tenants who occupy their houses. Voluntary organizations are given aid to start old age homes, care centres and mobile medical units. Concessions in train and airfares for senior citizens are made by some states. Here the environment is not as ‘elder friendly’ as in European countries. There is yet no serious effect to help senior people.

Constitutional provisions

In the Constitution of India, entry 24 in list III of schedule VII deals with the “Welfare of Labour, including conditions of work, provident funds, liability for workmen’s compensation, invalidity and old age pension and maternity benefits. Further, Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security.”

Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning.
Article 41 of Indian Constitution deals with the State’s role in providing social security to the aged. According to this article, “the state shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want.” The right of parents, without any means, to be supported by their children having sufficient means has been recognised by section 125 (1) (d) of the Code of Criminal Procedure 1973, and Section 20(3) of the Hindu Adoption and Maintenance Act, 1956.

The Himachal Pradesh Assembly passed a Parents Maintenance Bill in 1996 wherein a simple procedure was introduced for parents being ignored by their children to be given maintenance. In addition to making it obligatory for errant wards not taking care of their aged parents, the bill aims at simplifying the procedure by authorising the sub-divisional officer (civil) for fixing maintenance and Addl. Commissioner as the appellate authority so that the decision can be taken and cases disposed of promptly bringing justice and relief to older persons without loss of time. It is understood that the Bill is waiting for the assent of the President of India.

The Government of Maharashtra has prepared a ‘bill’ on similar lines. Correspondence received from the Government of Goa also indicates that it proposed to initiate action towards introduction of Parents Maintenance Bill. Ministry responsible for the welfare of the aged Ministry of Social Justice & Empowerment. Under the ministry, special care is being taken for the welfare of the Aged.

National policy on older persons The Government of India announced a National Policy on Older Persons in January, 1999. This policy provides a broad framework for inter-sectoral collaboration and cooperation both within the government as well as between government and non-governmental agencies. In particular, the policy has identified a number of areas of
intervention financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. Amongst others the policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavours of the state in this direction.

While recognizing the need for promoting productive ageing, the policy also emphasizes the importance of family in providing vital non formal social security for older persons. To facilitate implementation of the policy, the participation of Panchayati Raj Institutions, State Governments and different Departments of the Government of India is envisaged with coordinating responsibility resting with the Ministry of Social Justice & Empowerment.

The Ministry of Social Justice and Empowerment

This is the nodal Ministry responsible for the welfare of the senior citizens in India. It focuses on policies and programmes for senior citizens in close collaboration with state governments, non-governmental organisations and civil society.

National Council for Older Persons

A National Council for Older Persons (NCOP) has been constituted by the Ministry of Social Justice and Empowerment to operationalise the National Policy on Older Persons. In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged. The Council was re-constituted in 2005 with members comprising Central and State governments representatives, representatives of NGOs, citizen’s groups, retired person’s associations, and experts in the field of law, social welfare, and medicine.
The basic objectives of the NCOP are to advice the Government on policies and programmes for older persons provide feedback to the Government on the implementation of the National Policy on Older Persons as well as on specific programme initiatives for older persons advocate the best interests of older persons provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector represent the collective opinion of older persons to the Government suggest steps to make old age productive and interesting suggest measures to enhance the quality of inter-generational relationships. Undertake any other work or activity in the best interest of older persons.

Inter-Ministerial Committee on Older Persons

An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in implementation of the NPOP. Action Plan on ageing issues for implementation by various Ministries/Departments concerned is considered from time to time by the Committee.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. The Act provides for:-

- Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through Tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penal provision for abandonment of senior citizens
Establishment of Old Age Homes for Indigent Senior Citizens

Adequate medical facilities and security for Senior Citizens

The Act has to be brought into force by individual State Government. As on 3.2.2010, the Act had been notified by 22 States and all UTs. The Act is not applicable to the State of Jammu & Kashmir, while Himachal Pradesh has its own Act for Senior Citizens. The remaining States yet to notify the Act are - Bihar, Meghalaya, Sikkim and Uttar Pradesh.

Integrated Programme for Older Persons (IPOP)

An integrated programme for older persons has been formulated by revising the earlier scheme of Assistance to Voluntary Organizations for programmes relating to the welfare of the aged. With the aim to empower and improve the quality of older persons, the programmes hope to:

- Reinforce and strengthen the ability and commitment of the family to provide care to older persons.
- Foster amiable multi-generational relationships.
- Generate greater awareness on issues pertaining to older persons and enhanced measures to address these issues.
- Popularise the concept of Life Long Preparation for Old Age at the individual level as well as at the societal level.
- Facilitate productive ageing.
- Promote healthcare, Housing and Income Security needs of Older persons.
- Provide care to the destitute elderly.

Strengthen capabilities on issues pertaining to older persons of local bodies/state governments, NGOs and academic/research and other institutions.

Strategy: Developing awareness and providing support to build the capacity of government, NGOs and the community at large to make productive use of older persons and to provide care to older persons in need; sensitising children and youth towards older persons; reinforcing the Indian family tradition of
providing special care and attention to older persons and organising older persons themselves into coherent self help groups capable of articulating their rights and interests.

Under this scheme financial assistance up to 90 per cent of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centres, mobile medicare units and for providing non institutional services to older persons. The Scheme has been revised w.e.f. 1.4.2008. During 2007-08, Government has spent more than 16 crores of rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

**Assistance for Construction of Old Age Homes**

A Non-Plan Scheme of Assistance to Panchayati Raj Institutions/ Voluntary Organisations/Self Help Groups for Construction of Old Age Homes/ Multi Service Centres for Older Persons was started in 1996-97. Grant-in-aid to the extent of 50% of the construction cost subject to a maximum of Rs. 15 lakhs was given under the Scheme. However, the Scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07). The scheme has been revised to enhance the one time construction grant for old age homes/multi service centres from Rs. 5 lakh to Rs 30 lakh to eligible organizations.

Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act 2007 envisages a provision of at least old age home for indigent senior citizens with 150 capacities in every district of the country. A new Scheme for giving assistance for Establishment of Old Age Homes for Indigent Senior Citizens in pursuance of the said provision is under formulation.

**Old age and income security**

The Ministry has also launched a project called “Old Age Social and Income Security (OASIS)”. An Expert Committee is constituted under the project. The first report of the Committee and the existing income security
instruments available to older persons have been comprehensively examined. The report also contains detailed recommendations for enhancing the coverage, improving the rate of returns and for bringing about a qualitative improvement in the customer service of Public Provident Fund, the Employees Provident Fund, the Annuity Plans of LIC, UTI etc. The recommendations of the Committee are being examined by the Ministry of Finance for further action. Meanwhile, Phase II of the project is looking at the pension and gratuity schemes of the central government and old age pension provided under National Social Assistance Programme (NSAP). At the core of the second phase of project OASIS, however, lies the designing of a new, fully funded, contributory pension programme for the balance (uncovered) workers including casual/contract workers, self-employed, farmers etc.

**Ministry of Health & Family Welfare**

*The National Programme for the Health Care for the Elderly (NPHCE)*

This programme was launched during the 11th Five-Year Plan period. The main objective of the programme is to provide preventive, curative and rehabilitative services to the elderly persons at various levels of health care delivery system of the country. Its other objectives are to strengthen referral systems, to develop specialised manpower and to promote research in the field of diseases related to old age.

**Ministry of Rural Development**

*The National Old Age Pension Scheme*

This scheme, which was launched in 1995, was renamed Indira Gandhi National Old Age Pension Scheme (IGNOAPS) in 2007. Under this scheme, all BPL elderly aged 65 years or above were provided a pension amount of Rs. 75 per month. Subsequently, with effect from 1 April 2011, the eligibility age for old age pension under this scheme has been reduced from 65 years to 60 years and the amount of pension has been raised to Rs. 200; the pension amount is Rs. 500 per month for those aged 80 years or above. The respective state
governments were also requested to contribute a matching amount for each beneficiary of this scheme.

**Indira Gandhi National Widow Pension Scheme (IGNWPS)**

This scheme was introduced in February 2009 and provides BPL widows in the age group of 40 to 64 years with a monthly pension of Rs. 200 per beneficiary. Consequently, upon revision, the upper age limit was revised from 64 years to 59 years. On reaching 60 years of age, the widows who were receiving pension under IGNWPS continued to receive it under IGNOAPS.

**Annapurna Scheme**

This scheme was launched on 1 April 2000. It does not provide direct financial aid but provides food security to senior citizens who, though eligible, have not been covered under the IGNOAPS. Under this scheme, 10 kilograms of food grains are provided free of cost to each beneficiary on a monthly basis.

**The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)**

The Act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work. The Act came into effect on 2 February 2006. All the districts of the country were brought under its ambit from April 2008. Needy elderly residing in rural areas can also avail it.

**Ministry of Labour and Employment**

**Rashtriya Swasthya Bima Yojana (RSBY)**

This scheme was launched in 2008 to provide health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalisation coverage up to Rs. 30,000 for most of the diseases that require hospitalisation. Coverage extends to five members of the family, including the head of the household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30 as registration fee while the Central
Government and respective State Government pay a premium to the insurer selected by the State Government on the basis of competitive bidding.

**Ministry of Finance**

- Benefits to senior citizens
- Income tax exemption up to Rs. 2.50 lakh per annum for senior citizens aged 60 years and above.
- Deduction of Rs. 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/her parents who are senior citizens.
- An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment (specified diseases in Rule 11 DD of the Income Tax Rules) of a dependent senior citizen.

**Ministry of Communications and Information Technology**

- Complaints of senior citizens are given priority by registering them under senior citizens category with VIP flag, which is a priority category.
- Senior citizens are allowed to register telephone connection under N-OYT Special Category, which is a priority category.
- Postal service schemes like Senior Citizens Saving Schemes (for the age group of 55-60 years) and Monthly Income Scheme (for 60 plus years) have been made attractive with higher interest rates.

**Ministry of Railways**

- Provision of separate ticket counters for senior citizens of 60 years and above at various Passenger Reservation System (PRS) centres provided the average number of tickets sold per shift is more than 120 tickets.
- 40 per cent and 50 per cent concession in rail fare for male senior citizens of 60 years and above and female senior citizens of 58 years and above, respectively.
Ministry of Road Transport and Highways

- Reservation of two seats for senior citizens in front row of the buses of the State Road Transport Undertakings.

Ministry of Civil Aviation

- Air India, the national carrier, provides a concession of up to 50 per cent in air fare for senior citizens 63 years and above.

Ministry of Science and Technology

A portal named "Old Age Solutions" (http://www.oldagesolutions.org) on technological solutions for elderly has been initiated by the Ministry of Science and Technology for enhancing the well-being of elderly.

International Day of Older Persons

The International Day of Older Persons is celebrated every year on 1st October. On 1.10.2009, the Hon’ble Minister of Social Justice & Empowerment flagged off “Walkathon” at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens from across Delhi, NGOs working in the field of elderly issues, and school children from different schools participated. Helpage India, New Delhi collaborated with the Ministry in organizing the event of the day.72

States Schemes for Old Age Personas

Kerala: Kerala government provides some travel concession to the elderly. Free passes are provided to senior citizens who have been freedom fighters to travel in express buses. Also, two seats are reserved for senior citizens in the state run buses. Health care services available for the elderly include free treatment for those whose income is below Rs. 300 per month and special out-patient services for the elderly at the medical college and hospital at Thiruvananthapuram. The state is also implementing old age pension scheme for agricultural labourers.
**Himachal Pradesh**: Himachal Pradesh has initiated a pensioner's helpline for its senior citizens where they can check details of their pension on an official website (http://admis.hp.nic.in/epension/epensionkhoj.asp).

**Punjab**: Punjab government provides confessional bus travel facility for elderly women aged above 60. Under this facility, eligible women are issued Identity Cards by Child Development Project Officers and are given 50 per cent fare concession while travelling in state transport buses.

**Tamil Nadu**: Tamil Nadu government reserves two seats exclusively for the elderly and the handicapped in state transport buses.

**Maharashtra**: Maharashtra government through the Maharashtra State Road Transport Corporation (MSRTC) buses provides a 50 per cent concession for persons aged 65 years and above; the elderly require either an election identity card or a Tehsildar certificate to avail of the same. Local trains in Mumbai have one compartment specially reserved for senior citizens.

**Orissa**: Orissa government under the Madhubabu Pension Yojana, provides a monthly pension of Rs. 200 to a person if he/she: (a) is aged 60 years and above; (b) is a widow; (c) is a leprosy patient with visible signs of deformity; (d) is five years of age or above and is unable to do normal work due to his/her deformity or disability, is totally blind or orthopaically handicapped or mentally retarded or suffering from cerebral palsy; (e) is a widow of an AIDS patient or an AIDS patient identified by the state; (f) has family income not exceeding Rs.12,000/- per annum from all sources; (g) is a permanent resident/domicile of Odisha; (h) has not been convicted of any criminal offence. The state government also provides assistance in the running of institutions like old age homes, day care centres and mobile medicare units for the welfare of elderly, particularly the destitute and poor.

**West Bengal**: West Bengal government provides assistance in the running of institutions like old age homes, day care centres and mobile medicare units for the welfare of elderly, particularly the destitute and poor. Regarding health
care, the Calcutta Medical College has a Geriatric Out Patient Department (OPD) for providing health care facilities to elderly persons.

**Haryana:**

In order to ensure the financial security of elder population in Haryana, the state has been making consistent efforts to give some relief to the elderly persons living in rural as well as in urban area. The Central Government started the National Old Age Pension Scheme for the rural sector. It has about 54 lakh beneficiaries, each of whom gets a pension of only Rs. 75 per month. The Prime Minister recently launched the Annapurna scheme under which 10 kilograms of food grains are to be given free to rural senior citizens every month. The state governments have their own patchy pensions schemes. Under the Delhi government’s old age pension scheme, which is supposed to cover 80,000 persons, a beneficiary gets Rs. 200 per month. But a recent special audit showed that about 11,000 names in the scheme were bogus. Some state governments are trying to help the aged person as in Haryana. Ch. Devilal in 1986 had made the provision of old age pension Rs. 100/- per month from the age of 60 years and onwards. This amount was made doubled by his son Om Parkash Chautala, the then Chief Minister in 2001 with a view to provide economic security to the old age persons. But the present Chief Minister of Haryana, Ch. Bhupender Singh Hooda enhanced the amount of old age allowances Rs. 550 per month for the Senior Citizens of 60 Years age for above and Rs. 700 per month for those who have been getting the allowances under oldage allowance scheme for last 10 years. In 2009, Ch. Bhupender Singh Hooda also announced to rename the oldage allowance scheme as, “Veradhavastha Samman Bhata Yojana” and all beneficiaries hounoured by presented the female with a ‘shaul’ and male with a ‘Safa’ and doga (walking stick). He also announced that the scheme would be reviewed after as internal of four years and to increase the allowances with an annual enhancement of Rs. 50 has been taken as a mark of respect to the senior
Senior citizens are a treasure to our society. They have worked hard throughout their lives for the development of the State, nation and the community. They possess a vast experience in different walks of life and the youth can gain from their experience in taking the nation to greater heights. The state government firmly believes that older persons are a resource and not just consumers of goods and services. They render useful services for the family and the community. Opportunities and facilities need to be provided to them so that they continue to contribute more effectively to the family and society. While recognising the service rendered by the senior citizens to the society, the Haryana Government has implemented a number of schemes for their welfare and protection in the twilight years of their lives. The State Government has ensured that the senior citizens do not live unprotected, ignored or marginalised. The State Government has also taken a number of steps to strengthen their legitimate place in the society so that they may live the last phase of their lives with purpose, dignity and peace. Financial security, health care, shelter, welfare and other needs of older persons have been ensured by the Government.

The Haryana Government is spending over Rs 824 crore annually for giving various concessions and facilities to its senior citizens under various schemes. Alive to the fact that a great anxiety in old age relates to financial insecurity, the State Government has implemented old age allowance scheme to provide social security to the old persons. During the year 2009-10, Rs 902.79 crore were disbursed among 12,50,349 beneficiaries. A provision of Rs 817.70 crore has been made for the year 2010-11 under the scheme.

With the advancing age, old persons have to cope with health and associated problems, some of which may be chronic or of multiple nature and requiring constant attention. Health care needs of older persons have been given top priority. The Government of Haryana has implemented a
comprehensive Surgery Package Programme to provide accessible, affordable and quality health care to the people. Under a package, free surgery facilities are provided to the BPL persons and it is also cost effective for others. The rates of surgery are much lower than those of private hospitals. The package includes all tests related to surgery, cost of surgery, stay in hospital and post-surgery treatment including medicines. Besides, spectacles upto the cost of Rs 200 are given free of cost to the senior citizens. During the year 2009-10, Rs 42 lakh were sanctioned and a provision of Rs 150 lakh has been made for the year 2010-11 for this purpose.

The State Government has also implemented integrated programme scheme to bring out qualitative improvement in the living standard of old persons. Under the schemes, Non-Governmental Organisations or Voluntary Organisations are given grant-in-aid for running day old care centres, old age homes, respite care home and continuous home, mobile health care, physiotherapy clinics, hearing aids, mental health care and special care, help line and consultant centre, multi-facility care centre for old widows, voluntary bureaus for old persons, etc.

Senior Citizen Clubs in all the urban estates of the State. During the year 2009-10, Rs 44.82 lakh were sanctioned for conducting these clubs in district Panchkula, Yamunanagar, Rohtak, Hisar, Narnaul, Bhiwani, Karnal, Rewari, Sirsa, Sonepat, Panipat and Jind. The best club is given a cash prize of Rs. 5,000 on the occasion of International Senior Citizens Day on October 1 every year. During the year 2010-11, a sum of Rs 20 lakh has been made available. Six old age homes are being running at Sonepat, Bhiwani, Faridabad, Bahadurgarh, Meham and Julana by the voluntary organisations in the State.

The State Government has also implemented a scheme of setting up Senior Citizen Samman Clubs in the villages. Under the scheme, Rs 160.50 lakh were sanctioned for setting up such clubs at 1,000 villages during the year 2009-10 and a budget provision of Rs 160.50 lakh has been made for the year
As many as 12 day care centres for old are being run at Samalkha, Sonepat, Bahadurgarh, Rewari, Bhaini Surjan, Kishangarh, Siman, Chamarian, Madina, Siwani Mandi, Hisar and Lijwana. During the year 2009-10, a sum of Rs 34 lakh was sanctioned to set up voluntary organization/network in district Ambala, Jind, Rohtak, Kaithal, Karnal, Rewari, Narnaul and Sirsa and a budget provision of Rs 18 lakh has been made in the year 2010-11 under the scheme. Old age homes were also being constructed in district Yamunanagar, Hisar and Rohtak by the voluntary organisations with the financial assistance of Government of India.

The State Government is also running a home for old and handicapped persons at Rewari in the name of Ch. Bansi Lal. The home has a capacity to house 100 inmates. In this house, free facilities of lodging, boarding, medical and entertainment are provided to the inmates, besides giving them Rs 50 per month per inmate as pocket money. During the year 2009-10, Rs 15.95 lakh were spent for providing these facilities to the inmates and a budget provision of Rs 23.02 lakh has been made during the year 2010-11.

The State Government is also providing free identity cards to its senior citizens to enable them get benefits under State Government and Central
Government schemes. During the year 2010-11, a budget provision of Rs 1 crore has been made for this purpose. All these schemes implemented by the State Government will surely empower the senior citizens and boost their morale so that they may continue to contribute in the development of the society.

**IMPORTANCE OF THE STUDY**

In India with majority of its population aged less than 30, the problems and issues of its grey population has not been given serious consideration. Few studies are available on the aged people. To reap the advantage of demographic dividend, the focus is mainly on the children and the youth and fulfillment of their basic needs for proper development. Also the traditional Indian society and the age-old joint family system have been instrumental in safeguarding the social and economic security of the elderly people in the country. However, with the rapid changes in the social scenario and the emerging prevalence of nuclear family set-ups in India in recent years the elderly people are likely to be exposed to emotional, physical and financial insecurity in the years to come. This has drawn the attention of the policy makers and administrators at central and state governments, voluntary organizations and civil society.

By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working population with average age below 30 years. Although projections indicate that India’s population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the problems differently at rural and urban part.
India will have another kind of a problem as despite of rapid and consistent economic growth, it will have to face a huge ageing population who may be far poorer than their counterpart in the West. In India, most of those who have worked in organized sector get pension and other retirement benefits after attaining the age of superannuation varying between 60 to 65 years. But for others, Government of India and State Governments, at present, have very nominal old-age pension coverage. It varies from Rs. 75/- to 150/- in a month. In addition some other additional benefits for the elderly are also being provided by the Central and State Governments. Yet much is to be done as at the old age their medical expenses go up and dependency on children / relative goes up for physical, mental and economic support. Thus in India, though percentage wise greying is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority of women being not in labour force during their prime age with only very few in the organized sector. Therefore, the policy for elderly may also keep a realistic achievable gender component. It is to be remembered that sensitizing the issue and deliberate public action can dilute some of the adverse consequences of ageing.

Hence, it was observed that the elderly citizens are in need of urgent attention. They do not need our pity, but the understanding love and care of their fellow human-beings. So, an attempt was made to study the socio-economic problems, health problems, social protection and security problems, and awareness of old aged personal about government policies etc.
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