CHAPTER II

THE ELDERLY: DEMOGRAPHIC SCENARIO IN INDIA
SECTION I

THE ELDERLY IN INDIA

In India, the old have traditionally been honoured and respected. Religious texts and writings enjoined upon the sons to provide all support for their old parents. Grown-up children, especially sons, provided not only financial and material support for their parents; they also provided psychological and emotional support. Caldwell (1982:54) wrote: 'It is a fallacy to think of the value of grown-up children being merely equivalent to an insurance policy against old age and sickness'. Like the commandment to 'Honour thy father and thy mother', there is a saying in Sanskrit: mathru devobhava (mother is like God), pithru devobhava (father is like God), guru devobhava (teacher is like God). Those who neglected their old parents earned social opprobrium and were ridiculed. (htc.anu.edu.au.)

The traditional norms and values of Indian society laid stress on showing respect and providing care for the elderly. Consequently, the older members of the family were normally taken care of in the family itself. The family, commonly the joint family type, and social networks provided an appropriate environment in which the elderly spent their lives. The advent of modernization, industrialization, urbanization, occupational differentiation, education, and growth of individual philosophy has eroded the traditional values that vested authority with elderly. These have led to defiance and decline of respect for elders among members of younger generation. Although family support and care of the elderly are unlikely to disappear in the near
future, family care of the elderly seems likely to decrease as the nation develop economically and modernize in other respects. For a developing country like India, the rapid growth in the number of older population presents issues, barely perceived as yet, that must be addressed if social and economic development is to proceed effectively. Unlike in the western countries, where there is dominant negative effect of modernization and urbanization of family, the situation in the developing countries like India is in favour of continuing the family as a unit for performing various activities (Siva Raju, 2000, 2002, 2004). In spite of several economic and social problems, the younger generation generally looks after their elderly relatives.

The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the aging population. The analysis of historical patterns of mortality and fertility decline in India indicates that the process of population aging intensified only in the 1990's. The older population of India, which was 56.7 million in 1991, is 72 million in 2001 and is expected to grow to 137 million by 2021. Today India is home to one out of every ten senior citizens of the world. Both the absolute and relative size of the population of the elderly in India will gain in strength in future. Among the total elderly population, those who live in rural areas constitute 78 percent. Sex ratio in elderly population, which was 928 as compared to 927 in total population in the year 1996, is projected to become 1031 by the year 2016 as compared to 935 in the total population. The data on old age dependency ratio
is slowly increasing in both rural and urban areas. Both for men and women, this figure is quite higher in rural areas when compared with that of urban areas.

DEMOGRAPHIC PROFILE OF ELDERLY IN INDIA

The Indian scenario of ageing population brings to light that India's population of just over one billion in the year 2000 continues to grow at about 1.5% per annum and is expected to exceed one and a half billion by mid-century. The 2001 census of India states that there are 76.6 million people over the age of 60, accounting for 7.4% of the total population of India. The share of the elderly in India constitutes 13% of the world's total elderly population. It is projected that the number of older persons will be 94.8 million in 2011 (or 8.3%), and 143.7 million by 2021 (or 10.7%). Further, 63% of the total elderly population is in age group of 60-69 years, 26% in age group of 70-79 years and 11% in age group of 80 years and above and it has been projected that by the year 2050, the number of elderly people would rise to about 324 million. India has thus acquired the label of 'an ageing nation' with 7.7% of its population being more than 60 years old.

According to recent statistics related to elderly people in India, (2001 census), it was observed that as many as 75% of elderly persons were living in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. A total of 73% of elderly persons were illiterate and dependent on physical labour. One-third was reported to be living below the poverty line i.e., 66% of older persons were in a vulnerable situation without adequate food,
clothing, or shelter. About 90% of the elderly were from the unorganized sector, i.e., they have no regular source of income. India is one of the few countries in the world in which the sex ratio of the aged favour males. It could be attributed to various reasons such as under-reporting of females, especially widows and higher female mortality in different age groups. The population projection made by the Registrar General, India indicates that this number would be 100 million by 2016 and is expected to rise to 137 million by 2021. So the proportion of the population aged 65 and above is expected to increase from four per cent in 1990 to nine per cent by 2030.

Although the proportion of India’s elderly is small compared with that of developed countries, still it is very large in terms of the absolute numbers. The Indian aged population is currently the second largest in the world, the first being China with more than 150 million. The 1901 census showed there were only 12 million populations above the age of 60 years in India. In the next fifty years the population of aged increased to 20 million. But in the next fifty years it increased almost three times and reached around 77 million in 2001. The life expectancy at the age of 60 in 1901 was 9 years for men and 9.3 years for women. The sex ratio is moving in favor of females and it was 1028 (females per 1000 males) among the sixty plus and 1051 for the oldest old (80 years and above) as per 2001 census.

Elderly in India: Highlights of Census 2001

The Situation Analysis of the Elderly in India released by Central Statistics Office, Ministry of Statistics & Programme Implementation
Government of India, 2011 provide some vital information on the aged India. The followings are the highlights.

- The elderly population (aged 60 years or above) account for 7.4% of total population in 2001. For males it was marginally lower at 7.1%, while for females it was 7.8%. Among states the proportion vary from around 4% in small states like Dadra & Nagar Haveli, Nagaland Arunachal Pradesh, Meghalaya to more than 10.5% in Kerala.

- Both the share and size of elderly population is increasing over time. From 5.6% in 1961 it is projected to rise to 12.4% of population by the year 2026.

- The sex ratio among elderly people was as high as 1028 in 1951 but subsequently dropped to about 938 in 1971 and finally reached 972 in 2001.

- The life expectancy at birth during 2002-06 was 64.2 for females as against 62.6 years for males. At age 60 average remaining length of life was found to be about 18 years (16.7 for males, 18.9 for females) and that at age 70 was less than 12 years (10.9 for males and 12.4 for females).

- There is sharp rise in age-specific death rate with age from 20 (per thousand) for persons in age group 60-64 years to 80 among those aged 75-79 years and 200 for persons aged more than 85 years.

- The old-age dependency ratio climbed from 10.9% in 1961 to 13.1% in 2001 for India as a whole. For females and males the value of the
ratio was 13.8% and 12.5% in 2001.

➢ About 65 per cent of the aged had to depend on others for their day-to-day maintenance. Less than 20% of elderly women but majority of elderly men were economically independent.

➢ Among economically dependent elderly men 6-7% were financially supported by their spouses, almost 85% by their own children, 2% by grand children and 6% by others. Of elderly women, less than 20% depended on their spouses, more than 70% on their children, 3% on grand children and 6% or more on others including the non-relations.

➢ Of the economically independent men more than 90% as against 65 % of women were reported to have one or more dependants.

➢ Among the rural elderly persons almost 50% had a monthly per capita expenditure level between Rs. 420 to Rs. 775 and among the urban elderly persons, almost half of aged had monthly per capita expenditure between Rs. 665 and 1500 in 2002.

➢ Nearly 40% of persons aged 60 years and above (60% of men and 19% of women) were working. In rural areas 66% of elderly men and above 23% of aged women were still participating in economic activity, while in urban areas only 39% of elderly men and about 7% of elderly women were economically active.

➢ Even in 2007-08 only 50% men and 20% of women aged 60 years or more were literate through formal schooling.

➢ In rural areas 55 % of the aged with sickness and 77 % of those
without sickness felt that they were in a good or fair condition of health. In urban areas the respective proportions were 63% and 78%.

- The proportion of elderly men and women physically mobile decline from about 94% in the age-group 60 - 64 years to about 72% for men and 63 to 65% for women of age 80 or more.

- Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts.

- About 64 per thousand elderly persons in rural areas and 55 per thousand in urban areas suffer from one or more disabilities. Most common disability among the aged persons was loco motor disability as 3% of them suffer from it.

- In age-groups beyond 60 years, the percentage of elderly women married was markedly lower than the percentage of men married.

- More than 75% of elderly males and less than 40% of elderly females live with their spouse. Less than 20% of aged men and about half of the women live with their children.

**Age wise Distribution of population in India over decades**

In the twentieth century the proportion of the population aged 60 or over has increased in all the countries of the world. About 600 million people in the world were aged 60 or over at the turn of the new millennium and their number are expected to increase further due to substantial improvement in life expectancy throughout the world. This is particularly due to improvement in
public health and medical advances in the prevention of many deadly epidemic
diseases. This together with steadily declining birth rate and fertility trends,
leads to increase in the share of the aged in total population, especially in the
developing countries like India.

In India if we divide the total population into three major age-groups,
i.e. age in years 0 – 14, 15 – 59 and 60 & above we find clear that during last
few decades the share of children (age 0-14) is decreasing from 37.6% in
1991 and is projected to be about 25% by the year 2021. On the other hand the
proportion of population in the working age-group (15-59 years) and the aged
(60 years & above) both are increasing rapidly. The grey population which
accounted for 6.7% of total population in 1991 is expected to increase its share
to more than 10% by the year 2021 and therefore government needs to initiate
requisite appropriate programmes and policy interventions to ensure life with
dignity for the senior citizens of the country. The population projection is
required for preparation of perspective plans for the future.
There has been a steady rise in the share of elderly population (aged 60 years or above) in the total population over the decades. As against 5.6% in 1961, the proportion goes up to 7.4% in 2001. For males the rise was
more modest from 5.5% to 7.1%, while for females there had been a steep rise from 5.8% to 7.8% during the five decadal Censuses from 1961 to 2001. It can also be observed that the percentage (of elderly) had all along been higher in rural areas than in urban and usually more among females than among males.

If one compares the percentage of elderly among total population as revealed by NSSO household surveys with those obtained from latest Population Census, it is worthwhile to note that in household surveys the proportion usually came out slightly lower except in case of urban population.

**Fig 2.3.** Percentage share of elderly in total population of the states and union territories


Among the states the proportion of elderly in total population vary from around 4% in small states like Dadra & Nagar Haveli, Nagaland...
Arunachal Pradesh, Meghalaya to more than 8% in Maharashtra, Tamil Nadu, Punjab, Himachal Pradesh and 10.5% in Kerala in Census 2001.

**Size and Growth of Elderly Population**

In India, as a result of the change in the age composition of the population over time, there has been a progressive increase in both the number and proportion of aged people. The proportion of the population aged 60 years or more has been increasing consistently over the last century, particularly after 1951. In 1901 the proportion of the population aged 60 or over of India was about 5 percent, which marginally increased to 5.4 percent in 1951, and by 2001 this share was found to have risen to about 7.4 percent. About 75% of persons of age 60 and above reside in rural areas. The size of the elderly population has risen from 12.1 million in 1901 to approximately 77 million in Census 2001. According to official population projections, the number of elderly persons will rise to approximately 140 million by 2021.

**Fig2.4** Decadal growth of elderly population vis-à-vis that of general population

![Decadal growth of elderly population vis-à-vis that of general population](image)

**Source:** Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India
The decadal growth rate of India’s elderly population and of the general population, for the period 1951 to 2001, as shown in fig. above, reveals once again that the aged population in India has grown very steadily since 1951 at a much faster rate as compared to that of general population all through during 1951 to 2001 and more so during the period 1961 to 1981. A decadal growth rate of 24 percent recorded for the elderly population during 1951-61, increased to more than 33 percent during the decades 1961-71 and 1971-81 as against around 25% decadal growth in general population during the period. However, since then there has been a steady decline in the decadal growth rate of aged population although it has outpaced the growth of general population.

The Trend in the Sex Ratio of Elderly Population

The progressive increase in the proportion of females to males in the elderly population is also evident in the trend in the sex ratio of elderly population aged 60 years or over. The sex ratio among elderly people was as high as 1028 in 1951 but subsequently dropped to about 938 in 1971, but has finally increased again to about 972 in 2001. Another feature is a relatively higher ratio of females to males in the elderly population than in the general population for all the years since independence. Further the projected age-sex structure of the population indicates that gender differentials among those aged over 60 are expected to decline with time and like the pattern in the developed countries, women may outnumber men especially at the older ages.
Life Expectancy at Selected Ages

The expectation of life gives a good idea about the general health status of the people. At a particular age, the expectation of life is the number of years a person is expected to live, on an average, after attaining that particular age. It takes into consideration the morbidity experiences during the whole life cycle of an individual, which depends on the availability of health facilities, nutritional level of the people etc. With the rapid advancement in medical science and technology it has now become easier to control various dreaded diseases which were the cause of high mortality earlier. This has resulted in a steady increase in the expected length of life or life expectancy at birth or life expectancy at age 0. Due to various biological factors, generally women live longer than men but still because of some social factors adverse to women, India was one of the few countries of the world where life expectancy at birth was slightly in favour of males till about 1980. However, because of improvement in the various socio-economic conditions since then, women's life expectancy is now higher than men's in
India as observed in most of the other countries of the world. It is also worthwhile to note that in the period 1970-75, average length of life was only 48 years and 59 years in rural and urban areas respectively. Thus the rural-urban gap in life expectancy is considerably reduced during the last 30 years. Similarly one may study the life expectancy at higher ages like 60 years, 70 and above etc. which calculates the average remaining length of life for those who have already attained the specified age. In India life expectancy at age 60 was found to be about 18 years (16.7 for males, 18.9 for females) and that at age 70 was less than 12 years (10.9 for males and 12.4 for females). The life expectancy at birth for females has been rising continuously and during 2002-06, it was 64.2 for females as against 62.6 years for males. Also life expectancy is generally considerably higher among urban people than among the rural ones as in 2002-06 it was 8.8 in urban areas as against 62.1 years in the rural. Interestingly while the expectation of life at birth is highest in Kerela (70.8 for males and 76.2 for females) followed by Punjab (67.2 for males and 69.3 for females), but if we look at the expectation of life at the age 60 Punjab stands at top (20.2 for males and 21.1 for females). In terms of male expectation of life at 60 Punjab is followed by Haryana (19.0) whereas in female life expectancy at 60, Kerala (20.6) follows Punjab. Demographically disadvantaged states such as Bihar, Madhya Pradesh and Orissa have lowest life expectancy at birth but for Bihar, life expectancy at age 60 is higher than Maharasthra, Tamilnadu and Gujarat.
Age-Specific Death Rate of the Elderly Population

There is sharp rise in age-specific death rate with age from 20 (per thousand) for persons in the age group 60-64 years to 80 among those aged 75-79 years and 200 for persons aged more than 85 years. Also for all the broad age-groups, the rates for males were invariably more than that for females and higher in rural areas as compared to that in urban areas. Among states the age-specific death rates among elderly were relatively lower in states like Kerala, Delhi and higher in the states of Assam, Madhya Pradesh etc.

The age specific death rates in the older age groups by sex and place of residence give an idea about the health status of the elderly persons in the Indian society. The age specific death rate gives the number of deaths, during a given time period, of persons of a particular age group per 1000 persons in that age group. The improvement in life expectancy and decline in age-specific death rate among the elderly are particularly due to the

improvements in public health and medical advances in the prevention of many fatal infectious diseases. Increases in the life expectancy of older people reflect some of the achievements of medical science, although India is not yet successful in combating some of the illnesses that are major causes of death among the elderly such as heart attacks, lung infections, cancer, stroke and circulatory diseases. These are major causes of death for both men and women at the older ages, but they do not become as important for women until later in the age curve. Thus these factors differentially affect the sexes within the same age cohort and contribute to the increasing longevity of women to men.

**Fig 2.7** Age-Specific death rate (per 1000) of elderly population in India in 2008

![Age-specific death rate (per 1000) of elderly population in India in 2008](image)

**Source:** Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India

**SOCIO-ECONOMIC PROFILE OF THE ELDERLY POPULATION**

**Dependency Ratio**

The dependency ratio is an age-population ratio of those typically not in the labour force (the dependent part) and those typically in the labour force (the productive part). It is used to measure the pressure on productive
population. As the ratio increases there may be an increased burden on the productive part of the population to maintain the means of livelihood of the economically dependent. This results in direct impacts on financial expenditures on things like social security, as well as many indirect consequences. The (total) dependency ratio can be decomposed into the child dependency ratio and the aged dependency ratio.

In our country, generally, persons aged 15 to 59 years are supposed to form the population of working ages and at age 60, people generally retire or withdraw themselves from work. Thus, in India *Old age dependency ratio* is defined as the number of persons in the age-group 60 or more per 100 persons in the age-group 15-59 years.

The movement of the ratio over time indicates an ever-increasing trend in this ratio which climbed from 10.9% in 1961 to 13.1% in 2001 for the country as a whole. The female old-age dependency ratio as well as the gap between female and male old-age dependency ratio are increasing over time and the two assumed the values 13.8% and 12.5% respectively in 2001, which is a matter of grave concern. Between rural and urban ratio there has been considerable difference all through with urban old-age dependency ratio hovering between 8 to 10 per cent, while in rural areas it increased from 11.4 to 14 per cent during 1961 to 2001. This is often due to relatively higher concentration of working age population in the urban areas. Among major states the overall old-age dependency ratio varied from 8.4% in Delhi and
10% in Assam to more than 15% in Himachal Pradesh & Punjab and 16.5% in Kerala.

**Fig 2.8 Old age dependency ratio in India, 1961-2001**

![Graph showing the old age dependency ratio in India from 1961 to 2001.](image)

**Source:** Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India

**Fig 2.9 Old age dependency ratio in Major states of India**

![Graph showing the old age dependency ratio in major states of India.](image)

**Source:** Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India

**Economic Independence**

The economic independence reveals the problem of day-to-day maintenance of livelihood of the elderly as captured in the NSS Survey on Condition of the Aged (2004).

About 65 per cent of the aged had to depend on other for their day to day maintenance. The situation was worse for elderly females with about only 14% to 17% being economically independent in rural and urban areas.
respectively while the remaining are dependent on other – either partially or fully. The elderly male were much better off as majority of them (51 to 56 per cent among them in rural and urban did not depend on others for their livelihood. More distressing are the high proportions of elderly females and males totally dependent on others which was above 70% among women as against 30 per cent among men in the year 2004 and there was only minor difference between rural and urban scenario. Among the major states, in urban Himachal Pradesh, highest proportion of elderly men (72%) and women (30%) were economically independent. In urban parts the proportions were least in Bihar (44%) for males and in Orissa (6%) for males. On the other hand in rural part of the country the proportion of economically independent elderly men were least in Kerala (36%) and highest in Jammu and Kashmir (65%), while the proportion of economically independent elderly women was least in West Bengal (6%) and highest in Tamil Nadu (19%). Among economically dependent elderly men, in either rural or in urban part of the country about 6-7 per cent were financially supported by their spouses, almost 85 per cent by their own children, 2 per cent by grand children and 6 by others. For elderly women, there were minor difference between the rural and urban scenario. In rural areas, 16 per cent depended on their spouses, 75 per cent on their children, 3 per cent on grand children and 6 per cent on others, while in urban areas 19 per cent depended on their spouses, 71 per cent on their children, 3 per cent on grand children and 7 per cent on others including the non-relations.
Fig 2.10 Percent of elderly persons by state of economic independence


Fig 2.11 Per cent distribution of economically dependent aged persons by category of persons supporting the aged.

Fig 2.12 Per cent distribution of economically independent aged persons by the number of dependents


Economic Solvency of Elderly Persons

Another important dimension to the subject of economic conditions of the elderly persons is the monthly per capita consumption expenditure (MPCE) of the aged population in rural and urban India. For this one may examine the percent distribution of elderly population across the MPCE classes separately obtained for rural and urban part of the country in the NSSO surveys. Among the rural elderly persons almost 50% have a monthly per capita expenditure level between Rs. 420 to Rs. 775 and as expected more males than females are there in higher expenditure classes. On the other hand, among the urban elderly persons, almost half of males and females have monthly per capita expenditure between Rs. 665 and 1500. Moreover in urban areas higher concentration of elderly males than females in the higher expenditure classes was quite evident from the graph. This may be due to the
fact that their medical expenditure is included in total consumption expenditure which may often be on higher side.

**Fig 2.13** Percentage distribution of elderly persons across MPCE Classes in rural India

![Percentage distribution of elderly persons across MPCE Classes in rural India (2004)](image)

*Source: Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India*

**Fig 2.14** Percentage distribution of elderly persons across MPCE Classes in urban India

![Percentage distribution of elderly persons across MPCE Classes in urban India (2004)](image)

*Source: Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India*

**Elderly Population Working**

Another important aspect is to find out the proportion of elderly population working. For this in case of Population Censuses both main
workers and marginal workers are considered while in case of NSSO Employment-Unemployment surveys, both the principal and subsidiary activity status are to be taken into consideration and there was not much variation between the proportion of elderly persons working as obtained from these two sources for almost all the population categories.

**Fig 2.15** Percentage of persons aged 60 and above in India working in population census 2001 and NSSO (2007-08)

![Bar chart showing percentage of persons aged 60 and above in India working in population census 2001 and NSSO 2007-08](Image)

**Source:** Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India

In India, both Population Census 2001 and NSSO Survey on Employment-Unemployment (2007-08) revealed that nearly 40% of persons aged 60 years and above (60% of men and 19% of women) were working. In rural areas the proportion was still higher as 66% of elderly rural men and above 23% of aged rural women still participating in economic activity, while in urban areas it was only 39% among elderly men and about 7% of elderly women who were economically active even after the age of 60 years.

In general, this ratio is found to be as high as 50% in the less developed countries while it is a little over 20% in the developed countries. Higher
proportion of elderly persons working is often due to absence or limited coverage of social security schemes or low income guaranteed even where they exist.

**Level of Literacy of Elderly Persons**

Education empowers an individual to think rationally and logically. Literacy has been found to be the most important determinant of various demographic decisions of individuals. It has been found that levels of birth rate, death rate and infant mortality rate are higher in the States where female literacy rates are lower. Like in the overall population, among elderly persons also there is a huge gap between male and female literacy as well as that in rural and urban parts of the country.

Even in 2007-2008 only 50 per cent of elderly men and 20 per cent of women aged 60 years or more were literate through formal schooling. In rural areas the proportion was further lower at 42 per cent among men and 12 per cent among elderly women. However, there is no denying of the fact that literacy levels among elderly males and females have improved over time in both rural and urban areas. Among major states, the overall literacy rate among persons aged 60 years & above was less than 25% in J & K, Rajasthan while it was 65% or more in Delhi, Kerala etc.
Fig 2.16. Percentage distribution of elderly persons by level of literacy


Chronic Diseases among Elderly Persons

The elderly persons were asked as to whether they were suffering or not from any chronic disease like heart disease, hypertension, diabetes, cancer, problem of joints etc. in the NSSO Survey (2004). The prevalence of heart diseases among elderly men and women was much higher in urban areas than in rural parts. Urinary problems were more common among aged men while more aged women reported to suffer from problem of joints.

Fig 2.17 Number of persons aged 60 years and above reporting a chronic disease

Prevalence of Disability among Aged Persons

Although information on disability was collected in Population Census 2001, it is from the NSSO Survey on Disability (2002) that we get a very clear idea about prevalence of different types of disability among the elderly persons. About 64 per thousand elderly persons in rural areas and 55 per thousand elderly persons in urban areas suffer from one or more disabilities. Most common disability among the aged persons was loco motor disability as 3% of them suffer from it, next only to hearing disability (for about 1.5%) and blindness (1.7% in rural areas, and 1% in urban areas).

Fig 2.18 Number of disabled per 100,000 elderly persons for different types of disability


Marital Status of the Elderly Persons

From the marital status of elderly persons an interesting observation emerges. In all the age-groups the percentage of elderly women married was markedly lower than the percentage of men married. As for example, in the age-group 60 to 64 years 88% of males and only 58% females reported to be married and 40% of women were widowed. Similarly for the other higher age-
groups also such huge difference between the women and men were quite apparent. This may be due to the prevalent practice of men getting married to women of relatively much lower age-groups, especially in the good old days.

**Fig 2.19** Per cent distribution of elderly persons of various age-groups by marital status

**Source**: Situation Analysis of the Elderly in India, 2011 by Central Statistics Office, Ministry of Statistics & Programme Implementation Government of India

**Type of living arrangement**

More than 75% of elderly males and less than 40% of elderly females live with their spouse, which again reflect the differences in their marital status. Less than 20% of aged men and about half of the aged women live with their children. About 2-3% of elderly men live alone while another 3% live with other relations and non-relations. Among elderly women, 7-8% lives alone and another 6-7% reported to live with other relations and non-relations.
Fig 2.20: Per cent of elderly with different types of living arrangement


Table 2.1
Size of elderly population (aged 60+) and their share in total population in States and Union Territories

<table>
<thead>
<tr>
<th>State / UT</th>
<th>% of elderly in total population of state/ U.T</th>
<th>Number (in thousand) of persons aged 60 and above for different sub-population in the state</th>
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<td>Persons</td>
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<td><strong>India</strong>*</td>
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<td>Andhra Pradesh</td>
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**Source:** Population Census 2001

**THE CHANGING STATUS OF ELDERLY IN INDIA**

Historically, the joint family system has been considered as characteristics of Indian life. Under this system, as many as three generations live together at any time in the same dwelling. In earlier period, the eldest male member controlled all economic and social affairs, and the eldest female member managed household matters. Migration, urbanization and westernization have severely affected the value systems in Indian society. Previously, the care of elderly persons was never considered a problem in Indian families. Mostly, elderly parents are taken care of by their adult sons and their families. In most of these families, the primary caregiver is daughter-in-law. Women the traditions caregivers in the family are unable to extend the elderly care due to increased educational and vocational opportunities and need to work and earn outside (Anupam Hazra, 2009).
In joint family the elderly person is generally considered as its head and many responsibilities are shouldered by him. In recent times, the traditional joint family has been facing dissolution, and quite a number of elders are living alone. Some elders who live with their children may not be happy owing to the unhelpful attitude of the youngsters. They feel a psychological sense of being rejected. They experience a sense of constant dependency for even day to day economic and material requirements on the younger member of the family. This type of attitude towards them in addition to their own economic privation tends to make them depressed. Solitude is generally the lot of many oldsters. However there are many families in the villages, where elders are taken care of by the youngsters. Such a care should be encouraged with helpful suggestions. In some cases, the elder members are considered as burden to the family because of their non-contribution to the economy of the family. As opposed to the city or a town dweller, to a rural elderly there is no retirement in a formal sense. He has to work as long as it is physically possible for him to work. This type of employment is seasonal and not continuous throughout the year. This work not only keeps him economically viable in the family but adds to a sense of independence and counters dependency attitude. Many elders tend to suffer from diminution of their self-esteem. The acceptance by family and ability to work if employed add to their self-esteem. The type of work that is to be allotted to the elderly depends upon knowledge of their condition. Many old people in the village have their meeting place such as chauvadi or temple, where they discuss their personal and general problems. These social
encounters should be encouraged and they are important in overcoming their sense of solitude and boredom. This social network tends to compensate in some cases the neglect that they face in their own homes. Many elderly although living alone appear to be well integrated into the social circle. Similarly, many elderlies although living with the families face social isolation. Counselling to the family in such cases is necessary. It is to be remembered that living alone does not cause social isolation and living in joint family does not ensure emotional security. The health workers should particularly be on the lookout for these traits in those living alone and those living in the family. Social contact and activity should be encouraged in the lonely people and solitude which is painful must be avoided. The health workers themselves should visit these elders at frequent intervals and an informal conversation should help dispel a sense of being neglected and thereby giving them positive feelings of being accepted.

In India the situation is far more complex. An overwhelming number of people live in rural areas but migration from rural to urban areas is substantial, which creates problems for the ageing at both ends. If children go to urban areas leaving behind the aged in the rural areas, that creates one set of problems, and if the old are taken along, it creates another set of problems. The growth of the urban population and urban centres has been haphazard, and there are acute shortages of housing and other facilities. The health care system is woefully inadequate and there is hardly any specialized agency focusing on the old. There are no programmes available to train people taking care of the
aged. In other words, the entire responsibility of taking care of the old continues to be with the traditional institution of the family.

The ageing poses a serious human problem. Since they are considered 'non-productive' and as they also do not generate any hope, it is all the more necessary that serious attention be paid to them. They raise moral questions and direct our attention towards transcendental values. In the past, ageing was not a serious issue and societies did not give it priority. They dealt with it as a natural phenomenon. Family members were responsible for the care and management of the old. But now the situation is different. The size of the people in the ageing category is already bulging and it is growing very fast. The problems posed by ageing are by no means accidental and isolated. They have grown as a result of the development process itself. The entire emphasis of development is on individual success, career promotion, entrepreneurship, investment, capital building and profit. In such a scheme of things, there is hardly any scope for thoughts about human development. At family, community and government level the problems of the ageing get no or very low priority. It is taken for granted that the problem will get solved on its own or that it is a problem of individual families, with communities and governments having nothing to do with it. The family, where the ageing is supposed to get care and comfort, is on the rocks and in any case shrinking. The members of the family are spread around in pursuit of their careers.

In India even systematic thinking as to what should be the policy towards the ageing has not begun. At this stage in history the country is caught
up in the whirlpool of market forces and resultant consumerism. Consumerism thrives on waste and decay. Consumers as well as producer know very well that this kind of development is not sustainable. A shift from consumption to conservation, from individual to community, is bound to take place, which will be in keeping with the Indian ethos. It is possible to be modern with the emphasis on conservation and focus on the community. This point gets very well illustrated in the management of the ageing. Taking care of the aged means highlighting the importance of conservation and humanitarianism. It will also strengthen the community, for the aged can be best taken care of within the fold of the family, bound by filial rights, duties and obligations. There is no institution that can replace the family but there is room to build into it the ideas of equality, justice and freedom. All this will not happen automatically. The focus has to be human development. That will provide new strength to the family and further support from the community. The old and infirm may find loving care.

India is one of the few countries in the world where males outnumber tamales. This phenomenon among elderly is of prime importance because female life expectancy at ages 60 and 70 is slightly higher than that of males. However, at any given age, there are more widows than widowers. Reasons for this unusual phenomenon need to be identified in the wider context. Since the beginning of the 20th century, life expectancy at birth among Indian males was higher than that for females until the first half of the 1990s. Besides this unusual demographic pattern of excess female mortality at infant and childhood
ages, the analysis is further hampered by the phenomenon of age exaggeration among the aged. Thus, the finding of more males in old age does not reveal a true picture of the situation among elderly persons (Mari Bhat, 1992). In India, the sex ratio of the age as well as the old—old favors males. Only nine states and union territories reported a sex ratio above 100, indicating an excess of females over males in old age. Reasons for more males in old age may consist of under—reporting of females, especially widows; age exaggeration; low female life expectancy at birth; any excess female mortality among infants, children, and adults (Sudha & Irudaya Rajan, 1999; Mari Bhat, Navaneetham, & S. Irudaya Rajan, 1995). Notwithstanding the several analytical and statistical problems, it cannot be disputed that the preponderance of females in extreme old age needs to be brought to the attention of planners and policymakers.
SECTION II

NATURE AND EMERGING ISSUES OF AGEING IN INDIA

The old civilized society did not witness the problem of 'old age' or the gravity was less when we compare to the present society. In preistine, the old enjoyed a better status. The status was assured because the experience and knowledge of the aged helped the family and the society. They were needed for socialization of the new generation for the counsel, advice to procure basic necessities and maintain peace and harmony within the country. But now the boot is on the other leg. The position of elders is bring down by modern education, urban influence, mass media and above all the emergence of materialistic and individualistic outlook and the tendency to alter traditional kinship, family community and village which served as the primary and key units of economic, emotional and social security since time immemorial.

However certain recent developments have given rise to some stresses and strains which have made the position of aged more problematic. These are:

(i) The forces of modernization, technological change, ~ability and the exposition in the lateral transmission of knowledge have introduced changes in life styles and values. Individuals and families tend to be caught between tradition and modernity which sometimes lead to ambivalence in attitudes towards the use of knowledge and experience of the past in solving problems of the present.

(ii) Increasing employment of women outside the home leads to spend less time for looking after the elder.

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Gradual breakdown of the joint family following separation or migration of earning members and fragmentation of land holdings.

The migration of younger generation and demise of many of their aged member's turn to increase problem of isolation and loneliness for the old.

There is now greater investment by the family on education and upbringing of children.

The high cost of living and lack of availability at city left the elder behind.

Increasing industrialization, modernization and urbanization have had a negative impact on the traditional welfare institutions and higher socio-cultural values (Mishra, 1979). These have resulted in deterioration of joint families, migration of children in search of jobs, growing consumerism and communication facilities, etc. The absences of higher socio-cultural values have given way for materialistic approach, individualism, selfishness, etc., and thereby the life of elderly becomes vulnerable (Arora, 1993). Depression and emotional shocks are common among the aged. They feel isolated and side tracked by the society (Bajpai, 1998).

In urban areas the problems get further accentuated. Community support is weak and the kin network is diffused over a large area and relatively ineffective. The entire responsibility of support and care of the ageing falls on the male children with whom the ageing live. The composition of the family in urban areas is becoming nuclear and smaller, as a result of which there are
fewer people available in the house to provide care and comfort to the ageing. Those who are available are torn apart by the stresses of urban living. Women too in the urban areas are now working outside the family. They have fixed schedules of work and have other pressures on them. Children are loaded with their studies, competitive examinations and concerns for making their careers.

The authority that the ageing exercised on their children in the past as a result of greater experience has almost vanished, and the aged are now told, 'You don’t know'. There are several reasons for this admonishment. First, the children of the ageing are not in the same profession. Second, the quantum of information which their children claim to have makes the ageing look almost primitive. Third, the whole techno-economic situation has now completely changed, which leaves the ageing bewildered and redundant. When paucity of accommodation, high cost of living, general stress and tensions at all levels are added to these, the problems of the aged are extremely serious.

AGEISM

Prejudice or rejection and labeling of a particular group of people develop because the individual attributes negative traits to all persons in that group. The societal impact of racial prejudice is widely recognized. But what is the effect of ageism, or prejudice against people merely on the basis of their age? Robert Butler (1969) coined the word ageism to describe the feelings of prejudice that result from misconceptions and myths about older people. This prejudice generally evolves from beliefs that aging makes people senile, unattractive, asexual, weak, and useless. Social discrimination on the basis of
age may be a direct result of ageism, just as racism in the United States has reinforced social and political discrimination against ethnic minorities. The past existence of mandatory retirement was a form of societal discrimination on the basis of age alone. Discrimination may be expressed in other ways. For example, older workers generally experience more difficulty finding new jobs or reentering the job market. This in part due to the prejudices held by employers regarding older people’s abilities to learn new tasks or to keep up with the pace, and in part due to the large pool of new job candidates who are willing to work for lower salaries. Even with the passage of legislation that prohibits discrimination on the basis of age, older job applicants still frequently face signs of ageism when they meet many potential employers. Public agencies may also practice subtle forms of age discrimination by excluding older persons from their target populations or by undeserving them.

It has also been suggested that some advocates of the elderly, in their zeal to improve the status of the more disadvantaged, have emphasized the need to do more for older people (Kalish, 1979). This form of ageism has been labeled “the new ageism” It is characterized by focusing on the least able elderly, who are viewed as powerless, dependent, and victimized, and by encouraging the development of services that do not enhance older people’s independence. This “new ageism” may be just as detrimental to the self-esteem of older people as is the more typical form of ageism. It is therefore important that advocates of the elderly, service providers, and older people themselves
recognize the diversity of this population and work toward maintaining the independence of the many elderly who are self-sufficient, while assisting those who need help.

The increased number of social and health services for older clients has produced unexpected problems in some cases. The staffs of these services are often young, in many cases decades younger than the older client. This may result in interpersonal tension because the young staff person does not have the empathy to understand the special needs and concerns of older clients (Kahana and Kiyak, 1984; Behn and Stewart, 1982). Indeed, some aging advocates have suggested that programme funded through the Older Americans Act should hire only people age 60 and over'.

Elder Abuse

The increasing old age dependency ratio pose grave problem to the sandwich population. They have to depend more on the younger sections of the population those in working age group, for support and sustenance. A large number of elderly today are subjugated to neglect and abuse and are leading precarious lives (Karunakaran, 2002). Elder abuse, also called mistreatment or maltreatment, is harmful behavior directed towards older persons by informal or formal caregivers who the older person loves, or trusts or on whom they depend for assistance. The destructive behavior can cause physical, psychological and material injury to the older person resulting in unnecessary distress, suffering and sometimes death. Elder abuse usually occurs in one of two locations: in the elder’s home, usually called domestic abuse, and
mistreatment in nursing homes or other long-term-care facilities referred to as institutional abuse (Lynn McDonald, 2008). The World Health Organization offers the following general definition of abuse: “a single or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person.” (WHO, 2002). A Canadian framework for defining abuse and neglect is described in the EAST tool, which contain 71 items grouped into the following nine categories (Stones, 1995): physical assault, excessive restraint, putting health at risk, failure to give care by someone acting as a paid or unpaid caretaker under pressure, humiliating behavior, abuse in an institution, material (includes financial) exploitation and verbal humiliation.

Physical abuse includes any act that involves the intentional infliction of physical discomfort, pain, or injury. Examples of physical abuse include such behaviors as restraining, slapping, kicking, cutting, or burning. Medical maltreatment is sometimes considered an example of physical abuse.

Sexual abuse or assault covers non-consensual sexual contact of any kind with an older person such as unwanted touching, all types of sexual battery like rape or coerced nudity.

Psychological abuse sometimes referred to as verbal or emotional abuse, involves the intentional infliction of mental anguish or the provocation of fear of violence or isolation in the older person. Psychological abuse can take various forms, such as namecalling, humiliation, intimidation or threats of banishment to a nursing home. Material abuse, often referred to as financial
abuse, involves the intentional, illegal, or improper exploitation of the older person’s material property or financial resources by the abuser.

Material abuse can include fraud, theft or use of money or property without the older person’s consent. Neglect generally refers to the intended or unintended failure of a formal or informal caregiver to fulfill any part of a Caregiving obligation. Examples include failure to provide an older person with the necessities of life such as food, water, clothing, shelter, medicine or comfort.

“Elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” (National Center on Elder Abuse). Elder abuse can be broadly categorized into self abuse, domestic elder abuse, and institutional elder abuse. Self abuse or self neglect is the result of the older persons’ unwillingness to look after themselves as a result of depression from loss of spouse, loneliness, chronic pain, financial worry and loss of independence. Domestic and institutional abuse can be broken down into different categories:

**Physical Abuse** - Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.

**Emotional Abuse** - Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.

**Sexual Abuse** - Non-consensual sexual contact of any kind.

**Exploitation** - Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
Neglect - Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.

Abandonment - The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.” (NCEA, 2008)

It is difficult to detect victims of abuse and both older men and women are at risk for being abused. Evidence from empirical and clinical studies confirms that a large proportion of elder abuse takes place in shared living arrangements. Those who live alone are more prone to financial abuse. Further elder patients with dementia are at risk for physical abuse. Social isolation, pathological characteristics of perpetrators such as mental illness and alcoholism, and total dependency of the victim are other factors that lead to elder abuse (Lachs and Pillemer, 2004). Abuse of the elderly takes place in various settings including their homes, hospitals, assisted living facilities and nursing homes.

PROBLEMS OF THE AGED

The term aging refers to the process of growing older. Ghosal (1962) has reported that the problems of the old age tend to be multiple rather than single. It involves a multidirectional change on the physical, psychological and social spheres of a person’s existence. The forces of modernization and urbanization made the position worse. The changing values and disintegration of joint family system put the elders from frying fan into fire. The needs of the elderly in India are many but complex. They range from problems of practical and
financial nature to problems of housing, health isolation and loneliness and lack of services.

BIOLOGICAL PROBLEMS

In old age physical and biological changes take place. The deterioration of organism causes for many biological problems such as pains in bone joints, blindness, loss of hearing, blood pressure and cardio-vascular diseases. The social participation decreases due to health status of elders. The losses of teeth don’t allow them to take more quantity of foods of non-digestible.

Disease and disability are related not only to age but to sex, Scio-economic status as well. Although the maximum life span has not increased appreciably during the present century, the disorders that are the most common causes of death have changed. The most common chronic illnesses in old-age are arthritis, respiratory disorders, digestive and eliminative problems and osteoporosis. Osteoporosis, a gradual loss of bone mass that is four times as common in women as in men, can lead to painful features of the spine, hips, ribs, wrists and other bones. Traffic accidents and falls also contribute to substantial members of injuries and deaths among older people. Heart disease, cancer, and stroke are the three most prominent killers of older people. Obesity, lack of exercise, heavy smoking, psychological stress, and high blood cholesterol level are all related to the incidence of cardiovascular disorders.

Physical health problems are barriers to independent living for most seniors. Problems such as pain, vision or hearing loss, arthritis, incontinence, dental problems and difficulty following physician’s prescriptions can seriously
limit an older person's capacity to live independently. Many seniors have several health problems. Geriatrics (from the Greek geras, meaning old-age) is a branch of medicine that deals with health problems of the aged, including both treatment and prevention of disease and injury. During the 19th and early 20th centuries, scientific pioneers in many countries conducted research and wrote about health problems associated with ageing. The types of health problems in old-age are related to a number of demographic factors. The disabilities such as Senile cataract, Glaucoma, Nerve deafness, Osteoporosis affecting mobility, Failure of special senses, Bronchitis, Alzheimer's disease, Rheumatism are common during the ageing process. Certain chronic diseases are more frequent among the older people than in the younger people. These are: Degenerative Diseases of Heart and Blood vessels, Cancer, Diabetes, Diseases of Locomotor System, and Genitourinary System.

ECONOMIC PROBLEMS

Economy is another problem in the lives of elders. Retirement from work shifts the person from independence to dependence. It also reflects in status of the person in the family. Diminished economic productivity of the aged, inflationary trends and changes in socio-economic values may give rise to various problems. In a society dominated by agricultural and handicraft economics, the aged used to participate in the productive activities of specialists directly or indirectly depending on their physical health which kept them financially independent. The age that does not allow them to seek any jobs for their economic independence.
The psychological aspects of aging involve a wide variety of problems. The effects of aging are quite visible on their motivations, emotional life, adjustment etc. Old age comes with different psychological pressure in the mind of the people. The aged are worried for finance, anxiety over health, feelings of being unwanted, isolation and lonely. These people may also face the problem of adjustment due to the loss of spouses. The old age bridges the social conduct of person and provides a amble of free time. The "empty roles" brings such a feeling of isolation and loneliness among aged. Krishnamoorthy (1976) holds that old people in affluent society suffer more from isolation because they cannot look up to their grown children even for psychological support; various facts of advancements have weakened the psychological bands between the young and the old.

Mental health professionals have until recently paid little attention to the psychological problems of elderly people. Many operate under the popular misconceptions that intellectual deterioration is prevalent and inevitable; that depression among old people is widespread and untreatable and that sex is a lost cause. Since the 1980s many schools and universities that prepare people for the health professions have added research and training in gerontology into their curricula, yet there is still a dearth of professionals primarily committed examine what we know about the psychological and neuropsychological problems of older adults and to expose some of our misconceptions about ageing.
SOCIO - CULTURAL PROBLEMS

In the present money worshipping society, the problems faced by elders are many. In the prime age of an individual, who works earns guides, protects and feeds his family. His words and actions carry much weight. He is invited to represent the family in community level activities. As one becomes old he loses these roles and statuses and become “Guest” and plays a “Roleless role” in their own family. They are superficially revered and cared their words are not taken seriously since they are given by elderly person who is senile, orthodox and whose ideas are back numbered, they also become dependent on others too finance maters. Old age also results in immobility and this further brings lesser social contacts without work and social life, the aged feel isolated and letdown.

Ageing is universal problem to which no country can escape. Presently, ageing is a major issue with the increase of number of old people in the society. Further, our society, its social structure and values are undergoing transformation from a traditional to a modern industrialized and urbanized social order.

Old age constitutes one of the major social problems in developing countries. Ageing has been defined as the process of human ageing involving physiological and psychological changes that are sequential, cumulative, and irreversible, but it is generally agreed that the changes do not occur at the same rate chronological age. The psychological process of growing older has vital social and cultural dimensions which affect what is observed as purely biological inevitability. It is observed that, aged people are non-productive and are the burden to the family and society. They are in two-tier cordon generally
thrown account them. The immediate ring is the isolation cordon. They are confined themselves in the four wall of the home. The inner cordon is so restricted that they are not able to share their independent emotions and feelings with near and dear ones. Then the outer ring is the social cordon. They are being isolated totally and monitored by the society with sympathy instead of empathy. So it is found that greater proportion of the population over 60 years have stimulated with moral panic and treated themselves as "deprived category" and structured "dependency". The term psychosocial is a combined expression combing both mental land social features in the life of human being.

HOUSING PROBLEM

We know that aging is characterized by fatigue and immobility. Owing to shrinking of social contacts, the aged occupies the house more in a day. They have to provide good and hygienic housing accommodation. In changing situation, in urban areas living standard and cost of accommodation are more than the appropriate one. On account of these reasons, many persons who reside at urban centres reluctant to bring their aged parents with them. Though they bring with them, the situation does not conducive to the aged.

ADJUSTMENT PROBLEMS

Adjustment is, according to Schneider (1965), "a process involving both mental and natural responses by which an individual strains to cope with inner needs, tensions, frustration conflicts and to bring harmony between these
inner demands and those imposed upon him by the world in which he lives”. Old people may be required to make an adjustment to their family members who may increasingly resent their presence. The problem of adjustment. It is more crucial for the persons who are required to retire from their active life old people may be required to face the problems of adjustment to the loss of spouse or loss of friend. They have a lot of free time and don’t know what to do with it and hence utilization of leisure time may be a problem. Thus aging is not only biological in nature but also a cultural process. Physical and emotional changes at this age require readjustment in interpersonal relations in different situation with the members of the family and society. By his words, Bromley (1966), good adjustment expressed itself in happiness, confidence, contentment, sociability, freedom from morbid emotions, self-esteem and productive activity.

Poor adjustment is expressed in hostility, unhappiness, fear of people, discontent, morbid anxiety, withdraw and incompetence.
SECTION III
AGED AND POLICY INTERVENTIONS

INTERNATIONAL EFFORT ON AGEING

The question of ageing was first debated at the United Nations in 1948 at the initiative of Argentina. The issue was again raised by Malta in 1969. In 1971 the General Assembly asked the Secretary-General to prepare a comprehensive report on the elderly and to suggest guidelines for the national and international action. In 1978, Assembly decided to hold a World Conference on the Ageing. Accordingly, the World Assembly on Ageing was held in Vienna from July 26 to August 6, 1982 wherein an International Plan of Action on Ageing was adopted. The overall goal of the Plan was to strengthen the ability of individual countries to deal effectively with the ageing in their population, keeping in mind the special concerns and needs of the elderly. The Plan attempted to promote understanding of the social, economic and cultural implications of ageing and of related humanitarian and developed issues. The International Plan of Action on Ageing was adopted by the General Assembly in 1982 and the Assembly in subsequent years called on governments to continue to implement its principles and recommendations. The Assembly urged the Secretary-General to continue his efforts to ensure that follow-up action to the Plan is carried out effectively.
1947 United Nations activities on ageing began.

1982 The World Assembly on Ageing (Vienna, Austria) adopted the International Plan of Action on Ageing. The Plan, endorsed by the UN General Assembly, sets forth 62 recommendations for action in the areas of: health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, education (as well as data collection, research and training).


1991 The International Day of Older Persons, 1 October, is observed for the first time. On the 8th observance of the International Day, 1 October 1998, the International Year of Older Persons is launched.

1992 UN Proclamation on Ageing

1999 The International Year of Older Persons is being observed. The UN General Assembly designated the Year in recognition of "humanity's demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century".

2001 UN General Assembly evaluates the Year and prepares forward-looking plans.
POLICIES AND PROGRAMMES IN INDIA

(I) Constitutional Protection

Art. 41: Right to work, to education and to public assistance in certain cases: The State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Art. 46: Promotion of educational and economic interests of ....... and other weaker sections: The State shall promote with special care the educational and economic interests of the weaker sections of the people.....and shall protect them from social injustice and all forms of exploitation. However, these provision are included in the Chapter IV i.e., Directive Principles of the Indian Constitution. The Directive Principles, as stated in Article 37, are not enforceable by any court of law. But Directive Principles impose positive obligations on the state, i.e., what it should do. The Directive Principles have been declared to be fundamental in the governance of the country and the state has been placed under an obligation to apply them in making laws. The courts however cannot enforce a Directive Principle as it does not create any justiciable right in favour of any individual. It is most unfortunate that state has not made even a single Act which are directly related to the elderly persons.

(II) Legal Protections

Under Personal Laws
The moral duty to maintain parents is recognized by all people. However, so far as law is concerned, the position and extent of such liability varies from community to community.

(I) Hindu Laws: Amongst the Hindus, the obligation of sons to maintain their aged parents, who were not able to maintain themselves out of their own earning and property, was recognized even in early texts. And this obligation was not dependent upon, or in any way qualified, by a reference to the possession of family property. It was a personal legal obligation enforceable by the sovereign or the state. The statutory provision for maintenance of parents under Hindu personal law is contained in Sec 20 of the Hindu Adoption and Maintenance Act, 1956. This Act is the first personal law statute in India, which imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only, and daughters also have an equal duty towards parents. It is important to note that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act.

(II) Muslim Law: Children have a duty to maintain their aged parents even under the Muslim law. According to Mulla:

(a). Children in easy circumstances are bound to maintain their poor parents, although the latter may be able to earn something for themselves.
(b). A son though in strained circumstances is bound to maintain his mother, if the mother is poor, though she may not be infirm.

( ). A son, who though poor, is earning something, is bound to support his father who earns nothing.

According to Tyabji, parents and grandparents in indigent circumstances are entitled, under Hanafi law, to maintenance from their children and grandchildren who have the means, even if they are able to earn their livelihood. Both sons and daughters have a duty to maintain their parents under the Muslim law. The obligation, however, is dependent on their having the means to do so.

(III) Christian And Parsi Law: The Christians and Parsis have no personal laws providing for maintenance for the parents. Parents who wish to seek maintenance have to apply under provisions of the Criminal Procedure Code.

(IV) Under The Code Of Criminal Procedure

Prior to 1973, there was no provision for maintenance of parents under the code. The Law Commission, however, was not in favour of making such provision. According to its report, The Cr.P.C is not the proper place for such a provision. There will be considerably difficulty in the amount of maintenance awarded to parents apportioning amongst the children in a summary proceeding of this type. It is desirable to leave this matter for adjudication by civil courts. The provision, however, was introduced for the first time in Sec. 125 of the
Code of Criminal Procedure in 1973. It is also essential that the parent establishes that the other party has sufficient means and has neglected or refused to maintain his, i.e., the parent, who is unable to maintain himself. It is important to note that Cr.P.C 1973, is a secular law and governs persons belonging to all religions and communities. Daughters, including married daughters, also have a duty to maintain their parents.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007

It is the moral obligation of the off springs to provide care and support to their parents during their autumn days. But the changing situations not favor the aged persons. So the legal provision is mandatory. In this context the above Act had been proclaimed. It does make it a legal obligation on the part of children and heirs to offer maintenance to their dependent senior citizens otherwise later one can approach the maintenance tribunals to seek monthly allowance. According to this Act, the state governments are authorized to establish old age homes in every district. If the legal off springs or heirs fails to provide maintenance then there is a possibility to levy penalty of Rs.5000 or up to three months imprisonment. The offence would be cognizable and will be tried by a Magistrate. An important provision has been made for the elderly to claim their property back from children, if given conditionally after commencement of the Act on promise of looking after their needs and amenities if such promise is not fulfilled. Under Section 23, if after commencement of the act any Parents or senior citizens have transferred their property to their children or relatives on the condition that they would provide
certain maintenance and amenities to the senior citizen but subsequently neglect or refuse to do so the parents or senior citizens can get such transfers voided (cancelled) at their option by having such transfer treated as a fraudulent or coercive acquisition and seek return of their property so transferred.

**Governmental Protections**

**National Policy for Older Persons (NPOP)**

The UNO declared the year 1999 as International year of older persons. In accordance with UNO the Government of India introduced the National Policy for Older Persons on January 13, 1999 in order to give a new fillip to the welfare measures meant for the aged. It provides the broad spectrum of intervention areas to be covered with respect to the protection of the interest of the aged. The National policy, seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized. The prime goal of the National Policy is the well-being of older persons. It aims to strengthen their legitimate place in society and help older persons to live their last phase of their life with purpose, dignity and peace. The thrust areas of the policy are financial security, Health Care and Nutrition, Shelter, Education, Welfare, Basic facilities, NGOs and Research & Training. The academic institutions are encouraged to take up various researches in the field of gerontology. The policy stresses the role of family as non formal social security to the elders. It also paves the way to establish An autonomous registered national association of older persons (NAOPs) will be established to
mobilize senior citizens, partuculate their interests, promote and undertake programs and activities for their wellbeing and to advise the government on all matters relation to older persons. The association will have national, state and district level officers and will choose its own office-bearers.

National Council for Older Persons (NCOP)

A National Council for Older Persons (NCOP) has been constituted by the Ministry of Social Justice and Empowerment to execute the National Policy on Older Persons. The main roles 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.

National Social Assistance Programme (NSAP)

The national Social Assistance programme came into force from 15th August, 1995 and is a social assistance programme for the poor households.
The NSAP includes three benefits as its components: National Old age Pension Scheme (NOAPS), National Family Benefit Scheme (NMBS).

**Integrated Programmes for Older Persons**

Ministry of Social Justice and Empowerment Government of India is implementing an integrated programme for older persons where financial assistance is provided to Non-Governmental Organizations, Autonomous Bodies, Educational Institutions, Cooperative Societies, etc. for up to 90% of the project cost for setting up and maintenance of Day care centres, Mobile Medicare Units, old age homes and non-institutional service centres. The schemes has been made flexible so as to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of lifelong preparation for old age, facilitating productive ageing etc. over 1000 old age homes/day care centres/Mobile Medicare units are operational under the scheme.

**Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**

The scheme covers older persons/destitutes having little or no regular means of subsistence from his/her own source of income or through financial support from family members or other sources. It covers older persons under Below poverty line and the government contributes Rs.200 per month per beneficiary. In November 2007 it was renamed as Indira Gandhi National
Policy on Older Persons and enlarged to include all persons above 65 years of age under below poverty line.

**Old Age Social and Income Security (OASIS)**

This project put forth by the Ministry of Social Justice and Empowerment, Government of India, has constituted an expert committee. The report of the committee recommends a pension system which can be used by individuals and enables them to attain old age security by making modest contribution during their working career. The recommendations of OASIS have a twin focus of further improving existing pension provisions and to devise a fresh pension plan for excluded workers. The recommendations of the project report would form the basis of any future policies of the government in this regard.

**Annapurna Scheme**

The Ministry of Rural Development with the assistance of Ministry of Food and Civil Supplies) launched this programme during 2000-2001. Destitute senior citizens or 65 years of age or above who, though eligible for old age pension under the NOAPS, are not getting the pension are covered under the scheme. 10 kg of food grains per person per month is supplied free of cost under the scheme. From 2002-2003 the programme has been transferred to state plan along with the National Social Assistance programme. The funds are being released by the Ministry of Finance as Additional Central Assistance to the state plan and the states have the requisite flexibility in the choice of
beneficiaries and implementation. The state governments are receiving the food grains under existing norms at BPL rates.

**National Initiative on care for Elderly (NICE)**

In consonance with the National Policy on Older Persons (NPOP), the ministry of Social Justice and Empowerment has launched a unique project called National Initiative on care for Elderly (NICE) through National Institute of Social Defence in 2000. The basic purpose of the project is to prepare a team of skilled and committed Geriatric Animators, and professionals to plan and provide services for the ever growing population of older persons. The various training programmes, Certificate Courses and PG Diploma courses are offered through this project in the field of geriatric care. The focus of the project is on creating awareness, identification of the needs, targeted interventions and optimizing capabilities to improve the quality of life of the elderly. The three components of the projects are Prevention, Control and Care.

**Aims and Objectives of NICE**

1. To develop a cadre of professionals for the care and welfare of the older persons.
2. To provide a comprehensive and scientific knowledge base on various aspects relating to geriatric care.
3. To generate skilled manpower focused on intervention in the family and community settings for the welfare of the older persons.
0. To orient the students on techniques / interventions for managing the care of the elderly with focus on programme development and management.

0. To identify and promote support systems and networking for care of the older persons.

0. To facilitate convergence of services of Government / Non-Government sectors both locally and at the national level.

**Free Legal Aid**

The Ministry of Law and Justice directs the High Courts in the country to accord priority to cases involving older persons and ensure their expeditious disposal.

**Rebates and Concessions**

**Senior Citizens Saving Schemes**

The various Nationalized Banks (24 Banks) and One private sector bank are now offering senior Citizens savings schemes. The interest rate for these schemes is Nine percent per annum.

**Reverse Mortgages**

The National Housing Bank has introduced a unique plan for senior citizens reverse mortgage in 2007. This plan helps the senior citizen who is the owner of a house can avail of a monthly scheme of income against the mortgage of his/ her house, while remaining the owner and occupying the
house throughout his / her life time, without repayment or servicing of the loan.

**Income Tax Rebate**

According to the Budget 2007, the income tax exemption for senior citizens is up to Rs. 1.95 lakh. Deduction in respect of medical insurance premium under section 80D to be a maximum of Rs.20,000.

**Travel Concessions**

**By Road**

**Delhi**: Fifty per cent discount on fare for travel on Delhi Transport Corporation buses to senior citizens who have attained the age of 65 years. Discount is applicable on Monthly Pass only. The Automobile Association of Upper India (AAUI) has extended the life membership to all senior citizen members (above 65 years of age) at concessional fees of Rs 1500. For the new member, the overall life membership fees will be Rs 1,500 + Rs 200 (Rs 1700), which will include an entrance fee of Rs 200 as against Rs 5,000 + Rs 500 (Rs 5,500).

**Tamil Nadu**: In Tamil Nadu Transport Corporation buses, two seats in the front exclusively for old people and handicapped.

**Maharashtra**: BEST buses in Mumbai offer no concessions. However senior citizens can enter the bus from the front side. MSRTC (Maharashtra State Road Transport Corporation) buses provide 50 per cent concession if a person is 65 years and above and has an election identity card or a Tehsildar certificate.
Local trains in Mumbai have around 8-10 seats for the senior citizens in one of the compartments.

Chandigarh: Senior citizens pass holders get 50 per cent travel concession for travelling in city buses in Chandigarh.

Punjab: Elderly women above 60 years enjoy free travel in Punjab

Rajasthan: RSRTC (Rajasthan State Road Transport Corporation) provides a concession of 25 per cent to a person of 65 years and above.

Kerala: Free passes are provided to old people who are freedom fighters to travel in fast and express buses.

By Train

Indian Railways provide 30 per cent concession in all classes and trains including Rajdhani/ Shatabdi trains for citizens who have attained a minimum age of 65 years in case of men and 60 years in case of women. No certificate is required for booking but senior citizens must carry a documentary proof of their age during travel. In Tamil Nadu and West Bengal, lower berth for senior citizens is also provided on request.

By Air

Indian Airlines: Fifty per cent discount on the basic fare for travel on Indian Airlines domestic flights to senior citizens who have attained the age of 65 years, in case of men and 63 years in case of women. Discount is applicable in economy class only.
Jet Airways: Fifty per cent discount on basic fare for travel on Jet Airways domestic flight to senior citizens who have attained the age of 65 years. Discount is applicable in economy class only. The airline also offers fifty per cent discount on the basic fare to cancer patients and blind people. The inland air travel tax (IATT) is also exempted for this category. Other components like passenger service fee (PSF) and the insurance surcharge are applicable.

Insurance Policies

The Indian Government and other various public companies offer various insurance policies for the sake of senior citizens. These are all as follows

<table>
<thead>
<tr>
<th>S.No</th>
<th>Insurance company</th>
<th>Policy Names</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Life Insurance Corporation of India</td>
<td>Jeevan Dhara, Varistha Pension Bima Yojana, New Jeevan Akshay, New Jeevan Suraksha</td>
</tr>
<tr>
<td>2</td>
<td>SBI Life insurance</td>
<td>Dhana Vridhhi, Shield, Life Long</td>
</tr>
<tr>
<td>3</td>
<td>Aviva Life Insurance Company</td>
<td>Life Long, Life Bond, Life Saver, Pension Plus</td>
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<tr>
<td>4</td>
<td>ICICI Prudential</td>
<td>Executive Guards</td>
</tr>
<tr>
<td>5</td>
<td>Birla Sun Life Insurance</td>
<td>Single Premium Bond, Flexisave Plus Endowment Plan, Prime Life, Birla Flexi Secure Life Retirement RP</td>
</tr>
<tr>
<td>6</td>
<td>Kotak Mahindra Old Mutual Life Insurance</td>
<td>Kotak Endowment Plan, Kotak Retirement Plan</td>
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<tr>
<td>7</td>
<td>HDFC Standard Life Insurance</td>
<td>Unit Linked Pension, Personal Pension Plan</td>
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<tr>
<td>8</td>
<td>MetLife</td>
<td>MET Pension participating Deferred Annuity, MET 100 Gold</td>
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<td>9</td>
<td>Sahara India</td>
<td>Sahara Nidhi, Sahara Sampann</td>
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### Mediclaim and Health Insurance

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<td>4.</td>
<td>National Insurance Company</td>
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<td>5.</td>
<td>ICICI Lombard Insurance</td>
<td>Parents Health Insurance,</td>
</tr>
<tr>
<td>6.</td>
<td>Tata AIG Life Insurance</td>
<td>Tata AIG Health First, Nirvana Retirement Plan, Executive Guard, Introducing Invest Assure Gold</td>
</tr>
<tr>
<td>7.</td>
<td>Bajaj Allianz Life Insurance</td>
<td>Life Care Economy, Janata Personal Accident</td>
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<td>8.</td>
<td>Royal Sundaram</td>
<td>Health Shield Standard Quality Health Insurance</td>
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References