CHAPTER VI

PROBLEMS OF THE AGED PEOPLE IN INDIA: AN ANALYSIS
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6.1 Introduction

The process of economic liberalization led to the emergence of capitalism, division of labour and availability of lucrative opportunities. The market relationships are emphasized with greater importance than emotional ones. Presently, everyone aspires to a rewarding career so they can have a better lifestyle, leaving the earlier caste based familial professions as evidenced by the rapid growth of the professionals in the Indian job market. Simultaneously, the mobility of the people has increased to meet the growing areas of production and services sectors. Therefore, the traditional joint family system is fragmenting, resulting in the formation of nuclear families. On the other hand, double-income-no-kid (DINK) couples are increasingly observed in Indian societies.1

Hence, they may experience a higher degree of physical and mental strain in the future. Consequent to the above developments, the older people are experiencing remarkable changes in their physical and socio-economic circumstances. In smaller families, they are gradually marginalized in the decision-making process. Hence, the family that traditionally took care of the elderly or sick, widows and orphans is beginning to rely on society as a whole.2

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2 Ibid, p.11.
As the number of old persons is rising and the social environment is changing, the proportion of the destitute among them are also increasing. These factors are also leading to the need for a large number of old-age homes where the old people may enjoy the end part of their lives in a group of their own. The impact of the above factors may be observed in the living arrangements of elderly Indians.

With the growth of rural population, the area of arable land is decreasing to meet the increased demand for housing, leading to incremental and disguised unemployment. As a result, the rural masses are forced to migrate to the urban areas in search of a livelihood. According to the framework of economic development developed by Arthur Lewis, the movement of labor from the “traditional sector” comprising agriculture and allied areas that produce traditional outputs for all societies, to the “modern sector” (industrial area, which produces manufactured items) is placed on the center stage. The traditional sector may be assumed to supply unlimited number of labourers, but the absorption of the same critically depends on the supply of capital to the modern sector. The level of savings and investments are the determinants of the growth of the modern sector and, hence, the generation of employment as well as the process of urbanization.

These migrants, mostly the youth, primarily relocate for better earning opportunities, leaving their elderly parents in the villages.

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4 See, National Family Health Survey 1 and National Family Health Survey 2, as given in Appendix 1, conducted by the International Institute of Population Studies under the Ministry of Health, Government of India, during the years 1992–93 and 1998–99.
5 Arthur Lewis (1954) Quoted in Prakash Bhattacharya, supra note 1, p.2.
6 Prakash Bhattacharya, supra note 1, p.3.
Moreover, the higher cost of living in urban areas and the lack of space for all members of a family to reside at the same place are causing the disintegration of the joint family system. At the same time, the insurance motive of the joint family system has declined gradually while the cost of child rearing has been internalized to a higher degree, leading to a lower rate of fertility. Therefore, the growth of the industries catalyzes the process of urbanization, but makes the invaluable family support system unavailable to senior citizens.\(^7\)

There are many problems faced by the aged people in India most important among them are as follows:

### 6.2 Social Problem

The position and status of senior citizen have been seriously undermined by factors such as changing values, growing individualism and rising aspirations for consumer goods as a result of the impact of education, urbanization, westernization and Industrialization, lesser number of children due to acceptance of small family norm and hence greater vulnerability in the matter of dependence, migration of younger members to cities for alternative source of livelihood, acute paucity of accommodation in urban areas and the exorbitant rents which act as a strong disincentive for bringing old parents to live with the children.\(^8\) Participation of women in employment in cities in white collar jobs leaving the old, unattended during day time creating stress situations of prompting the younger generation to press for

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separate residences so that they will not be burdened with problems, complexities of modern life and living which discount the value of the traditional systems and places a lateral transmission of knowledge in contrast to vertical transmission from the older generation, thereby devaluing the knowledge and experience of the old.\textsuperscript{9} The fast pace of social change accentuates the intergenerational differences in values and life styles. Larger investments on the education than in the past and upbringing of children, which together with the inflationary pressures causes disproportionately greater hardships to the old.

The total economic dependency status of most of the old people in the absence of old age security benefit has, in fact, multiplied the problem. The status of the elderly female has additionally been affected due to lesser importance assigned to socio-religious ceremonies in which her knowledge and advice were valued and lesser use of her knowledge and experience in child rearing due to greater reliance on modern medicines, technology and information. The above factors have undermined in status, care and protection of the elderly persons that was provided by joint family, the kinship group and the community institutions and social system, which are themselves in the process of disintegration. These factors are operative even in remote rural areas.

Dube,\textsuperscript{10} in his study found that parents dominated the family till their middle age, but with approaching old age, they receded to the background. Many studies have confirmed the fact that in India a majority of the young persons prefer the nuclear type of families. The family development cycle brings about changes in the status and

\textsuperscript{9} Ibid.

\textsuperscript{10} Ibid, Dube, 1984, p.36.
roles of both elderly men and women because there is a transition from the role of 'provider' to that of a 'dependent'. In Indian context, the degree of dependence varies according to the economic situation of the old people but in general, it is characterized by a loss of productivity and limited participation in decision making in social, economic and cultural spheres of family activities.

Singer, M.\textsuperscript{11} in his study, has brought out an interesting fact, that though many old people complained about the difficulties, they experienced in being dependent on their sons, all were insistent that the best place for them was with their children and not institutions for old people.

Still the fact remains that the processes of modernization and urbanization are transforming the society beyond recognition. With the breaking down of the joint family system and the emergence of the nuclear family, individuals have become more concerned about their wives and children. As a result, the care of the aged parents has become a matter of burden for them. This has necessitated the provision of substitutive safety net and a provision of social services for the elderly persons.\textsuperscript{12}

6.3 Socio-Psychological and Emotional Problems

Though fulfillment of basic needs is essential for the survival of mankind yet man as a social being, does not live by bread alone. He wants to live in the society where he gets the feeling of belongingness. Such associations give meaning to his life. He occupies some position and enjoys some privileges, performs useful functions for

\begin{itemize}
  \item \textsuperscript{11} Ibid, Singer, M. Chicago, 1968.
  \item \textsuperscript{12} Ibid, p.37.
\end{itemize}
the society. In the traditional Indian society, the aged persons were given deference and they enjoyed position of authority.\textsuperscript{13}

In return, they used to provide guidance to the younger generation because age was equated with knowledge and experience. Displacement of folk knowledge with the scientific knowledge in the modern society has lowered their status to such an extent that economically, inactive and old persons is treated as a burden on the limited resources of the family. Such a situation has created a feeling of neglect, dependency, loneliness, powerlessness, and meaninglessness among the poor old persons.\textsuperscript{14}

Further, loss of economic independence and physical vigour and the affliction by various types of degenerative diseases change an elderly person from an independent self supporting individual to one who needs help from his children and other family members and also from the society in general. Absence of common interests and lack of extensive and regular interaction with younger members in the family naturally result in social isolation and loneliness of the elderly persons.\textsuperscript{15}

In this circumstance, lack of psychologically rewarding activities converts his free time into burden and boredom to be dragged on in the remaining years of life. However, the process of ageing and other psychological or emotional changes that take place due to ageing process cannot be uniform for all elderly persons because the state of their living is dependent on various factors such as nature of composition, economic background of the family, nature of relationships etc.\textsuperscript{16}

\textsuperscript{14} Ibid, p. 41.
\textsuperscript{15} B.N. Chattoraj, \textit{supra} note 8, p.40.
\textsuperscript{16} Ibid.
Nevertheless, social surveys of the life and problems of the elderly and retired persons have shown that there are many common social and emotional problems from which most of the elderly people suffer. To mention a few, the elders usually suffer from loneliness, boredom and depression, which are largely the outcome of absence of fruitful and satisfying activity, absence of like minded friends and associates around the locality, and lack of respect, affection and attention from their family members, which gradually turns into indifferences and in some cases even into deliberate teasing and torturing on the part of the younger members of their own families.\(^{17}\)

The situation becomes still worse if the old couples have to live alone by themselves and it becomes unbearable, if one of them is a chronic patient or dead. This sort of situation may happen with the rich elderly persons also who have been deserted by their sons or whose sons have left them for the sake of their occupations living behind them old parents to suffer psychological trauma silently.\(^{18}\)

On his path from birth to death, when a man becomes aware that he would be soon crossing over the last few milestones of his life, he gets drastic imbalances and such imbalances get intricated and complex if there are medical problems.\(^{19}\) The important psychological imbalances are:

Emotional disturbance: Psychological imbalances manifest through and are well marked in the areas of emotionality. The emotions of life and sympathy are

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\(^{17}\) *Ibid*, p.41.

\(^{18}\) *Ibid*.

readily replaced by emotions of fear and anxiety along with dysphoric mood.\textsuperscript{20} Of course they are augmented by abnormal biogenic amines and hormonal disturbances but such disturbances could be triggered by the various psychobiological processes and the process of general adaptation syndrome.

(a) Distortion of self - concept: A Man perceives himself and also simultaneously perceives what others perceive in him. Through the process of socialization and with the help of constant efforts, he keeps on trying to make others see what he is and what he desires to be seen by others in him, though he may not be the same individual with those characteristics which he desires to be seen by others in him. Thus, he lives with a legend, a legend of unreality dimension, a disparity between what he desires to be perceived by others in him and what actually and in reality he is. He keeps trying to minimize this legend and also tries to defend it.

But the natural decline in his cognitive, conative and affective process does not allow him to carry over this personal legend. This distorts his self - concept, twists his self-realization. This gets expressed through his disturbed inter-personal relationships, specially with the younger generation which also leads to what we call generation gap – a gap in a society when he was young and the society is when he has become old.\textsuperscript{21}

Old age has emerged a socio- psychological problem not only due to the rising proportion of the aged people in the population but also to a larger extent due to the rapid changes that have taken place in the social structures which are undergoing changes in industrial societies.\textsuperscript{22}

\textsuperscript{20} Ibid.
\textsuperscript{21} Ibid, p.199.
Cheriboga. D.A.\textsuperscript{23} has observed that, "older subjects exhibit more psychosocial distress than do younger subjects and sex differences suggest that males and females have different vulnerabilities."

Backman. A.C.\textsuperscript{24} has found that, "older man and woman suffer from rolelessness, powerlessness and depression. With ageing there is decline in many functions which led to feelings of inadequacy and insecurity".

Post. F.\textsuperscript{25} is of the opinion that, "the development of withdrawal of social interest, suspiciousness and antipathy towards others can be viewed as a paranoid process in old age. Social isolation in old age is also caused by several factors some of which may be viewed as the nominal process of ageing and some other as pathological".

Rao. A.V.\textsuperscript{26} has observed that, "emotionally disturbing influences affect the age more frequently than the young. The aged suffer from such psychological trauma as death of a near and dear one, fear of death, conflicts with the younger generation, disappointments at the son or daughter's failure to live up to expectations and the like. An old man suffering from a fatal illness, such as cancer, goes through a series of emotional reactions like shock, anger, dependency, depression and dejection which spread over weeks or months before he finally accept the inevitable".


The institutionalization of the aged makes it clear that cultural rather than biological factors are of prime importance to the content of status. Burgers\textsuperscript{27} observes, old age emerges as a social problem where economic competition works at every level there by creating a decline in the role and status of the old and non earning members.

Generally, the aged people are to face much more problems than others due to their physical unfitness. The status of old man varies from society to society. In some societies, such as the Eskimos used to freeze their old people to death and some other bury them alive. In Japan the aged are treated with respect and are considered as source of wisdom. United states in contrast, old people generally are pushed aside as useless. The elderly persons are left to sit idle and eventually die in old age homes. These problems are believed to have arisen out of numerous pressures, both external and internal, which have been impinging hard on traditional social life.\textsuperscript{28}

The socio psychological problems of the aged perhaps an area which has more relevance in traditional than in developed societies. The veneration shown to the old, the weight given to their advice, the eagerness to have them to mediate in disputes and the unique honour and respect shown to them in social functions in traditional societies have no parallel in modern societies. The erosion of these privileges consequent on the emergence of new values and norms cause not a small amount of despair and anguish in the minds of the elderly. The anxiety and insecurity caused by


failing health diminishing income and the constant threat of death as one advances in life are other factors contributing to emotional impairment among the old. 29

6.4 Economic Problems

A great anxiety in old age relates to financial insecurity. When the issue is seen in the context of the fact that one-third of the population is below the poverty line and about one-third are above it.30 But belong to the lower income group, the financial situation of two-thirds of the population 60+ can be said to be fragile.31

In earlier times, the social and economic needs of the elderly were catered through the extended family system that was three or four-generation unit held together by kinship ties. Social stratification concentrated spiritual, financial and decision-making power in the hands of the most elderly. Within the framework of the extended family structures, the daily affairs of the community were decided by the community leaders, who were usually elderly men. Elderly matriarchs wielded power in the home comparable to that of the patriarchs at the community level.32 The Government of India is committed to providing an effective environment to secure the goals of economic and emotional security for the elderly. It also recognizes that all institutions of the civil society, individuals and the community are equal and necessary partners in achieving that goal. India is a federal polity of one thousand million people in modern India, retirement age is fixed at 58 in most Governmental

29 Ibid, p.3.
jobs, and 60 years in the Universities. There is a move to increase the retirement age by another two to five years. For all practical purposes people above 65 are considered to be ‘senior citizens’. In academic research, retirement age is often taken as an index of aged status. The chronological age of 58 or 60 is considered to be the beginning of old age.\textsuperscript{33} However, globalization and its impact on economies are causing a silent and invisible transformation within the social structures. Fragmentation of the traditional family network is leading to an erosion of the available support within the immediate and extended family. Migration of younger generations from rural to urban areas and from one urban center to another as well as transnational migration results in the elderly being left to fend for themselves at a time when family support becomes more crucial.\textsuperscript{34}

The shift in age structure makes issues of social security and economic support for elderly people very crucial. The overriding concern of governments relate to the ability of individual citizens to be economically independent in later years. In industrialized countries, public and/or private pension systems cover the economic needs of people. In most developing countries economic support still comes from families. Social security schemes are available in India mainly for those retiring from the organized sector. Ninety per cent of the total work force, however, is employed in the informal sector. National old age pension schemes provide assistance to destitute persons above 65 years.\textsuperscript{35}

\textsuperscript{33} Ibid, p.5.

\textsuperscript{34} Ibid.

India, which is predominantly agrarian based economy, has inadequate social security provisions for its older people. The concept of social security implies that the state should make itself responsible for ensuring a minimum standard of material welfare to all its citizens. Although since independence India has been making efforts to achieve the desirable goal of being a welfare state, social security still covers only a small proportion of the population. 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. But nearly 90 per cent of the total workforce is employed in the unorganized sector. Among these, only 40 per cent are wage earners.

Further, because of low wages, job insecurity and lack of legal provisions to protect their rights, make this group vulnerable to economic hardships.\textsuperscript{36}

It is obvious that older people have to depend mostly on their own earnings/savings or on their family. Work participation rates among the elderly was about 40 per cent in 1991 and varies from region to region. People employed in agriculture sector continue to work as long as they physically manage the job. Around 60 per cent of male and 65 per cent of female elderly work as agricultural labourers. In urban areas, retired men may take up part time jobs, if available, to supplement their incomes. A vast majority of women are housewives, and as such, ‘invisible workers’, depend on their families. Women’s work is hardly quantified and monetized.\textsuperscript{37}

\textsuperscript{36} Ibid.
\textsuperscript{37} Ibid, p.9.
Nearly 60-75% of all elderly are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement. An accurate estimate of economic status of older persons is made difficult as agricultural workers do not have any fixed or regular income. Wide disparity exists across and within regions.\(^\text{38}\)

Nearly one half of the aged persons are fully dependent economically on others. Out of these, three fourths are supported by their own children. Studies put dependency rate at 1:2 and 25.8 per cent of the population as being below the poverty line. Rural aged who are already poor and not supported by any social security schemes are forced into destitution.\(^\text{39}\)

Another problem is in getting pension and provident funds from government-run institutions. The pension “problem” has indeed been the subject matter of a large number of regional language movies; the trials and tribulations of a pensioner moving through different sections of an indifferent pension office have been amply portrayed in the media. However, although solutions have been offered, by and large the issue of pension is yet to be addressed as a concrete issue.\(^\text{40}\)

The old persons in terms of their economic position may be placed in the following categories:

(i) Those who find their income diminished on retirement from their employment or if self-employed find their income reduced due to reduction in their working capacity;

\(^{38}\) 42\(^{nd}\) National Sample Survey, 1986/87.


\(^{40}\) Bhushan Patwardhan and Sharatchandra Gokhale, \textit{supra} note 32, p.12.
(ii) Those whose income is not linked with earning capacity or age and is insufficient or is in excess of their needs.

These two may further be viewed in terms of their family liabilities such as education of their children or the socio-moral obligation of performing marriage of the children particularly that of daughter. Additionally, the rising prices further diminish their income. The failing of fulfilling the needs of the children on the one hand and a sense of failureness in discharging his traditional obligations on the other keep torturing the conscience of the economically weak old person. On the other hand, the well off old persons faces other types of problems.\textsuperscript{41}

Such old persons may receive sufficient care in the family but at the same time he has also to meet the ever-increasing demands from the relatives. So long as he is able to meet the same, there may not be any problem. But the very moment, he fails to fulfill their demands he will be in trouble. In many extreme cases, lonely and physically weak old persons have fallen prey to greed of his or her near and dear ones. Besides these two, there may be another distinct category of elderly persons who are partially or wholly dependent on their sons and do not have sound economic base. Some of them may get good treatment in the family and may be on the whole satisfied with their lot but many of them are ill fed and under nourished. In many cases, they are even deprived from two square meals in a day. They are the ones who suffer in all respects, be it a question of food, shelter, clothing or any other

\textsuperscript{41}B.N. Chattoraj, supra note 8, p. 40.
requirements of life. As a result they become victimized to sickness leading to ungraceful death.  

In Indian society the economic position of elderly women are particularly at risk because most of them live in the shadow of the males throughout their lives – father, husband, son or male relatives like nephew, brother, uncle. In most cases they do not earn money and even when they do, their employment is often guided by family considerations, so most of them take up casual employment or are under employed and they also shoulder family responsibilities.

Moreover, their earnings are managed by the male counterpart, so for all practical purposes they have no knowledge of how to use them. The labour force participation also tells the same tale of a disadvantaged position with 59% of men as compared to 18% women being included in the labour force in the 60+ age group. It is easy to defraud such women as their world view, in most cases, is limited to family and kin-group matters. This also applies to ownership of property. Most of the women do not own property and even when they own it they do not manage it. They are completely dependant on the male members of the family for fulfillment of all their basic needs. The National Sample Survey showed that nine out of ten older women in India are financially dependent on others - either partially or fully. The employment situation warrants change due to effects of the aging process and its feminine characteristics. Due to their low level of education, women of the previous generation

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42 Ibid.
44 Ibid.
who worked in the agricultural sector are currently in despair due to economic insufficiency and dependency. Older women who had participated in a primary sector of employment are devoid of any social security benefits.

At the same time, older women who have participated in a more modern sector face extreme conditions due to the rigid norms of pensions. Older women are currently working either in the agricultural (or allied) sector or as lowest grade servants in the modern sector.\textsuperscript{46}

This occupational status provides them with minimum earnings, which somewhat ease their dependency status. The types of employment women had during younger ages were low paid with no possibility of saving. The same is the case with jobs of current day older women; their income remains insufficient for their day-to-day expenses. Today’s older women appear to be outdated or incompetent for the job market because they lag behind in technological innovations, and speed in work today also keeps older women out of jobs.\textsuperscript{47}

The higher levels of economic dependency among older women arise due to the following factors:

(i) Women's caring role in the family;

(ii) Male dominance in property and family assets;

(iii) Traditional social values and prejudices that restrict women’s participation in paid labour;

(iv) Women's participation in low paid jobs;

(v) Women’s higher participation in agriculture (or family business); and

\textsuperscript{46} Anupama Datta, \textit{supra} note 43, p.5.

\textsuperscript{47} \textit{Ibid.}
(vi) Women's higher contribution to their family expenses and lesser monetary savings.

An older woman without any means of finance is often considered as an economic burden. Her role in the family remains restricted to the household's non-economic matters. She usually keeps away from the economic decisions, which are more privileged.48

Another related aspect to be considered is medical expense. There has been a progressive decline in the allocation of resources for the health sector. Public investment in health care provision has not kept pace with population growth and the demand for basic health care. There is also considerable discrepancy in provision between urban and rural areas in availability and access to health care resources. Rural poor and those living in tribal areas have little access to modern, high cost, urban based medical care. It is well documented that as people live longer, medical expenses will consume a major share of their savings. When people are already poor, living longer may ultimately mean living with unattended medical problems as health services cannot be readily purchased.49

This has compelled the conscientious souls to think in terms of providing social security benefits and economic benefits to the aged people and keep the fag end of their life devoid of horrible experiences.

6.5 Health Problems

Advances in medical technology over the past years have promoted longevity but not good health. The problem is that old people live longer but are more

49 Dr Indira Jai Prakash, supra note 35, p.8.
vulnerable to illnesses. According to the doctors, while the debilitating effects of old age cannot be avoided, risks can be minimized through careful planning and prevention beginning from middle age.\(^5\) Health is an important factor in ageing. A major issue of societal concern is the health status of the aged. After infants and children, old people are most vulnerable to morbidity and mortality as health impairment is a function of ageing process. Healthy aged constitute an important human resource for development of the country.\(^5\)

World Health Organization defines health as a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. Prolongation of life is not sufficient unless the extended period of life is made livable. Health becomes a critical factor in this. It is more important for the old because the old are most vulnerable to diseases. Geriatric medicines have made rapid strides in the west but the concept is hardly popular even among the professionals in India. There are many similarities in western and Indian societies regarding the old age diseases though not on the causes of death.\(^5\)

The concept of 'health for all by 2000' envisages total health coverage of all by the end of the century but this may not apply with equal force to the old who are not on priority in the healthcare system in India.\(^5\)

The Constitution of India envisages the establishment of a new social order based on equality, freedom, justice and the dignity of the individual. It aims at the elimination of poverty, ignorance and ill-health and directs the State to regard the

\(^{50}\) Bhushan Patwardhan and Sharatchandra Gokhale, supra note 32, p. 10.

\(^{51}\) Chaturbhuj Sahu, supra note 22, p.94.

\(^{52}\) Ibid.

\(^{53}\) Nayar, P.K B., supra note 28, p.4
raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, securing the health and strength of workers, men and women, specially ensuring that children, aged, and the infirm are given opportunities and facilities to develop in a healthy manner. Since the inception of the planning process in the country, the successive Five Year Plans have been providing the framework within which the States may develop their health services infrastructure, facilities for medical education, research, etc. Similar guidance has sought to be provided through the discussions and conclusions arrived at in the Joint Conferences of the Central Councils of Health and Family Welfare and the National Development Council. Besides, Central legislation has been enacted to regulate standards of medical education, prevention of food adulteration, maintenance of standards in the manufacture and sale of certified drugs, etc.\textsuperscript{54}

During the last three decades and more, since the attainment of Independence, considerable progress has been achieved in the promotion of the health status of our people. The mortality rate per thousand of population has been reduced from 27.4 to 14.8 and the life expectancy at birth has increased from 32.7 to over 52. A fairly extensive network of dispensaries, hospitals and institutions providing specialized curative care has developed and a large stock of medical and health personnel, of various levels, has become available.\textsuperscript{55} Significant indigenous capacity has been established for the production of drugs and pharmaceuticals, vaccines, sera, hospital equipments, etc. In spite of such impressive progress, the demographic and health

\textsuperscript{54} National Health Policy, Government of India, Ministry of Health & Family Welfare, New Delhi, 1983.

\textsuperscript{55} Ibid.
picture of the country still constitutes a cause for serious and urgent concern. The high rate of population growth continues to have an adverse effect on the health of our people and the quality of their lives.\(^56\)

The National Population Policy 2000 and the National Health Policy, 2001, include decentralization and convergence of service delivery at village levels and recognize the Panchayat Raj Institutions as the agency responsible to ensure this. In August 2003, the Central Council of Ministers of Health and Family Welfare, resolved “that the States would involve PRI in the implementation of HFW programmes by progressive transfer of funds, functions and functionaries, by training, equipping and empowering them suitably to manage and supervise the functioning of health care infrastructure and manpower and further to coordinate the activities of the works of different departments such as: Health and Family Welfare, Social Welfare, and Education which are functioning at the Village and Block Levels”.\(^57\)

6.5.1 Health as a Human Right

Health is also considered as a basic human right by the World Health Organization (WHO). According to it, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.\(^58\)

The Universal Declaration of Human Rights, proclaims, “that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social

\(^{56}\) Ibid, p. 3.

\(^{57}\) Panchayati Raj Institutions and Health and Family Welfare Programmes – An Executive Summary, National Health Policy, 2003.

\(^{58}\) World Health Organization Constitution.
Apart from the above, other international human rights instruments which address health and health-related issues are the International Covenant on Economic, Social and Cultural Rights; 1966 the Convention on the Elimination of All Forms of Discrimination Against Women; 1979 and the Convention on the Rights of the Child 1989.60

The role of WHO in ensuring the implementation of those provisions which address health-related issues is very significant. It works closely with the Office of the High Commissioner for Human Rights, and as well as with its own Member States in order to assist them in translating the language of these instruments into reality. Today the right to health has yet to receive the full attention it deserves and to be brought from the margins into the mainstream of human rights promotion and protection. WHO in conjunction with its many international governmental and nongovernmental partners. Sensitize health professionals to the health and human rights dimensions of their everyday work, which contributes to the enjoyment of the highest attainable standard of health by all, including children, women, the elderly, the disabled, persons suffering from mental disorders, hospitalized and other patients, and other vulnerable or potentially vulnerable groups in all our societies. It is widely known that old patients suffer from multiple pathologies. The illness pattern of the old is quite different from that of the young and so the basic philosophy approach and mode of treatment to the illness of the old also need to be different. The aged have different health problem. Generally they have complaints towards muscular, pain, eye

60 See supra, Chapter, IV.
and hearing impairment and respiratory problem. Some major diseases like blood pressure, arthritis, asthma are seen to be more pronounced during the old age.

The National Sample Survey data shows that 7.4% in rural and 7.9% in urban areas were suffering from one or the other chronic diseases.\(^{61}\) The National opinion Research Centre defined illness as “any condition i.e. any disease, impairment, symptom or a group of related symptom, which was reported by the aged as having bothered them”.\(^{62}\)

Phelps and Hedeenson\(^{63}\) opined that, “old age is a natural and a normal condition. Its pathologies are the same as those that occur at any other age period, but they are intensified by illness, family disorganization, unemployability, reduced income and dependency.” Major health problems confronting the aged people in India are generally, in 1996 the number of hypertensive among the elderly population was nearly nine million. The prevalence rate of coronary heart disease among the urban population was nearly three times higher than rural population.\(^{64}\) An estimated five million were diabetic and the prevalence rates were about 177 for urban and 35 per 1000 for rural elderly people. Crude prevalence rate of strokes is estimated to be about 200 per 100,000 persons. Older persons surviving through peak years of stroke (55-65 years) with varying degrees of disability are already a major medical problem.\(^{65}\)

\(^{61}\) Chaturbhuj Sahu, supra note 22, p.95.
\(^{62}\) Soodan, K.S., Ageing in India, Calcutta: Minerna Association Pvt. Ltd.
The number of older persons with cancer in 1996 was 0.35 million. The reports show that in coming years, as the number of aged increases, the problems associated with cancer in older age will require increased attention and resources. Age related changes in immune system render people susceptible to a variety of infections and tumors. Though tuberculosis related mortality has declined, it is still not eradicated effectively and the prevalence rate is reported to be higher in the older age group.  

Adverse reactions and major side effects to anti-tuberculosis therapy have been reported in as much as 40 per cent of the cases. Disabilities arising from ageing assume greater significance as a large segment of this population is below the poverty line. Under-nutrition is also common in this population.

Mental Health is another important problem facing the aged in India. The prevalence rate of mental morbidity among those 60 years and above was estimated at 89 per 1,000 population, about 4 million for the country as a whole. The risk of specific psychiatric illnesses increases with age. The overall prevalence rate rises from 71.5 per cent for those over 60 to 124 for those in 70, to 155 for those over 80 years.

The risk of senile dementia increases with age. As the country moves from being ‘young-old’ to ‘old-old’, senile dementia of Alzheimer’s type has become a major problem of the next century. Affective disorders in later age in India,

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particularly depression, late paraphrenia and dementias form the bulk of total mental morbidity. Neurotic disorders are relatively infrequent. The leading cause of death in old age in India is cardiovascular disease (CVD). Earlier in life, infections are still the leading causes of death but among older people most deaths are due to non-communicable diseases. A careful analysis of the Global Burden of Diseases (GBD) of the age-specific morbidity during the year 2000 shows that about 60 percent are due to infections and common tropical diseases, 25 percent are due to lifestyle disorders, while the rest are due to potentially prenatal conditions. Poor level of nutrition and substantial consumption of immunosuppressive drugs are causing a higher incidence of infections among elderly Indians. Two mostly communicable diseases among them are tuberculosis and asthma, which are responsible for a higher rate of mortality. Older people are at high risk of self-destructive behaviour.

The suicide rates rise sharply from the young-old to old-old. The rate of suicide in the 50+ groups is around 12/100,000, a figure higher than 7/100,000 for general population. Physical diseases of painful and incurable nature are prominent among the 'causes' of such suicides. Among the other causes, economic factors take the prime place. It is interesting that there are certain inbuilt cultural 'suicide counters'. These are ethical, religious and familial deterrents that may hold back the person from

71 Sriniavasan, R., Health Care in India—Vision 2020, published by the Planning Commission of India.
attempting suicide.\textsuperscript{72} Health-care costs significantly increase with age. The United Nations population projections would show that the overall cost of health care, due to ageing alone, would increase by 41 per cent between 2000 and 2050. The increase is 36 per cent for the more developed countries and 48 per cent for the less developed.\textsuperscript{73}

As it is well said, "health is wealth" it is a major area of concern especially for the aged in this regard the following steps may be taken immediately by all the concerned, in order to make the Constitutional mandate a reality. Geriatrics is a familiar branch of medicine in developed countries with geriatricians in great demand as established professionals. Since the beginning of the twentieth century, the U.S. and Britain have shown concern about the health problems of their elderly populace, evidenced by a separate department for the treatment of old people at the West Middlesex County Hospital dating back to the year 1935.

But the sick elderly Indians are still treated in the general medicine department, despite the observations of the spectrum of illnesses among them. A well-equipped, separate division in Indian hospitals is direly required for the comprehensive care of elderly Indians.

Such a facility will not only cure the old physically, but will also ensure their mental well-being. It will simultaneously arrange medical treatment as well as improve their quality of life. The government as well as the private healthcare providers have to build up the necessary infrastructure to meet the healthcare requirements of the increasingly aging population. At the same time, the medical


\textsuperscript{73} Long-term health-care implications of ageing Paper contributed by the ILO to the Second World Assembly on Ageing Madrid, 8-12 April 2000.
practitioners in India may start gerontological research to ensure a healthy life for aged people. The best solution is to strengthen the public health care system in the country. Social workers say the solution to this might be to set up more geriatric clinics and reserve geriatric wards in hospitals for the exclusive delivery of Medicare for the aged. Since more than 70 per cent of India lives in villages, the role of Primary Health Care Centers (PHC) is critical. These centers must assume the responsibility of ensuring that the senior citizens of rural areas receive proper medical care. According to The National Policy for Older Persons, PHCs in the villages should become one-stop shops on geriatric care. The Policy also specifies that in addition to strengthening the PHCs, medical and para-medical staff in primary, secondary and tertiary healthcare facilities should be given training in the healthcare of the elderly. It also recommends that hospices supported by the state, or assisted by charity be set up to take care of the chronically ill or destitute elderly.

6.6 Crime Against Senior Citizens

One of the biggest worries with which elderly people are subjected to, is crime or the fear of crime. The impact of crime is very severe among the old because they often have limited budgets. frequently live in inner city neighbourhoods, where crimes are more common and may be injured more easily in the course of crime. Physical handicaps such as vision or hearing loss can make the old easy prey. With diminished strength, older people are less able to defend themselves or escape from threatening situation. The crimes, which are mostly committed against these people, are theft, burglary, cheating, physical assault etc. Even without crime, these people live in the fear of crime because of their vulnerable situation. Sometimes, the fear of
crime can be harmful as crime itself. Fear is useful if it encourages appropriate protection. But experiencing endless fear over a long period can be harmful to one’s physical and mental health.\textsuperscript{74} Over the past few years, newspapers have been increasingly reporting about violent assaults on older persons staying alone. Increased urbanization has resulted in a consequent rise in the number of elderly people living alone in the cities. Retired men and women living by themselves in apartments are often the target of burglars and housebreakers. Planned break-ins and sometimes murders have been taking place with appalling regularity, particularly in the metros of Delhi and Mumbai.\textsuperscript{75}

In this context, “safety”, which was hitherto perceived as the least of the problems to do with the aged, suddenly assumed alarming significance. In order to counter this, a number of NGOs have come up with policies to ensure the safety of these senior citizens. Help lines have been set up in some of the major metros to help senior citizens access help in such circumstances.\textsuperscript{76} Suicide rate among elderly people is also quite significant in India. In 1993 a total of 5350 (3700 males and 1650 females) persons of age of more than 60 years committed suicide because of various reasons out of which poverty, dispute over property, death of dear and near ones bankruptcy or sudden change in economic position and fall in social reputation are prominent among males. Among female elderly persons, quarrel with daughters in

\textsuperscript{74} B.N. Chattoraj, \textit{supra} note 8, p. 42.

\textsuperscript{75} Bhushan Patwardhan and Sharatchandra Gokhale, \textit{supra} note 32, p. 44.

\textsuperscript{76} Ibid.
laws, poverty, insanity and dreadful diseases, had been identified as reasons for their suicide. 77

6.7 Abuse of Older Persons

Apart from the crimes that are committed against the old people, they are also subjected to different types of abuses now a days. The following are the various forms of abuses:

(a) Physical abuse; (b) Emotional or psychological abuse; (c) Financial exploitation; and (d) neglect.

6.7.1 Physical Abuse: refers to single acts that may be repetitive, or to enduring acts. Enduring acts include inappropriate restraint or confinement, which causes pain or bodily harm. The consequences of physical abuse include physical indicators of abuse and visible psychological manifestations, such as diminished mobility, confusion and other altered behaviour. 78

6.7.2 Emotional or Psychological Abuse: This includes-

Words and interaction that denigrate older individuals are hurtful and diminish their identity, dignity and self-worth. This abuse is characterized by:

(i) Lack of respect for the older person’s privacy and belongings;

(ii) Lack of consideration for his/her wishes;

(iii) Denial of access to significant persons; and


(iv) Failure to meet the person's health and social needs. Indicators of emotional abuse can include severe psychological manifestations including fear, poor ability to make decisions, apathy, withdrawal and depression. 79

6.7.3 Financial Exploitation: Includes the following

(i) The illegal or improper use, or misappropriation of an older person's property and/or finances;

(ii) Forced changes to his/her will and other legal documents;

(iii) Denial of right of access to and control over personal funds; and

(iv) Financial scams and fraudulent schemes. 80

6.7.4 Neglect: is lack of action to meet an older individual's needs, by:

(i) Not providing adequate food, clean clothing, a safe, comfortable place to live, good health care and personal hygiene;

(ii) Denying the person social contacts;

(iii) Not providing assistive devices, if needed; and

(iv) Failing to prevent physical harm and to provide needed supervision. The career may fail to provide necessities because of lack of information, skills, interest or resources. Indicators of neglect include a range of physical symptoms of poor well-being such as pallor, dry lips, weight loss, dirty clothes, shivering, lack of assistive devices, poor bodily hygiene, incontinence, skin and mouth sores and physical and mental deterioration. Neglect can also be associated with confinement and inappropriately heavy use of medication.

79 Ibid.
80 Ibid, p.42.
Self-neglect is identified, in some expanded typologies, as a set of behaviours that threaten the health or safety of an older person, such as a physical and/or cognitive impairment, and that lead to limited capacity for self-care and health seeking activities. Depression and living in squalor can be indicators of self-neglect.\textsuperscript{81}

6.8 Other forms of Abuse:

6.8.1 Sexual Abuse: which is non-consensual sexual contact that ranges from violent rape to indecent assault and sexual harassment by caretakers. Sexual abuse is particularly vicious if the victim cannot communicate well, or is physically and/or environmentally unable to protect him-/herself. Sexual assault is usually categorized under physical abuse.\textsuperscript{82}

6.8.2 Spousal Abuse: can entail physical, emotional and sexual abuse, financial exploitation and neglect in a life-long or recent partnership.\textsuperscript{83}

6.8.3 Medication Abuse: refers to the misuse of medication and prescriptions, deliberately or accidentally, by not providing needed medication, or by administering medication in dosages that sedate or cause bodily harm to the older person. Further specific forms of abuse can also be identified in the scientific literature on the subject.\textsuperscript{84}

6.8.4 Abandonment, or Desertion: of older persons by individuals who are responsible or have assumed responsibility for their care.\textsuperscript{85}

\textsuperscript{81} Ibid, p.43.
\textsuperscript{82} Ibid.
\textsuperscript{83} Ibid.
\textsuperscript{84} Ibid, p.44.
\textsuperscript{85} Ibid.
6.8.5 Loss of Respect: perceived by older persons in behaviour that is disrespectful, dishonouring or insulting.\(^6\)

6.8.6. Systemic Abuse: refers to the marginalization of older persons in institutions, or by social and economic policies and their implementation, and leads to inequitable resource allocation and discrimination in service provision and delivery.\(^7\)

6.8.7 Economic Violence: to gain control over older individuals’ assets can, in some contexts, be aggravated by economic, social and political structures that condone or indirectly encourage the violence. Older persons are at risk of economic violence due to physical weakness and lack of ability to resist violence. Where they have assets of importance to a household’s welfare, such as pension income or ownership of a house, they may be pressured to forego their rights to the assets. Instances of rape have been reported to force women to relinquish assets, as well as instances of expropriation and banishment of widows from the family home.\(^8\)

6.8.8 Scapegoating: describes instances where older people (usually women) are identified and blamed for ills befalling the community, including drought, flood or epidemic deaths. Incidents have been reported where women have been ostracized, tortured, maimed or even killed if they fail to flee the community. In so fleeing, these individuals may lose their immobile assets.\(^9\)

6.8.9 Domestic Violence: towards older persons occurs in the context of a breakdown in social relations between an older person and his/her family, or of family disharmony. The extent to which it occurs is influenced by sociocultural norms of

\(^6\) Ibid.
\(^7\) Ibid.
\(^8\) Ibid, p.45.
\(^9\) Ibid.
acceptable behaviour, the primacy of family values and valuation of ageing in the society.\textsuperscript{90}

6.8.10 Community Violence: affects older persons through generalized feelings of fear, which increase their overall sense of insecurity, as well as through direct violence. Criminal violence, including common assault, robbery, rape, vandalism, delinquency, drug-related violence and gang warfare can influence households and communities by inhibiting members’ access to basic services, health care and socializing, as well as by direct victimization.\textsuperscript{91}

6.8.11 Political Violence and Armed Conflict: affect older persons directly and through forced displacement. The special needs of displaced older persons are rarely provided for in humanitarian relief plans. In refugee camps, older persons may be marginalized in food and health care distribution.\textsuperscript{92}

6.8.12 HIV/AIDS-related Violence: can occur in countries affected by the pandemic, where older women are commonly burdened with care giving responsibilities for dying relatives as well as orphaned children. The stigma associated with HIV/AIDS can socially isolate members of affected households.\textsuperscript{93}

6.9 Miscellaneous Problems

With the impact of the modernization among the young members of the community, the traditional norms and values have been affected. The attitude and behaviour of the younger generation have also been changing. The following are some of the problems:

\textsuperscript{90} Ibid.
\textsuperscript{91} Ibid.
\textsuperscript{92} Ibid, p.46.
\textsuperscript{93} Ibid.
6.9.1 Intergenerational Conflict

The conflict between the members of two generations, young and old, is known as intergenerational Conflict. It is true that requirements of each generation differ and the members of each generation want to solve their requirements with their own choice. The choice of younger generation is mainly based on the modern way of living, which the old generally do not like. The old being the head of the family try to guide the young members, who do not relish such overbearing influence. This naturally leads to tension between old and young members of the family.  

6.9.2 Disintegration of Joint Family

Joint family system is characteristic of our Indian society. Joint family is characterized by common hearth, common residence and common ownership over property. The eldest member of the family heads the joint family. All members of the family used to work under the guidance and directions of the aged. Respect for the aged in the family is not because of centralized authority in their hands but being the well-wishers of all family members.

The joint family has been going under a drastic change with the advent of industrialization, urbanization and modernization. This changing pattern of the family has deleterious effect for the aged as they are losing prominence in the family system. Family responsibilities towards the old are becoming less enviable due to demographic and economic changes in the society. The dependence of old on others, financial problem arising out of reduced income, social problem due to changing role and status, problems of extra leisure arising out of loss of work, poor health and

94 Chatrubhuj Sahu, Supra Note 22, p.114.
feeling of insecurity due to financial constrains, these are a few among a number of problems of the aged.95 Previously there was no separation of the family among the brothers until the marriages of all brothers and sisters were held. No separation of the family was also one of the main features of the joint family. But now-a-days, brothers living in a joint family do not wait till the death of the old parents for the separation of joint family. Some of them start to live separately immediately after their marriage. They do not want to wait till the marriage of unmarried brother and sister. This type of separation creates so many problems for the aged because the aged parents have to bear all sorts of responsibilities for the remaining children, while the earning children begin to live separately from the parents. Separation from the family leads to tension among them, which takes an ugly turn at the time of family partition.

The conflict and tension, which prevail among brothers at the time of division, would continue for so many years. This especially creates problem for the aged. Though they do not want to see their children nursing hatredness against each other, they can hardly do anything. Further, upon partition no son may come forward to take the responsibility of looking after the aged. Thus, disintegration of joint family system may make the aged more vulnerable.96

6.10 Conclusion

There are so many problems the aged are facing these days. They are Social, Psychological, Economical, and Medical, in nature. With the impact of the modernization among the young members of the community, the traditional norms and values have been affected. The attitude and behaviour of the younger generation

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96 Ibid.
have also been changing. Now they are objecting to follow the traditional norms and values of joint family. After going through a good deal of discussion on the problems of the aged it can be concluded that the old persons are no more enjoying the love, affection and respect from the other members of the family. Their presence, experience and blessing are considered a must for all-round development of the family. In a society where they command respect the aged feel that their life is worthy and they to make the family fully developed.