CHAPTER III
SOCIAL, ECONOMIC AND DEMOGRAPHIC DIMENSIONS OF THE PROBLEMS OF AGED PEOPLE IN INDIA

Outline
I. Introduction
II. Demographic transition
III. Magnitude of problems
IV. Analysis
V. Effect or Consequences
VI. Conclusion

I INTRODUCTION

India is geographically vast and culturally heterogeneous urban and rural environments present contrasts. Indian culture like many other Asian cultures emphasized filial piety. Parents were to be honored like gods. It was considered the duty of a son to respect and care for his parents. Even today, in India, old parents live with son/s and their families. Living with eldest son and his family is the most common living arrangement. The tradition of patriarchal society assured that old people would have younger daughter-in-laws and grand children to care for them. As a result of it, it is expected that the aged people would not have or face any problem in the enjoyment of their life. Unfortunately it is not the case. In this backdrop, an attempt is made to highlight some major problems to be faced by the aged people in India.

II DEMOGRAPHIC TRANSITION

Population ageing is the most significant result of the process known as demographic transition. Reduction of fertility leads to a

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1 Indira Jai Praksh, Ageing in India, prepared for World Health Organization, Geneva 1999, p.3
decline in the proportion of the young in the population. Reduction in mortality means a longer life span for individuals. Population ageing involves a shift from high mortality/high fertility to low mortality/low fertility and consequently increased proportion of older people in the total population. India is undergoing such demographic transition.

In 1947, when India became independent from British rule, life expectancy was around 32 years. Improvement in public health and medical services has led to substantial control of specific infectious diseases which resulted into significant decrease in mortality rates. Further improved sanitation, increased attention to maternal health and better child care facilities greatly reduced infant mortality. In 1947, when India became independent from British rule, life expectancy was around 32 years. Improvement in public health and medical services has led to substantial control of specific infectious diseases which resulted into significant decrease in mortality rates. Further improved sanitation, increased attention to maternal health and better child care facilities greatly reduced infant mortality. According to 2001 Census Statistical Dimension of Elderly Citizens in India:

- 77 million Elderly population (projected to 177 Million by 2025);
- 90% with no Social Security;
- 30% of older persons live below poverty line;
- 33% of older persons live just marginally over the poverty line;
- 80% of older persons live in rural areas;
- 73% are illiterate and can only be engaged in physical labour;
- 55% of elderly women are widows;
- There are nearly 2,000,000 centenarians in India.

The aged population in India is currently the second largest in the world. The absolute number of the 60+ population in India

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2 Indira Jai Praksh, Ageing in India, prepared for World Health Organization, Geneva 1999, p1
3 www.helpageindia.org/aging/html accessed on 31/2/2009
which was 56.7 million in 1991, was 72 million in 2001. The population projection made the Registrar General, India, indicates that, this number would be 100 million by 2016 is expected to rise to 137 million 2021. So the proportion of the population aged 60+ is expected to increase from 4% in 1990 to 9% by 2030.\(^4\)

According to Dr. Kumarbar Das, an Economics Professor in University of Mysore three factors have been important in the decline mortality, which has to increase in the old population. These factors are income growth, improvement in the medical technology and public health programme initiated by the Indian Government.

Today India is home to one out of every 10 senior citizens of the world. India faces some resource and infrastructural constraints. Increased longevity has led to the emergence of many health and social issues. Increasing urbanization has resulted in a gradual collapse of the traditional joint family system that provided stability, respect and a sense of belonging and honour for old people with women also joining the workforce, the care of aged is becoming a serious concern amongst families and societies.\(^5\)

### III MAGNITUDE OF PROBLEMS OF AGED PEOPLE

There has been a growing concern about the ‘aged population’ in developed as well as developing countries in recent years. The problem of old age has emerged as a social one, owing to the rising proportion of aged people in the population. It has been magnified

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\(^4\) The Hindu dt. 16/5/2010

due to the declining roles and status of the aged people in the modern society of the present world.

The rapidly growing absolute and relative number of older people means that more and more people will be entering the age when the risk of developing certain chronic diseases is significantly higher. Ultimately this will pose serious challenges for national public health. Further it will also aggravate the magnitude of mental health problems. This will happen because of the increasing life expectancy of those with mental disorders and ever increasing number of people reaching the age at which the risk of such disorder is high.

The rises in the number of those who are 'non-productive' and who do not generate any hope immediately raises and economic problem. It is also social problem; who is going to provide support to them and how? Apart from food and shelter, the aged need care and medicines. Aged people also crave love and tender care. They would like to interact, be heard, be visible, and would like a bit of space of their own and have a constructive and creative role to play in society.⁶

The emerging social, economic and public health consequences of population ageing need to be taken very seriously. Poverty, lack of appropriate or suitable social security measures, increase in urban population and growing participation of women in the work-force all contribute to the collapse of traditional forms of care for older people.

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Further the problems faced by aged people may differ on the ground of religion, status, families and gender wise. Among the aged, the problems of old women, single, divorced and widowed, are different from those aged men. Aged widowers are facing different problems from that of widows. Also the problems of aged in organized sector are different from the aged from unorganized sector. The majority of people live in rural areas but migration from rural to urban areas is substantial, which creates problems for aged at both ends. In this backdrop, the major problems faced by the aged people are discussed herein below.

**ECONOMIC PROBLEMS**

Presently, the ability/capacity of the traditional family to provide care for their elders is under increasing stress. Migration from the villages and towns to the cities in the early 70's might be seen as the point where problems began. As more and more young people moved to the cities in search of jobs, money and brighter prospects, they left their older family members behind. Young people who found jobs remained in cities, thereby creating the first attack on the traditional family. Even joint families in the cities began disintegrating in to nuclear families, adding to the problems that the ageing and aged face in the country. Persons in organized sector like government service retire from service after the completion of 58 to 60 years age. After retirement from the services they are getting the retirement benefits like pension

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scheme, Contributory Provident Fund scheme and other retirement benefits. They are getting the pension. Many of them are having some bank balance at the time of retirement. Prima facie it appears that they are no more dependent on any other person including their own family. But when we see the life of them, it reveals that, they are facing economic crises. It is mainly because of the meager amount by way of pension they are getting. Such a small amount is not meeting their day to day needs. Many of them are not in a condition to earn their livelihood. At this age having bread and butter and fill the stomach is not the only priority for them. In addition to food and clothing they are in need of so many other things like medicine, particular type of food, entertainment and performance of some family obligations. Many of the time aged persons have to pay installments for the loan taken while in the service. All these commitments cannot be completed out of the pension amount. For this reasons aged persons are to certain extent dependent on their family members including mainly upon their sons. Due to family nuclearization and high cost of living, it has become mandatory for elderly to secure their life after retirement.

The aged working in the unorganized sector actually speaking does not have the age of retirement as such. As far as their body supports and health remain good, they continued in the job. Some time due to financial position they have no option to continue their service in spite of the fact that they are not physically and mentally in a position to do the same. Such persons are not getting any benefit as that of aged from organized sector. Nearly 90 per cent of the total workforces are employed in the unorganized sector. They retire from their gainful employment
without any financial security.\textsuperscript{8} They are having very limited earning resources. They have to manage all their demands out of their earning, how so ever it may be small. Hence they are not economically independent. On the contrary they are totally dependent upon other machinery including family member and government. Hence there are much more economic problems faced by such aged persons.

Because of this position, in view of society such persons are looked as burden upon not only on society but also upon their own family. Because of the very limited resources of earning they are not in a position to comply with the social commitments. Due to economical dependence they are losing the status in the family and to certain extent in the society. This led to some other problem in their future life.

When we look at the economic status of the aged in rural and urban, there are also some more problem. Urban life style is somewhat different than the rural life style. Urban aged people are having some provision for their future whereas rural aged people do not have such provision in most of the cases. Urban aged people have certain avenues for earnings but this is not the case with rural aged people. They are having very limited resources of earning particularly agricultural work either in their own farm or on others farm. Aged people are always worried about how to meet with their basic needs. In most of the time aged people are not in a position to meet with their daily needs for want of or due to paucity of money.

\textsuperscript{8} S. Siva Raju, Gerontological Research in India-A Concept Note, Participative Development, January, 2009, p 9
The problems faced by the widower and widows are also very prominent. It is Indian tradition that male is married to a female with the age difference of at least 4 to 12 years. As per Census of India of 2001, presently we are having more percentage of widows than the widower. Both of them are having different economic and social problems. Widower, he treats themselves dependent upon other in absence of his companion. Widows whether from rural or urban area are economically dependent upon their relations like sons, daughter and other near relations. They find it very impossible and difficult to manage their own needs without the assistance of other.

SOCIAL PROBLEMS

Until the middle of the earlier century, elderly in India did not receive much attention. In the past three decades the social composition, due to a number of factors, has undergone drastic changes with the joint family system breaking down. Today, nuclear families are becoming the norm. Migration to cities in search of better opportunities, migrating overseas etc., results in the breakdown in relationships. All this has contributed to isolation of the elderly. This brings to the fore the need for social security and protection for the elderly who becomes more dependent on others for their day-to-day needs.

With the growing age, even if aged people want to work, their physical condition does not allow them to do job for livelihood. In this globalised and computerized world, with less knowledge, aged people feel lost. This becomes a hurdle for getting job with sufficient salary. Their insecurity increases with migration of their children from their house to the metropolitan cities or
abroad. This results in a sense of loneliness, isolation and boredom. This feeling of not belonging to the loved ones leads to depression.\(^9\)

The growth of the urban population and urban centers has been haphazard and there are acute shortage of housing and facilities. The health care system is woefully inadequate and there is hardly any specialized agency focusing on the old. There are no programs 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. In rural areas the families of male children provide care and support to the aged. They are bound by traditional norms of respect and love. But now they are getting increasingly marginalized.\(^10\)

In urban areas the problems get further acute. 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 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

\(^9\) Hetal Rathod, Aging in India-Physical-socio economical and psychological aspects
\(^10\) P.K.Mishra, Development Problems & Traditional Culture, www.ignca.nic.in/cd_
them. Children are loaded with their studies and concerns for making their career.\textsuperscript{11}

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. 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.\textsuperscript{12}

The social status of the aged people in present scenario led to typical problem like isolation, loneliness, etc. many of the aged think that they are not of any use to any person including to their own family members. This is happen merely because they are not treated as a leader as they were enjoying earlier. They are not taken in family discussion nor their advice or suggestions are solicited. In such situations aged people chose to be in isolation, as if they are not the part of this family or society. Sometimes younger members particularly son/s force their aged parents to live in isolation. These persons are not allowed to come out of the small room wherein they are kept. Even food is served to them in that room only.

Loneliness is another problem faced by an individual aged both male and female particularly widower and widows. This is due to the growing “empty nest syndrome”. The children go away to far-off countries in search of economic betterment. Even if they live within the country, due to spread of western ideas such as “spacing, privacy, individualism and non-interference”, the nuclear families are becoming the norm even in villages. Even in joint

\textsuperscript{11} Hetal Rathod, Aging in India-Physical-socio economical and psychological aspects, p11-12
\textsuperscript{12} Ibid, p12
families, the elders feel lonely owing to the denial of due respect, concern and care by youngsters. The younger generation generally lacks sensitivity towards elders’ need for emotional support. The elders suffer extreme loneliness, not having to share their thoughts or burden of day-to-day management. Particularly this problem arises with the loss of spouse. By the death of their partner the feeling of loneliness commences and it increases as they grow old. Due to death of the spouse they think that the whole world is finished and they are alone. In this circumstance they do not accept any position in the society nor do they show any interest towards society. Some of the aged are not involved in social activities like workshops, discussions, lectures etc, in spite of the fact that they are having interest in the same. Sometimes aged they remain aloof from the social activities even if they are allowed to participate. The problem of widow is worse than the widower. Women were always assigned a secondary role in the Indian family. Traditionally, women do not enjoy social status and old age and loss of spouse would detract further from her position in the family. Studies have shown that elderly women have more adjustment problems than elderly men.

**PSYCHOLOGICAL PROBLEM**

Along with the increasing age and with the resultant physical and social problems, the thoughts of the elderly also start changing. The sudden shift of the position and the role in the family is not always taken in the positive way. Some want the authority over family members while some feel that their all responsibilities are
over and they are now not left with any social responsibilities in life.¹³

After the retirement, economic independence and physical strength are being affected due to various types of degenerative diseases and changes in the lifestyle of an elderly person. This is from an independent self supporting individual to one who needs help from his children and other family members. Absence of common interest and lack of extensive and regular interaction with younger member in the family, unsurprisingly result in social isolation and sense of loneliness in elderly. In this circumstances, lack of psychologically rewarding activities changes his free time into burden. However, due to the process of ageing psychological or emotional changes that take place are not uniform for all elderly. This is because the state of their living is dependent on various factors such as nature of relationship with the family, friends, community etc. Various social surveys in India prove the fact that most of the elders suffer from social and emotional problems. To mention few, the elders usually suffers from loneliness, boredom and depression due to the lack of any fruitful and satisfying activity, absence of mind, no understanding from the friends and associates around the locality and lack of respect, affection and attention from their family members. This gradually turns into indifference. While, even this is not unknown that in some cases, there are some deliberate teasing and torturing on the part of the younger members of their own families towards the elderly in the house. This sort of a situation may happen with the rich elderly, also who gets deserted by their sons or have left them for the sake

¹³ Ibid, p 30
of their occupation. Thus, at times living behind them old parents suffer psychological trauma, silently.\textsuperscript{14}

Due to emotional frustrations and mental tensions, mental problems also occur in aged male and female, whether living in rural or urban areas. Mental problem means any serene mental disturbance like severe worry, crippling, mental inefficiency, feeling of loneliness, diffidence etc. The most frequently reported mental problem of the home-living elderly is ‘a sense of worthlessness’. As one grows old, one realizes that one is no more of much use to society and this realization generates the idea that one may be even unwanted by others. Being a burden to others is an unhappy situation ‘Lack of Courage’ is the another mental problem most frequently faced by elderly. ‘Memory failure and inefficiency’ are the other common mental problems of elderly. As one becomes physically weak, courage can dwindle, memory can fail and overall efficiency can decrease.\textsuperscript{15}

\textbf{HEALTH PROBLEM}

Old age is usually considered as decline in the sensory sharpness, with weakness or sickness and death. It is a period of changes where a person faces different phases of illness, physical weakness, various types of disabilities and helplessness. Disability in old age is a double disadvantage. It is such a phase where very little or nothing can be done.

The disabled elderly population is in great need of various types of help for the existence. As such for the planning for empowered and productive future for the elderly, it is essential to

\textsuperscript{14} Ibid, p 30
\textsuperscript{15} Ibid, p 32
have information about number and proportion of disabled persons and the types of disabilities.

According to Census of India 2001, there were 21,906,769 (2.13 percent) disabled persons in the country of which 3,773,612 (17.26 percent) were reported as elderly persons. Following Table provides percent distribution of persons by type of disability for each age group. It also provides information on disability and type of disability.  

<table>
<thead>
<tr>
<th>Age group</th>
<th>Percent disabled</th>
<th>Seeing</th>
<th>Speech</th>
<th>Hearing</th>
<th>Movement</th>
<th>Mental activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2.13</td>
<td>48.55</td>
<td>7.49</td>
<td>5.76</td>
<td>27.87</td>
<td>10.33</td>
<td>100.00</td>
</tr>
<tr>
<td>60-69</td>
<td>4.05</td>
<td>52.08</td>
<td>3.73</td>
<td>10.72</td>
<td>27.76</td>
<td>5.71</td>
<td>100.00</td>
</tr>
<tr>
<td>70-79</td>
<td>5.80</td>
<td>52.24</td>
<td>2.89</td>
<td>13.63</td>
<td>27.17</td>
<td>4.06</td>
<td>100.00</td>
</tr>
<tr>
<td>80+</td>
<td>7.74</td>
<td>50.49</td>
<td>2.40</td>
<td>16.10</td>
<td>27.47</td>
<td>3.54</td>
<td>100.00</td>
</tr>
<tr>
<td>60+</td>
<td>4.92</td>
<td>51.87</td>
<td>3.24</td>
<td>12.56</td>
<td>27.52</td>
<td>4.81</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Source: Registrar General and Census Commissioner, census of India 2001, computed from electronic data.

It is observed from the above table, that the disability rate increases with increase in age. Highest disability rate (7.74 percent) is observed for persons of age of 80 years and above.  

Further ageing is associated with the decline in physiological effectiveness, which affects us all sooner or later and is an intrinsic part of growing old. Unlike the universal changes of senescence, disease is sporadic, a particular disease affecting only certain members of the population. However, multiple pathology is a characteristic feature of old age. Not only the elderly persons are at

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16 Tara Kanitkar and Sharvari Shukla, Demographic Profile of Elderly in India, International Longevity Centre- India, p 50
17 *Ibid* p 51
risk of particular age-related diseases, they may also suffer from combination of several diseases and senescent changes. In addition to the multiple disabilities caused by the diseases themselves, complications may arise due to the complexity of drug treatment prescribed.\(^\text{18}\)

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 vulnerable to illnesses. It is often claimed that ageing is accompanied by multiple illness and physical ailments. Besides physical illness, the aged are more likely to be victims of poor mental health (4.81 percent), which arises from senility, neurosis and extent of life satisfaction.

Old age is associated with number of health problems, one of them being decrease in vision (51.87 percent). Many of the old persons in India are suffering from Cataract related blindness which is treatable. Various studies conducted by different persons and organizations found that a majority of the elderly suffering from diseases like cough (cough includes tuberculosis of lungs, bronchitis, asthma and whooping cough as per International Classification of diseases), poor eyesight, anemia and dental problems. In addition, to this aged are having the problem of physical ailment (27.52 percent). Most of the persons male and female above the age 60+ are suffering from joint pains, back age, arthritis.

\(^{18}\) Ilango Ponnuswami, Situation of Older Persons in India, Ageing Research Foundation of India, S. India, p.5
Beside the major health problems, the elderly have many small and permanent physical problems that they have to suffer on a day to day basis. These problems are related to indigestion, constipation, anemia, urinary trouble, blood pressure and skin disease, problem of hearing and diseases of respiratory system with varying degrees of affliction.

As the age grows there is gradual decrease in memory. The aged face this problem of loss of memory and victims of dementia. As per ADI 4.6 million cases of dementia are reported worldwide. One new case in every second. By 2050 it is projected that there will be 100 million people with Dementia in the world.

In India according to study by Dr. Saji approx 2.6% people over 60 yrs of age suffer from some form of Dementia and out of this 50% suffer from Alzheimer's. Women suffer a different health problem in addition to other, after particular age. Menopause is a period which is associated with ageing, where in the ageing process brings about physical changes, which is exaggerated by with estrogen deprivation. At this stage a woman experiences various symptoms varying from mood changes, insomnia, aches and pains, dryness of skin, hair and vagina, painful intercourse and the famous hot flushes.

ELDER ABUSE
There was a time when young Indians would care for their parents and grandparents in the family home and disapprove of Westerners who farmed theirs out to retirement homes. Many Indians still do. The ideal of a harmonious multigenerational household is now, however, coming into conflict with the economic pressures on young middle-class couples often with violent consequences. It is
estimated that 40 percent of elderly people living with their families now suffer some form of abuse.19

According to pan-Indian surveys, 30 percent of elderly subject to some form of abuse. According to a rough estimate, nearly 40 percent of older people living with their families are reportedly facing abuse of one kind or another, but only 1 in 6 cases actually comes to light.20

Studies conducted recently among old people show that over 35 per cent of the elderly in urban areas and 32 per cent in rural areas live alone. According to Help Age India, most elders are ill-treated by their own children, who have emerged as the largest group of perpetrators at 47.3 per cent. Spouses follow next at 19.3 per cent. Other relatives and grandchildren follow at 8.8 per cent and 8.6 per cent respectively.21

Neglect is the most common form of abuse at 48.7 per cent followed by emotional/psychological, financial exploitation physical abuse and abandonment respectively. There is growing number of insecurity, injustice and abuse in Elderly in India.

Abuse of older person is "any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be Physical, Sexual, Financial, Psychological, Social and/or neglect. Abuse is carried out by someone close to them, with whom they have a relationship implying trust and may include family members e.g. son/s, daughter, spouse, brother, grandchild, nice or friend. Abuse of an

20 Help Age India web site
21 Ibid
old person can happen to anyone regardless of gender, where people live, culture or religious background or income.

Abuse has been broadly classified into six categories --

- **Physical Abuse**: A non accidental act which results in physical pain or injury, it includes physical coercion and physical restraint. This includes like beating, pushing, slapping and forced confinement to room.

- **Psychological Abuse**: It is language or actions designed to intimidate another person and is usually characterized by a pattern of behavior repeated over time, intended to maintain a ‘hold of fear’ over the older person. This includes verbal threatening to abuse the older person, isolation, moral blackmail, threat of admitting them to old age homes, insulting, ignoring, withholding affection.

- **Financial Abuse**: It is act or deliberate attempt to snatch or take away the property or valuables from aged person forcefully. It also includes misappropriation of property through fair or foul means.

- **Denial of rights**: like isolation, preventing one from practicing one’s religion, denying them to vote, refusal of medical treatment, denying right to shelter (evicting from house).

- **Abuse by law**: The draconian law, IPC Section 498A, in particular allows arrest of the husband and his relatives solely on the basis of the complaint of a wife, without any proof or investigation. Further accused are assumed to be guilty until proven innocent. As per provisions of this section, every year approx. 4,000 innocent senior citizens are arrested. Many retired elders have been ill-treated, thrown out of their own homes and deprived of their meager means of sustenance by greedy or vengeful daughters-in-law. Senior citizens are further harassed through false cases of
domestic abuse and dowry harassment and denied mental peace during the last leg of their lives. Aged parents have to helplessly watch their sons lose their youth, their health, their jobs, all their earnings and sometimes even their lives, as they are mercilessly tortured by their estranged wives aided by advocates, the police and the judiciary. More and more elderly parents are unable to depend on their sons for the fear of false dowry harassment cases by resentful daughters-in-law. World Health Organization, in its report on India cited IPC Section 498A as one of the major reasons for the “Increasing Abuse of the Elderly in India.”

There is empirical evidence to suggest that in India incidents of abuse and neglect of older persons are increasing day by day, both within families and institutions and that it prevails across classes, castes and religions. Reports of such abuse reveal that, it is observed /available in every State in the country and it takes place in both rural and urban settings.

What is a particularly disquieting trend is the vulnerability of ageing women to oppression in various forms. Given existing structure of gender discrimination, women run greater risk than men of becoming victims of material exploitation, financial deprivation, property grabbing, abandonment, verbal humiliation, emotional and psychological torment. When they fall seriously ill, it is more likely than not, that it is the elderly women in the family who will be denied proper health care.

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22 Swarup Sarkar, Protest against abuse of women and elders through misuse of IPC Section 498A on April 03, 2008.
Shocking and instance of cruelty news regarding one widow from village Pachhikawalpali, District Chittur, Andhra Pradesh appeared in newspaper tells the truth how widow woman are vulnerable and victims of abuse by her own educated sons. Three sons, greedy of property, a Doctor, a Teacher and a Kirana merchant, were convicted by District and Sessions Court, u/s 304 of I.P.C. for the act of keeping their alive old mother Parvattamma aged 60 years, in graveyard\textsuperscript{23}.

Elder abuse as a social concern remains hidden within the domain of family problem. Older people who are victims of abuse are not likely to discuss it with those outside the family as they often dependent on those who abuse them for physical and financial support. Hence many times such abuse did not come to the knowledge of society.

**IV ANALYSIS**

Since the traditional norms and values of the Indian society laid stress on respect and care for the aged, the aged member of the family were normally taken care of in the family itself. In recent times the repaid socio-economic transformation has affected every aspect of traditional Indian society. Industrialization with resultant urbanization and migration of population has affected institutions like the age old joint family. Technological advancement, impact of mass media and higher degree of mobility has influenced long established life styles, conventional value systems and customary place of aged and women in the society. Thus, the society is witnessing a gradual but definite withering of joint family system

\textsuperscript{23} Daily SAKAL, 30/07/2009
as a result of which a section of the family, primarily the elder, are exposed to somewhat emotional neglect and a lack of physical support.

As a result of demographic changes and the changing family context, it can no longer be assumed that the older persons live comfortably at home receiving care from family members. Given the trend of population ageing in India, the older persons face a number of problems ranging from absence of ensured and sufficient income to support themselves and their dependents, to ill-health, to absence of social security, to loss of a productive social role and recognition, to non-availability of opportunities for creative use of free time. The trend clearly reveals that ageing poses a major challenge and vast resources are required towards the support, care and treatment of the older person. There is an emerging need to pay greater attention to ageing issues and to promote holistic policies and programs for dealing with an ageing society. Care of older persons is a growing concern of every individual and social security of the elderly is one of the prime responsibilities of the State.

The elderly require special care. Most hospitals in the country do not have a special geriatric facility and if there is one, it is prohibitively expensive. In India, hospitals merely provide outpatient geriatric service. Though government hospitals provide geriatric care, it is not a specialty, says Neha Dalal, a Social worker with Dignity Foundation.

Medically, early diagnosis is difficult in elderly people. They mostly ignore the symptoms, considering them as part of the ageing process. This means it is often too late when a disease is
diagnosed. In some cases they suffer in silence, in some others the family ignores their complaints. Youngsters are hesitant to spend money and time for the aged. Communication barriers also contribute to the problems.

The government instead of dealing with the problems of elderly by itself is implementing schemes to assist voluntary organizations to help senior citizens. These organizations are provided financial assistance – grants up to 90 percent of the project expenditure – to set up day-care centers, old-age homes and mobile Medicare units for elderly.  

V EFFECT OR CONSEQUENCES

Today India is home to one out of every ten senior citizens of the world. India faces some resource and infrastructural constraints. Increased longevity has led to the emergence of many health and social issues. Increasing urbanization has resulted in a gradual collapse of the traditional joint family system that provided stability, respect and a sense of belonging and honor for old people. With women also joining the workforce, the care of aged is becoming a serious concern amongst families and societies.

The last century saw rapid industrialization and urbanization the world over. In India, these developments brought about major changes in the social structure. The centuries old joint-family system disintegrated and it collapsed the safety net of parents and grandparents. Since the welfare of the elderly has been a low priority with the State, they have nowhere to turn and are left disillusioned, shattered and lonely. In old age physical strength

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24 www.hinduonnet.com/6/1/2008
deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation.

Majority of the elderly are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement. This will create burden on family. The family having no means will suffer a lot. As a consequence of it the burden will be shifted upon the government. Due to the disability or dependence aged are perceived as burden, as a result there is general lowering of social status of aged in India. The social status of aged in present scenario led to typical problems like isolation, loneliness.

Due to emotional frustration and mental tensions, mental problems can also occur in aged male and female. As consequences of neglect by their wards or due to loneliness senior citizens are also concerned about security. It has been revealed in a pilot study carried out in Pune city, by International Longevity Centre-India, on the request of the city Police Commissioner, that a large number of senior citizens had surety concerns and needed either the police or volunteers to visit them.\textsuperscript{25}

Aging is associated with the health problems also. Increase in the age decreases the physical and resistance power. This led to attack of disease. There are some common diseases found in aged people viz. poor eyesight, joint pains, asthma, dementia, blood pressure etc. This will require government to create more and more medicinal facility for aged persons.

Elder abuse is the acute problem faced by aged people now a day. Every day at least one news appears regarding elder abuse.

\textsuperscript{25} Senior citizens concerned about security, Times of India, 3/01/2009
The elders are abused many times by the family members itself for property or money. Aged who are living separate from the family or having no near relations are having problem of security of their life and property both. Elder abuse as a social concern remains hidden within the domain of the family problem. As a consequence of this there will be question of their security, survival etc. and life with dignity for the aged will remain on paper.

Given the trend of population ageing in India, the older persons face a number of problems ranging from absence of ensured and sufficient income to support themselves and their dependents, to ill-health, to absence of social security, to loss of a productive social role and recognition, to non-availability of opportunities for creative use of free time. The trend clearly reveals that ageing poses a major challenge and vast resources are required towards the support, care and treatment of the older person.

VI CONCLUSION

The analysis of these problems reveals that, there is an urgent need to focus on these problems faced by aged people. Even though we are having ample legislation not a single legislation is proved effective to control and prevent occurrence of these instances or cases. To sort out socio-economic problems, the government as well as private sector shall create opportunities for continued employment/self employment and income generation. This will reduce the financial burden upon the government.

Government shall introduce Pension scheme for all aged persons irrespective of the sector they belong. Since persons from unorganized sector have no protection regarding future life of them
is concerned. This pension will help them to some extent in meeting their expenses.

To overcome psychological and emotional problems of the aged there shall be more day care centers in every city. These centers may be established by the assistance of local authorities or with the help of local NGOs. So that aged people can come together and share their ideas happiness as well as grief, which help them to come out of their problem.

Further aged living in Old Age Home, can be helped to come out of this trauma by making suitable arrangement like every Old Age Home and Orphan Age Home if kept in the same premise, emotional feelings of both, orphan child and inmates of Old Age Home may be satisfied. Child will get ‘Dada-Dadi or Nana-Nani’ and aged person will experience of company of grand-children. This way psychological burden, emotional and loneliness feelings in aged people may be reduced to greater extent.

To protect aged from abuse or harassment or crime, provision for regular surveillance by an officer of nearest Police Station be made in Criminal Law. Further Statutes may create special penalties for those who defraud elderly consumers such as double or treble damages. Minimum sentencing ranges may be set for criminals convicted of committing crimes against the elderly. Sentencing schemes may be enhanced when the victim of the crime is aged person. The victim’s status as an elderly person may be aggravating factor to be considered in imposing the sentence. There may be a separate penalty scheme for entities and workers who abuse the elderly in institutional settings.
In addition to above mechanism, the “Mohalla Committee” consisting Ward Member, representative of senior citizens, professionals like Doctor, Advocate, Engineer and youth and social workers, shall be constituted and be directed to keep watch upon the aged residing in the ward or mohalla and provide any assistance to aged as and when sought or required. This will reduce the burden on Government and will help to provide security to aged people who are residing alone.

Lastly, it is submitted that, merely enacting piece of legislation and carrying out different mechanism would not be enough, hence, to solve the problems faced by aged people and to provide them dignity and honor, especially the youth shall be given some training by insertion of some studies regarding issues to aged people at every university degree level, as it is being done regarding protection of environment. Further mass and youth shall be sensitized towards the issues of aged people by undertaking regular awareness programs by the government and social workers.