Ageing, the process by which older individuals come to form a proportionately larger share of the total population, is one of the most distinctive demographic events in the world today. It was there, it is there and it will remain. Today all the countries, developed or developing, have to face population ageing with varying intensity at different points of time. Ageing population varies from region to region and from country to country.

In Asia, the number of persons aged 60 years or older was 205 million in 1950. Their numbers increased to 606 million in 2000. In 1950, only China, India and United States of America had more than one million aged people but in 2000, Japan and the Russian Federation also joined the list, by 2050, 33 countries are expected to be on the list. In terms of percentage, the aged constituted 8.2 percent of the total population in 1950; this percentage rose to 10 percent of the world’s population in 2000 and projected to rise to 21.1 percent in 2050. (Chakraborti, Rajgopal. D., 2004)

India had the second largest number of elderly (60+) in the world as of 2001. The analysis of historical patterns of mortality and fertility decline in India indicates that the process of population ageing intensified only in the 1990’s. The older population of India which was 56.7 million in 1991, increased to 76 million in 2001, roughly 93 million in 2011 and is expected to grow to 137 million by 2021.

From the review of literature it has been observed that majority of the past studies relating to elderly have been done at the international level and only a few scattered efforts have been made at the national level. Whatever efforts have been made, remained confined only to either economic or social or health problems of elderly. These problems relating to elderly in Punjab have not been
studied collectively. The present study will be comprehensive in nature as it will study empirically all the three aspects of the problem collectively for the state of Punjab.

The rate of demographic ageing is quite high in Punjab state as compared to other states – Haryana, Karnataka, Maharashtra, Tamil Nadu. In Punjab the proportion of population 60 and over is increasing rapidly. It has increased from 15.90 lakhs to 21.92 lakhs during 1991-2001 i.e. an increase of 37.86 percent. This rapid increase in population 60 and above will make the task of meeting the needs of the older people more challenging and urgent. Hence the present study will mainly focus on study of socio-economic and health conditions of elderly people in Punjab.

**Objectives of the study**

The objectives of the proposed study are to:

1. study the socio-economic as well as demographic dynamics of elderly people in India
2. study social conditions of the elderly people in Punjab.
3. assess the nature and dimensions of economic conditions of elderly people in Punjab.
4. examine the health conditions of elderly in Punjab
5. review the policies and programmes undertaken by the government/NGOs/other institutions for improving socio-economic and health status of elderly.

**METHODOLOGY AND DATA COLLECTION**

The present study has been based on both primary as well as secondary data. The secondary data has been collected from published sources like Census reports of India, NSSO surveys, Human Development Reports, Census reports of Punjab etc. Primary data has been collected for the period 2010-11. For collection of primary data a
survey has been conducted in three selected districts of Punjab through well structured interview schedules. The selection of districts has been done in the following way:

**Selection of Districts**

For selection of districts of the state were ranked on the basis of proportionate share of elderly population o total population of each district (Census 2001).

On the basis of ranks assigned, all the 17 districts have been divided into three groups viz. districts with high, moderate and low share of elderly population to total population. From each of these three groups one district has been selected randomly. These are Hoshiarpur (with high share), Mansa (with moderate share), and Patiala (with low share). Moreover, these three districts represent three agro-climatic zones also.

The study has been done in the urban areas of these three districts as the selection of both rural and urban areas will make the study vast.

**Selection of Respondents**

A stratified random sample of 450 elderly respondents has been drawn from these three selected districts. From each district 150 respondents (75 Male + 75 Female) have been selected randomly.

The information collected has been analysed with the help of simple statistical techniques such as percentage, chi-square test, p-value etc. Tabulation, Graphs, pie charts, bar diagrams etc. have also been used for presentation of data.

The present study has been divided into eight chapters. Chapter 1 deals with the introduction, objectives, methodology and data sources used for the study. Chapter 2 provides review of literature. Chapter 3 examines the demographic of elderly population in India. Chapter 4 provides information on social conditions of elderly in
Punjab. The Economic conditions of elderly in Punjab have been highlighted in Chapter 5. Chapter 6 examines the Health conditions of elderly in Punjab. National Policies and Programmes for elderly have been explained in Chapter 7. Chapter 8 summarizes the main findings of the study and provides important suggestions.

**Major Findings:**

The main findings relating to demography of Elderly and factors responsible for ageing in India have been presented below:

- According to Census of India, the proportion of elderly among total population rose from 5.6 in 1961 to 6.8 in 1991 and further to 7.5 in 2001. According to SRS Statistical Report, 2011 it further rose to 8.0 percent in 2011. For males the rise was more modest from 5.5 percent to 7.1 percent, while for females there had been a steep rise from 5.8 percent to 7.8 percent during the five decadal Censuses from 1961 to 2001.

- Observing the growth of elderly population during 1961-2001 by age-groups it has been observed that in absolute terms elderly population (60+) increased from mere 25 million in 1961 to 43 million in 1981 and further to 77 million in 2001 (i.e. more than thrice). This was true to other age cohorts too.

- Regarding inter-state variation in size distribution of elderly, it has been observed that the share of aged population in most of the states exceeded than all-India level (i.e. 8.0). This was particularly true for Kerala, Himachal Pradesh, Maharashtra, Punjab, Tamil Nadu, Orissa and Karnataka. Among the states the proportion of elderly in total population of state was more than 8 percent in Maharashtra, Tamil Nadu, Punjab, and Himachal Pradesh. Further, regarding feminization of the elderly population it has been found that elderly female outnumbered elderly male in almost every state except Bihar, Haryana, Punjab and Uttar Pradesh. This was due to longer life span of
women compared to that of men and the general tendency in India for women to marry men older than themselves.

- Regarding the decadal growth rate of India's elderly population vis-à-vis that of general population, for the period 1951 to 2001, it has been observed that a decadal growth rate of 23.9 percent recorded for the elderly population during 1951-1961, increased to 33.7 percent and 33 percent during the decades 1961-71 and 1971-81 as against 21.64 percent, 24.8 percent and 24.66 percent during the corresponding decades for general population. During period 1981-1991 decadal growth rate of elderly population declined to 29.7 percent and further to 25.2 percent during 1991-2001 as against 23.87 percent growth in general population during period 1981-1991 and 21.54 percent during 1991-2001.

- It has been found that there was relatively higher ratio of females to males in elderly population than in the general population for all the years since independence. Observing trend in sex ratio for elderly, the NSS estimates showed a rising trend in sex ratio for elderly during the period 1993-94 to 1995-96 but declined during 1995-96 to 2004.

- Fertility decline has been the primary determinant of population ageing. Total Fertility Rate declined from 4.5 percent in 1981 to 2.4 percent in 2011. Rural areas have shown higher fertility rates as compared to that of urban areas for all the years. The crude birth rate (CBR) in India declined continuously from 33.9 births per 1000 population in 1981 to 21.8 births per 1000 population in 2011. The decline in CBR was observed to be highest after 1991. The Crude Death Rate (CDR) in India registered a decline from 12.5 deaths per 1000 population in 1981 to 7.1 deaths per 1000 population in 2011. The maximum decline in CDR was observed during the first period 1981-90.

- Life expectancy at birth rose steadily and by 1990 had reached
60 years (i.e. 61 for females and 60 for males) and during 2002-06, it was 63 years (i.e. 64 years for females and 63 years for males). It has been found that life expectancy was higher among urban people than among the rural people. Life expectancy at age 60 was found to be about 14 years for the period 1970-75 which increased to 18 years, for the period 2002-06. For males it rose from 13 years to 17 years and for females from 14 years to 19 years during the corresponding period (Fig. 5). At age 70, life expectancy in India was found to be 9 for the period 1970-75 and less than 12 years (11 for males and 12 for females) during the period 2002-06.

- Among the major states of India, while the life expectation of life at birth was highest in Kerala (70.8 for males and 76.2 for females) followed by Punjab (67.2 for males and 69.3 for females), but if we look at life expectation at age 60 Punjab stands at top (20.2 for males and 21.2 for females). In terms of male life expectancy at age 60, Punjab was followed by Haryana (19.0) whereas in female life expectancy at 60, Kerala (20.6) followed Punjab.

- There was sharp rise in age-specific death rate with age from 20 (per 1000) for persons in the age group 60-64 years to 74 among those aged 75-79 years and 168 for persons aged 85+. Also for all the broad age-groups, the rate for males was invariably higher than that for females.

Major findings relating to the socio-economic and health conditions of elderly in India, covering their marital status, literacy level, old-age dependency ratio, living arrangements and economic status have been presented below:

- The widowhood seems to be chronic problem among the elderly in India especially among elderly women. Almost in all states more than sixty percent of women were living without spouse despite significant spatial difference that exists in India while
prevalence of widowhood among men was as low as twenty percent in most of Indian states. About 40 percent of the elderly spent their life without spouses. This incidence of widowhood was around 60 percent among females in both rural and as well as urban areas. On the other hand, incidence of widowhood among males was only 15.85 percent in urban areas and 19.43 percent in rural areas.

- Regarding literacy, it has been found that percentage of literate elderly males was 41 while among their female counterparts, it was only 13 percent in 1991. In 2001, it was 53 percent for males and 20 percent for females.

- The movement of the old-age dependency ratio overtime indicated an ever-rising trend in this ratio which rose from 10.9 percent in 1961 to 12.0 percent in 1981 and further to 13.1 percent in 2001. It has also been found that the female old-age dependency ratio as well as the gap between female and male old-age dependency ratio were rising over time. This is a matter of great concern.

- The conventional living pattern of the elderly has drastically changed much between 1995-96 and 2004, as the proportion of the aged living alone remained almost the same in urban areas and on the other hand increased in rural areas. During this period, the proportion of the aged who lived with their spouses only had however, risen in urban areas as well as in rural areas. The proportion of aged persons especially females living with their children reflect the gradual breakdown of the extended or joint family system in India.

- In India only 33.8 percent were engaged in the productive work while it was significantly higher in the case of male (i.e. 53.1 percent) while it was only 14.6 percent in case of female. The elderly in the rural areas were more engaged in the economic activity than their urban counterparts. The state wise estimates
of economically gainful workers among the elderly almost showed a similar pattern. Thus, there was significant fall in work participation in higher age groups.

- According to NSSO Survey (2004) 65 percent of the aged had to depend on others for their daily maintenance in both rural and urban areas. The situation of elderly females was worse. Among the elderly females about 85 percent were economically dependent either fully or partially. Males were in much better condition than females. Compared to the estimates obtained from NSSO Survey (1995-96), the economic condition of the aged persons had improved.

- Regarding the category of persons supporting the aged, according to NSSO Survey (2004), a majority (about 76 to 78 percent) had to depend on their children and a sizable proportion (13 to 15 percent) on their spouses for their economic support. Thus a large proportion of the elderly had to depend on their children for their livelihood.

- It has been observed that as high as 55 to 63 percent of the aged with sickness felt that they were in a good or fair condition of health while 77 to 78 percent of the aged without sickness felt that they were in a good or fair condition of health. Possibly they considered their sickness as a problem of ageing. Among the aged, the males seemed to be feeling that they had a better health condition even with sickness compared their female counterparts.

- Regarding prevalence of chronic disease, it has been found that heart disease was the major chronic problem among both elderly male and elderly female.

Major findings relating to profile (i.e. age, education level, marital status etc.) of the sampled respondents in Punjab are as follows:
• A significant number of the respondents (i.e. 66.44 per cent) belong to the age group of 60-69 years followed by 28.89 percent to age group of 70-79 years and only 04.67 percent to the age group of 80 and above years. It has been observed that only a very small proportion of elderly respondents belong to the age group 80 and above. Similar pattern has been followed in case of male and female respondents. Thus as age advances the proportion of elderly has declined. Further, Chi square value indicated no sex wise difference existed among sampled respondents according to their age.

• Regarding level of literacy of respondents it has been found that majority of them (i.e. 78.44 percent) were literate and rest were illiterate. According to gender wise data distribution, illiteracy amongst female respondents was very high (i.e. 30.22 percent) as compared to male respondents (i.e. 12.89 percent). Further, the value of chi square indicated that there existed significant difference among the male and female respondents according to their level of literacy. An analysis of sex-wise distribution of respondents according to their age and level of literacy indicated that among all age-groups, illiteracy among female respondents was more than male respondents.

• Regarding marital status of the respondents, majority of respondents were found currently married whereas only 1.11 percent were unmarried/single. Thirty percent respondents were widows/widowers and only 0.89 percent respondents were separated, who were living without their partners. The proportion of females who were widows was comparatively more as compared to males.

• Under working status of the respondents, their past (before attaining age 60) and present (after attaining age 60) occupational status is analysed. Before 60 years of age, out of total respondents (i.e. 450), 62.67 percent respondents were
found to be working and the rest were non-working. Among total female respondents, majority (i.e. 73.33 percent) were non-working and only 26.67 percent were working. On the other hand 98.67 percent male respondents were found to be working.

- Presently (After attaining 60 years of age), out of total respondents, only 23.11 percent respondents were found to be working and rest were non-working. Thus majority of them have left job after attaining the age 60+. Further sex-wise distribution of respondents according to their working status (Present/ Past) showed significant difference among the male and female respondents according to their occupational status. Further comparing the occupational status of male and female respondents, it has been observed that many of them had left their previous occupation and presently they were doing no job. Thus on the whole number of non-working respondents has increased.

- Regarding type of family of the respondents it has been found that out of total respondents 72.67 percent of respondents belong to nuclear families, whereas only 27.33 percent belong to joint families. Those respondents belonging to joint families, majority of them were in the age-group 80 years and above. Further, no significant difference among the male and female respondents according to type of their family has been found.

- The sex-wise and age-wise distribution of respondents according to their family composition indicated that among the respondents of age group 60-69, 63.55 percent of respondents stayed with both spouse and children followed by with children (17.72 percent), with spouse (12.37 percent), stayed alone (4.35 percent) and with others (2.01 percent). Among age group of 70-79 almost half of the respondents (49.23 percent) stayed with both spouse and children followed by, with children (36.92 percent), with spouse (7.69 percent) and stayed alone (5.38 percent). Among respondents of 80 years and above, 61.90
percent stayed with children, 19.05 percent with spouse and 19.05 percent with both spouse and children. On the whole we found that majority of elderly respondents in the age group of 60-69 and 70-79 stayed with both spouse and children and those above 80 years stayed with their children only.

Socio-economic and health conditions of elderly (based on sampled respondents) in Punjab have been analysed. Major findings regarding social, economic and health conditions of respondents have been given below:-

- It has been found that most of the respondents themselves (i.e. 66.44 percent) were the heads of the family. Further, it has been found that proportion of female respondents as a head of family was quite less than male respondents among all age groups. Moreover, there was significant difference among the male and female respondents according to headship of their family.
- It has been found that out of total number of respondents 69.11 percent of respondents evaluated their family relationship as satisfactory followed by 18.22 percent as very satisfactory and 12.67 percent as not satisfactory.
- It has been found that 94 percent of the total respondents were those who were supported during any crisis situation by their spouse, children, in-laws or their grand children followed by 4.67 percent were those who were supported by their relatives, friends, neighbours or others. Hardly 1.33 percent respondents were not having any support during any crisis situation. Almost same pattern had been seen while comparing both the sexes.
- While considering who spend more time with elderly respondents, 97.11 percent respondents spent their time mostly with spouse, children, in-laws or grand children while 2.67 percent spent time with relatives, friends and others. Similar situation prevailed in while studying both the sexes separately.
Out of total respondents, 90 percent got comforts from their family members followed by 08 percent from relatives, friends and neighbours or others. Only 02 percent respondents did not have comfort from any one.

- While considering the domestic responsibility of the respondents, it has been found that most of the respondents (77.56 percent) had domestic responsibilities and the remaining (22.44 percent) respondents had no domestic responsibility. Further no significant difference among the male and female respondents regarding domestic responsibility had been found. Among age groups 60-69 and 70-79 years, female respondents performed more domestic responsibilities than male respondents. As age advances burden of domestic responsibility, on respondents, was reduced.

- Majority of respondents (84.44 percent) were having favourable attitude towards joint family system. They think that there is economic, physical and psychological security in the joint family. Remaining 15.56 percent did not have favourable attitude towards joint family system. According to them, in the nuclear family there is more freedom. They further mentioned that there were less conflicts and more family control in nuclear families.

- Majority of the respondents (72.67 percent) mentioned that old customs and conventions should be retained because these were the base of our civilization. On the other hand, 27.63 percent of the respondents who were against towards retaining the old customs and conventions stated that old customs and conventions were not suitable for the new modern society.

- Regarding participation in decision making, it has been observed that 49.33 percent of the total respondents took major decisions in their family, followed by 24.22 percent respondents whose spouse take major decisions in family, 18.67 percent are those whose children/sons take decisions in family and only
6.67 percent respondents are those who take collective decisions in their family. While comparing male-female respondents, male respondents have more freedom to take decisions in the family (i.e. 68.89 percent) than females (29.78 percent). Among all age groups male respondents had much freedom to take decision in family than female respondents. It has also been observed that as age advances a decline had been experienced in the participation of respondents in decision making.

- Most of respondents (73.33 percent) felt that their absence from home affects the proper functioning of the family. Among males and females these figures were 65.78 percent and 80.89 percent respectively. Remaining respondents did not feel any affect on the proper functioning of family from their absence.

- Many facets of the generation gap contribute to marginalisation of the elderly people and their wisdom by younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse. Children of 65.78 percent of the total respondents obeyed them. But it has been found that at higher age group (i.e. 80 and above) children of smaller number of respondents obeyed them compared to lower age-groups (i.e. 60-69 or 70-79 years). Further, no significant difference among the male and female respondents according to the obedience of their children has been observed.

- Considering the change in attitude of children towards respondents, more than 50 percent of them found no change in the attitude of their children. More than 30 percent of respondents observed changes in attitude from like to dislike. This change was more at higher age group i.e. 80 years and above compared to lower age groups.

- Majority of the respondents (73.33 percent) were not having favourable attitude toward the behaviours/manners of the youth today. This figure constituted 69.78 percent of male
respondents and 76.89 percent of female respondents. The difference of attitude towards the behaviours/manners of the youth today between males and females was found to be not statistically significant.

- Regarding family conflicts, only 19.33 percent of respondents said that they "never" had any conflict in their family relations, while 14.67 percent mentioned that sometimes they had conflict, 47.78 percent stated that they rarely had conflict and 18.22 percent had frequent conflicts in their family.

- The living or housing conditions of the respondents indicated that 63.11 percent respondents lived in pukka houses, 26.89 lived in semi pukka houses and only 10 percent lived in katcha houses. The value of chi-square showed significant difference among the male and female respondents according to the type of their house.

- Among the total respondents 58.44 percent respondents have been found economically independent and only 41.56 percent were economically dependent. Female respondents were more economically dependent on others than male respondents. There existed significant difference among the male and female respondents according to their economic dependency.

- It has been found that 26.45 percent of the respondents had no income. Among the respondents who had no income, proportion of female respondents was found to be more (i.e. 44.45 percent) than male respondents (i.e. only 8.44 percent). Among the respondents who had their income, majority of the respondents (i.e. 27.33 percent) fell in income group less than Rs.5000. Male respondents had more income than female respondents. The value of chi-square indicated significant difference among the male and female respondents regarding their income.

- Regarding the main source of their income it has been found that 45.55 percent of the total respondents had pension as their...
main source of income followed by 18.67 percent from employment, 7.78 percent from property or house rent and rest from others. It has been found that female respondents were more dependent on others for income than their male counterparts. The difference among the male and female respondents with regard to their main source of income was significant.

- The person who manages and controls the family budget holds a crucial position in discharging the duties of household. Among the total respondents, 40.45 percent of the respondents stated that they themselves managed the family budget followed by 30.22 percent respondents stated that their sons managed the family budget, 28.22 percent stated that their spouse manage the family budget and 1.11 percent stated that others managed the family budget. As the age of the respondents increased up to higher age group, the control from their hands skipped into the hands of the younger generation. The respondents who mentioned that their sons controlled the family budget, they further stated that they were just informed about budget or sometime were even ignored. A significant difference was observed among the male and female respondents regarding their control over family budget.

- In order to understand the real financial position it is also necessary to know about the saving pattern of the elderly. It has been found that 54.67 percent of total respondents had no savings at all and 45.33 percent respondents had their savings. The respondents, who had savings, either had big landholdings or retired personnel’s who had provident fund etc in the form of savings. The findings show the poor economic condition of aged female, made them more dependent on others. There was a significant difference among the male and female respondents regarding their savings.
Regarding debt status of the respondents, majority of respondents had no debt and only 19.78 percent said that they had debt. It has been found that 6 percent of the respondents had incurred debt for the education of their children, 3.56 percent for the marriage for their children, 1.33 percent for household expenditure, 1.11 percent for medical purpose and 1.78 percent for improving the building in which they reside. There was no significant difference sex-wise regarding debt status of respondents.

Regarding possession of the property, majority of the respondents (about 52 percent) had been found with no property.

A majority 84 percent experienced a decline in their authority due to fall in economic status.

Majority of the respondents (84.44 percent) stated that they should not spend all their earnings on their children and depend upon them in old age.

A person’s ability in conversation is a good measure of a person’s health condition. A major share of total respondents (62.67 percent) has been found with good conversation ability followed by poor conversation ability (34 percent) and very poor conversation ability (3.33 percent). Conversation ability of male respondents was better than that of female respondents.

Regarding the perception of respondents about their health condition, a major share of total respondents (50.44 percent) had been found with fairly all right health followed by unhealthy (39.78 percent) and very healthy (9.78 percent). A significant difference was observed among the male and female respondents according to their health in general. It has been found that with increasing age health of the elderly respondents was declining.

Regarding the presence of physical disability among the respondents, it has been observed that 92 percent of total
respondents had been found with no physical disability. It has been found that among the disabled respondents the proportion of male respondents was more than their female counterparts. Paralysis and deafness had been found more than other disabilities among the respondents (8 percent) with physical disability. At higher age group (80 and above) the number of respondents with physical disability had increased sharply.

- It has been observed that 77.78 percent of the total respondents have been suffering from chronic diseases. It has been found that female respondents have been suffering more from chronic diseases than male respondents. Female respondents suffer comparatively more from Blood Pressure, Arthritis, Asthma, Kidney disease and peptic ulcer than male respondents. Almost same pattern of the prevalence of chronic diseases has been found among the age-wise distribution of respondents. There was a significant difference among the male and female respondents regarding the presence of chronic disease in them.

- Among the total respondents, 51.33 percent have been suffering with acute diseases. It has been found that female respondents have been suffering more from acute diseases than male respondents. Majority of the respondents suffered from joint pain followed by fever, cough, common cold, heart burn, diarrhea etc. A significant difference was observed among the male and female respondents according to presence of acute diseases in them.

- Spouses of the respondents were the main provider of care to the elderly persons (61.11 percent). 27.55 percent of respondents were looked after by their sons followed by their daughters, other relatives, any other and their neighbors.

- Regarding utilisation of medical facilities it has been found, that a major share of respondents (65.11 percent) preferred to visit private medical institutions compared to government medical institutions (i.e. 34.89 percent). Because many of public health
care centers had problems like improper hygiene, over crowding and inadequate infrastructure in terms of health, availability of doctors, medicines and necessary medical equipments. No significant difference was observed among the male and female respondents according to their utilization of medical facilities.

- Regarding source of the payment of health care facilities, it has been found that male respondents (72 percent) made payment for their medicine themselves more than female respondents (i.e. only 10.22 percent). A major share of female elderly depends on their children (43.56 percent) and spouse (42.22 percent) for the payment of their health expenditure. The difference between male and female regarding the source of payment for their health care facilities was considered to be statistically significant.

Over the years, the government has launched various scheme and policies for elderly persons. These policies and schemes are meant to promote the health, well-being and independence of elderly people around the country. Some constitutional provisions have also been made, by government through Article 41 and 47, for the welfare of the elderly people of the country. Among the administrative setup, the Ministry of Social Justice and Empowerment focuses on policies and programmes for the elderly in close collaboration with State governments, Non-governmental Organisations and civil society. The National Policy on Older Persons was announced by the Central Government of India in the year, 1999 to reaffirm the commitment to ensure the well being of, the older persons. A National Council for Older Persons (NCOP) was constituted in 1999, to advise the government in the formulation and implementation of policy and programmes for the elderly. The Integrated Programme for Older Persons (IPOP) was implemented since 1992 with the objective of improving the quality of life of senior citizens. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in
December 2007, to ensure basic need based maintenance for parents and senior citizens and their welfare. The foundation of new National Policy for Senior Citizens 2011 was based on the development of a formal and informal social support system for the elderly people. Beside this several other facilities have also been provided by the other Ministries for the welfare of elderly. The International Day of Older Persons is celebrated every year on 1st October. The Ministry of Railways, Ministry of Health and Family Welfare, Ministry of Finance, Ministry of Civil Aviation, Ministry of Road Transport etc, also provide various facilities to elderly or Senior citizens. Similarly several types of insurance schemes for the benefit of elderly were introduced from time to time by several government and private insurance companies. In Punjab, The most direct form of social security available to the poor elderly consists of social assistance schemes implemented by state government. The most important of them is old age pension. Almost all the states in India have introduced old age pension scheme for the poor above the age of 60 to 65. The Ministry of Health and family welfare has issued instructions to all state governments to provide for separate queues for older persons in hospitals for registration and clinical examination. In Punjab elderly women above 60 years have free transport facility in the public transport buses. Elderly people in Punjab are also getting old age pension, Indira Gandhi National old age pension etc. Punjab has become fifth state in the country where old parents can legally stake claim to financial aid from their grown up children for their survival and a denial would invite a prison term.

The beneficiaries among the older persons for various schemes and programmes initiated by the government are very insignificant when compared to the very high size of elderly population and growth rate among them.
Suggestions

There is an emerging need to pay greater attention to ageing-related issues and its socio-economic effects and to promote the development of policies and programmes for dealing with an ageing society. Economic status of people declines in their old age. Along with economic status, widowhood and social condition are some other contributory factors in health outcomes.

As female life expectancy is higher among the old, the programmes for the aged should adequately take care of the special problems of women. Encouragement should be given to the family members in the first place to take care of their aged parents and incentive scheme wherever feasible and possible. Value education, advocacy on the rights of the aged has got to be given priority in all the programmes. Social security has to be integrated with anti-poverty programmes.

Economic security should be provided to the elderly. There is a need to develop welfare packages for the elderly considering - the low levels of literacy among them, for financial security, their dependence on others. A holistic approach to population ageing taking social, economic and health changes into consideration is needed to effectively solve the emerging problems of the elderly. Amount of Old-age Pension should be linked to inflation. There is a necessity to introduce community based income generating schemes for the benefit of the poor elderly. It is also important to provide financial support to low income family groups having one or more elderly persons.

There is a huge need of increasing Public Expenditure on health. Health assistance should be provided by setting up mobile dispensaries for health care and routine checkup particularly for the elderly who are confined to bed. Govt. health services need to be equipped in terms of infrastructure and manpower training to address
their special health needs. Government should set up subsidized health care facilities for the elderly. Special wards should be opened by the government for treating the elderly in general hospitals throughout the country. There should be separate counters for elderly parents so that they do not have to stand or wait in long lines along with other patients. There is a great need for an appropriate insurance scheme for enabling the elderly to meet their medical expenses. A state specific health policy for elderly is basic pre-requisite for health planning in state. The health policy of Punjab government must ensure optimal utilization of health manpower and resources, enhances the better quality of health care comprising environment and occupational health, provision of medicine, free medical services etc.

NGOs and social workers should come forward for the help of elderly who don't have anyone in their family to support. NGOs and social workers may be encouraged through establishment of community Ashrams for care of neglected elderly. More old age homes should be setup by the government. The state needs to provide suitable institutional and other economic support to address the socio-economic needs of the elderly. Punjab Government should ensure socio-economic security to the elderly. They should fulfill the income and health security requirements of elderly especially for widows and disabled.