

## **Welfare of the Elderly in India: A Critical Appraisal**

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*The changing social values, lifestyles, working conditions create hurdle for younger generation in looking after elderly parents. When traditional institutions fail in accommodating elderly for all their needs, the state has to take over at least some services rendered in order to help them keep alive and going strong for which it has to evolve policies and develop programmes for welfare of the aged which is a constitutional obligation. The present paper critically looks into the adequacy of the policies and programmes of the state in India that have been evolved and implemented from time to time. It is found that there is a large scale inadequacy of political economy of elderly welfare about which the state cannot do anything as it has less of availability of resources to meet the growing number of elderly population particularly among poorer sections in India. There is a lack of genuine commitment for the elderly welfare in India on part of the state, community and family. Since the wisdom and experiences of the elderly are invisible, and the materialistic values have gained guiding force the younger generation has started looking down upon their own elders' care and welfare have pushed the aged people to the state of helplessness.*

**[Key words: Ageism, Health, Family, State, Political Economy, Aged Welfare.]**

### **Introduction**

In recent times, the status and role of the elderly population have diminished due to enormous changes taking place due to technological developments and economic advancements that have occupied the mindset of the younger generation leaving their impact on the people. Family is basic unit where old people always wish to live with their relatives, hence, it becomes the responsibility of family to look after elderly needs, and assure to fulfill them. In India, there is low productivity, poverty, unemployment, poor health facilities, poor welfare infrastructures, and over all low quality of life for majority in comparison to western countries. To blame only demographic transition may not be relevant for the Indian elderly. Instead something needs to be done by the state for the elderly who require its support to keep their heart and soul together.

Present paper focuses on the elderly, to understand their sufferings and to provide them with basic needs along with care and in order to achieve that what are the policies and programmes that the state has undertaken for the welfare of the elderly.

### **Demographic Ageing**

Population ageing is a multi-dimensional phenomenon. Conceptually the ageing is survival of growing number of people who have crossed traditional adult roles of making living, which is an inevitable and irreversible biological process of life. Ageing has significant consequences on economy, society and politics. In economic sphere ageing together with policies and practices that influence behaviour of older people which affect their savings, investments, consumption patterns, and labour generations. There are further classifications of "young-old" for persons who have just turned "middle old" in the age group of 65-75 years and "old-old" for those in the age-group of 75-80 years and the "oldest old" are those in the age-group of 80 plus (80+) years. Those who are in their 80's are called 'octogenarians', in 90s are called 'nonagenarians' and 100+ are called 'centenarians'. There is an inverse relationship between old age and size of such population that is the size of aged population in any society goes on decreasing as age increases beyond seventy. The needs and necessities, self-sustaining capacities, support system arrangements for each category of aged differ due to different physical, economic, social and psychological needs of them. The size of population in each of these categories varies from society to society and from one time to another. We may locate three types of ageing in a population based on three dimensions of ageing and each one is associated with each other:

1. **Physiological Ageing-** which is the product of biological process. It is a process by which physical and mental changes occur through growth and decline;
2. **Psychological Ageing-** is the process by which a person loses mental ability. Psychological capacities decline with age but traits like interpretation and imagination may decline very little over the years; and
3. **Social Ageing** is a process by which a person acquires superior knowledge and takes up responsible roles depending upon ageing status in the society. (W. Andrew Achenbaum 1995).

### **Indian Scenario of Ageing**

India is a country, where the elderly always enjoy respectable place in the society. Old age and wisdom were considered synonymous in the traditional Indian culture. Elderly care was never a problem. But in the last five to six decades the process of modernization has affected the status of elderly where losing family values, conflicts and huge gap between younger and older generation seem to be a major cause. During old age they begin to fear about their physical and psychological health, also about their financial expenses, since majority of elderly people, irrespective of rural or urban, are dependent on younger generation. In our society, the elderly are typically perceived as not so

active, deteriorating intellectually, narrow-minded and attaching significance to religious and spiritual values. Most of older people lose their spouses and suffer from emotional insecurity and isolation. However, this may not be true in case of everyone. Many people at the age of sixty or above remain very healthy and active in life. The life style including exercise, diet, and regular health check up help elderly to enjoy meaningful and active life (Ansari 2000).

India is growing old. In India there are about 77 million older persons, and their number is expected to grow nearly 177 million in another 25 years. With increase in average life expectancy from 36 years in 1951 to 66 years today, any person today has nearly 30 years more to live than what he would have expected 60 years back. In India, population ageing has been phenomenal in recent decades as Table 1 depicts the same.

Table 1. Ageing scenario in India, 1950 -2050

Year	Total Population (Million)	Population of 60 plus (Million)	Percent aged 60 plus
1950	357.56	20.10	5.62%
1975	620.70	38.48	6.20%
2000	1008.94	76.84	7.61%
2025	1351.80	168.50	12.46%
2050	1572.05	324.31	20.62%

Source : Census of India, 1991.

It is believed that old age has never been a problem in India where a value based joint family system is supposed to prevail. Indian culture is automatically respectful and supportive of elders. With that background, elder abuse has never been considered as a problem in India and has always been thought of as a western problem. But the situation has been changing and old age is now being considered a burden for the younger generation because of their busy life. (Ansari 2000). It is maintained that in India today elderly poor are more vulnerable than younger persons to social and economic hardships because “in the process of development, poor sections lose ground in relative and perhaps also in absolute terms” (Arun Bali, 1999). This means that apart from an increase in the elderly population, the population of elderly poor will increase. Irudaya Rajan (1999) has pointed out that while increasing number of elderly is attributed to demographic transition, their deteriorating condition is considered as the end result of the fast eroding traditional family system in the wake of rapid modernization and urbanization. One in eight among the older persons in the world now lives in India. The population of India is ageing in two ways- (a) Ageing as a result of slower growth at the base of population pyramid due to reduced fertility; and (b) Ageing at the top of population pyramid due to reduced mortality.

Hindu society is dominated by patriarchal values based on the institution of caste and joint family system. Nuclear households is characterized

by individuality, independence, autonomy and desire for privacy have gradually replaced joint family system. Children who migrate to cities often find it difficult to cope with urban living expenses and leave their old parents in the village causing problem of loneliness and lack of care giving to elderly parents. Also the changing roles and expectations of women, their concepts of privacy and space desire, career ambitions and employment outside the home have considerably reduced the time for care giving to the older people in the family. Parents still prefer to leave with their children even though they have problems with them. Living with the eldest son is the most preferred choice but living with daughter is least preferred one in Hindu society. However, this traditional belief often puts the elder ones into a fix. (Irudaya Rajan et al. 1999).

Older people are completely dependent on family members. As they do not get adequate basic facilities such as food, clothing, and shelter, their life becomes miserable. Older people are normally to suffer from heart disease, high blood pressure, joint pains, depression, diabetes, back pain, dementia etc. Family members being busy in their routine activities ignore them and allow them to suffer. Sometimes older persons are faced with economic disabilities when a management responsibility for matters relating to finances, property or business when shifted to children pushes the older persons into a new status of economic dependence (Ansari, op.cit).

In context of gender, it is found that the elderly women were much dependent (91.2 per cent in rural and 95.1 per cent in urban areas) than elderly men (48.9 per cent in rural and 54.3 per cent in urban areas). About 29 per cent of rural elderly and 24.4 per cent of urban elderly are financially independent. Incidence of widowhood is higher among females than males in 60 plus age group. The situation of widows is worse since an overwhelming majority of them own very little or no assets of their own and do not have an independent source of income. Single persons, particularly women, are most vulnerable in old age as few people are willing to take care of them. (Gorman M. and Randel J, et al. 1999). Government has not provided sufficient facilities for older people to ensure their dignity of life. Even though it has been working for the welfare of the elderly but these facilities are reaching the older people or not, especially in rural and remote areas, is quite unclear. The government intends to provide all basic facilities but because of limited resources it is unable to provide decent services. (Ibid).

### **Needs of the Elderly**

The needs of elderly are varied according to their situation and consequences. Such needs of elderly include assistance with mobility, daily care, help with medications and other assistance. Having a good amount of awareness about various needs and requirements of the elders is extremely important for those people who have the responsibility of taking care of their aged family members like, their parents or relatives. Sometimes families work so hard and make sure that all the physical needs of their elderly parents are being met but they forget about the need for emotional attention and support.

Elderly people turn more and more to family members to meet their emotional needs. Meeting the emotional and socializational needs of elderly people and making them feel very special and valued which can often be achieved by: a) personal visits or phone calls regularly and spending time with elderly parents; b) lunches or dinners at their favorite restaurants or at home; c) making them feel happy, and d) avoiding the feeling of loneliness in them.

The aged would always wish to live together with their blood relations, and close relatives. If the needs of the elderly are not taken into consideration, it may result in loneliness, depression, and ill health further leading to many complications. Thus the needs of elderly should be taken into consideration. As far as their needs and desires are concerned, there should be an increasing awareness among the family and society in respect of taking care of the elderly. The government is also required to play an important role in providing better facilities to elderly with regard to their health, nutrition, pensions and other social security benefits (Chaudhury D.P. 1992).

### **Considerations of the Elders' Welfare**

The Help Age India, an NGO maintains that Indian families are now looking for state sponsored programmes for older persons. Majority of elderly are taken care by their close relatives and distant relatives but majority of such informal care providers are themselves poor and have inadequate infrastructure that they cannot sustain providing adequate medicine, food, and living spaces. However, it is a responsibility and moral duty of the family members to take care of the health and other needs of old relatives because of whom they are in existence. Policy makers, planners, social scientists and social workers attempt to assess the needs of the elderly and fulfill them. Appropriate policies in Indian context are those that would reduce the problems and burden of elderly. This situation of old thus requires the urgent attention of the policy makers of social protection.

Much progress has been made in the quality and quantity of the services for the aged in India in the recent decades. However, improvements have been uneven in the urban areas that avail the best advantage of modern advanced technological package in contrast to the rural one. The aged individuals should be empowered to form their own groups so that they can organize themselves and provide services to their fellow senior citizens. Moreover, it will facilitate a sense of "age consciousness" among the aged individuals. Advocacy, research, involvement of voluntary agencies, training different levels of specialized workers, catalyzing the community, awareness building, organizing older persons themselves and networking with international agencies are all essential to empower elderly Indians. There is also a need to introduce the institutional support in order to address the structural problems of ageing. This institutional set up will have to deliver training programmes, orientation course, and mass campaign against the attitude towards "ageism".

### **Policy on Older persons**

The Constitution of India contains some provisions for the welfare of older people. Article 41 of the Indian Constitution deals with state's role in providing social security to the aged. Article 47 deals with duty of the state to raise the level of nutrition and the standard of living and to improve public health.

The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health its primary duties. As a constitutional measure the Government of India evolved the National Policy on Older Persons (NPOP) in 1999. This policy provides a broad framework for inter-sectoral collaboration and cooperation, both within the government as well as between the governmental and non-governmental agencies. The policy has identified a number of areas of intervention as follows:

- To encourage individuals to make provisions for their own, as well their spouse's old age.
- To encourage families to take care of the older members of their family.
- To enable and support voluntary and non-governmental organizations to supplement the care provided by the family, with greater emphasis on non-institutional care.
- To provide care and protection to the elderly, especially widows, the frail, handicapped, abused and destitute elderly.
- To provide health care facilities especially suited to the elderly.
- To create awareness regarding elderly persons to develop themselves into fully independent citizens.

To facilitate the implementation of the policy, the participation of PRIs, LSGs, State governments, and different departments of government of India is envisaged with coordinating responsibility resting with the Ministry of Social Justice and Empowerment (MSJE). The government constituted National Council for Older Persons with the objectives

To advise the government on policies and programmes for older persons.

To provide feedback to the government on the implementation of NPOP as well as on the specific programmes initiatives for older persons.

To advocate the best interests of older persons.

To provide concessions, rebates and discounts for older persons both with the government as well as with the corporate sector.

To suggest steps to make old age productive and interesting.

The Government of India has the complete responsibility for implementing the programmes for aged welfare as evolved by it from time to time. The MSJE initiated in 2000, for 5 years, an action plan for implementation in the backdrop of the NPOP directing certain ministries to evolve some programmes through which certain needs of elderly are met. The following is a list of such measures proposed by each of a relevant ministry to extend certain benefits and also methods of doing it. To implement the NPOP, several ministries of the Government of India adopted specific plan of action for 2000-

2005 with the intention of making a difference in the lives of senior citizens. The following ministries of the government of India are involved in the policies and programmes, within their ambits, for the welfare of the aged in the country. Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, Ministry of Finance, Ministry of Human Resource Development, Ministry of Law, Justice and Company Affairs , Ministry of Communication, Ministry of Railways, Ministry of Transport, Ministry of Petroleum and Natural Gas, Ministry of Food and Consumer Affairs, Ministry of Science and Technology.

### **Old Age Welfare Programmes – Adequacy and Inadequacy**

The Government is stressing its intentions to undertake programmes for welfare of the elderly. There is growing awareness across the country that adequate attention has not been paid to the different types of care available to elderly people as they move along with their own life course through the health care and welfare system.

The National Social Assistance Programme (NSAP) launched in 1995 that cost over Rs. 4,000 million, and the Government's monthly financial assistance for those who are destitute is quite inadequate and it does not cover the entire section of people requiring such help. Hence, the emphasis was laid on the NGOs as well as the community to provide necessary care and support to elderly people within the community setting. Schemes to keep elderly people economically active have also been mooted. But due to some inadequacies it did not cover much of the elderly population.

On 19th March, 1999, the Government of India announced another social assistance scheme "Annapurna", for the elderly destitute who have no one to take care of them. Under this scheme, a provision of free distribution of 10 kilograms rice or wheat was made for the elderly destitute, through the Public Distribution System. This scheme aimed at covering those destitute who are otherwise eligible for old age pension under National Old Age Pension Scheme. But this scheme failed to cover the estimated target of elderly population.

The recent research by National Institute on Aging supported by the investigators and others that can inform policy decisions as India and other developing countries plan for aging societies. The Government, which is already grappling with a number of pressing problems, does not have enough resources. For more than a decade, several individuals and organizations working with older people have been pressing the Government to introduce a National Policy for their welfare. Several draft proposals have already been submitted to the Government. Age Well Foundation supported by the Ministry of Social Justice and Empowerment for providing services to older persons such as help line facilities and care for elderly. A strong emphasis has been given to voices of older people and the needs of them as perceived by elderly themselves.

The Ministry of Health and Family Welfare (MOHFW) has launched the National Programme for Health Care of Elderly (NPHCE) as a centrally sponsored scheme under the new initiatives in the XI Five Year Plan to provide an easy access to preventive, curative and rehabilitative services to the elderly to make the best use of the community based primary health care approach and strengthen capacity of the medical and paramedical professionals; also to provide referral services to the elderly patients through district hospitals, medical colleges, and strengthen health manpower development in the field of geriatric medicine.

Pensions are given to the elderly people throughout the country and the rate varies from rupees 32 to 250 per month. But this is only a token payment to ward off extreme destitution who cannot afford income or livelihood security and that is also not disbursed timely. Though the policy speaks of revising the rate at intervals so that inflation does not deflate its real purchasing power, no details have been given to show whether a total review will be done on the basis of the need for economic sustenance. Only a fraction of the elderly population is covered by old age pension and other schemes.

The Constitution of India encourages the state to shield older people from undeserved want in their old age. An Old Age Pension (OAP) scheme has been introduced to meet the needs of people who have no means to support themselves. According to old age pension, low priority and the amount given was very low that is Rs. 50 per month to elderly people. For the pension of the elderly, who are in unorganized and agricultural sectors, the government has started project like Old Age Social and Income Security Scheme (OASISS) through which everybody has to deposit rupees 5 per day and if it will be sustained for whole working years (35years) then there would be large pool of money which could be given as pension. But they failed to understand the daily cash income and household expenditure about the rural poor. Though this is a very wise move, but it could not be sustained due to lack of cooperation and ill gotten methodology of it.

The Government of India also carried out an evaluation study to gauge the effectiveness of the scheme. It found that 'National Old Age Pension Scheme' is being beneficial to the old destitute. In general, it has succeeded in giving them a sense of security in life and has definitely improved their quality of life (Walker A 1980).

The MSJE, GOI has IPOP with an objective to empower and improve the quality of life of older persons. The basic thrust of the programme is on older persons who are weak, destitute and widows who should be given financial assistance. Under the IPOP various aspects are taken care. They are viz., Maintenance of Old Age Homes; Mental Health Care and Specialized Care for Vulnerable Elderly; Help lines and Counseling for Older Persons; Programme for sensitization of School and College students; Establishing Regional Resource and Training Center; Training of Caregivers to Older Persons; Awareness Projects for Older Persons; Multi Facility Care Centers for

Older Widowed Women; Volunteers Bureau for Older Persons; Formation of Vridha Sanghas; Senior Citizen Associations; Self-help Groups, etc.

The IPOPOP has been taken up to meet the diverse needs of elderly people, including the reinforcement and strengthening of family, as well as awareness generating issues on older persons, popularize the concept of “life-long preparation for old age”, and facilitating “productive ageing” .

### **Conclusion**

Old age population is growing at an alarming rate due to demographic transition. This trend is already set in developed countries and now the developing countries follow the suit. India being fast emerging economically, and or otherwise, its demographic accounts are quite vivid and scary and more so the aged category of people. In India, like elsewhere in the world, elderly need special attention. There is a host of factors responsible for the problems of the kind they suffer. The real cause of their problem is economic insecurity, poverty, landlessness, casual labour, poor health, lack of welfare services, poor transport and communication services etc. The living conditions of the elderly in India and other developing and under-developed countries are currently characterized by extreme poverty in which they live and which is transmitted to subsequent generations. They are affected by situations of social exclusion, lack of opportunities to participate in development activities, extremely limited access to health care, non-existence or minimal development of pension systems, scarcity in the social service networks, housing, etc. that fail to meet minimum conditions of dignity.

It is also crucial for raising awareness among policy developers and decision-makers about the population ageing and its public health consequences. This awareness is still low, particularly in developing countries. National policies on ageing should rely on the results of research aimed at cost-effective public health interventions to improve the quality of life in old age. Such results need to be widely shared among countries. There is need to analyze and debate the policy document at various forums so that a progressive set of policies help to improve the quality of care and the well-being of the older persons in India. Even though the government has introduced many policies and programmes for the elderly but still, there is need to improve the conditions of the elderly poor, destitute, widows and widowers, especially the illiterate and uneducated elderly staying in the rural areas. Activities must be taken up to improve the living conditions of such elderly people only with the co-operation of government and efficient workers with affordable grants.

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