

ELDERLY IN INDIA : THE CHANGING SCENARIO

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The paper critically examines the changing attitude in elderly care in India and the gamut of prevailing social scenario in this connection. The problem of the elderly is emerging as a burning global issue, specially the abuse of elderly in domestic or institutional setting. With the rapidly growing human population, concern for the quality of life and well being of older people becomes greatly horrifying. The scientific, psychosocial, sociocultural and humanistic aspects of the problems of elderly people in India and the measures adopted and needed to improve the situation have been comprehensively revisited in this communication.

INTRODUCTION

In Indian society, elderly people are regarded as symbol of the divine and given utmost respect. Ageing has been viewed differently by different persons. To an industrialist, it can mean power and wealth, whereas to a middle class employee, it amounts to forced retirement; for the poor it is a state of dependence. To most, ageing implies physiological and psycho-social changes reflected in general physical weakness, decline in sense perception and mental activity and lessening social activities and interest. The characteristics of old age include **poor mental and physical health, low socio-economic status (predominantly of female), possibly isolated living conditions, more and longer hospital stays, and more money spent on health care and drugs.**

Traditionally elderly were highly honoured and had full authority in the family or community and had decision making responsibilities in the economic and political activities of the family. Slowly and gradually, the transition of Indian society from the traditional pre-industrial to modern industrial has led to the emergence of nuclear families, rapid erosion of social values and urban style of occupational pressure. The joint family system, which used to provide a form of social security, is disintegrating, Even in the villages where approximately three-fourths of India's population lives and where the process of change has been slow, changes have been taking place which are nor favourable to the elderly. However, despite the increased vulnerability of the aged, it is fortunate that this problem has not assumed serious proportions; nonetheless, it requires attention.

Due to rapid increase in the old-age population all over the world, there is a marked increase in the life span of the aged people in India also. The Indian scenario of ageing population brings to light that India's population of just over one billion in the year 2000 continues to grow at about 1.5% per annum and is expected to exceed one and a half billion by mid century. The **2001 Census** of India states that there are 76.6 million people over the age of 60, accounting for 7.4% of the total population of India.

Elderly population of India : Demographic Transition & Emerging Issues

● The rate at which the size of the elderly population is increasing is higher than that of the general population.

● The increase in the number of elderly women is much more than in case of men.

● The percentage of elderly persons working is declining, particularly in case of women.

● Nearly two-thirds of elderly women will be widows, while only 22% of elderly men will be widowers.

● A large proportion of the elderly population will continue to live in poverty, or at the subsistence level, and will also remain illiterate.

● **By 2020, it is projected that three quarters of all deaths in developing countries could be ageing-related.**

● **16% of the world's elderly population will be in India.**

● **Visual impairment and vision loss increase dramatically with age. Cataract is mostly related to the ageing process. 8.1 million are blind in India out of which 6.5 million is due to cataract.**

● **Over 10% of India's elderly suffer from depression and 40-50% require psychiatric or psychological intervention at some point in their twilight years.**

● As many as 70% aged depend on others for their day-to-day maintenance. The situation is worse for elderly females where 85-87% are economically dependent either partially or fully.

● Among the aged who were once employed either as waged salaried employees or as casual labourer, about 79% in the rural areas and 35% in urban do not receive any benefit on their retirement are dependent economically.

The trend of elderly population continuously increases from 1901 to 2001 and is expected to increase to 301 million by 2051. The total number of elderly persons was about 5.04% in 1901. In 1951 it increased to about 5.26% but later it increased to 7.4% in 2001, and is expected to go up to 20.07% by 2051.

The number of elderly population both in quantitative and proportionate terms is larger in the rural areas of India than in the urban areas with the old age dependency ratio and relatively faster increases in the elderly population. The dependency ratio, which was 10.6 in 1961, increased to 12.6 in 2001.

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The maximum number of illiterate older persons are engaged in agriculture sector and unskilled and semiskilled workers in urban areas. Many of them are likely to live hand to mouth with little or no savings. The workers engaged in unorganized sector would not be covered by social insurance and thus would be in need of economic support. In India maximum of the population, including older people, is living below poverty line.

According to recent statistics related to elderly people in India, (according to census 2001), it was observed that as many as 75% of elderly persons were living in rural areas. About 48.2% of elderly persons were women, out of whom 55% were widows. A total of 73% of elderly persons were illiterate and dependent on physical labor. One-third was reported to be living below the poverty line, i.e., 66% of older persons were in a vulnerable situation without adequate food, clothing or shelter. About 90% of the elderly were from the unorganized sector, i.e., they have no regular source of income.

Ageing is a fundamental intrinsic characteristic with gradual loss of operational efficiency, vitality and resistance to stress. The relationship between nutrition and ageing is multiform and complex. On a biological level they are reciprocal; ageing affects nutritional needs and the level of nutrition affects the process of ageing. Old age is said to be related to three ageing clocks-physiological, psychological and sociological.

Physiological Changes

(i) Nervous System : Mental efficiency, learning and memorizing power decrease owing to degenerative changes in brain. With ageing, there is also decline in neuromuscular co-ordination.

(ii) Gastro-intestinal Tract : With increasing age, the secretion of most of the digestive enzymes and digestive juices declines. Lower gastric motility may prolong transit time in the gastro-intestinal tract and contribute to constipation, which is often a complaint of elderly.

(iii) Cardiovascular System : With age, there is a decline in the functioning of the cardiovascular system. Hypertension is another common problem seen in the elderly.

Renal Function : With ageing, decreased amount of blood passes through the kidney's filtration system, and as a result the elimination of waste products and the reabsorption of nutrients into the general circulation is affected.

Skeletal System : Demineralization of bones has been observed commonly in aged persons. This condition is known as 'Osteoporosis'.

Immune System : With advancing age, the immune system is altered. Auto immunity develops, i.e., the antibodies react against the body's own cells, taking them for foreign bodies. As a result, the body becomes more susceptible to diseases.

Loss of Teeth.

Hormonal Changes : With ageing, hormonal imbalances may cause many disturbances in the body specially in case of females.

Psychological changes.

The physiological changes like grey hair, declining strength and muscle tone, wrinkles and impaired hearing have psychological impact at the upper levels of this age group. The rate of physiological ageing depends on the degree to which an individual accepts change.

Problems and needs of elderly

Health Problems

Poor health is often observed as one of the most serious problems in old age. It is a biological fact that as the age progresses, there is a gradual decline in the physical strength of a person. As a result they become exposed to a variety of diseases. One reason for poor health of elderly people could be poor dietary intake. They may eat roti, rice, chapaties but do they take balanced diet is a question that needs to be understood. Therefore, falling health can be a problem for many old people.

Major health problems

These include :

(a) Cardio-vascular diseases, (b) Mental health disorders (c) Musculo-skeletal disorders (d) Eye diseases (e) Malnutrition and related health condition (f) Infectious diseases.

A study conducted by Singh and Dhillon (1994) on class II retired officers found that along with other factors, the second best predictor of adjustment is health. Of the total sample, only 22-36% accounted for overall good health and remaining have following disorders : bone disorder, digestive tract problems, ulcers, headaches, respiratory problems, etc. Better the health, better is the adjustment to retirement and life.

A study conducted in the rural area of Pondicherry reported decreased visual activity due to cataract and refractive errors in 57% of the elderly followed by pain in the joints and joints stiffness in 43.4%, dental and chewing complaints in 42% and hearing impairment in 15.4%. Other morbidities were hypertension (14%), diarrhoea (12%), chronic cough (12%), skin diseases (12%), heart disease (9%), diabetes (8.1%), asthma (6%), and urinary complaints (5.6%) [NSS, GOI-2006].

Mehrotra and Batish (2009) revealed that major physical problems faced by elderly females were reduced vision (81.25%), dental decay (77.50%), body weakness and pain (68.75%) whereas major economic problems were medical expenditure (85.0%), lack of freedom on spending (77.50%), reduced personal income (65.0%) etc. Amongst socio-psychological problems, stress and strain was the prominent problem (85%) followed by declining authority (77.50%), loneliness (72.50%), feeling of neglect (65%) and so on. The relationship between age and physical problems of elderly females were found to be non-significant (2.824) whereas it was significant with respect to socio-psychological problems (13.981).

Employment & Economic Insecurity problem :

In our families income insecurity is one of the major problems and quite a number of elderly people suffer from monetary worries. This feeling is higher in women because most of them have never worked outside the family and hence never earned. It is also common in elderly who live in nuclear families and those who had worked in unorganized sector. The other groups of aged people who may face problems are those who had worked in organized sector but their savings also exhausted soon after retirement in household affairs. In many cases people make transfer of property in the name of children and invite problems for themselves. This is authenticated by many research studies. Randhawa (1991) conducted one such study into the socio-economic background, beliefs, attitudes, problems and level of adjustment of the aged. It is found that 56% of the males and 55% of the females continue to work beyond 60 years of age. Even after 80 years, 20% of the males and 13% of the females in India continue to work. The high work participation rate among the elderly may be due to the lack of social security and high level of poverty. The findings of the study by Randhawa revealed that economic problem is a serious setback as 40.6% and 13.8% elderly in rural and urban areas respectively are economically dependent. All the dependent respondents from the urban areas depend on their sons for financial support and a very large majority of the rural respondents also belong to this category. Due to economic difficulty respondents reported sadness and frustration.

Studies by Raghunathan (2004) conducted among old people show that financial constraints and lack of security add to their troubles and an increasing number of the elderly are now looking for employment, mostly for low wages and under insecure and unhealthy working conditions.

Rajan and Sarchandraraj (2005) made a survey of elders in old age homes in Pondicherry. The result reported that the main problems faced by the old are poor health, lack of finances, loneliness and lack of self-esteem because of retirement from job. These factors can be mitigated if the elderly begin planning for retirement while still in service.

Dave and Chandra (2006) revealed that the financial insecurity was the topmost problem in security and socio-emotional security. Overall insecurity increases as the age advances.

Familial Problems & Living Arrangements

At the family level, the onus of looking after the needs of parents lies on the younger generation. Traditionally this task rests on women be they spouse, daughter or daughter-in-law. Women are the main source of emotional support and first to look after the elderly while sons are distant in care giving role. Changes in families and consequent change in role of women with paid work outside home has led to the development of a feeling of self-centredness, individualism and youngsters being concerned only about themselves. It has also affected the nitty-gritty of the family system in the sense that cohesiveness among family members has

loosened as caring, sharing and concern for one another has reduced. These changes have adversely affected the status of elderly. With urbanization, families are becoming nuclear, smaller and are not always capable of caring for older relatives. There is still strong cultural pressure to 'look after' the parents in the family. Elderly widows are the most vulnerable segment among India's population. Majority of the economically dependent elderly are supported by their children in India; around 78% of the economically dependent elderly were supported by their own children and 3% by grand children. In the case of widows, 87% of the elderly received financial assistance from their children and 5% from their grand children.

A study conducted by Suneeta Paswan (2004) on Psychosocial status of institutionalized senior citizens of Uttar Pradesh and Union Territory Chandigarh found that one of the respondents who joined the institution were in the age group of 61-71 years having semi-urban background from nuclear and small family. Reasons behind joining the institutions were that they were neglected by family members and wanted to meet their basic needs and have social security. Significant difference were found in U.P. and U.T. respondents in depression, attitude and social economic status. Education was positively significantly correlated with economic, health and overall psychosocial-economic status.

Another study conducted by Saroj Bala (2004) on Psychosocial status of institutionalized senior citizens in Haryana and Delhi found that most of the institutions for senior citizens in Haryana and Delhi were providing accommodation facilities to both sexes at free of cost and were run by voluntary as well as Government organizations. The elderly residing in Delhi Institution had better facilities than those in Haryana. Most of the respondents were in the age group of 70-80 years having nuclear family background. Regarding psychosocial-economic status of the respondents, results revealed that maximum percentage of the respondents were in the moderate to severe level of depression, poor in economic status, and they joined the institution as they were feeling insecure in their own house, neglected by family members and wanted to meet their basic needs.

National sample survey (2006) reported that the support from the family at the time of old age is not only restricted to financial assistance. It includes the physical care also. Around 84% of the physically immovable persons were cared by their own family members mostly by daughter in-laws. However, around 8% of the elderly reported that nobody was there to help them.

Anoop Kumar Bhartiya (2008) stated that older people increasingly suffer social losses with age. Their social life is narrowed by loss of work associates, death of relatives, friends and spouse and poor health which restricts their participation in social activities. The home becomes the centre of their social life which gets reduced to interpersonal relationships with the family members.

Superannuation usually results in loss of status so far enjoyed in the social circle and also reduced income. Most

men are unprepared for retirement. They are being increasingly isolated and left out due to the modern nuclear family system. They are unable to cope up with the speed of the modern world.

Psychological problems :

Emotional Disorder - It is the result of social maladjustments. Failure to adapt can result in bitterness, inner withdrawal, depression, weariness in life and even suicide.

Sexual Adjustment - After the age of 40, there is cessation of reproduction by women and diminution of sexual activity on the part of men. As a result, physical and emotional disturbances may occur. Jealousy and irritability are very common and frequent.

Neglect of Elders - Social Problem : A large section of the elderly today are subjected to neglect and abuse and are leading precarious lives (Karunakaran 2002).

Elder abuse is a single or repeated act which causes harm or distress to an older person. It is the intentional or unintentional hurting, either physical or emotional, of a person who is sixty or older. The phenomenon of abuse of the elderly in the family is not a very new phenomenon, it has been happening since ages.

Abuse of the elderly in the family is a kind of harassment or a kind of an injustice done to the elderly by the family members themselves. It is not how they are abused outside the family, but within the family which makes it much more difficult to tackle.

Domestic elder abuse : Domestic abuse refers to the maltreatment of an older person residing in his or her own home or the home of a caregiver. Domestic elder abuse generally relates to any of several forms of maltreatment of an older person by someone who has special relationship with the elder (e.g. a spouse, a sibling, a child, a friend or a caregiver in the older person's own home or in the home of a caregiver).

Institutional abuse : Institutional abuse generally refers to any of the several forms of abuse that occurs in residential facilities for older persons (e.g., nursing homes, foster homes, group homes, etc.).

A study that examined the extent and correlation of elder mistreatment among 400 community-dwelling older adults aged 65 years and above in Chennai found the prevalence rate of mistreatment to be 14%. Chronic verbal abuse was the most common followed by financial abuse, physical abuse, and neglect. A significantly higher number of women faced abuse as compared with men; adult children, daughter-in-law, spouses and son-in-laws were the prominent perpetrators (Anupam Hazra, 2009).

Factors Responsible for elder abuse

Main factor is the decline in spiritual values amongst the family members. The values of mutual love, respect, kindness, understanding, sympathy, compassion, humility and non-violence are fast declining. The second reason is materialistic trend of the modern society. The tendency of self

centeredness, individualism, selfishness and being concerned for one's own good all lead to a situation of abuse of the elderly.

Measures needed to prevent elderly abuse

- Strengthening family ties and social network as family is the major care provider.
- Promoting increased social services and support to reduce stress in families with dependent elders.
- Creating awareness and educating both elderly and the public on elder abuse.
- Imparting legal knowledge about rights of the aged.
- Reducing social isolation by involving elderly in various programmes.
- Providing increased availability of respite facilities to long term careers in institutions,
- Forming self-help groups or associations voluntarily by the elders to get emotional and social support and self-efficacy.
- Emphasizing towards empowerment and independence of elderly women.
- Making sure that elders have sufficient assets and income to manage their own life.
- Prioritizing researches on elder abuse.

Elderly as Social Resource

Prema and Patil (2008) has rightly pointed out that the positive features of elderly are neglected, ignored or unrecognized.

However, if we utilize properly the precious knowledge they have by virtue of their long experience, maturity and wisdom, aged will not be a burden to the family and community.

As a matter of fact, elderly are the backbone of the family. They are the carriers of culture, tradition and values to the family. They guide their children, nurture grandchildren and contribute to the overall decision making in the household. It is estimated in United States that over one million children are being cared for by their grandparents with 1.2 million of them living in their grandparents home. They play the role of historian providing information about the cultural and familial past; that of a role model, which the youngsters can follow; of a mentor and guide for the young with their valuable experiences.

They provide ideal support system and strengthen inter-generational solidarity. The involvement of aged in the family improve consensual, effective and functional solidarity. On the other hand, the society too can make creative use of the spare time that the elderly have in various ways like health camps, lectures, financial planning, policy making ad so on.

Shinde and Patnam (2006) reported that irrespective of SES in both the groups-employed fathers and non-employed mothers, a large majority of grandparents were always involved in disciplining and providing moral support to grandchildren in protecting from parental punishments followed by recreating them, taking care of their cleanliness and grooming, providing stimulation for intellectual, communication and creative skills, taking care of their diet and rest and sleep.

Policies and Programmes :

The issues of the elderly also became one of the central points on the agenda of the Indian Government, with the National Policy on Older Persons (NPOP) giving the elderly a legitimate place in society. The NPOP focused on the principles for elderly persons such as “active and productive ageing”, “age integrated society”, and “ensuring the rights” of older persons to protect them against violence”.

Financial Security - Old age pension scheme to be expanded to cover 60+ persons below poverty line, rate of monthly pension to be revised at regular intervals in accordance with the rate of inflation.

Health care and nutrition - To promote the concept of healthy ageing, the policy provides for subsidized health care services and health insurance.

Education - Continuing education programmes focusing upon career development, creative use of leisure and skill enhancement for elderly.

Shelter - Easy access to loans for the purchase of house and major repairs, preference for allotment of ground floor flat, Group housing to be encouraged, top priority in attending the complaints of older persons.

Welfare - Welfare fund to be created for older persons. Programmes to promote family values, younger generation to be sensitized for promoting inter-generational bonding in the family.

Protection of life and property - To introduce special provision in IPC to protect older persons from domestic abuse and exploitation.

Research - Universities, medical colleges and research institutions to be assisted to set up centers for gerontological studies. Professional associations of gerontologicals to be assisted to strengthen research activities, disseminate information, provide a platform for dialogue, discussion, debate and exchange of information.

Media - The policy aims to involve mass media as well as informal and traditional communication channels on ageing issues. Creating use of mass media to be promoted to strengthen inter-generation bonds.

Rights to equality - Article 14- Older women to be considered as equal citizens before law. The law provides older women a position equivalent to that of any other person.

Plan Scheme for the benefit of senior citizens :

The scheme of Assistance to Panchayati Raj Institutions/ Voluntary Organization/Self Help Groups for Construction of Old Age Homes/Multi Service Centers for Older Persons : The scheme provides for one time construction grant for old age homes/multi service centers.

Income Tax Rebate : The Ministry of Finance has given Income Tax rebate up to Rupees 2,35,000.00 or actual tax whichever is less to senior citizens who have attained the age of 65 years.

For senior citizens, the deduction in respect of medical insurance premium is up to Rupees 20,000.00 under Section 80D.

RBI has permitted higher rates of interest on saving schemes for Senior Citizens (persons having the age of 65 years and above). Accordingly, w.e.f. 15.05.01, banks permitted 0.05% higher rate of interest on fixed deposits of Senior Citizens aged between 60 to 65 years and 1.5% higher rate of interest to Senior Citizens above 65 years of age.

Reservation : Ministry of Road and Transport and Highways has decided to reserve two seats for senior citizens in front row of the buses of the State Road Transport Undertaking.

Ministry of Railways provides 30% fare concession in all Mail / Express including Rajdhani/ Jan Shatabdi trains for senior citizens aged 60 years and above and 50% for female of this age group. Indian Railway has also the facility of separate counters for senior citizens for purchase/booking/cancellation of tickets.

Separate Queues : The Ministry of Health and Family Welfare, on request from the Ministry of Social Justice and Empowerment, has issued instructions to all state governments to provide for separate queues for senior citizens in hospitals for registration and clinical examination.

Antyodaya Scheme : Government of India launched the Antodaya Scheme in December, 2000. 1.5 crore families identified from amongst the BPL families are provided food grains at the rate of 35 Kg. per family per month. The food grains are issued @ Rs. 3/- per Kg. for rice and Rs. 2/- per Kg. for wheat.

Annapurna Scheme : Under the Annapurna Scheme being implemented by the State/UT Administration, 10 Kg. of food grains per beneficiary per month are provided free of cost to those senior citizens who, though eligible, have remained uncovered under the old age pension scheme.

The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007 :

The Maintenance and Welfare of Parents and Senior Citizens Bill, 2007 seeks to make it a legal obligation for children and heirs to provide maintenance to senior citizens. It also permits state governments to establish old age homes in every district.

State governments shall set the maximum monthly maintenance allowance at Rs. 10,000 per month.

Punishment for not paying the required monthly allowance shall be 5,000 or up to three months imprisonment or both.

The need of the hour is to recognize the talents of the older persons, which could be used productively. Elderly people have a wealth of experience, wisdom, talents and skills. Their competence can be effectively utilized for socially productive activities. So primitive, preventive, curative as well as rehabilitative measures have to be taken for the geriatric people. To lead a dignified life style an elderly person should keep himself “too busy to be ill and too healthy to be old”.

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