ECONSPEAK: A Journal of Advances in Management IT & Social Sciences,
Vol. 7, Issue 1,January 2017 Impact Factor 5.132 ISSN: (2231-4571)
www.skirec.org Email Id: skirec.org@gmail.com

THE AGED: THEIR PROBLEMS AND THE NEED FOR SOCIAL INTERVENTIONS

Mridula Sengar Sharma

Associate Professor and Head

Department of Sociology

DAV PG College, Dehradun

Abstract

The phenomenon of population ageing is becoming a major concern for the policy makers throughout the world, for both developed as well as developing countries. Our country too is not immune to this change in demography. The changing demographic profile has thrown many new challenges in the social, economic, and political domains. Industrialisation, urbanisation, and migration of population have brought the concept of nuclear families, as a result of which the elders face a number of problems due to absence of assured sufficient income to support themselves for their healthcare and other social securities. Loss of social role and recognition and non-availability of opportunities for creative and effective use of free time are also becoming a matter of great concern for elderly persons. There is an emerging need to pay greater attention to ageing related issues and to promote holistic and comprehensive policies and programs for dealing with the ageing society. The present paper aims to highlight the socio-economic status and problems of aged and the need for effective social interventions to ameliorate the problems and the sufferings of the aged society. This paper is based on review of literature and secondary data.

Keywords- *Aged, ageing population, elderly, insecurity, interventions, problems, vulnerable.*

Introduction

"It is not sufficient to add years to life but the more important is to add life to years."

-World Health Organisation

Ageing can be described as the process of growing old and is an intricate part of the life cycle. It is basically a multi-dimensional process and affects almost every aspect of human life. Old age is a social as well as biological process. It involves a number of biological changes in human

body; wrinkles, poor eyesight, poor hearing, and grey hair, drop in muscular strength and the decrease in heart's capacity. Diet, exercise, mental care, and lifestyle have all been proven to affect ageing. Sociologically, ageing is a series of transformations from one set of social roles to another which is structured by the social system rather than mere biological ones. Infancy, childhood, adolescence, adulthood, middle age, and old age are the inexorable stages of human life which are determined by both biological as well as socio-economic conditions.

In most gerontological literature, people above sixty years of age are considered as 'old' and taken to be the 'elderly segment of the population of a country.' United Nations has also categorised the old age segments as:people between ages of 60 to 69 belong to 'young old' category, between ages of 70 to 79 belong to 'middle old' category and people of ages 80 and above are 'old old' category.

Manu, an ancient lawgiver, in his Dharmshastra, divided the whole span of human life into four stages- Brahmcharya (Student life), Grihastha (Family life), Vanprastha (In 'young old' age moving to the forest) and finally, Sanyasa (Asceticism). Helpage International defines the symbols of old age as: a) grey hair, b) wrinkles, c) loss of eyesight, d) loss of memory, e) ill-health, f) physical limitations that hamper daily activities, g) walking with sticks, h) dependency, i) menopause.

The traditional Indian society with an age-old family system has been instrumental in safeguarding the social and economic security of the aged. The traditional norms and values of Indian society also emphasise on showing respect and providing care to the aged. However, with the emerging prevalence of nuclear family setups in recent years, the aged are likely to be exposed to emotional, physical, and financial insecurities in the years to come. There is an upward trend in the living arrangement patterns of aged staying alone or with spouse only from 9.0% in1992 to 18.7% in 2006 (Kumar, Satyanarayan& Omer, 2011). Family care of the elderly seems likely to decrease in the future with the economic development and modernisation.

Facts about current status of elderly in India

- According to Census 2011, there are nearly 104 million elderly persons (age 60 or above) in India.
- Out of these, 53 million are females and 51 million are males.

- The proportion of elderly population in 1961 was 5.6% which increased to 8.6% in 2011.
- In the age group of 62 to 64 years, 76% were married, while 22% were widowed and remaining 2% were either never married or divorced.
- Life expectancy at birth during 2009-2013 was 69.3 for females as against 65.8 years for males.
- 71% of the elderly population resides in rural areas while the rest of 29% is in urban areas.
- For 2013, the age specific death rate per 1000 population for the age group of 60 to 64 years was 19.7% for rural areas and 15.0 % for urban areas. Altogether, it was 18.4% for the age group of 60 to 64 years.
- According to Census 2011, 66% of elderly men and 28% of elderly women in rural areas participate in economic activities in the capacity of main or marginal workers. In urban areas, it was 46% for elderly men and about 11% for elderly women.
- Sex-wise, it was 20.7% for males and 16.1% females.
- The old age dependency ratio increased from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the figure was 14.9% and 13.6% respectively in 2011.
- 66.0% of elderly men and 28% of elderly women in rural areas while 46% of elderly men and about 11% of elderly women in urban areas were working.
- The literacy rate among elderly increased from 27.0% in 1991 to 44.0% in 2011.
- Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts.
- Most common disability among the aged was locomotor disability and visual disability as per census 2011. Percentage of elderly disabled persons is slightly higher (6%) in rural areas as compared to urban areas (4%) as per Census 2011.
- As per 60th round of Survey of NSSO (2004), 56% of the elderly persons live with their spouse and 32% of elderly persons live with their children and about 5% of elderly live alone, while another 4% live with other relatives and people other than relatives.

Source (Elderly in India, 2016)

A remarkable gift of the twentieth century to the humanity is the increase in life expectancy which has been responsible for the demographic transition-taking place in the form of

'population ageing.' Ageing is a worldwide phenomenon, globally, persons aged 60 and older are projected to increase from 360 million in 1980 to 1121 million in the year 2025. Out of these, more than 70% are projected to be in the less developed countries of the world (Vinod Kumar, 2005). India is no exception to this general phenomenon of the "graying of nations." The 60+ population in India in 1901 was estimated at 12 million, rising to 20 million in 1951 (a 67% increase) and to 55 million (a 155% increase) or 6.5% of the total population. (Sharma and Xenos, 1992). In 2001, elders numbered 75 million or 7.7% of all Indians. This is expected to increase to 179 million in 2031 and 301 million in 2051; the proportion of elders will be 12% and 17% respectively. (Rajan, Mishra and Sharma, 1999).

Life expectancy at birth which was as low as 22.5 years for males and 23.3 years for females in 1901 rose to 60.1 and 59.8 years respectively by 1991. It is further expected to rise to 70 years in the next 20 years. The birth rate is expected to decrease from 45 in 1951 to 15 in 2021. These demographic changes indicate a phenomenal growth in the population of the aged, with the probability of them living to a ripe old age. At the same time, with the crude birth rate, sharply dropping, it is expected that the number of younger care givers (adult children) will be greatly reduced.

Ageing is basically the result of a two-dimensional demographic transformation which is explained by overall decline in mortality and fertility. This phenomenon of demographic transition has drawn the attention of social scientists and the policy makers to the various issues related to ageing and the aged and the need to provide proper care and social security to these senior citizens of the society. The declaration of 1982 as the International Year of the Aged by the United Nations and the year 2000 as the National Year for Older Persons by the Government of India shows the seriousness of the problem of old age the world over. (Joshi, 2006). In the light of these facts, an attempt has been made in this paper to highlight some of the problems faced by the aged and the need for effective social intervention to ameliorate the problems and the sufferings of the aged in society.

Problems of Aged

Old age is characterised by diminished physical and psychic activity and a plethora of problems. (Joshi, 2006). Generally, the people in old age face multiple problems including those arising due to ageing. The problems of the aged can be broadly divided in 3 categories-

1. Health or physical problems.
2. Economic problems.
3. Socio-psychological problems.

Healthy ageing is a major challenge in old age for all classes of people, as without good health, the surviving years in the last stage of the life cycle could end up as a burden to the person himself, his family and society as a whole. The World Health Organisation defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease. Physical and health risks are extremely high among the aged. The precise implications of population ageing for future levels of health and health-care utilisation depend on whether the increase in life expectancy experienced in general is accompanied by an increase or decrease in health problems in later life. (Gruenberg, 1977, Cramer, 1980, Menton, 1982). Studies in the West show that fast decline in the mortality in old-age population is creating a nightmare with high incidences of morbidity. (Harness, 1995). It is true that with age there is a likelihood of general impairment of abilities, mainly through degenerative non-communicable diseases. The prevalence rate of morbidity is also higher among the older population. Though morbidity data by gender is not available, most health experts believe that even though women live longer, they have higher incidences of morbidity, though not always disclosed in surveys based on lay reporting because of socio-cultural inhibitions (such as not reporting their ailments, unless very obvious and painful, and other factors suchas not having visited medical practitioners for diagnosing ailments. An important feature of morbidity among the old is that it is often of a multiple kind. There is a far heavier load of non-communicable degenerative diseases. There is also a higher prevalence rate among the elderly of cardio-vascular diseases, musculo-skeletal disorders, diabetes, cancer, gastro-intestinal problems, neuro-vascular problems, dyspepsia, prostate disorders, urinary incontinence, aosteaporosis and tuberculosis. A higher incidence of dementia and psychiatric morbidity (particularly depression) has also been reported.

Some micro level studies have reported a large incidence of mental morbidity among the elderly population. It is estimated at 89 per 1000 persons (Bose, 2006). Affective disorders, particularly depression, dementia, and delusional disorders comprise the main forms of mental morbidity. Apart from genetic predisposition, biopsychological factors play an important contributory role. The risk of psychiatric morbidity rises with the age of the elderly. Empirical micro studies in different part of the country to have reported that persons aged 60 years and above have higher

rates of morbidity than the other age groups. The incidence of chronic disease episodes was also higher among the aged persons (Duggal and Amin, 1997, George, Shah and Nandraj, 1997). Older women from a vulnerable group, usually ignored by planners and policy makers as well as by the healthcare delivery system, which is largely pre-occupied with the reproductive health and birth control. (Prakash, 1997).

It is true that illness or diseases occur in all phases of life, but they assume a significant posture during old age. The disorder severity increases with the increase in age. The most important part of any geriatrics is to keep old people healthy, instead of treating them when they are ill. (Anderson, 1978). The theme of World Health Day 2012 was "ageing and health". To provide good medical care and social security to 'the aged' should be our responsibility because we are enjoying the fruits of their hard work and efforts in their youthful age.

Another area of concern related to the aged is the financial insecurity in the old age. Severalsmall-scale surveys have revealed that inadequate financial resources are a major problem for the Indian aged. Except for the few aged who retire from organised sectors and get some retirement benefits, the plight of the aged in the unorganised sector is very deplorable, as they generally do not have anything to fall back to. The National Sample Survey Organisation in its 52nd round revealed that majority of India's aged (about 80%) still reside in rural areas, 40% live below the poverty line, with nearly 33% just above it. (NSSO, 1998). According to this survey, nearly half of the elderly were fully dependent on others while another 20% were partially dependent for their economic needs. About 85% of the aged were dependent on others for their day-to-day maintenance. The situation was even worse for aged females. (Government of India), 2011). The elders living with their families are largely contingent on the economic capacity of the family unit for their economic security and well-being. Aged often do not have financial protection such as sufficient pension and other form of social security in India. The most pressing challenge to the welfare of old people is poverty, which is a multiplier of risk of abuse. (Shenoy, 2014). The most vulnerable are those who do not own productive assets, have little or no savings or income from investments made earlier, have no pension or retirement benefits and are not taken care of by their children, or they live in families that have low and uncertain incomes and a larger number of dependents. (Bose, 1996, Vijay Kumar, 1990).

Women are more likely to be dependent on others. (NSSO, 1998). They have limited control over family income as well as their own earnings; only 8% of women are heads of households

(IrudiaRajan, 1999). Women are also vulnerable because of greater longevity, lower literacy rates (especially in rural areas) and the higher incidences of widowhood among aged females. (Bose, 1996). In most of the cases, older women are likely to be illiterate or poorly educated, unlikely to have held a remunerative job and are likely to be dependent totally on others for economic needs. (Prakash, 1995). Of the elderly who report they are dependent, 70% are women. (IrudiaRajan, 2001). The sample survey (60^{th} round) conducted by NSSO reveals that 65% of the aged persons had to depend on other for their day-to-day maintenance. The situation was worse for elderly females with about only 14% and 17% being economically independent in rural and urban areas respectively, while the remaining were dependent on others partially or fully (NSSO 2004).

Old age possesses a particular momentum in one's life when not only physical sensory-motor conditions decline, but more specially, one is confronted with multiple social and psychological challenges such as the loss of friends, frequent marginalisation from work positions, isolation, alienation, loneliness, powerlessness, and lack of emotional response from family members. In this stage of emptiness of the life cycle, the persons' social obligations, privileges and expectations undergo a change. In other words, we can say that old age is a shift in an individual's position from active social participation to significant decline in role performance and from economic self-suffiency to economic dependance. (Raja, 1996).

Sociologically speaking, every member in a given society is expected to play a particular role with defined social position conferred on him. In the modern societies, during the prolonged period of adulthood, people are needed the conform to the roles and behavioural standards that are accorded to them by their socio-cultural structure based on achievement. When the individual retires, he loses his achieved role status and the behavioural standards that accompany that role status. As there is a general absence of this new role model of 'the aged,' the elderly are put into the pigeon holes of age specific behavioural specifications rather than their earlier achieved status. Their world becomes smaller as their social network is reduced substantially. Ageing is a universal phenomenon but gender makes a difference to the ageing experience. Gender is an important variable that influences the quality of life at all ages, especially in old age. (Prakash, 1997). Ageing has become a gender issue in India as in other countries. India is one of the very few countries where the sex ratio is biased in favour of men which is 940 females per 1000 males. (Census, 2011). The effect that the low status of women has on

mortality is expected to decline in future. The biological advantage that women have over men is seen in India in the 70+ age group with percentage of women being 50.9% as compared to 49.1% for men. (Dandekar, 1996). The main social effect of the extension of life in later years for women is the extended periods of widowhood. The percentage of widows in India is disproportionately larger than that of widowers. At 60, 65 and 70 years, the percentage of widowers is 14.13%, 17.06% and 27.12% respectively.By contrast, the percentages are 55.98%, 58.41% and 77.57% respectively for widows. (Prakash, 1995). Older women have more problems of health, have higher ADL (adequate daily living) difficulties, and are psychologically distressed and more depressed.

The rapid rise in population of the aged along with changes in family size, structure and composition has compounded the problem of care for aged in society. Traditionally it is expected that an adequate care of parents in the old age is the duty and obligation of adult children. The elderly too, expect that their children are their old-age security. The Hindu religious scriptures ordained that a son owes three types of debts, one of the three being towards his parents/ancestors (Pitra Rina), the other two debts being towards teachers/seers (Rishi Rina) and towards Gods (Deva Rina). In the traditional agricultural society in India the old were not considered a liability or a burden; they were assigned roles consistent with their age and capacity. They were fewer in number and lived for a much shorter period because of lower life expectancy. Norms for the care of the old were reinforced by kinship, caste, and village community, which gave an unwritten but strong moral sanction of the responsibility of sons to look after their parents. Sons were viewed as stigmatic and there was a loss of face if they were seen by their kin and caste group as uncaring.

The structural changes in the traditional family system, because ofurbanisation, industrialisation, modernisation, migration and a growing sense of materialism and individualistic orientation, began to make a dent in the traditional living and caring arrangements of ‘the aged’ persons, particularly in the second half of the twentieth century. Changes in the sources of livelihood of earning members have meant that the family is no longer the unit of production and sustenance. Career ambitions of women and employment outside the home has meant less time for giving care to the aged members of the family.

Need for Social Intervention for Solving the Problems of Aged

India, despite being a country of tradition of good elder care is facing many affronts that threaten the status and well-being of the elderly. The situation created by rapid increase in the population of the aged and the near breakdown of the family system in providing a comfortable, safe, and secure shelter along with adequate economic security and care, has necessitated a need for social intervention on the part of the State, NGOs, and other institutions of civil society. In view of the increasing need for intervention in area of old age welfare, the Ministry of Social Justice and Empowerment, Government of India adopted a 'National Policy on Older Persons in January 1999. The policy provides broad guidelines to the state governments for taking action for the welfare of older persons in a proactive manner. It defines 'senior citizen' as a person who is 60 years or above and strives to ensure their well-being and improve the quality of their lives by providing specific facilities, concessions, relief, and services and helping them cope with problems associated with old age. It proposes affirmative action on the part of government departments for ensuring that the existing public services for senior citizens are user-friendly and sensitive to their needs. During the International Year of Older Persons in 1999, WHO launched a new campaign, active ageing which highlights the importance of social integration and health throughout the life course (Kalra, 2012).

The Constitution of India realised the need for action by the state to provide relief to older persons without any means of support. It stated in Article 41 of the Directive Principles of State Policy that, the State shall within the limits of economic capacity and development, make an effective provision for securing the right to public assistance in case of old age. (Bose, 2006). In addition, Articles 42 and 47 also deal with social security issues for the elderly. Social Security was made the concurrent responsibility of the Central and State governments. The prime areas of intervention and action identified in NPOP are: Financial security, healthcare and nutrition, shelter, welfare, protection of life and property, strengthening non-governmental efforts and strengthening the coping and caring capacities of the families. The State and Central governments have also been contemplating the passing of separate legislations for providing maintenance by children/grandchildren to parents and dependents. Himachal Pradesh enacted its own act (Himachal Pradesh Maintenance of Parents and Dependents Act) in 2001.Maintenance and Welfare of Parents and Senior Citizens Act was enacted by the Government of India on initiation of the Ministry of Social Justice and Empowerment in 2007.This actputs a legal

obligation on children and heirs to provide maintenance to senior citizens and parents in the form of a monthly allowance. It also provides simple, speedy and inexpensive mechanism for the protection of life and property of the older persons.(Gazette of India Dec31, 2007). In a country like India, with such a large population of aged, and moreover when two-thirds of its aged population is poor, the government simply cannot afford state funded elder care. Here comes the role of NGOs by complementing government efforts in providing adequate healthcare, shelter and other facilities to the aged in society. NGOs represent a significant resource for healthcare delivery for older persons in India. Some of these are quite active in providing outreach services and organising medical camps in local areas. NGOs such as Help Age, Jaycee, Rotary, etcetera have been playing useful role by erecting and maintaining old age homes. Due to their financial dependence, aged people are most are most vulnerable to infections, have low priority for own health. Migration of younger generation, lack of proper care in the family, insufficient housing, economic hardship, and breakup of joint family have made the old age homes seem more relevant even in the Indian context. (Bajwa, Buttar, 2002).

A healthy, active, and productive ageing is embedded in functional capabilities of individuals such as availability of supportive social network, economic resources, and absence of disabling physical impairment. (Chaudhary, 2001). For achieving these goals, the following suggestions may be of some use to policy planners and non-governmental organisations:

1. To cope with health and psychological problems, greater emphasis needs to be given on geriatric medicine both in teaching and practice. Facilities for education and training should be available for doctors, paramedical personnel, and social workers from voluntary and government circles to impart training in geriatrics and gerontology covering all aspects of old age ailments.
2. Families should be oriented on health and nutrition needs of the elderly and ways to meet them through specially brought out literature, booklets, and mass media.
3. Sensitising the younger generation to the specific needs of the aged and their responsibilities towards older parents.
4. Since family care is preferred over institutional care, services such as daycare centers, home help services, meals on wheels and home healthcare units need to be encouraged.

5. NGOs should involve the elderly people in social work or use their services in such a way that the elderly people feel that they are still useful to the society and can pass their lives with a greater sense of satisfaction and dignity.
6. Elderly people who are energetic can be made to participate in community development works that will help them to meet their financial needs and will also increase their social network resulting in decrease in their loneliness. There is a need of more and better managed old age homes in both rural and urban areas to cope up with the socio-psychological problems of elderly people.
7. Financial intuitions and academic bodies must modify their policies and tailor their programs to suit the needs of old persons, and view them as a resource.
8. There is need of more research to be directed towards the formulation, execution, and evaluation of appropriate interventions to improve lives of a lot of aged people in the country.

Conclusively, it may be said that a fair deal for the aged will be feasible if there is collaborative participation by the legislature and the executive and by the individuals, the family, the community, non-governmental organisations, and other institutions of civil society.

References

Anderson, F. (1978). *Preventive Medicine in Old Age*, in 'Text Book of Geriatric Medicine and Gerontology, (Ed.) J.C.Brookleurst, Edinburg, ChruchillLuingstone.

Bajwa, A. Buttar, A. (2002). *Principles of Geriatric Rehabilitation* in Rosenblatt, D. E., Natrajan, V.S. (eds.) Primer on Geriatric Care, Cochin Pixel Studio, pp. 232-243.

Bose, A.B. (1996). *Caring for the Aged:Programmes and Services*, in 'Added Years of Life,' UN ESCAP, Bangkok.

Bose, A.B. (2006).*Social Security for the Old: Myth and Reality*, Concept Publishing Company, New Delhi.

Chaudhary, Aabha. (2001). *Active Ageing in the New Millenium*, Anugrah, New Delhi.

Dandekar, K. (1996). *The Elderly in India*, Sage publications, New Delhi.

Duggal, Ravi, and Amin. (1997). *Morbidity, Health Care Utilisation and Expenditure: Maharashtra 1987*, in Household Health Expenditure in Two States, Foundation for Research in Community Health, Pune.

George, Alex, Shah, and Nandraj, (1997). *Morbidity, Health Care Utilisation and Expenditure: Madhya Pradesh 1990-91*, in Household Health Expenditure in Two States, Foundation for Research in Community Health, Pune.

GOI. (2016). *Elderly in India, Profile and Programmes*, Central Statistics Office, Ministry of Statistics and Programme Implementation.

GOI. (2011). *Situation Analysis of the Elderly in India*, Central Statistics Office, Ministry of Statistics and Programme Implementation.

Gruenberg, E.M. (1977). *The Failure of Success*, Milbank Memorial Fund Quarterly- Health and Society, 55 (1) pp. 3-24.

Haines, M.R. (1995). *Diseases and Health through the Ages*, in Humanity, pp. 51-60 (Basil Blackwell Oxford).

Help Age India, (1995). Directory of Old Age Homes in India, New Delhi.

Help Age India, (1998). Directory of Old Age Homes in India, New Delhi.

IrudiaRajan, S. (1999). *Ageing and Social Security*, in Prakash B.A. (Ed.) Kerala's Economic Development: Issues and Problems, Sage Publications, New Delhi.

IrudiaRajan, S. (2001). *Home Away from Home: A Survey of Old Age Home and Inmates in Kerala*, Centre for Developmental Studies, Working Paper No. 306, Thiruvanthpuram.

Joshi, A.K. (2006). *Older Persons in India*, Serial Publications, New Delhi.

Joshi, A.K. (2006). *Rural Aged: Living Arrangements Problems and Care*, in Older Persons in India (Ed.), Serial Publications, New Delhi.

Kalra, R.N. (2012). *Old Age Problems needs new Solutions*, in Hindu, (April 2012).

Kramer, M. (1980). *The Rising Pandemic of Mental Disorders and Associated Chronic Diseases and Disabilities*, Acta Psychiatrica Scandinavica, 62 (285), pp. 282-297.

Kumar, S., Sathyanarayana, K.M., Omer, A. (2011). *Living Arrangements of Elderly in India: Trends and Differentials*, International Conference on Challenges of Population Ageing in Asia, UNFPA, New Delhi, India.

Manton, K.G. (1982). Changing Concepts of Morbidity and Mortality in Elderly Population, Milbank Memorial Fund Quarterly- Health and Society, 60 (2) pp. 183-244.

National Sample Survey Organisation, (1998). *The Aged in India: A Socio-Economic Profile*, NSS Fifty Second round, 1995-96, Department of Statistics, New Delhi.

National Social Survey Organisation, 60th Round (2004).

Prakash, Indira Jai, (1995). *Psychological Situation of Older Women's Life and Potential for Empowerment*, in Farmosa S. (Ed.) 'Age Vault: An Anthology on Ageing of India, International Institute of Ageing, Malta.

Prakash, Indira Jai, (1997). *Women and Ageing*, Indian Journal of Medical Research, Vol. 106.

Sharma, S.M., Sharma, O. (2013). *Socio-Psychological Problems of Elderly Women in Changing Scenario*, National Research Journal of Humanities and Social Sciences, Vol. 1, No. 2, July-December 2013, pp. 134-142.

Shenoy, A.S. (2014). S*ocial Protection and Social Welfare of Elders*, South Asia Regional Cooperation Newsletter 1-8.