

Old Age Persons in India

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Abstract

Old age is refers to the advance stage of human growth which starts around 60 years of life and ends up with death. Old age comes with remarkable deterioration in physical and physiological capabilities resulting in increased social and economical dependence on others.

As per Census of India (2011), 104 million older persons which constitute 8.6% of total population will increase up to 12.4% by 2026. The Growing population of older persons exerting pressure on every aspect of life likely, to provide better health, health care services, health care expenditure, pension benefits and social security etc.

In India, majority of older persons are still living in rural areas that are more dependent on their families for healthcare and economic support. Mostly are less educated, low earning, have poor awareness for govt. policies and services. Older women, lower caste old aged and disabled are more on disadvantage and marginalized in society. On the other hand globalization and urban development has increased the gap between urban and rural old aged. Urban old age persons are acquainted with high income, awareness and accessibility of health services, better education, and recreational activities. Resources and opportunities have created marked differences among Indian aged populations.

The increasing rate of old age persons in our country coming up with a need to focus on old age issues, opportunities for learning and earning to older persons so they can contribute to their families and society in a meaningful way and to take effective measures for the improvement in the quality of life of elderly.

In this paper researcher has attempted to provide an insight on old age problems and focused on the inequalities present in old age population.

Keywords: Older Persons, Socio-Economic, Women, Resources, Policies.

Introduction

Old age is refers to the advance stage of human growth which starts around 60 years of life and ends up with death. Old age is often identified with remarkable deterioration in physiological capabilities results in physical, psychological, social and economical changes in the life of an individual. As the world's population is growing the proportion of older persons increasing in every region of the world, since the last 2-3 decades fertility rate around the world has declined and continuous improvement in health services led to reduce mortality rate increased longevity of life are the significant factors played a pivotal role in increasing the share of older persons in world's population.

According to United Nations (2013), the global share of older people (aged 60 years or over) increased from 9.2 per cent in 1990 to 11.7 per cent in 2013 and will continue to grow as a proportion of the world population, reaching 21.1 per cent by 2050. Globally, the number of older persons (aged 60 years or over) is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050. Also emphasized, Ageing is taking place within the world's elderly population itself, the number of people aged 80 years or above, the "oldest-old" persons, is growing even faster than the number of older persons overall. The proportion of persons aged 80 years or over within the older population increased from 7 percent in 1950 to 14 per cent in 2013. Projections indicates that the number of 80 years or above old were 125 million in 2015 will increased 3 times more and become 434 million in 2050 (UN,2015).

In India presently there are about 10 million old people in the age of 80 years and above, and their number is expected to rise to around 53 million by the year 2050. The populations of those above 80 are often sick, frail, physically weak, and vulnerable to crime, dependent on others and frequently in need of urgent support measures. They are also often

excluded from the social and economic spheres of everyday life. As per NSSO 2004 the proportion of elderly men and women physically mobile decline from about 94 to 95 per cent among those in the age-group 60 – 64 years (CSO, 2011). Therefore, this group should not be treated as part of a homogenous group of all older persons (Help Age India, 2014).

Increased population of older persons or “Ageing Population” become a global phenomenon and is affecting both developed and developing countries. In developed countries are experiencing it for many decades but for developing countries this is contemporary issue they countered with as the growth rate & concentration of older population is higher in developing countries.

Our nation has largest population as well as highest concentration of older population. Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011.

Increased old age population has major social, economical and political consequences. The increasing number of older persons is exerting pressure on health care needs, health expenditure, social care, pension layouts especially of social security systems in the country due to increased number pension bills increased. Old age comes with health issues needs extensive health services required for them government expenditure which in turn increase their concentration. Care for elderly at home was never be problem in India but due to globalization and urbanization migration to big cities for seeking jobs changed the housing & living arrangements, loss of spouse, fewer children in the family as the joint families are converting into nuclear families presence of less people to take care for elderly and engagement of women in economic activities care for elderly persons become more difficult. Falling family size may be associated with less opportunity to enjoy reciprocal care arrangements or to share the goods that may typically be available in a larger household, and this may also increase the risk of poverty. Older people living alone may be at increased risk of isolation and suicide (WHO, 2015).

Review of Literature

As per world report on ageing and health by WHO (2015), stated that in developed countries health care system is better designed to cure acute condition as the services are costly make it difficult to continue the needed long term services required in chronic illness for the elderly. In developing countries access to health care services is often limited. Health workers have limited knowledge to deal with the health issues of old age and opportunities for early diagnosis and management may be missed out. These gaps in health care in low and middle income countries result in limited functioning of older people. Due to restricted resources responsibility for care comes on the families. In many countries where pension systems are not in place or fail to provide adequate income, including several in sub-Saharan Africa and in Asia, older persons are more likely to live in poverty than general population.

Present Scenario

According to Population Census (2011) there are nearly 104 million old age persons in India and proportion of males was marginally lower 8.2% while for females it was 9.0% constituting 51 million & 53 million of total population. Majority of them 71% of elderly population resides in rural areas while 29% was in urban areas. Prominently the poorer states such as Odisha, Bihar and Uttar Pradesh have a larger percentage of old aged living in rural areas (UNFPA, 2017). Many rural areas are still lacking in adequate access to quality health care, with poor road and transport access. Income insecurity and isolation are more pronounced for the rural elderly than their urban counterparts now the growth of older population is more significantly seen in urban areas than in rural areas. Kerala has maximum number of elderly people in its population (12.6 per cent) due to the lifestyle and better medical facilities.

Globally the number of elderly population 60 years or above increased by 68 % in urban areas compared to 25% increase in rural areas during 2000 and 2015 as a result older persons are increasingly concentrated in urban areas. The proportion of people aged 80 years or over residing in urban areas increased from 56 per cent to 63 per cent during 2000- 2015 (UN, 2015). Worldwide in the period of 2010-2015 average survival of women was 4.5 years more than men resultant women aged 60 years accounted for 54 per cent and aged 80 years or above accounted 61 per cent of the global population in 2015. In a recent study by United Nations revealed that the proportion of aged women 80 years or above is expected to decline to 58 per cent in 2050 meanwhile due to better health care services the average survival of men expected to improve and this will improve sex ratio among the old-age population.

The Global Sex Ratio Found 85 Men Per 100 Women Above 60 Years in 2013

As per UNFPA (2017) Gender disparities exist at all ages but when women become old, the consequences of engendered roles become more explicit. Income insecurity & poverty is a significant source of vulnerability among older women and become associated condition with old age generally increases with advancing age. Older women are more likely to be widowed, living alone than older men, with no income and with fewer assets of their own and fully dependent on family for support. Financial dependency found more in old women than older men.

Indian Situation

Human resource is considered as an asset for any country so as the presence of elderly in the population. India is country has marked diversity in rural and urban which is also reflecting among the population. Growing numbers of elderly population exerting pressure in including social, economical and political dimensions. It is the fact that deterioration in physical and physiological abilities increases their dependency on others. Old age associate with various ailments and diseases there is a significant reliance on Health care services.

Marital Status

Census 2011 shown that nearly 66 percent of elderly (60 years or above) are currently married, 32 percent are widowed and nearly 3 percent are separated or divorced (UNFPA, 2016). More than 60% of women become widows after the attainment of 70 years of age. More than 56% of elderly persons live with their spouse and 32% of aged persons live with their children. About 5% of elderly persons live alone while another 4% live with other relations and non-relations.

Literacy

The education status of elderly has positively associated with their well-being. It provides economic stability, prosperous living and also facilitates smoother adaptability towards the changes happening in socio-economic conditions of the family and society (Sebastian, 2013). The percent of literates among elderly persons increased from 27% in 1991 to 44% in 2011. The literacy rates among elderly females (28%) is less than half of the literacy rate among elderly males (59%). Still there is a huge gap present between the literacy rate of male and female. Over a time period some improvement is observed in literacy level of elder women which is relatively high for urban elderly women. Around 30% of elderly persons in urban areas were having educational qualification matric/secondary and above but the proportion is comparatively much less (7%) in rural areas (CSO, 2016)

Work status

As per the population census 2011, 66% of elderly men and 28% of elderly women in rural areas participate in economic activity in the capacity of main or marginal worker. In urban areas only 46% among elderly men and about 11% of elderly women who were economically active. Overall working proportion of elderly men and women have improved by 4-5 % in urban areas. Almost constant in case of urban elderly men but still the proportion increased for women as compared to 2001 population census data in both rural and urban areas (CSO 2016). Elderly persons in India not only work to support themselves but also make economic contributions to their households. About 70 percent of older men and 36 percent older women perceived that they contributed to household expenditure (UNFA 2017).

Dependency Ratio

The Indian economy is one of the fast growing economies of the world. The growing number of elderly population is a big concern as the UNFA 2017 indicates that 26 percent of older men and around 60 percent of older women do not have any personal income. Only about 1/3rd of the elderly population receive income from employers or social pensions & the major source of income especially for older men is still salary or wages. Financial dependency also increases with age. In case of older women who do not own economic assets or have no specific source of financial support are often ignored and discriminated against by their families. Their condition further deteriorates because of less education and poor social network (Mishra & Rajan, 2017). As per Census 2011 there were 1,033 women

per 1,000 men in India. Oldest Old women (80 years and above) are an especially vulnerable group. An overwhelming portion of this group are widows, economically poor, due to multiple ailments and diseases dependent on others for carrying out daily routine activities are the most neglected (Help Age India, 2014).

According to NSSO (2004) 65 per cent of the aged persons had to depend on others for their day-to-day maintenance. The situation has worsen for old aged women only 14% rural and 17% urban were economically independent, the remaining were partially or fully dependent on others. The elderly males were on much better position as 51% rural and 56% urban among them did not depend on others for their livelihood. The Old age dependency ratio shown an increasing trend and has risen from 10.9% in 1961 to 14.2% in 2011. According to census 2011, the old-age dependency ratios are 15.1 and 12.4 for rural and urban areas respectively, shown the marked difference between rural and urban ratios in all the periods, due to relatively higher concentration of working age population in urban areas (CSO, 2016).

Health Conditions

Health is determined by many economic, social, psychological and physiological factors. Poor health and morbidity diminish the quality of life and wellbeing of the elderly while increasing psychological distress and perception of vulnerability UNFPA, 2017. As the age advances chances increases to have one or more kind of morbidity and disability. The physical and psychological well-being of the elderly are negatively affected due to illness and morbidities (Mishra & Rajan, 2017).

On Health conditions of elderly NSSO conducted survey in 2004 and reported that in rural areas 55% elderly while in urban areas 63% of elderly reported with sickness (CSO, 2011). As per population Census 2011, the proportion of physical mobility elderly men and women decline from 95 per cent among those in the age group 60 – 64 years to 72 per cent for men and to 84 to 85 per cent for women of age 80 or more. Also the proportion of elderly physically fit to move was invariably higher in urban areas as compared to their rural counterpart and higher among men than women in various age-groups. Urinary problems were more common among aged men while more aged women reported to suffer from problem of joints. The heart diseases are more common in elderly urban men and women than their rural counterpart. The data revealed that locomotor disability and visual disability are the most prevalent disabilities among elderly persons. Almost half of the elderly disabled population was reported to be suffering from these two types of disabilities. Percentage of elderly disabled persons is slightly higher 6% in rural areas as compared to 4% in urban areas (CSO, 2016). For primary health services rural elderly is depend upon the government hospital and health centers.

Policies & Schemes

For improvement and upliftment of old aged persons over the years, the Government of India has launched various schemes and policies for older

persons which are meant to promote health, well-being and independence of senior citizens. The National Policy for Older Persons (NPOP) was formulated in 1999 to promote health, safety and social security of older persons. Maintenance and Welfare of parents and senior citizen Act, 2007 to ensure need based maintenance for parents and senior citizens and their welfare. Several government ministries are involved with providing benefits to senior citizens. The Ministry of Social Justice and Empowerment (MOSJE), Ministry of Health and Family Welfare (MOHFW) and Ministry of Rural Development (MORD) implement many of these schemes such as the Integrated Programme for Older Persons (IPOP), National Programme for the Health Care of the Elderly (NPHCE), National Old Age Pension schemes and Annapurna scheme etc. The Ministry of Labour and Employment implements the Rashtiya Swastha Bima Yojana, Ministry of Finance provides some special tax concessions and Ministry of Railways offers special concessions for senior citizens.

According to UNFPA (2017) Report

1. About 70 % elderly are aware of the national old age pension scheme and the widow pension schemes and
2. Awareness level is higher in rural areas (than in urban areas);
3. Non-BPL elderly have a slightly higher level of awareness than BPL elderly. About 10 percent and 15 percent of non-BPL elderly persons were beneficiaries of old age pension scheme and widow pension scheme respectively
4. Elderly men are more aware of these schemes than elderly women.
5. Actual numbers of beneficiaries are low only 1/4th of widowed elderly women benefitting from the widow pension scheme.
6. Only about 18 percent of all elderly are accessing old-age pensions.
7. For Annapurna scheme awareness and use both are low.
8. Overall, there is a higher utilization of these schemes in rural areas than in urban areas.
9. Similar low levels of awareness and utilization was found in the case of railway concessions and seat reservations for elderly in buses. Maharashtra was the only state where about one in four elderly are using these facilities.

Old age population faces multiple medical and physiological problems. There is an emerging need to pay greater attention to age related issues. Though the constitutional and legal framework provide for care and integration of old age persons has improved but also much work to be done in increasing awareness on welfare policies and schemes for upliftment of status of elderly in India.

Suggestions

1. "Healthy and Active Ageing"- that is older people have highest attainable standard of health. It embraces a wide range of socioeconomic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.

2. Sustainable environment-As the majority of older peoples live in poverty, poor health and limited health care access, less social support, limited social security etc. The root of the cause which is causing disparity should be corrected so that the needs and required services should be accessible to all.
3. Social Security System- needed be strengthened more as present in developed countries, coverage benefit should be extended for weaker section of elderly population (poor, disabled and women). Strengthening of system is not enough some provisions are required for economic activities engagement for elderly so that they can participate meaning fully to their families, countries and this will help to reduce burden of governments.
4. To promote schemes and policies- Awareness programmes should be organized especially for rural areas. Larger proportion of elderly population is not aware of about the geriatric welfare services, policies and rights. For the proper utilization of these services use of mass media, panchayats and NGOs to maximize the awareness.

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