
A Study on Economic and Health Issues Faced by Older Persons in India

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Abstract: Ageing is natural process ageing affect physical and mental strengths of a person. All the nation in the world were not uniform in determining age of older persons. Every nation has its own criteria to fix their "aged". In India Planning Commission of India and the National Policy on older person 1999 recognized 60 and sixty plus considered as aged or older persons. This paper has highlighting the economic and health problems like heart attack and paralyses and economic problems arise after retirement and its impact on family wellbeing and elders health.

Keywords: Ageing , National policy, Economic, Health.

1. INTRODUCTION

Ageing is ongoing biological process which no human being can escape it begins at birth, or to be more process at conception and end with Death. the most countries of developed world have accepted the chronological age of 65 years as a definition of elderly or older person, but like many westernized concepts, this does not adapt well to situation in developing or underdeveloped countries At the moment, there is no United Nation standard numerical criterion, but its agreed cutoff is 60+ years to refer to the older population. In Indian context, the National Policy on older persons, 1999 Defines "elderly" or " senior persons" as a persons who is of age 60 years and above. nearly half of the world's elderly population lives in the Asia-Pacific region(United nations,1993) The two most populous countries in the world, China and India, are Expected to account for a major proportion of the world's elderly (Rajan , Sharma And Mishra 2003) The size of India's elderly population aged 60 and over is expected to increase from 71 million in 2001 to 179 million in 2031, and further to 301 million in 2031(Rajan et al.,2003) By the year 2025, it is a estimated that there will be nearly 165 million older adults (Population Reference Bureau,1998). Through the nature of problems that the elderly face many differ after retirement but economic(financial), health such as a Cancer, diabetes and osteoporosis (Physical health) coping with anxiety, depression, hypertension(mental health) and phy-social problems of adjustment have been the major problems of the aged. these problems are managed by the family. which is the primary care given for its aged members. but disrupted family system is major contribution to the severity of problems of the aged. and In India Some of common name to used to older people that are-"old", "aged"," older people", "old old"," senior citizen", "elderly", mature". This paper attempts to understand the About economic problems of aged , health problems of aged and welfare activities of aged.

2. OBJECTIVES OF THE STUDY

The increase in the number of aged persons assumes importance as their needs and their problems are much different from there of the young or the adult persons. Aged persons will have to adjust to the new kind of familial and social situation. This adjustment is a kind of downward shift unlike the change from childhood to adulthood. Hence this study is designed to achieve the following objectives.

- To understand the concept of aging, the characteristics of the aged and the emerging problems encountered by them.
- To study the general problems and socio- economic and demographic conditions of the aged;
- To get their views on improving the health care facilities in the community and their utilization of these services;
- To study the facilities and welfare measures carried out for the aged.

3. DEFINING AGEING

According to Wikipedia, Ageing is a change in an organism over time. it refer to a multidimensional process of physical, psychological, and social changes (Hultsch and deutsch, cited in parikh,2011).

International anthropology study conducted in Africa in late 1970s provided a basic for a definition of old age in developing countries (Glascocock and feinman,1980).Definitions fell into three main categories: (1) chronology;(2) change in social role (i.e., change in work pattern adult status of children and menopause) ; and (3) change in capabilities(i.e., invalid status, senility and change in physical characteristics).

National policy on Senior Citizen 2011 has defined "Elderly" means- All those of 60 years and above are senior citizen.

Mukherji(1972, cited in saluja,2011), while defining Ageing, Distinguishes between biological, sociological and psychological age. According to him, biological, a person may be old but if he or she possesses a youthful mentality, sociologically and psychologically speaking, he or she should be included in the younger generation.

State / Ut-Wise Number of Senior Citizens of AGE 60 Years & Above In India-2011

Sl.No.	State Ut	Total Population	No. of Senior Citizens	% of Senior Citizens
1	Andhra Pradesh	84580777	8278241	9.79
2	Arunachal Pradesh	1383727	63639	4.60
3	Assam	31205576	2078544	6.66
4	Bihar	104099452	7707145	7.40
5	Chhattisgarh	25545198	2003909	7.84
6	Goa	1458545	163495	11.21
7	Gujarat	60439692	4786559	7.92
8	Haryana	25351462	2193755	8.65
9	Himachal Pradesh	6864602	703009	10.24
10	Jammu & Kashmir	12541302	922656	7.36
11	Jharkhand	32988134	2356678	7.14
12	Karnataka	61095297	5791032	9.48
13	Kerala	33406061	4193393	12.55
14	Madhya Pradesh	72626809	5713316	7.87
15	Maharashtra	112374333	11106935	9.88
16	Manipur	2570390	187694	7.30
17	Meghalaya	2966889	138902	4.68
18	Mizoram	1097206	68628	6.25
19	Nagaland	1978502	102726	5.19
20	Odisha	41974218	398448	9.49
21	Punjab	27743338	2865817	10.33
22	Rajasthan	68548437	5112138	7.46
23	Sikkim	610577	40752	6.67
24	Tamil Nadu	72147030	7509758	10.41
25	Tripura	3673917	289544	7.88
26	Uttar Pradesh	199812341	15439904	7.73
27	Uttarakhand	10086292	894639	8.87
28	West Bengal	91276115	7742382	8.48
29	A& N Islands	380581	25424	6.68
30	Chandigarh	1055450	67078	6.36
31	D&N Haveli	343709	13892	4.04
32	Daman & Diu	243247	11361	4.67
33	NCT of Delhi	16787941	965447	5.75
34	Lakshadweep	64473	5270	8.17
35	Puducherry	1247953	120436	9.65
	Total	1210569573	103648546	8.58

Source: Census of India,2011. (Hand Book on Social Welfare Statistics 2016.)

4. ECONOMIC PROBLEMS OF ELDERLY/ AGEING

Economic aspects play an important role in the live of the elderly affecting their health, social relationship, living arrangement, community activates and even political participation. The disintegrating system of the joint family, rapid industrialization and urbanization and changing social value have caused serious problems for the aged. the majority of the elderly people have financial problems. even those who are the recipients of retirement benefits after superannuation find it difficult to meet their basic requirement. the situation is still wore as our poor country where the young are unemployed and under employed cannot afford to give employment to the elderly people. the state government are rather keen to reduce the age of retirement from 58 years to 55 years to provide employment to the young older the elderly are dependent on work, pension, savings provident fund etc..to meet their financial obligations as well as the cost of health care extended life expectancy especially in older poor women puts them at risk of poverty financial pressure cause grief and anxiety to the elderly and this is aggravated by inflation and rising health care costs. having an independent income are forced to spend their money in a manner in which they do not like as result there is constant conflict between care take and elderly(Thara 2004). the economic shift has to be viewed in two way from elderly point of view and from the society point of view, the income generated by elderly is used in the family but due share is not given to them (sivakumar d 1998). in this context those elderly who has the knowledge about old age homes feel a deprivation and try to experiment by staying in the homes.

5. ECONOMIC STATUS OF ELDERLY

Elderly Dependency Ratio by Sex and Residence, India, 1961 to 2011.

Years	All	Male	Female	Rural	Urban
1961	10.9	10.9	10.9	11.4	8.7
1971	11.5	11.4	11.6	12.2	8.9
1981*	12	11.8	12.2	13	9.2
1991**	12.2	12.2	12.2	13.2	9.7
2001+	13.1	12.5	13.8	14.1	10.8
2011	14.2	13.6	14.9	15.1	12.4

Source: Office of the Registrar Government, India.

*Excluding figures for Assam in 1981 where the census was not conducted.

** Excluding Jammu and Kashmir where the census 1991 was not conducted.

+ Excluding 3 Sub-division of sanapati district of Manipur.

(Source: Elderly In India-Profile and programmes 2016, Pg 45)

6. HEALTH PROBLEMS OF ELDERLY/ AGEING

Older people are at for higher risk of a range of ailments; metabolic-vascular diseases; degenerative diseases of the brain, musculoskeletal system and sensory organs; cancer; chronicling disease and infection diseases. Thus, older persons usually suffer from one or more non communicable diseases these includes ,diabetes, hypertension, and heart disease, stork. . Older adults are at higher risk of developing mental disorders or substance use problems. The mental disorders frequently encountered in the Indian elderly include dementia and mood disorders, depression in particular. Other disorders include anxiety disorders, drug and alcohol abuse, delirium and psychosis. Female sex, low education, being a widow/widower/divorcee, medical co-morbidities, poor socioeconomic status and disability are all well-established factors playing significant roles in psychiatric illnesses among the elderly. Shah et al. in their study have reported that 34.5% elderly medical outpatients had psychiatric co-morbidity and the most common diagnosis was depression (20%) followed by substance-related disorders (4.9%), sleep related disorders (3.9%), adjustment disorders (3.2%) and neurocognitive disorders (1.9%) mental health and well being are as important in older age as at any other time of life. and mental neurological disorders among older adults account for 6.6% of the total disability for the this age group. approximately 15%of adults aged 60 and over suffer from a mental disorder. over 20% of adults aged 60 and more suffer from a mental and neurological disorder (Excluding headache disorder) and 6.6% of all disability(Disability adjusted life year-dalys) among people over 60 years in attributed to mental

and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population respectively. Anxiety disorder affects 3.8% of the older population. Mental health has an impact on physical health and vice versa. Dementia is a syndrome of a chronic or progressive nature, in which there is deterioration in memory, thinking, behavior and the ability to perform everyday activities. It mainly affects older people. The total number of people with dementia is projected to increase to 82 million in 2030 and 152 million in 2050. Another problem, depression, can cause great suffering and leads to impaired functioning in daily life. Unipolar depression occurs in 7% of the general older population and it accounts for 5.7% of yields among those over 60 years old. Older people with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of health care services and cost. "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being" (United Nations 2015). Health care, social, legal and financial support systems will have to be ready to tackle the significant problem of mental health in old age. Looking to the gravity of the issue, WHO has adopted "Depression: Let's talk" as its slogan for World Health Day 2017. WHO supports governments in the goal of strengthening and promoting mental health in older adults and to integrate effective strategies into policies and plans.

Why is old age a threat?

Anouk Aimae, the great sociologist, remarked, "one can only perceive the real beauty in a person as they get old". People as a whole, regardless of religion, nation or language, practically have taken the term 'old age' negatively. There are lots of stereotyped notions about aging and elderly existing in all segments of the population. Many of the notions are myths. Then the aging are generally thought to be less intelligent, though the fact is different; they are slow to learn, more rigid, riskier as employees, burdensome and so useless. The incapability of fulfilling one's own need and hence the dependency on others as people get aged is not something pleasing for both the dependent and the caregiver. There are lots of age-related problems, physical, mental, social etc., that accompany the old age. Pain and suffering, negligence and abandonment, unwantedness and loneliness etc. are seen as a common reality. The elderly are given low status in the society. Ageism is like sexism or racism because it involves discrimination and prejudice against all members of this particular social category.

7. CONSTITUTIONAL PROVISIONS OF ELDERLY / AGEING

Article 41 of the Indian Constitution provides that the state shall, within the limits of its economic capacity and development, make effective provision for securing the rights to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Further, **Article 47** provides that 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 as among its primary duties. In the constitution, entry 24 in list III of schedule VII deals with "Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits".

8. LEGAL MEASURES OF ELDERLY/AGEING

Criminal Procedure Code 1973, Section 125 tells about, specification of the right of parents without any means for maintenance to be supported by their children sufficient means.

The Hindu Adoption and Maintenance Act 1956 also enjoins children to look after their parents if they are unable to maintain themselves out of their own earning or other property. The act applies to Hindus only. The act defines maintenance as providing provision of medical attendance and treatment, food, clothing, residence.

9. LEGISLATIONS

The Government of India the Maintenance and Welfare of Parents and Senior Citizens Act in 2007, Rajasthan is among the first state that has noticed MWPC. The main purpose of bringing out this act was to provide for more effective provisions for maintenance and welfare of parents and senior citizens guaranteed and recognized under the constitution and for matters connected therewith or thereto. In a nutshell, the act provides for; (Hindu, 11 June 2010).

- adequate medical facilities and security for senior citizens.
- establishment of old age homes for indigent senior citizens;
- maintenance of parents / senior citizens by children/relatives made obligatory and justifiable through tribunals;
- revocation of transfer of property by senior citizens in case on negligence by relatives;
- penal provision for abandonment of senior citizens.

National Policy on Older Persons, 1999

National policy on older persons was announced in January 1999. The policy envisages states support to ensure financial and food security, healthcare, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The main objectives are: to provide adequate health care facility to the elderly; To encourage families to take care of their older family members; to provide care and protection to the vulnerable elderly people.

Older Persons (Maintenance, Care and Protection) Bill 2005

The central Government introduced a bill in parliament for better care of rapidly growing elderly population in India. It aims to cover new areas of care and protection that have not so far been covered by any existing legislation. The bill has taken into account three thrust areas for legislation viz. Maintenance, care and protection.

The National Social Assistance Programme

NSAP is a welfare programme under the administration of the Ministry of Rural Development. The programme launched in August 15, 1995. The project implemented in urban and rural areas. It includes three schemes:

- a) **National Old Age Pension Scheme:** Under the scheme, destitute aged 65 years and above were entitled to a monthly pension of Rs. 75.
- b) **National Family Benefit Scheme:** The benefit under the scheme to below the poverty line household was a lump sum amount of money on the death of the primary breadwinner aged between 18 and 64 years. The ceiling of the benefit was Rs. 5000/- for death due to natural causes, and Rs. 10,000/- for accidental death.
- c) **National Maternity Benefit Scheme:** Under the scheme, lump sum cash assistance of Rs. 300 per pregnancy was provided as maternity benefits to women of BPL households up to 2 live births.

Central Sector Scheme of Integrated Programme for Older Persons

IPOP is being implemented since 1992 with the main objectives of improving the quality of life of senior citizens by providing basic amenities such as food, medical care, shelter, entertainment opportunities and by encouraging productivity and active ageing through providing support for capacity building of Government/PRIS/NGOs, local bodies and the community at the large.

10. BENEFITS EXTENDED BY OTHER CENTRAL MINISTRIES FOR THE WELFARE OF SENIOR CITIZENS

- a) **Ministry Of Rural Development;** The Ministry of Rural Development is implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) under which Central assistance is given towards pension @ Rs. 200/- per month to persons above 60 years and @ Rs. 500/- per month to persons above 80 years belonging to a household below poverty line.
- b) **Ministry Of Railways:** Concession in Rail Fares: 40% and 50% concession in basic rail fare for male (60 years) and Provision of lower berth to male passengers of 60 years and above and female passengers of 45 years and above female (58 years) senior citizen respectively, Wheel chairs at stations for old age passengers.
- c) **Ministry Of Health & Family Welfare:** The Ministry implemented the National Programme for the Health Care for the Elderly (NPHCE) from the year 2010-11. Separate queues for older persons in government hospitals.

Geriatric clinic in several government hospitals, Promote research in the field of diseases related to old age, Provide preventive, curative and rehabilitative services to the elderly persons at various level of health care delivery system of the country.

- d) **Ministry Of Civil Aviation:** The National Carrier, Air India under the Ministry of Civil Aviation provides air fare concession in up to 50% of basic fare of normal economy class for senior citizens who have completed 63 years of age on the date of commencement of journey and on production of proof of age (Photo-ID) and nationality.

Note: (Information given in Section „H“ of Part II has been taken from websites of Ministry of Social Justice and Empowerment and other Ministries as on 1 February 2016

- e) **Ministry Of Finance**

Health Insurance

Insurance Regulatory Development Authority (IRDA) vide letter dated 25.5.2009 issued instructions on health insurance for senior citizens.

Tax Benefits:

The Ministry provides the following facilities for senior citizens for the Assessment Year 2016-17: Deduction of Rs 30,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizen, Income tax exemption for Senior Citizens of 60 years and above up to Rs. 3.0 lakh per annum and 80 years and above up to Rs. 5.0 lakh per annum.

Non-Governmental Efforts to Provide Care for the Aged

Government alone cannot take care of the needs of the old people. The private sector consisting of the voluntary agencies and families must play an important role in this regard. The Nongovernmental Organizations (NGO) sector constitute very important affordable services to take care of the elderly persons. NGO's run Old Age Homes and Day Care Centers where old aged persons are admitted either freely or for a specified charge. Government of India envisages to promote the NGO sector in a big way.

Overview of the Findings

The analysis of socio-physical and psychological-Economic problems of the aged people enabled the researcher to understand, the nature and extent of various problems faced by them. It is better to present a consolidated picture of the study. It may provide us with some insight towards framing an appropriate policy of suggestions to accommodate the needs of the aged people. In this study the researcher tried his best to elicit the problems of the elderly and the welfare measures.

11. SUGGESTIONS AND RECOMMENDATIONS

The government must support to the Old Age Homes. Then they can improve their facilities.

The younger generation should be made aware of the love and care needed by the old people.

The community should facilitate economic help to the aged. The aged can be helped to receive their pension, and be made aware of the different grant-in-aid schemes of the government.

Social workers can help the elderly to be aware about the various policies and programmes related to the welfare of the aged in our country. This will help the elderly to protect their rights.

Attaching a day care activity for senior citizens with hospitals, primary health centers, educational institutions, religious places etc are possible, if we seriously consider the protection and care of the elderly as their rights.

Free medical care may be provided with the help of some organizations.

12. CONCLUSION

The researcher became more enthusiastic and concerned about the issues of the aged in the society as a result of this course work. More research is needed on the issues of the senior citizens so that the coming generation may be

more functional in finding ways of helping the seniors of the society and government also provide more programmes to old age people.

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