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Demographic Transition and Population Ageing: Building an Inclusive Culture

Tattwamasi Paltasingh
Sardar Patel Institute of Economic and Social Research
Ahmedabad, Gujarat
tattwam333@gmail.com; tattwam@rediffmail.com

Renu Tyagi
Sardar Patel Institute of Economic and Social Research
Ahmedabad, Gujarat
renutyagiindia@gmail.com

Abstract
The worldwide trend of growing elderly population is an outcome of declining fertility rate and increase in life expectancy. Demographic data on population ageing, growth rate, health and socio-economic aspects across gender, class and region has been discussed. The article has incorporated a special focus on policy measures in each of the above areas. It is advocated that all relevant stakeholders need to initiate a support framework that can enable the elderly to lead quality life with dignity. Within this overarching framework, the focus is specifically on the elderly who are marginalised and underprivileged in specific circumstances irrespective of their socio-economic background.

Keywords
Population ageing, global trend, underprivileged elderly, national policy, life expectancy, growth rate, social security, health, gender

Introduction
Ageing is a natural and irreversible process associated with many biological, socio-economic and psychological factors. Today, population ageing is witnessed worldwide with increasing growth rate. Since 1950, the proportion of older
persons has been growing steadily, from 8 per cent in 1950 to 11 per cent in 2009, and it is expected to reach 22 per cent in 2050 due to continuously declining fertility and mortality rates. Globally, the population of older persons is growing at a rate of 2.6 per cent per year, substantially faster than the total population which is increasing at 1.2 per cent annually, and this may continue to increase at higher rate than the population in other age groups until 2050. The number of older population in the less developing countries is increasing rapidly. It is projected that by 2050, about 80 per cent of the world’s older people will live in less developed countries (United Nations [UN], 2009).

The proportion of the elderly aged sixty years and above was more than 7 per cent in India in 2001. Out of these elderly people, more than 70 per cent are illiterate. In India, nearly 90 per cent of the older populations do not have any social security. Fifty-five per cent of the older women above sixty years of age group are widows (Census of India, 2001). The demographic transition has both implications on micro and macro social structure. In India, family had always been considered to be the best to provide support and care to the elderly, meeting all their socio-economic and emotional needs. Older family members used to enjoy a sense of honour and authority as well. However, with increasing modernisation and rapid economic progress, the concept of joint family system is dwindling. In many instances, elderly are considered to be a burden to the future generation as they share the family income without generating any income. However, the productivity of the elderly in terms of their rich experience and their support as well as guidance to the younger generation is less recognised.

There is a progressive greying of population of all the countries irrespective of their development status. A momentous increase, decade after decade, in the elderly population than the children and adult population involves more socio-economic, medical and psychological implications. Therefore, this alarming increase in the population of elderly all over the globe requires serious attention. Some major initiatives have been taking place in recent decades all over the world that favour the elderly population. The United Nations World Assembly on Ageing, held at Vienna in 1982, recommended research related to ageing (UN, 1987). It emphasised that ‘International exchange and research cooperation as well as data collection should be promoted in all the fields associated with ageing’ (UN, 1987). India has adopted the United Nations International Plan of Action on ageing. The Second World Assembly on ageing (UN, 2002) adopted the Madrid International Plan of Action on ageing which focuses on three priority areas: older people and their development; provisions for advancing health and well-being during old age; and creating positive strategies that can enable supportive environments for elderly. An International Day of Older Persons (IDOP) is observed on 1 October of every year, throughout the world, marking the importance of the greying population. The present article aims at studying the emerging demographic trends of population ageing and the problems they confront at different levels. Though the article has focused on the elderly population of India, evidences have been cited from other countries too. The last section of the article largely deals with different provisions and policy
measures through a network of civil society, government and other important stakeholders. Considering the multidimensional issues on elderly, there is an attempt to touch upon the broad canvas that covers the elderly from different socio-economic background, gender, location and so on. However by doing so the paper has further discussed the context specific issues as & when required. Specific discussion has facilitated to put together the important elements with a detailed focus.

**Demographic Trends on Population Ageing—International and National Perspectives**

Population ageing is a continuous process. Population of elderly is growing at an accelerated rate than that of the world’s total population and the difference in growth rates is also increasing. This trend started earlier in more developed nation, however, developing countries are also experiencing the same changes. Till 1950, there were 205 million elderly persons (aged sixty years or over) in the world with three countries having millions of elderly populations, that is, China (42 million), India (20 million), and the US (20 million). In 2000, the number of elderly persons increased about three times with twelve countries having more than 10 million elderly population. The global elderly population is projected to increase by more than three times to reach nearly 2 billion in 2050, with thirty-three countries projected to have more than 10 million elderly people (UN, 2009). The population of Indian elderly, as per the Census of 2001, is about 77 million, that is, more than three times the size of the elderly population in 1961. Elderly population aged 60 years and above increased from 5.63 per cent to about 7.45 per cent from 1961 to 2001 (see Table 1). Proportion of elderly females has always been higher than that of males, both in rural and urban areas, and the percentage of elderly people in the rural areas was 7.74 per cent in 2001, which was always found to be higher as compared to that in the urban areas, which was 6.70 per cent in 2001 (Table 1).

Elderly female population has been increasing over the years. The relatively higher number of females to males in the elderly population as compared to the general population is primarily due to the increasingly lower mortality rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural (%)</th>
<th>Urban (%)</th>
<th>Combined (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Total</td>
</tr>
<tr>
<td>1961</td>
<td>5.71</td>
<td>5.94</td>
<td>5.82</td>
</tr>
<tr>
<td>1971</td>
<td>6.26</td>
<td>6.17</td>
<td>6.21</td>
</tr>
<tr>
<td>1981*</td>
<td>6.83</td>
<td>6.85</td>
<td>6.84</td>
</tr>
<tr>
<td>1991*</td>
<td>7.17</td>
<td>7.05</td>
<td>7.11</td>
</tr>
<tr>
<td>2001@</td>
<td>7.43</td>
<td>8.06</td>
<td>7.74</td>
</tr>
</tbody>
</table>


Note: *Excludes Assam; *Excludes Jammu & Kashmir; @Excludes three subdivisions of Senapati district of Manipur.
of women at middle to late ages compared to men (International Institute for Population Sciences [IIPS and ORC-Macro, 2000]). In India, a progressive increase in elderly population favouring a higher proportion of elderly female population is reported. The population of sixty-five years and above is estimated to constitute 5.5 per cent of the total population, with a higher proportion of females than males in this age category (Central Intelligence Agency [CIA], 2011).

Increasing feminisation of ageing, widowhood and rapid growth of population of eighty years and above are emerging important issues for ageing research in India (Alam, 2009). A significant per cent of widows (58 per cent) as against only 17 per cent of widowers were found, indicating a greater social and economic vulnerability of elderly women than elderly men in the country Census (2001). Women are the main care givers in the family and toil with the same job till they can manage. In addition, they have less access to health care services. Despite these limitations, they still tend to have better longevity of life than men.

**Ageing Status in Different States**

Different states of India indicated wide variation in distribution of elderly population. The elderly population share to the total population is highest in Kerala (10.48 per cent), followed by Himachal Pradesh (9.01 per cent) and Punjab (9.0 per cent). The lowest percentage of elderly people was found in Dadra and Nagar Haveli (3.4 per cent). In rural areas, the percentage share of elderly population in the total population is highest in the state of Kerala (10.52 per cent), followed by Maharashtra (10.24 per cent), and the lowest is noticed at Chandigarh (3.23 per cent). In urban areas, Kerala has highest proportion of elderly population (10.34 per cent), followed by West Bengal (8.44 per cent). The figures on lower side in urban areas are found in Arunachal Pradesh (1.73 per cent) and Nagaland (2.63 per cent) (National Sample Survey Organisation [NSSO], 2006). Kerala has the highest proportion of elderly population in general as well as in rural and urban areas compared to other states. The other states, namely, Tamil Nadu, Punjab, Himachal Pradesh, Orissa, Maharashtra, Goa and Pondicherry showed relatively higher percentage of elderly population as compared to rest of other states of India, which implies a greater responsibility towards care of the elderly persons by these states.

**Key Components of Population Ageing**

**Life Expectancy**

Life expectancy is on a continuous increasing trend in India (Census of India, 2001, 2011; Lena, Ashok, Padma, Kamath and Kamath, 2009). The life expectancy has steadily gone up from 32 years at the time of independence to more than 65 years in 2001, and it has reached to 66.8 years in 2011. The life expectancy at birth for male population is 65.8 years, and for female, it is 67.9 years (CIA, 2011). Life expectancy of an aged man has increased by 4.8 years, whereas for a woman of the same age, the increase is nearly 5 years. Similarly, the expectation
of life at birth during the same period has increased by about 28 years for females, while the corresponding increase is 26.5 years for males. Therefore, an important feature of population ageing is the greater life expectancy of women than men and it is expected to continue (Census of India, 2011).

**Growth Rate**

An increase in the percentage of elderly population per decade is seen; however, a decline in total population growth rate is witnessed (Table 2). A relatively faster decline in birth rates than death rates is responsible for a rapid increase in ageing population. The sharp decline in the fertility rate in the last few decades has been reflected in the changing age structure of the population, favouring more elderly population in India. An interesting trend noticed in 2011 census is that it has witnessed the sharpest decline of population growth rate during 2001–11 with a decrease of 3.9 per cent (from 21.5 per cent to 17.6 per cent) since independence (Census of India, 2011). This trend can have a strong impact on the old-age dependency ratio with added socio-economic implications.

A declining trend in the percentage contribution of 0–4 years, 5–14 years and 15–24 years old with a simultaneous increase in the 60 years, 65 years and 80 years and over is projected in India. The median age is also projected to increase continuously till 2025 (Table 3).

**Table 2. Changing Profile of the Indian Population**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Population Size (in millions)</td>
<td>683.3</td>
<td>846.3</td>
<td>1,027</td>
</tr>
<tr>
<td>Decadal Growth Rate (per cent)</td>
<td>24.66</td>
<td>23.67</td>
<td>21.35</td>
</tr>
<tr>
<td>Older Population (in millions)</td>
<td>43</td>
<td>57</td>
<td>77</td>
</tr>
<tr>
<td>Percentage of Older Persons</td>
<td>6.5</td>
<td>6.7</td>
<td>7.5</td>
</tr>
<tr>
<td>Infant Mortality Rate per 1,000</td>
<td>110</td>
<td>80</td>
<td>63 (2002)</td>
</tr>
<tr>
<td>Crude Birth Rate per 1,000</td>
<td>-</td>
<td>29.5</td>
<td>25.0 (2002)</td>
</tr>
<tr>
<td>Crude Death Rate per 1,000</td>
<td>-</td>
<td>9.8</td>
<td>8.1 (2002)</td>
</tr>
</tbody>
</table>


**Note:** Population size for 2011: Total persons—1,210.2 million (males, 623.7 million; females, 586.5 million).

**Table 3. Population Projections for India**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0–4 years (%)</td>
<td>12.0</td>
<td>11.1</td>
<td>10.5</td>
<td>9.7</td>
<td>9.0</td>
<td>8.4</td>
</tr>
<tr>
<td>5–14 years (%)</td>
<td>22.7</td>
<td>21.5</td>
<td>20.1</td>
<td>19.1</td>
<td>18.1</td>
<td>17.1</td>
</tr>
<tr>
<td>15–24 years (%)</td>
<td>19.5</td>
<td>19.5</td>
<td>19.2</td>
<td>18.4</td>
<td>17.5</td>
<td>16.9</td>
</tr>
<tr>
<td>60 years &amp; above (%)</td>
<td>6.7</td>
<td>7.0</td>
<td>7.6</td>
<td>8.7</td>
<td>9.8</td>
<td>11.0</td>
</tr>
<tr>
<td>65 years &amp; above (%)</td>
<td>4.2</td>
<td>4.6</td>
<td>4.9</td>
<td>5.4</td>
<td>6.3</td>
<td>7.3</td>
</tr>
<tr>
<td>80 years &amp; above (%)</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.8</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Median age (years)</td>
<td>22.7</td>
<td>23.9</td>
<td>25.1</td>
<td>26.6</td>
<td>28.1</td>
<td>29.7</td>
</tr>
</tbody>
</table>

**Source:** UN Secretariat (2010).
Indices of Population Ageing

Dependency ratio is an indicator of the economic potential of a nation. Economic implications of the changing population structure can be better understood by studying the dependency ratio over time. The old-age dependency is under rapid transitional stage throughout the world. The proportion of older persons dependency in more developed countries has already exceeded compared to the dependency among the children, and globally, it is projected to be more than double by 2050. The old-age dependency ratio is projected to increase further considerably in most countries of the world in the forthcoming decades. The old-age dependency ratio would be almost doubled in Europe, Africa, Northern America and Oceania, whereas it would be tripled in Asia and would be more than triple in Latin America and Caribbean. At present, Japan has the world’s highest old-age dependency ratio of thirty-four older persons per 100 persons of working age, followed closely by Italy and Germany with ratios of thirty-one each. By 2050, Japan, with an old-age dependency ratio of seventy-four, will still have the world’s highest level of old-age dependency, followed by Macao SAR of China (sixty-four), the Republic of Korea (sixty-three), Italy (sixty-two) and in another sixteen countries, majority located in Europe, the old-age dependency ratio is projected to be more than fifty older persons per 100 persons of working age (UN, 2009).

Increasing old-age dependency ratio indicates an increasing number of potential beneficiaries (65 years and above) for health and pensions being supported by a relatively smaller number of potential contributors (15–64 years). Globally, 80 years and over is the most rapidly growing age group and even the oldest-old numbers is increasing, particularly in the less developed regions. Rural areas face the double burden of having a higher child dependency ratio and a higher old-age dependency ratio than urban areas. This trend of more dependency in rural areas is witnessed because of limited access to social and health care services and higher poverty rates compared to urban areas (UN, 2009). In India, dependency ratio for young has been found to have declined from 67.0 to 59.5; and for the old age group, it was found to have increased from 11.8 to 13.4 from 1991 to 2001.

Index of ageing, that is, the ratio of number of elderly persons to number of children in a population, is another useful measure of the ageing process. It reveals that there were nearly fourteen elderly persons for every 100 children in 1951. This has been increasing per decade and it was 18.1 in 1991, which rose to more than twenty in 2001 in India (Census of India, 2001; Sharma and Xenos, 1992).

The per cent change in most of the age groups of elderly population to total population has indicated an increasing trend. This increase in percentage of elderly population is evidenced by 60+, 70+ and 80+ years’ age group of elderly population. A noticeable increase in the percentage of 90+ elderly was found during 1981–91 (Table 4).
Work participation of Elderly

Both, Census, 2001 and NSSO survey (2007–08) revealed that a large number of elderly male populations (about 60 per cent) are contributing to the work force. About 40 per cent of elderly (60 per cent elderly men and 19 per cent elderly women) are economically engaged in one job or another. In rural areas 66 per cent elderly men and 23.5 per cent elderly women where as in urban areas 39 per cent elderly men and 7 per cent elderly women are working (Table 5). However there is an absence and/or limited coverage of social security schemes for them. Practically a large number of women work but their contributions to the labour remains invisible as many of them are not paid workers. On the whole large number of elderly population across gender and region are contributing productively to the family as well as to a larger social structure. There is a need for comprehensive data base on the productivity of older generation.

Ageing in India: Critical Reflections

The problem of elderly population is distinct in rural and urban areas (Kapoor and Kapoor, 2004). Industrialisation, urbanisation, search for better career

Table 5. Work Participation of Elderly Population: Comparative Analysis

<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Gender</th>
<th>Population Census 2001: (Main workers + marginal workers) (%)</th>
<th>NSSO Survey (2007–08): workers by usual status (ps +ss) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>Male</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Person</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Urban</td>
<td>Male</td>
<td>44</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Person</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>Combined</td>
<td>Male</td>
<td>60</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Person</td>
<td>40</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: CSO, 2011.
opportunities, higher income generation and many related factors are responsible for disintegration of traditional joint family system in India. In big cities, higher cost of living and small living spaces makes it difficult to accommodate elderly parents, consequently the elderly are left alone. With this trend, many older people are left behind unattended and ignored without adequate support system. Loneliness is a major problem faced by our elderly today (Ghosh and Husain, 2010). Crime against elderly is another emerging problem for the elderly, specially those staying in cities and metros (Kapoor et al. 2003). Older population without steady financial support, for example, non-pension holders or people without adequate family income, suffer more. Associated problems of elderly are social isolation, health-related problems, economic dependency and living arrangements among elderly (Kumari and Sekher, 2010) and social challenges with advancing age.

**Health Issues**

Old age is characterised by decline in physical and mental functions of the body. One of the significant features about the health of elderly people is the occurrence of multiple health problems simultaneously, hence making their diagnosis and treatment more difficult and prolonged. Highest prevalence of joints pain, followed by cough and blood pressure, piles, heart diseases, urinary problems, diabetes and cancer are found to be the common health problems among elderly as per NSSO (1998) 52nd round. Visual impairment, hearing problem, locomotor problem (difficulty in walking) and problems in speech are found to be the common forms of disability among elderly. Locomotor disability is found to be more prevalent among elderly males than elderly females. Senility and neurosis are common mental illness reported among the elderly (NSSO, 1998, 2006). With regards to rural–urban variation among older population, rural-based older people are found to have a higher percentage of all types of disabilities compared to those staying in urban areas. In rural areas, major proportions (about 38 per cent elderly males and more than 42 per cent elderly females) were suffering from some or the other type of physical disability (NSSO, 2006). Osteoporosis, an age-associated health problem, is characterised by lowered bone mass. An estimated 61 million people in India are reported to be affected by osteoporosis (Goswami, Gupta, Goswami, Marwaha, Tandon and Kochupillai, 2000). Frequent occurrences of gastrointestinal infections are reported among elderly (Hebuterne, 2003). Vision problems followed by hypertension, joints pain, diabetes, hearing loss, respiratory problems and skin problems were found to be the major health problems among elderly living in the urban areas (Tyagi, 2007). Some other studies have observed various psycho-social health aspects (Lalitha and Jamuna, 2004; Mini, 2009) and other health problems of elderly (Nambiar and Seshadri, 2004). Though women live longer than men, elderly women live more years in ill health than elderly men (World Health Organization [WHO], 2004). Role of hospice care in delivering low
cost critical care can make remarkable improvement in the lives of elderly suffering with chronic diseases. Hospice care that includes critical medical and nursing care as well as psychological and spiritual support for the ailing elderly is a substantial initiative (Thulasi, 2004). Hospice care is an effective measure in dealing with many crippling health problems of the elderly. Such initiatives had effectively supported the family and other care givers for comfortable living as well as peaceful and dignified demise of critically ill elderly (Thulasi, 2005). An alternative health care system which is easily accessible, culturally acceptable and cost effective for all citizens, especially the poor has been suggested (Antia et al. 2000). The focus is on the decentralised, people-oriented health and medical care—that can be achieved effectively within the existing financial resources, providing a sustainable, accessible and humane alternative of health for everyone.

With myriad health problems, suitable health services are needed for this ever-increasing segment of the population. However, most of the hospitals in India (both private and government) do not have an exclusive geriatric unit to provide better support system to the older population. Often, the early diagnostic process among the older people is ignored as symptoms are considered to be a part of aging process. The medical colleges can have separate geriatric departments that can orient the doctors to look after the problems of elderly in better way.

Financial Issues

Elderly people face several challenges and one of the most important among those is the problem of financial insecurity. Old-age dependency ratio is increasing and it is projected to increase continuously, with higher share from rural areas than in urban areas. The NSSO (2006) survey revealed that a higher proportion of males in rural areas (32 per cent) are found to be financially fully dependent as compared to that in the urban areas (30.1 per cent). However, for the females, a reverse trend is observed (72 per cent in rural areas and 72.1 per cent in urban areas are financially fully dependent). On an average, 30 per cent elderly males and 73 per cent elderly females were found to be economically dependent, indicating a significantly lower financial independence among female as compared to male elderly population.

Widows, poor and disabled elderly constitute more disadvantaged among elderly population. Elderly women, especially widows, face many disadvantages, like a substantial gender differential exists in the ownership of property and assets and in role and participation in the family as compared to aged men in both urban and rural India, which consequently affects their access to various basic necessities like food, housing and health. Pension and social security is restricted to those who have worked in the public sector or the organised sector of industry; however, many surveys have shown that even retired elderly people are confronted with the problems of financial insecurity and loneliness (Bhatia, 1983; Goel, Garg, Singh, Bhatnagar, Chopra & Bajpai, 1999; Srivastava, 2010). Care giving is an
important aspect of family life (Bali, 1999) and women are the traditional caregivers in Indian families (Prakash, 2001) especially in rural communities (Chakrabarti, 1999; Sharma, 2003). Women are often engaged in the care giving of two generations—rearing their own children and providing long term care to the elderly relatives which results in great cost to their well-being both physical and psychological (Prakash, 1999; Hirst, 2005).

**Other Issues**

Isolation is also a big challenge for today’s elderly and one of the reasons for an increasing number of elderly being shifted to old age homes in India. Some of the major problems faced by old age home residents are poor health, lack of finances, loneliness and lack of self-esteem because of retirement (Rajan and Sarchandaraj, 2005). A comparative account of problems faced by the elderly staying in old age homes and elderly staying in the family was made by Tyagi and Kapoor (2004). About 12 per cent of elderly are staying with the spouse and 5.2 per cent of elderly live alone (NSSO, 2006). More and more elderly are now living without their children and are still working for their livelihood (Chakraborti, 2004). They live alone for a number of reasons, like lack of support from children or migration of their children to other cities. Such elderly constitute soft targets for criminals. Elderly people feel lack of emotional support as, in many instances, they are deserted. This is one of the reasons for elder abuse and crime against them, especially in the metropolitan cities. Rate of crime against elderly in 2004 in Delhi, Kolkata and Mumbai was 31.1 per cent, 24.8 per cent and 87.7 per cent, respectively (Group for Economic and Social Studies [GESS], 2009). Fading family support, economic insecurity, social isolation and elder abuse lead to many other associated psychological problems among the elderly which need to be tackled with proper support system.

**Social Security and Policy Measures**

Social security is one of the provisions by both state government and central government. The elderly should have an equitable share in the development process. Different departments, sectors’ programmes and policies should have sensitive objective for older people. However, social security has limited implications in India as it excludes a large number of population who are unemployed, old and poor (Kurian and Khawas, 2007). There is a requirement of gender-sensitive plans and policies that can benefit the older people, especially the women who are discriminated in multiple ways because of being old, women and widows. There must be integration between different generations that can strengthen the bond between the young and old. Sensitisation programmes and training can be designed and implemented in such a way that useful services of older population can be recognised and further utilised within the family and society (Paltasingh, 2002). It is important to discuss and understand the concept of
productive ageing before formulating any national policies. The term ‘Productive ageing’ covers three aspects: physical, economic and social. The physical aspect focuses on healthy mind and healthy body, emotional and spiritual well-being. The economic aspect deals with commercial, business, monetary benefits, gainful employment suitable to age, health and regions. The social aspect involves participation in family’s and community’s, activities—to the satisfaction and advantage for oneself and society (Kumar, 1996). Volunteering by older persons is a singular and a valuable mode of ‘productive ageing’, because their contribution is the gift of life experience, skill, wisdom and human warmth to other generation (Chakrabarti, 2008). Hence the policies need to gear up in a direction that can sustain the benefits to this most experienced population of the country. Notwithstanding all the benefits, the policies have to be more inclusive, that can positively benefit the older population.

National Policy for Older Persons (NPOP)

The NPOP was introduced in January 1999 by the Government of India with an objective to ensure certain benefits to older persons. The NPOP has identified principal areas of intervention and action strategies. These include: financial security for the elderly in both the formal as well as in the informal sector; health care and nutrition; shelter and housing; development of trained human resources in medical colleges and schools of social work; and attention to the needs of vulnerable groups among the elderly such as the destitute, widows and those who are disabled (Government of India, 2000). In addition, there is scope for equitable share in development and overall improvement in quality of life. Also, the policy suggests the formulation of a National Council and a National Association of Older Persons, the establishment of a separate bureau for older persons in the ministry, preparation of sectorial annual five year plans for the elderly and a detailed review of the implementation of the national policy in every three years (Government of India, 2000). The implementation of the suggested strategies is envisaged through the social justice committees of the village panchayat and by involving experts in public administration to coordinate and monitor the implementation of the policy. Government passed a significant Maintenance and Welfare of Parents and Senior Citizens Act, 2007, which allows the senior citizens to transfer the property in case of negligence by children or relatives. There is also provision of penalty for abandoning the senior citizens; the senior citizens can protect their life and property. The Act has been notified by majority of the states and union territories. The states further need to look at the effective implementation of the said Act.

Relooking NPOP

Undoubtedly, NPOP is a positive step of the Government of India for benefit of the older population but at the same time, there are limitations to this policy. There has to be a shift from welfare approach to approach based on human rights. Older
people should be given responsible status so that they can be the productive partners in developmental programmes and activities. The components seem to be quite comprehensive with large coverage of benefits to the older population. However, there are some missing components in NPOP. The health care facility exists in more generic manner without much need-based component with specialised services for the older population (Bali, 2010). The older people with more vulnerability should be given special attention for social security. Because of process of globalisation, there have been changes in information technology, customary practices and value system. Lifestyle has changed to a great extent with growing nuclear families and migration from place to place. The NPOP has not addressed such issues. Gender-specific issues like problems concerning widows and destitute older women are not given due attention. Other categories of old people such as people with disability and people with chronic diseases need to be given more attention (Prakash, 2003). The NPOP has also ignored the older populations who are poor and belong to the lower middle-class family. The pension benefits and other related benefits do not cater to the needs of the people who are unemployed or who are not employed in organised sector job. Now, there has to be a reorientation of the existing NPOP so that it can be friendlier to the older population irrespective of their location, gender and economic background.

**Other Related Benefits**

One decade has passed by ever since NPOP was introduced. As discussed earlier, the policy has attributed several key factors like expansion of old-age pension scheme, tax benefit to the senior citizens, promotion of long-term saving, motivation to the working members for financial saving that can help in old age, income-generating programmes for the elderly, sensitisation towards age-related discrimination, assigning loans and other benefits in hassle-free manner, subsidised health care facility, protection of parents’ rights through legislative measures and availability of public distribution system. However, lot more has to be done at the level of implementation. The NPOP has facilitated some other benefits. One can notice the recent facilities like special counters for reservation in railways, income tax return filing (for example, in Delhi), electricity/telephone bills payment (in Punjab) and registration in hospital (in Gujarat) for the senior citizens which are of great help to the elderly.

**National Old Age Pension Scheme (NOAPS)**

This central scheme is only applicable to that segment of the older population who does not have regular means of subsistence or does not have own source of income, that is, they are more of less destitute without any support even from family members. The amount of money received by the older people is different in different states. In rural areas, village panchyats, and in urban areas, municipalities...
take the responsibility to facilitate the beneficiaries. In some states like Maharastra, Karnataka, West Bengal and Kerela, widow pension scheme is prevalent (Senior Citizen’s Guide [SCG], 2000). But identifying the deserving target group still remains a challenge for the government.

**Public Distribution System: Annapurna**

Annapurna is a scheme for older destitute under which they can avail, free of cost, food grains of 10 kg per month. The categories of older people who are otherwise eligible for NOAPS, but due to some problems they may not be getting for which Annapurna scheme is extended to them as an alternative.

**Travel Benefits**

A discount of 50 per cent on fare on monthly passes for travel on Delhi and Chandigarh transport buses is provided to senior citizens of 65 years and above. There is provision for elderly women of 60 years and above travelling free of cost in Punjab. Senior citizens are getting concessionary railway and airline tickets. Indian Railways is providing 30 per cent concession in all classes available in train, including Rajdhani and Shatabdi Express, to those who have attained the age of 60 years and above during the time of travel. For senior citizens of 65 years and above, the Indian Airlines and Jet Airways, and for the senior citizens of 62 years and above, the Sahara Airlines provide 50 per cent discount on basic fare for travel on domestic flights in economy classes only (SCG, 2000).

**Taxation and Benefits through Financial Institutions**

There is a provision of income tax rebate under section 88B of Finance Act, 1992, to the senior citizens of 65 years and above (SCG, 2000). For economic benefit of the older population, different banks have introduced some new schemes, for instance, higher interest rate on term deposit, low interest rate for personal loan and concession on all types of remittance. The schemes vary from one bank to the other. All the banking channels however try to help the older population to give them some sustained financial support.

Besides these, the Ministry of Finance, Income Tax Act, 1961, provides some deduction in respect of medical insurance premium (Section 8D) and Finance Bill, 1999, ensure deduction in medical treatment (Section 80DDB) to the senior citizens of 65 years and above. The Life Insurance Corporation of India (LIC) has introduced an assured income in terms of annuities. There are some insurance schemes, especially for senior citizens, like Jeevan Akshay, Senior Citizen Unit Plan and Jan Arogya.
Health Care Facilities

Government of Delhi has introduced out-patient department (OPD) service facility on Sundays that help the senior citizens to receive medical care. These hospitals are set up by central government and there are about nine hospitals providing such kind of services to the elderly. There is also provision for care givers to accompany the elderly patients without taking leave from their job. Geriatric wards and OPD are operational in Chennai, Madurai and Coimbatore districts of Tamil Nadu. There are some geriatric wards and OPD facility for elderly in Maharashtra and Kerala as well. Under district blindness control scheme, the state provides ₹ 600 per intraocular lens (IOL) for cataract surgery to elderly. Free IOL is provided by Government of Gujarat to the elderly of 60 years and above with poor socio-economic background (SCG, 2000).

Old Age Homes

The concept of institutionalisation is relatively new in India. Old age homes, day care centres and paid home care centres have been developed in response to the need for care in old age. Though the Government of India emphasises on the family-based care of elderly but for the very poor and destitute older persons, it has provision for building old age homes, at least one in each district in the country. There are thousands of old age homes, both paid and free, in different states of India. The government also has a scheme of assistance for Panchayati Raj Institutions/voluntary organisations or other self-help groups for the construction of old age homes or multi-service centres for older persons. Under the scheme, a one-time grant of ₹ 30 lakhs per home/centre is provided to eligible organisations for the construction of old age homes or a multi-service centre comprising day care centre for those elderly who are mobile and outreach units for the home-bound elderly as well as old age homes for destitute elderly.

Present Scenario

National Policy for Senior Citizens (NPSC 2011)

New draft policy, that is, National Policy for Senior Citizens (NPSC) 2011 has been formulated considering the demographic explosion of elderly, changing socio-economic scenario, medical research advancement and high level of destitution, specially among rural and poor elderly (51 million elderly live below the poverty line). A high percentage of lonely elderly, privatisation of health services and changing morbidity patterns are the other aspects given due attention in the new policy. The senior citizens are classified as 60 years and above in the policy which primarily focuses on the senior citizens living in urban and rural areas and towards the special need of oldest old and older women. The major
areas of intervention for the elderly in the new policy are income security in old age, Indira Gandhi Old Age Pension to cover all senior citizens below the poverty line, wider coverage of public distribution system, taxation policies, microfinance, better health care facilities, preventive and protective measures for safety and security for elder abuse and crime against elderly, special allocation in housing schemes, elderly friendly houses, private transport system, productive ageing, employment opportunities, other welfare schemes and multigenerational bonding by promoting value education in school curriculum (Government of India, 2011).

**Recommendations and Conclusion**

Article 41 of the Indian constitution has focused on well-being of older persons. This Directive Principle of State Policy has mentioned that the state, with limited economic resources, has made provisions for public assistance in cases of deserving older population. A shift in age structure has been witnessed in the current years with increased longevity and decreased mortality because of advancement in medical facilities. Welfare package for the elderly has to be developed considering the low levels of literacy among them, their added concentration in the rural areas, their primary occupation in the unorganised agricultural sector, poor financial security in terms of possession of assets, property and income, their dependence on others, their overall low standard of living which denies them basic amenities of daily living and poor access to means of mass communication to inform them about various programmes and services designed especially for them.

The less developed countries have to confront the economic issues. In addition, the growing older population is another challenge for the nations in terms of socio-economic development. These countries should prepare themselves to accept the changes that are going to take place in coming years. Very often, it is seen that elder population are considered a burden to country as well as families rather than an asset. The double challenges of ageing population and socio-economic development can be handled by stakeholders like government, civil society, academician and others who are concerned about such issues in a more challenging, positive and collaborative manner. One has to realise that older generation is dependent on the younger generation in the same manner younger generation is dependent on older people. Furthermore, the states of India that already have a larger share of the elderly population need to prioritise the development of a suitable package for their elderly. In view of the varied diseases and disabilities affecting the elderly as well as their lifestyle patterns, the government health services need to be more equipped in terms of infrastructure and human resource training to address the special health needs of the elderly.

In the institutional care of the elderly, the plan of the housing colony needs to be made in such a manner that it is suitable to the living needs of the older population. It must have provision for barrier-free accessibility and mobility to places.
of their choice, including community centres, clubs, shopping centres and parks. Some of these aspects have been suggested in the new draft policy for senior citizens (Government of India, 2011). The elderly people can be provided facilities to interact with other community members instead of being segregated. Welfare programmes can be oriented to make special provisions for the older population who are poor, lack family support and are disabled and/or chronically ill. The non-governmental organisations (NGOs) and community-based organisations (CBOs) can be encouraged to provide the financial support towards the care of older population through setting up of more number of day care centres, providing aids and appliances to disabled people and reach-out services at the time of necessity. Despite all the discussed support system, family continues to be most desired social institution that extends social security and emotional support to older population. The support services can strengthen the family ties and remove the generation gap. Self-help groups formation, involvement of elderly women as resource person within the community, helpline services exclusively for elderly females, a suitable amount of old-age pension service at doorstep, small income-generation projects, microcredit system and younger generation sensitisation programmes are some of the suggested measures for an improved quality of life of the elderly females (Srivastava, 2010). The elderly people could be provided with helpline services, round the clock, across different geographical locations irrespective of their caste, class and gender background.

The NPOP, NOAPS, Annapurna programme, old age homes, day care centres, travel discounts, income tax rebates, etc., are some of the initiatives taken by the government towards the problem of socio-economic security of the elderly. However, the benefits of these programmes have been questioned several times due to poor awareness about such benefits among elderly, small budget, inappropriate identification of beneficiaries, restricted accessibility, difficult procedures, irregular payments, etc. The new draft policy for senior citizens has envisioned the elderly requirement in a better way, however, its finalisation and effective implementation is awaited for betterment of our senior citizens. Considering the growing trend of elderly population and its serious implications, it has become clear that the government alone cannot tackle the problem on its own. There have to be schemes that can assist voluntary organisations, welfare associations and community to help the senior citizens with sincerity and commitment. Time has come to realise that with increasing lengths of life spans, the elderly population should lead a life with dignity and security.

References

*Social Change, 42, 3 (2012): 391–409*


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