

# Status of Elderly in India

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**Abstract –** *The ageing process is of course a biological reality which has its own dynamics, largely beyond human control. Ageing can generally be described as the process of growing old and is an intricate part of the life cycle. A major demographic issue for India in the 21st century is population ageing with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last few decades, it is certain that India will move from being a ‘young country’ to an ‘old country’ over the next few decades. The ageing population that was 7.5% (77 million) of the total population in 2001 increased to 8.6% (104 million) by 2011. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that afflict the elderly is geriatrics.*

**Keywords:** Status, Elderly, India.

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## INTRODUCTION

Aging is a biological, natural and universal process, which applies to any living creature. The term aging refers to the process of growing older, it involves a multidimensional change in human life. The attitude towards ageing is highly subjective and depends on society and personal needs. The ageing process is of course a biological reality which has its own dynamics, largely beyond human control. Ageing can generally be described as the process of growing old and is an intricate part of the life cycle. Basically, it is a multidimensional process and affects almost every aspect of human life. Introduction to the study of human aging have typically emphasized change in demography focusing on the ‘aging of population’ – a trend, which has characterized industrial societies throughout the twentieth century but in recent decades, has become a worldwide phenomenon. (United Nations, 2002)

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the aging process is called gerontology and the study of diseases that afflict the elderly is geriatrics. (Situation Analysis of The Elderly in India, 2011)

## DEFINING AGING :-

The elderly person is defined as a person who has completed 60 years or more. According to the United Nations Organization (UNO), those who consider their age over 65 years of age are senior citizens. The Indian census classifies people in the age range 60 years and above as old. According to another classification commonly used in the developed countries, there are three groups; The young-old aged (60-74 years), The middle-old aged (75-84 years), and The old-old aged (85 years and over). Demographers and sociologists categorize the elderly in the following three groups; The young-old aged (60-70 years), The old-old aged (70-79 years), Oldest-old aged (85 years and above). Ageing is worldwide and multidimensional phenomenon. From ancient times ageing has been debated as one of the most important problem of our lives. However, the problem of old age has gained importance due to the rapid demographic transition involving high to low fertility and mortality and consequent ageing of population. This demographic transformation has been brought about by the rapid development of medical science, mass immunization package, improvements in nutrition and living standards. (Eswaramoorthy and Chanda, 1999)

## AGEING AND INDIAN SCENARIO:-

A major demographic issue for India in the 21st century is population ageing with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last

few decades, it is certain that India will move from being a 'young country' to an 'old country' over the next few decades. The ageing population that was 7.5% (77 million) of the total population in 2001 increased to 8.6% (104 million) by 2011. It is predicted that the population of senior citizens in India will be around 19% (approx 300 million) by 2050. This demographic transition has resulted from rapid advancements in science, technology and medical sciences, leading to better healthcare facilities and nutrition and increasing the longevity of persons and has had a direct impact on the reduced birth rate and fertility. As per population census data of 2011 the sex ratio for general and elderly population are 943 and 1033 respectively which are quite close to the levels they were in 1951, that is, 946 and 1028 respectively. Further it is observed that the difference in sex ratios in general and elderly populations also first narrowed and then it has started increasing again. According to census 2011 projected to increase to 1,060 by 2026 (with some variations across states) given the insignificant decline in mortality among males particularly during adult and older years.

Traditionally, in India, the most common form of family structure has been the joint family. The joint family consists of at least two and more generations living together and this arrangement has usually been to the advantage of the elderly as they enjoy special status and power. But with growing urbanization and dependency on the availability of jobs, children are increasingly opting out of the extended family setup. Earlier in Indian society, elders were considered an asset to impart wisdom, knowledge, advice, and care to the family; they received high social recognition and were involved in making most of the family decisions (Gulati and Rajan 1991; Visaria, 2001). In the coming years, the elderly population will grow phenomenally in number, while the family size has already reduced. The family structure is changing from joint to nuclear; more and more women are going for work resulting into the need of elderly in the family for taking care of home and children. Mainly grandparents play significant part in bringing up children, from babysitting to storytelling, to cooking and feeding kids, they provide a unique kind of love and instill the "Sanskars" which are the very foundation of culture and social fabric of the society.

Living arrangements among the elderly was not an issue in India till a few decades ago because their families were expected to take care of them. With declining informal social support systems, older persons who live alone are likely to be more vulnerable than those who live with the family, especially in the case of elderly women. While majority of the elderly are still living with their children in India, about one fifth either live alone or only with the spouse and hence have to manage their material and physical needs on their own. The proportion of older persons living alone without spouse (solo

living) has increased over time from 2.4 percent in 1992-93 to 5 percent in 2004-05. The proportion of elderly who live alone varied from 13.7 percent in Tamil Nadu to 1.7 percent in Jammu and Kashmir in 2005-06. Similarly, survey data from the BKPAI collected in 2011 also showed that the proportion of the elderly living alone was the highest in Tamil Nadu (26 percent). Across the seven states, a higher percentage of elderly women live alone compared to men. As expected, more elderly who have lost their spouses live alone. (Sathyanarayana K.M., Sanjay Kumar and K.S. James, 2012)

#### Percentage share of elderly population in total population of India

Source	Person	Female	Male	Rural	Urban
Census 1961	5.6	5.8	5.5	5.8	4.7
Census 1971	6.0	6.0	5.9	6.2	5.0
Census 1981	6.5	6.6	6.4	6.8	5.4
Census 1991	6.8	6.8	6.7	7.1	5.7
Census 2001	7.4	7.8	7.1	7.7	6.7
Census 2011	8.6	9.0	8.2	8.8	8.1

**Source: Population Censuses (1961-2011), New Delhi, published by government of India.**

The present data show that percentage share of elderly persons in the population of India is ever increasing since 1961. While in 1961, 5.6 per cent population was in the age bracket of 60 years or more, the proportion has increased to 8.6 per cent in 2011. The trend is same in rural as well as in the urban areas. In rural areas while the proportion of elderly persons has increased from 5.8 per cent to 8.8 per cent, in urban areas it has increased from 4.7 per cent to 8.1 per cent during 1961 to 2011. It is observed that the difference of percentage share of elderly population in whole population in rural and urban areas is narrowing.

According to Indian population census, State-wise data on elderly population shows that Kerala has maximum proportion of elderly people in its population (12.6 per cent) followed by Goa (11.2 per cent) and Tamil Nadu (10.4 per cent) as per Population Census 2011. This may be due to the lifestyle and better medical facilities in respective states. The least proportion is in Dadra & Nagar Haveli (4.0 per cent) followed by Arunachal Pradesh (4.6 per cent) and Daman & Diu and Meghalaya (both 4.7 per cent). In the context of Haryana Elderly population raised from 7.5 per cent in 2001 to 8.7 per cent in 2011.

**Source: Population Censuses (2001, 2011), New Delhi, published by government of India.**

## **ELDERLY POPULATION: ISSUES & CHALLENGES**

Old age presents its special and unique problems but these have been aggravated due to the unprecedented speed of socio-economic transformation leading to a number of changes in different aspects of living conditions. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. (Siva Raju, 2002)

### **SOCIO- CULTURAL ASPECTS:-**

In the context of specificities it is important to understand and analyse the dynamics of the emerging scenario, it is significant to study the socio-economic and cultural practices shaping the lives of all including elderly women. In Indian set up, from womb to tomb, family is supposed to take care of each and every need. Socialization practices are such that they reinforce centralized decision making where by and large, all important decisions are taken by men in the family (patriarchal norms). As these women enter into elderly age groups, they carry forward these disadvantages manifold; neglected and often considered burden by the family in the absence of regular financial support.

The Report on the Status of Elderly in Selective States of India, (2011) shows that involvement of the elderly in social life, whether in public meetings, organisational meetings or religious programmes is very limited. This report also shows that involvement of the elderly in urban areas is the lowest with 73 per cent of men and 88 per cent of women stating that they never attended such meetings compared to 58 per cent of rural men and 81 per cent of rural women. The survey also found that men are more active in collaborating with other people in the neighbourhood to fix or improve something (about 40%) compared to women (20%) though the frequency varied.

Ramachandran and R. Radhik (2006), conducted a comparative study between India and Japan about the Socio-economic status of elderly women. Elderly women in India tend to be negatively affected with factors such as illiteracy or poor education, unemployment, widowhood, economic dependence, malnutrition, ill-health and other psychological problems. Like the younger age groups, the aged also require proper health and social care. In Japan proper health care and social security packages provide far-reaching results in the quality of life of elderly people. The Law of the Welfare of the Aged in Japan declares that the elderly should be respected by society and clearly defines the responsibility of the state, as well local bodies, relating to welfare measures for the elderly. India still has a long way to go improve the status of elderly, especially of elderly

women. The skill and expertise of elderly women should be fully utilised in the national-building process. The government and voluntary agencies should work together in organising national- wide adult and continuing education programmes rigorously toward achieving this goal.

### **ECONOMIC ASPECTS:-**

In India, it is normative for families to take care of the needs of older persons, including economic and social needs. With the changing socio-economic, demographic and development scenario, financial security arising from personal income and asset ownership has become a major determinant of well-being of older persons. The Building Knowledge Base on Population Ageing in India (BKPAI) survey data indicates that one third of the older men and women receive income from employers or social pensions. The major source of income especially for older men is still salary or wages. This indicates that older men work to support themselves even during old age.

Although around 50 percent of the elderly have some type of personal income, the income earned by the elderly is not sufficient to fulfill their basic needs and therefore they are financially dependent on others. Almost three fourth of the elderly are either fully or partially dependent on others, and such dependency is more for elderly women than men. Financial dependency also increases with age. (Alam, Moneer 2012). Elderly persons in India not only work to support themselves but also make economic contributions to their households. More than half of the elderly men perceived that their contribution covered more than 60 percent to the household budget. The NSSO estimated that in 2012-13, 34 percent of older persons were working (NSSO, 2013).

The elderly work participation rate also varies across the states of India with highest work participation rate in Meghalaya with nearly 60 percent of the older persons are in labour force and lowest in Goa with only 8 percent of the older persons in labour force. Among the major states, elderly work participation rate is above 40 percent in Himachal Pradesh (48.8), Andhra Pradesh (40.3), Chhattisgarh (41.1) and Uttar Pradesh (41.2), whereas in Assam, Kerala, Haryana and West Bengal the work participation rate hovers around 25 percent. A substantial proportion of the older persons also work beyond age 80 particularly in states like Bihar, Madhya Pradesh, Uttar Pradesh and Jammu and Kashmir.

Srivastava (1996) in his article "Economic condition of the old aged persons and their pension holding status" found that overall economic condition and family responsibilities of elderly persons have greater impact on the future life of the pensioners. The occupational career of an individual enabled

him to fulfill his family obligations such as children's education, their marriage, housing problems and other social responsibilities. The pension amount will not be sufficient for those who have to fulfill certain family responsibilities and social obligations.

### HEALTH STATUS:-

Health problems are supposed to be the major concern of the older people who are more prone to suffer from ill health than younger age groups. It is often claimed that ageing is accompanied by multiple illnesses and physical ailments. The health status of the aged should occupy a central place in any study of the elderly population. In most of the primary surveys, the Indian elderly in general and the rural aged in particular are assumed to have some health problems.

According to the Report Situation Analysis of The Elderly in India (2011), the prevalence of heart diseases among elderly men and women was much higher in urban areas than in rural parts. Urinary problems were more common among aged men while more aged women reported to suffer from problem of joints. State of Elderly in India (2014) report shows that health problems faced by the oldest old include asthma, poor eyesight, cold and cough, joint pains, and problems related to general physical weakness. Most of them depend on a private doctor/clinic, community health centre and primary health centre in the area for treatment.

Bansod Dhananjay's (2009) study focuses on living arrangement and its effect on the health status of elderly in Rural Maharashtra. The study is based on empirical information collected from 600 elderly by using the systematic random sampling method. Issues like living arrangement of elderly, relation between living arrangements and perception of health are explored in this study. Living with or without their children affect the health status of elderly. He found that most elderly (60%) felt their living conditions were 'satisfactory' followed by 'comfortable' (26%) and (13%) reported it was 'uncomfortable'. It is found that the health of those living with their sons/daughter is better compared to those living alone.

### PSYCHOLOGICAL ASPECTS:-

As an individual starts growing old he/she faces a lot of problem, not only physical but psychological too. They may start feeling lonely, as the young generation does not have time for them. They also feel insecure whether anyone will take care of them or not, at times it has been reported in news that due to this insecurity, loneliness and lack of confidence towards life, elderly become depressed. They have very limited network to share their feelings and find it difficult to adjust according to the fast running life of their children.

The many physiological, economic, emotional and interpersonal facets of ageing influence the social functioning and well-being of individuals in different ways. Changing traditional values, mobility of the younger generation, changes in family structure and role of women have contributed to a 'crisis in caring' for the elderly (Prakash, 2005). Many facets of the generation gap contribute to marginalization of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse.

Chadha (1999) emphasized that psychological and environmental problems including feelings of neglect, loneliness, being unwanted, all related to loss of power are usually associated with old age. Imbalance in the reciprocal relationship makes the aged feel unwanted and neglected. With current trends such as encouraging seniors to live longer at home or in the community, a highly mobile society and fewer children per family, the issue of social isolation takes a new importance.

### VIOLENCE AGAINST ELDERLY:-

Violence against elderly refers to any intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Abuse of older persons is considered a global public health problem, seriously impairing the well-being of the elderly. Help Age India in 2014 conducted a survey on elder abuse in select urban centers of the country. The results of the study by Help Age India, published in 2015, showed that about half of the elderly population in the country face some form of abuse, more in case of women than men. (Help Age India, 2015)

The Report on the Status of Elderly in Selective States of India (2011) collected information on five forms and three sources of abuse faced after age 60. Verbal abuse is the main form of abuse for men and women and the least form of abuse for men is neglect and for women it is physical abuse. The main source of physical abuse for men is outside the family while it is within the family in case of women.

Ushasree and Bashal (1999) in their article talked about, "Domestic Abuse among Elderly" studied 75 rural elderly of both the sexes residing in home for aged. They identified the various types of abuse the elderly were exposed. Results showed gender and ability differentials in the percentages of physical, psychological, material and legal abuse which the subjects were exposed to. The family serves as a fundamental structure for living together intimately and sharing economic, social and emotional responsibilities. The problems (such as financial, health and psycho-social problem of adjustment) faced by elderly are managed by the



family, which is the primary care giver for its aged members. The belief, that the elderly face lesser problem in India due to the respect for elderly in the family and society.

## CONCLUSION:-

The growth of the elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality across the country. As we have outlined, key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socioeconomic status, stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system. It is important to understand the social aspects concerning aged in the country as they go through the process of ageing. Increased life expectancy, rapid urbanization and lifestyle changes have led to an emergence of varied problems for the elderly in India. It must be remembered that comprehensive care to the elderly is possible only with the involvement and collaboration of family, community and the Government. India should prepare to meet the growing challenge of caring for its elderly population. All social service institutions in the country need to address the social challenges to elderly care in order to improve their quality of life. There is a need to initiate requisite and more appropriate social welfare programmes to ensure life with dignity for the elderly. In addition, there is also a need to develop an integrated and responsive system to meet the care needs and challenges of elderly in India.

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