

ELDERLY AT CROSS ROADS: - NO PANACEA?

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Introduction

Elderly were, once upon a time, the beacon of our life. Their traditional wisdom and exceptional experience were revered and respected far and wide. Living up to a grant old age was a source of personal pride. Strategic decisions and harmonious solutions in the family were arrived at with the involvement in and the participation of the elderly. In rural areas, most often, elderly settled disputes and took decisions unchallenged. The nexus within the family was, therefore, more personalised, kinship-oriented and participatory.

Now tables have turned over dramatically. Reduction in fertility coupled with steady increase in life expectancy brought about fundamental change in the age structure of the population triggering off the pace of population ageing in the world. As joint family system withered, elderly were exposed to many abuses and lack of physical and financial support.

The World Health Organisation predicted that world – wide there are around 600 million people aged 60+ and this will be doubled by 2025. Around the world, two persons celebrate their 60th birthday every second. The Population Division, Department of Economic and Social Affairs, United Nations Secretariat projected that one out of every ten persons is now sixty years or above. However, by 2050, one out of five will be sixty years or older. The oldest - old (80 years or older) is the fastest growing segment of older population. Considering the magnitude of ageing at the global level, the United Nation held 1999 as the year of the elderly and international day of elderly as October 1st. The objectives of the United Nations include review of the Millennium Development Goals and addressing the current state of the Global Ageing Agenda.

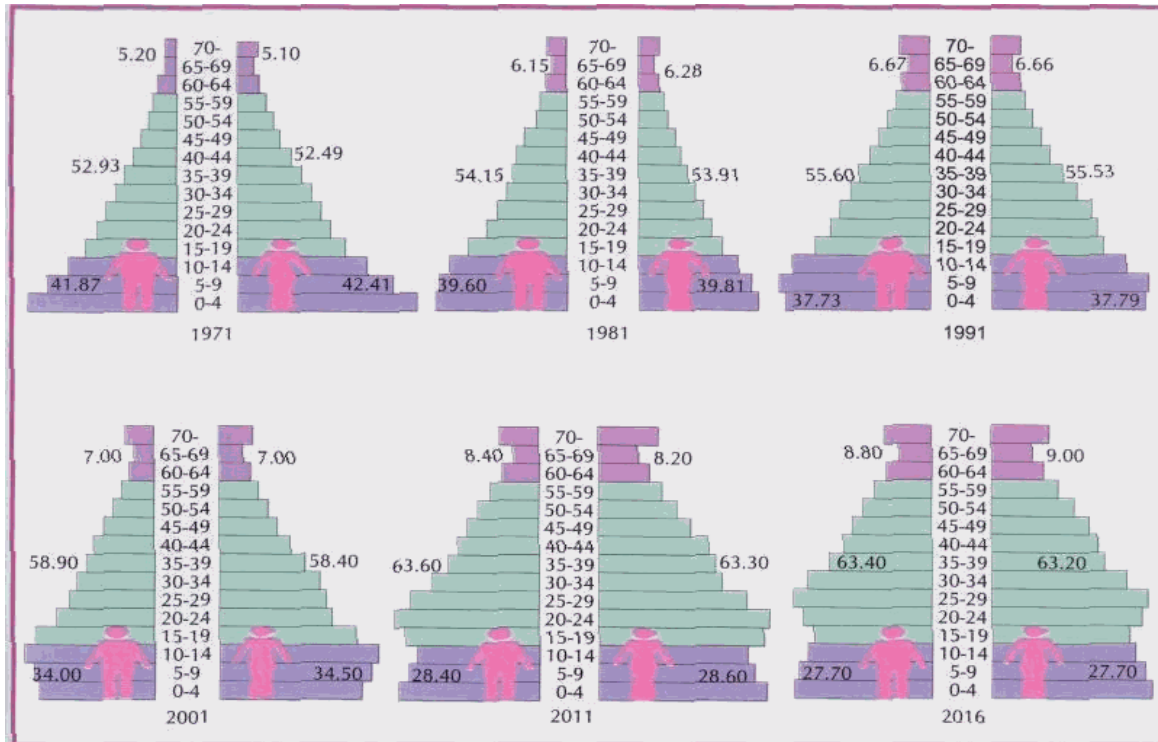
It was reported by the Economist (The Economist 2009) that the marked increase in longevity in industrialized countries would result in significant costs in health care systems.

The rights of the aged can be categorized into three:- 1. Protection 2.Participation and 3. Image. Protection refers to the physical, psychological and emotional safety of the aged. Participation refers to need to establish a more active role for older persons and Image refers to the need to create a less discriminatory role about themselves.

Indian Scenario

The proportion of the aged population of India is much higher than that of South Asia as a whole. Until the year 1951, the sequence of high birth rates followed by high death rates kept the proportion of persons aged 60 and above at a low level in India. However, since 1991, this population has grown steadily. In recent years, a steady decline in the birth rate has accentuated the aging process. The population of senior citizens is projected to rise to nearly 10 crore by 2011, 12 crore by 2016, 14 crore by 2021 and over 17 crore by 2026 (Sanyal and Arora 2009). India thus belongs to the family of 'Greying Nations' with over 7% of its population in the 60+ category. Substantial progress in health care amenities is one of the potent reasons for the marked increase in the proportion of elderly in India. However, it is, indeed, disturbing to note that no simultaneous increase in the quality of life does take place among this rising proportion of elderly. The first National Policy on Older Persons (NPOP) was announced in January 1999 by the Government of India to assure the well-being of the aged. The policy envisages state support to fulfill food security, shelter and protection against exploitation among the aged. In addition, the Maintenance and Welfare of Parents and Senior Citizens Act 2007 was enacted in December 2007 to assure the care of the aged which includes penal provision and even revocation of transfer of property by senior citizens for the abandonment or negligence by their children or relatives. The Ministry of Social Justice and Empowerment, as part of assessing the performance of NPOP, constituted a committee in January 2010. The Committee is working on a new NPOP and is slated to submit its recommendation soon.

Chart 1.a Changes in Population Pyramid-India (1971-2016)



Source: Technical Group on Population Projections, Registrar General of India (RGI) 1996

It is to be noted from chart 1.a that a wide base and narrow top of population pyramids indicate a high birth rate and a high death rate which could, precisely, be seen in 1971 and 1981. However, flat bottom and narrow top gradually started changing since 1991 in such a way that birth rate started declining along with death rate. While the younger population of male and female was 41.87% and 42.41% respectively during 1971, the same would abate to 27.7% for both male and female in 2016. Similarly, the older population of male and female was 5.20% and 5.10% in 1971, the same would rise to 8.8% and 9% respectively in 2016. In sum, it can be concluded that a low young population coupled with a high grey population will spell disaster for a country like India.

Kerala Scenario

According to the first census 1901, the number of elderly persons in Kerala of 60 years of age and above was only 10 lakh. But this number rose to 26 lakh in 1991. As per 2001 census, Kerala has 33 lakh elderly persons. This number is expected to increase to 57 lakh in 2021 and 120 lakh in 2061. People above 60 years constitute 13% of the total population of 3.34 crore in Kerala with compared to the national figure of 8.2% (**Census 2011**).

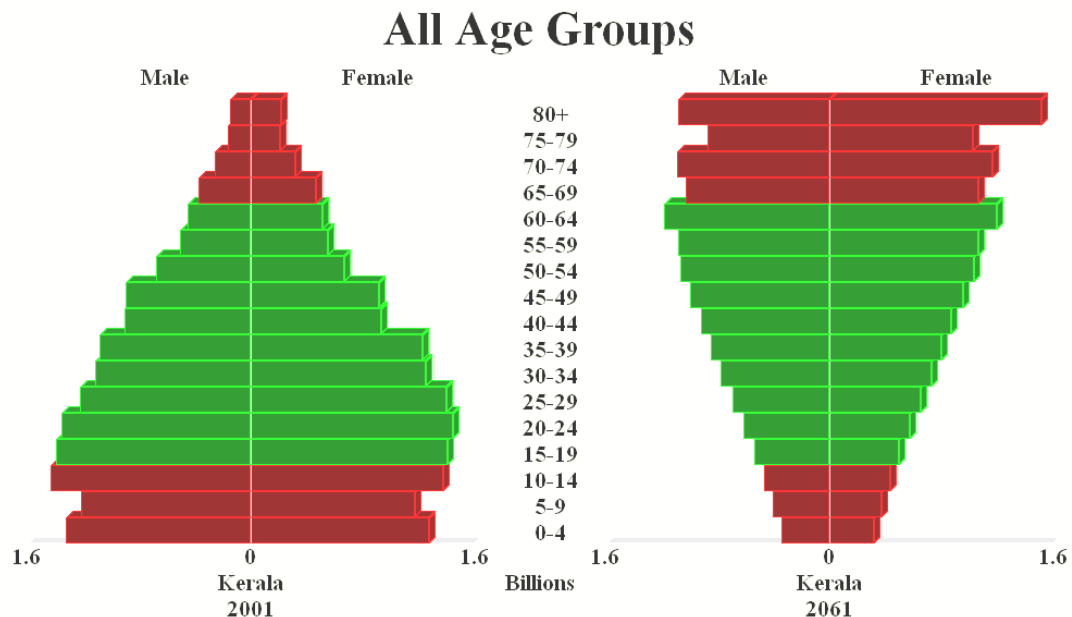
Table 1.1 Speed of Population Ageing in Kerala.

Population aged 60+ reaches specified % of total population	Years reached	No. of years required
8%	1986	-
10%	1996	10
12%	2011	15
14%	2016	5
16%	2021	5
18%	2026	5

Source: Leela Gulati and S. Irudayarajan (1988) Population aspects of ageing in Kerala, their economic & social consequences, Centre for Development studies, Thiruvananthapuram.

It is evident from Table 1.1 that while ten years were required for the additional increase of 2% of 60+ elderly during 1986 – 1996 and fifteen years during 1996-2011, for every subsequent increment of 2% of elderly since 2011 only five year period is enough. It, therefore, reminds us that the momentum of ageing is gaining stronger in Kerala.

Chart 1.b:- Population Pyramid: - A Kerala Snapshot



Source:- Irudayarajan & James(2007)

It is clear from Chart 1.b that the period of the demographic window will be absent and that Kerala would present an aged population structure, after 50 years from 2001.

The problem arising from and associated with population ageing is intensified by the pursuit of the people to migrate across the world. In today's world of globalization, distances shrink, borders disappear and time shortens. As such, the ability and willingness of the younger generation in the family to migrate, leaving the elderly behind, has become an increasing phenomenon and a disturbing tendency.

Consumerism, the by-product of liberalisation have widened ruptures between generations. The cultural tension and value decadence are looming galore between the older cohorts and younger cohorts. While many a war waged till now was between the rich and the poor, the same is impending between the young and the old hereinafter. It should be remembered that of all the welfare and pension schemes in India, largest number is found in the state of Kerala. Similarly, of all the elderly in Kerala, 60% are widows. It, therefore, points to the fact that a more realistic and fruitful venture should be carried out expeditiously for the amelioration of elderly women in Kerala.

Role of the market and care for the aged

The role of the market was dormant or rather non-existent so far as the aged in the joint family are concerned. It is because the young - old chemistry in the joint family was cordial and empathetic and so the welfare and the well being of the aged were safeguarded. But things underwent a U- turn ever since joint family was bespattered so much so that the role of the aged in the family was invariably dwindled. The care of the elderly has, therefore, been taken over by the market. And since the onslaught of the market, care was commodified. This high cost of elderly care is not without implications. That is to say, the elderly care with personal assistance from the family is transformed into professional assistance from outside. But this does not happen all the time provided the aged in the family are financially challenged. At this juncture, they become a liability inside the family and an ouster outside the family. It is, therefore, a pointer to the fact that aged find themselves at receiving end once care - giving becomes an expensive exercise. The fact that government have gone in for the enactment for the protection of and assistance to the aged portray the gravity of the situation.

In the west, things are not as same as what is here. Elderly are not cloistered to the family, instead, stay and die in old age homes (often called nursing homes) tailored to their needs. To them, staying in old age homes is not like getting admission to a hospice. They find contentment in being there and are not grief – stricken for not having quartered themselves in the family. They get along sans fear and favour or repents or complaints. Such a comfortable state of affairs

among the aged is thanks to a systematic government regulation and supervision of old age homes.

The single most distressing issue looming in the horizon is the acute ill-health among the aged. The second- generation diseases such as Dementia, Alzheimer and Cancer are increasingly found among the aged. Private long term care or financed nursing home care is more expensive and risky and that it does not cover these types of long term unhealable diseases. The feeling of loneliness and lack of mental health are the anathema among the aged. The sudden withdrawal from familial activity owing to advancement of age and increased dependence on others curtails their acceptability in the family. The impact of family cycle is more traumatic for women than for men due to greater and deeper participation in domestic chores by the former. Not surprisingly, the high labour market participation of women brings about a growing care deficit everywhere*. The traditionally female care - givers have much less time to devote to and look after statistically many more older cohorts.

The sources of care are trio. i.e. the Family, the State and the Market. Two features of care market i.e. its integration within residual (social) sector and a relatively high proportion of informal market make it difficult to obtain reliable data pertaining to elderly care. Moreover, different labour markets co-exist within the long term care sector. The persistent challenges in care sector are the unfailing delivery of quality care in an industry marked by low wages, high turn – over and rickety working conditions. So, the policy questions are a) Long term sustainability of care vis – a vis sound ‘public’ finance and 2) Co – ordination and regulation by the State in a highly knotty care sector.

Most often we come across reports that aged lying unattended in the bus stops and waiting sheds are taken to old – age homes. It is sickening to realise that apart from being underfed and undernourished, most of the elderly in the asylum are brought in there by their own kith and kin and are left shepardless. But most of the old age homes especially in the government sector are not gifted with physical and financial muscle to cater to the requirements of inmates. In addition, lack of trained personnel, lack of medical help and shortage of staff bring out total malfunctioning of the system and thereby transforming the conditions of the aged little better than cattle.

It should be discerned that conditions of the aged can be bettered if and only if they are made a part and not apart of their family. The fact that the attitude of younger cohorts that physically debilitated older cohorts can only help unhelp others is grossly mistaken. It is equally unpardonable that elderly are ill- treated and ill- respected just because they have become a provider of burden and recipient of care. On the one side, they are cornered by their family. On the other, the nation – state is not properly equipped with to take care of them. No wonder,

market is on the rampage to earn fat gains in the guise of the protection of the aged. However, the market can not be at fault if the nation – state and the family fail miserably to discharge their duty.

Safety Net

The absence of a well - crafted safety net is telling upon the aged. While thrust has been accorded to in – patient care, others such as day care, palliative care and rehabilitation care should be contemplated unhesitatingly. Above all, the onus for elderly care must be based within the family unit. Incentives for the families taking care of the aged are also an exemplary initiative. The health insurance sector is another area for the serious intervention by the government, for, there exists rampant age – discrimination and hidden risks. It is also ripe time to chalk out government –sponsored health coverage for the Below Poverty Line (BPL) and also for those residing in destitute homes.

It is also worth examining that care of the aged is not the sole onus of the government. Local self governments, NGOs’ can also have a decisive role in improving their lot. Rather than going in for the construction of old age homes using plan fund by the local self governments, it would be more advisable to assure availability, accessibility and affordability of a decent life and good health among the aged. However, this requires a sizable allocation on the social sector and more importantly a responsive and responsible senior citizen associations.

Let us not forget that elderly are national gems, wisdom banks and an embodiment of long heritage. As they approach the evening of their lives, their physical and mental conditions become more decayed resulting in inescapable dependency on their communities and families. Let it be viewed as a pay back occasion cherished by God for the unqualified contributions and peerless services rendered by them. So, a comprehensive and pragmatic National Policy for the Older Persons should not take donkeys’ years for its efficacious execution.

(However, it should be noted that increase in labour force participation of women is in the ‘informal’ sector where we find feminisation/over representation of women. In reality, Work Participation Rate is on the decline among female than that of male in the ‘formal’ sector. Such increased participation of women in the informal sector, a ‘catch-all sector’ brings out decreased familial role of women particularly in caring elderly.)*

References

1. The Economist (2009), “A World of Methuselahs. The Benefits and Costs of Living Together”. Available from

http://www.economist.com/specialreports/displaystory/.cfm?story_id=13888102

2. Sanyal Supratim and Arora Bhushan (2010), "Taking Care of Senior Citizens", Deputy Director (M&C), Press Information Bureau, New Delhi with inputs from the Ministry of Social Justice and Empowerment and UN Websites.
3. Census 2001 & 2011, Govt of India.
4. Irudayarajan & James (2007): Demographic Transition and Economic Development in Kerala: The Role of Emigration, Project Report submitted as part of the MIR study to the SANEI.