



Social Work and Elderly: A Glimpse in India

Mallikarjun A. Konnur¹

Introduction

According to the 2001 Census of India, there is the pyramidal structure of population that means, there are more proportion of young people. However the projection for 2016 by way of demographic transition indicates larger number of elderly people. Approaching 80 million in number, India has the second largest population of elderly people after China. In India, research on examining the socio-economic dynamics of elderly well being is gradually gaining ground, but access to good data continues to be an obstacle. Conventionally, there are two processes considered to be involved in the ageing of a population, i.e., ageing at the base and ageing at the apex of the population. The former results from a decline in fertility, the latter, mortality reduction among the elderly. In India, both processes are recent phenomena (H. B. Chanana and P. P. Talawar, 2000). Analysis based on National Sample Survey and the Census data highlight the urgency of the problems faced by the elderly (Gupta and Sanker, 2002; Gupta et al., 2001; Visahia, 2001; Rajan et al., 1999).

There are many types of elderly people, such as urban and rural, employed in organized and un-organized sectors and working in public and private sectors. The elderly men and women also constitute a separate group.

Notwithstanding this classification, there are manifold reasons for many type of social work intervention required for the peaceful life of the elderly. There is no single work or programme which can tackle the problems of different types of elders.

¹ Department of Studies in Social Work, Jnana Ganga, Gulbarga University, Gulbarga – 585 106 (Karnataka).

The solutions to elderly problems in India require various types of arrangements. For example, the old age homes (for the destitute), Day Care Centres, Rehabilitation Centres, Ashramas or Vishranti Dhamas.

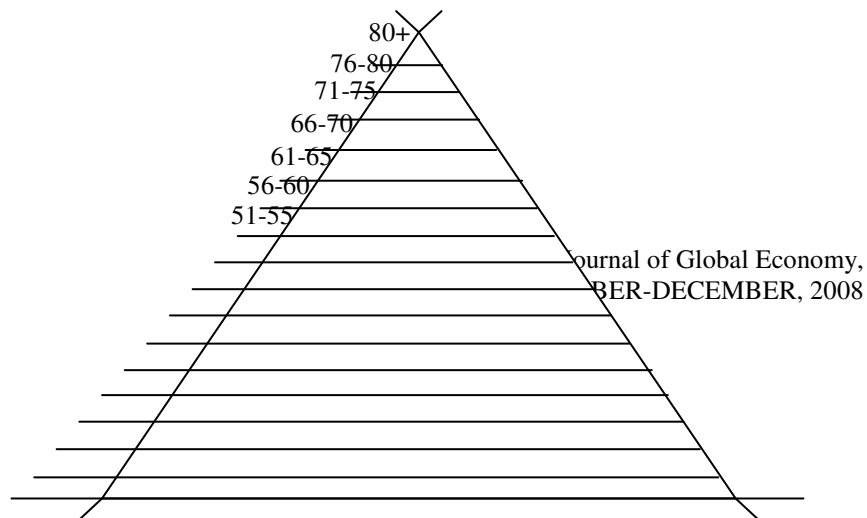
There is a very big financial outlay required for the maintenance of the elderly. The own pension funds, the state contributions, the social security funds and least the community contributions. The social organization, community centers, rehabilitation centers, centers for women are a kind of infrastructure to be visualized in this direction. The social, individual and family counseling for the adjustments between young and old is no less important task (Mishra, S., 1993). The social legislation, awareness and educating the people at large are also the important tasks awaiting the social work. The inter-generational resource flows and their plan for 2025 is on the top of the structure if one has a glimpse of the problems of the elderly. A new challenge indeed for the social work discipline.

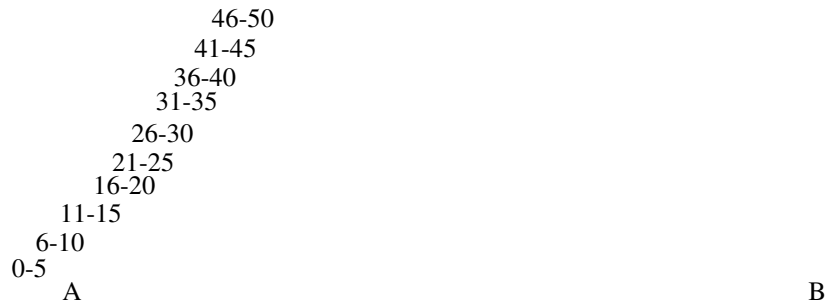
For convenience, the paper is divided into the following sections. The issues relating to elderly in the context of gerontology and the theory of demographic transitions have been discussed in section (I). The role awaiting for the social work in its alternative facets has been described in section (II). The critical evaluation in the form of the problems and prospects has been attempted in section (III). The summary and conclusions have been provided in the last section.

(I)
THE ISSUE

Never in the theory of demographic transition, the idea of gerontology as a key issue figured in the literature. If we accept the Kiplings Cliché that “East is East and West is West twine can never meet”. Against this, there is a definite difference between the population East and West. Further, once again according to kipling – “Both can never meet”.

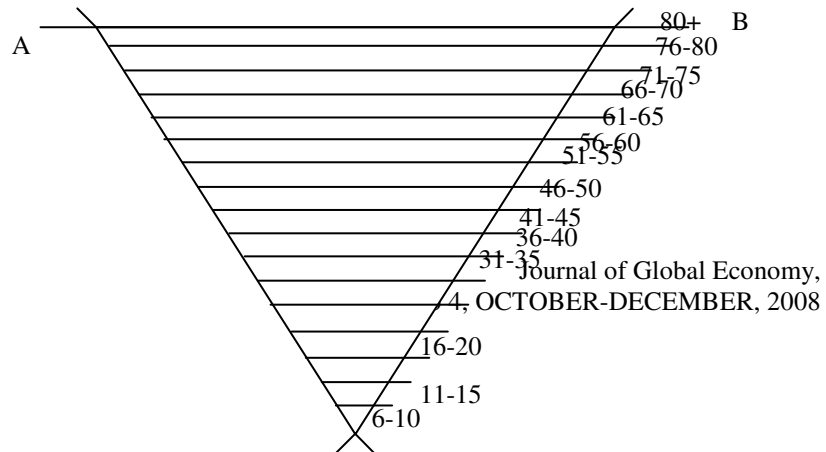
As per the Malthusian biological theory of population, the Under Developing Countries will have a pyramidic population which is explained with the help of following diagram.





However, ignoring *sue moto*, taking account of the theory of demographic transition, a number of changes in the structure of population in the Third World have been advanced (Shuman, 1986). In particular, the composition has been largely misrepresented. The sole hypothesis advanced during demographic transition has been that, *ipso facto*, the fertility and mortality both will decline. The fragmentation or migration of family members changes the dynamics of family support as the number of elderly living alone or with a spouse rises (Rajan and Kumar, 2003). Declines in fertility and mortality rates are changing the dependency ratio of young and old to working age population quite rapidly such that while the first is decreasing, the latter is rising. Dependency ratios to be 16.1 by 2021 (Rajan et al., 1999).

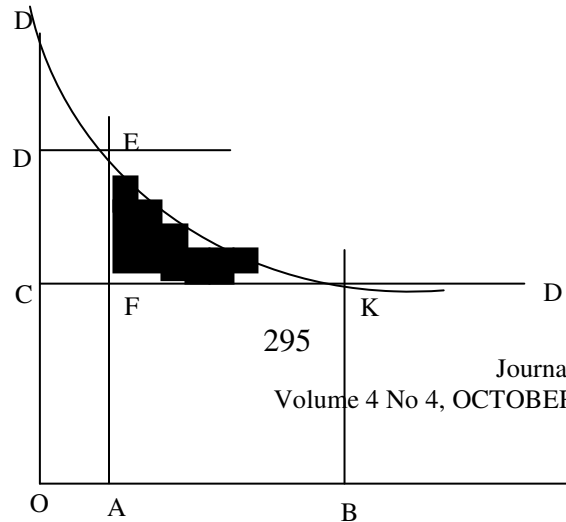
However, may be by way of slip of mind, no attention has been paid to the gerontology. The ageing and problems of elderly are going to assume serious proportion specially, in the context of most populated and developing country like India (Sinha, 1989). If we combine the theory of demographic transition and gerontology, according to Prof. Mirdal, the population of the elderly in contrast to the theory of demographic change and /or kipling the population of elderly and ageing will be the highest. The scientific interpretation would be the opposite of the pyramidic structure. For illustration, it will be as noted below.



Against this highest youngest population in developed countries, the proportion of ageing the elderly will be highest in developing countries. As they are definition developing countries, they have not sufficiently thought of the theory of demographic transition (Narayan, 1989). This amounts to no few of the elderly people and their problems and prospects.

If we take a simple view, against the externalities against child bearing, there are no simple problems of the cost of ageing and elderly people. Most unfortunate than this that the elderly require more resources with their negligible contribution for upliftment. Infact, every old man/women require resources much more than anticipated for their care and welfare. In most of the developing world, it is normative to expect that the well being of the elderly is the responsibility of their children, often their adult sons.

The most unfortunate view point is that, there is difference between old capital and old human capital. The old capital can be put to use by some means making and mending. Alas! this is not applicable to old human capital. Indeed, there is not consumer surplus but consumers loss as far as, old human capital is concerned. This loss is Herculean to be accounted by economics and social work. This is explained with the help of following diagram (Alfred Marshall). A more precise measure under dynamic Externality due to Elderly population



Journal of Global Economy,
Volume 4 No 4, OCTOBER-DECEMBER, 2008

FFK – Social loss of elderly or ageing population

conditions would be the ratio of FKE ÷ DCFE, per capita or the rate of loss with every ageing loss per ageing person. There is no scope for compensation (individual or society) on the up keep of elderly. They are, lock, stock and barrel.

Thus, including the great human capital protagonist have failed to realize the loss to society, the costs of elderly or ageing population specially in the context of the developing countries whose theory of demographic transition goes against the westerly direction. In otherwords the gerontology of under developing countries is exactly opposite to developed countries (Gulati, 1989). If the intergenerational gap is taken into account in particular in the dynamic context, the hypothesis of growing ageing and elderly population is taken into account.

(II)

THE CROSS ROADS

A simple look at the multiplication of elderly population in the country would put the social work discipline at the cross roads. How to cope with the problems and the demanding financial pressure requires an urgent but a contingent plan. The financial implications of the targeted elderly population is noted in the following.

The articulated problems of elderly population have been listed in the following table (1). In the absence of cross sectional vital statistics, besides the need for

TABLE – 1

PROBLEMS OF ELDERLY

Destitution	Lack of assets
Neglect by spouse	No separate housing unit

Sense of independence	Responsibility of Children/Family
Health problems	More medical expenditure
Feeling loneliness	Elderly male Vs female
Lack of saving	Widowhood/widower
Insecurity feeling	Inadequacy of income

information, it is clear that there are more than a dozen problems encountering the elderly population. For instance, there are the problems of destitute with the advancement of industrialization, the change in the structure of the family, the old age parents having spent their earnings on the children are on wonder suffer neglect.

Similarly, the elderly people desiring to have independence are a category facing different set of problems. If the deficiency in nutrition is considered as a calamity, a considerable portion of the elderly will be facing health problems. Those with sundry incomes facing problems for lack of savings could not be ruled out.

The table (1) describes the problems of no separate housing and coping with more health expenditure are a category in themselves. The ageing female are more vulnerable is a case in point.

Added to the above

- (a) Integration with family
- (b) Handicapped elderly
- (c) Those having suffered the untimely death of husband, wife and children and
- (d) With inadequate income also deserve attention in the list of problems faced by elderly.

A simple estimate of the huge amount of financial requirement by a simple measure suggest that nearly Rs. 12 billion are necessary to cope with the problems of elderly.

At best, this is only a conservative estimate. As could be seen from table (2) that, the elderly with different expenditure groups and need different amount. But unfortunately

TABLE – 2
PROJECTED FINANCIAL REQUIREMENTS FOR ELDERLY IN INDIA: 1996-
2016

(In
Million)

Year	Total population	Total elderly population	Payment per month				Total	
			Nil	Rs. 100	Rs. 300	Rs. 500		Rs. 500+
1991	846	56	28.00	82.1	72.32	183.50	902.50	1268.42
1996	934	59	29.35	77.9	68.64	174.57	856.77	1207.23
2001	1026	71	35.54	64.7	57.04	145.07	711.97	1014.32
2016	1116	133	66.75	34.5	30.45	77.44	380.07	1291.59

Note: Computed from Table – 2 and Kumudini Dandekar, “The Aged, their problems and social intervention in Maharashtra”, Economic and Political Weekly, June, 1993, p. 1192.

the bottom elderly group is certainly the worst hit. How to arrange for the poor elderly becomes very serious. In particular, the rural elderly with no pension call for a national consolation.

(III)

EVALUATION

The sharp decline in mortality since 1950 and a steady recent decline in fertility has contributed to the process of population ageing in India. As a developing country, India advancing towards more number of ageing population call for a great agenda to tackle the problems of elderly. Infact, not one but several steps as a preemptive measure are greatly wanting. Over all population has grown by 170 percent since independence, that of the 60 plus has registered a 270 percent growth. And, the 80 plus category is growing at an even faster rate (Dandekar, 1993).

In order to arrive at the gradual, systematic and urgent steps in this direction a birds eye view of the elderly population and its activity analysis is necessary for

locating the problem. For example, it could be seen from table (3) that, the female domestic

TABLE – 3
PERCENTAGE DISTRIBUTION OF ACTIVITY ANALYSIS OF THE ELDERLY

Sl. No.	Activity	Urban			Rural		
		Male	Female	Total	Male	Female	Total
1.	Agriculture/outside labour	7	-	-	42	11	53
2.	Rentiers/Pensioners	17	-	17	-	-	2.5
3.	Domestic work	-	47	-	-	42	-
4.	Non working including disabled	-	45	-	-	45	-
5.	Non-agriculture work	10	10	20	-	-	-

Source: Table No. 4-9 in the text are adopted from Kumudini Dandekar “The Aged, Their problems and Social Intervention in Maharashtra”, Economic and Political Weekly, June 5, 1993.

workers and disabled women dominate the scene. Therefore, a kind of contributory pension scheme and social security network has to be introduced. This is also true even in case of rural female workers. Similarly, it may be gauged from table (4) that, with the mindset traditional family there

TABLE – 4

PERCENTAGE DISTRIBUTION OF ELDERLY HAVING DEPENDENCY AND INDEPENDENCY IN RURAL AND URBAN INDIA

Sector	<i>Dependent</i>			Rural urban total	Independent	OAH's
	No son	No surviving children	Having daughters			
Rural	4	2/4	8	33	51	68 (Per thousand)
Urban	5	3	7	37	46	40 (Per thousand)

are large number of dependent elderly in rural areas. What they need at most is to have social security which should be treated as the national responsibility. Instead of Old Age Homes, a kind of Vishranti Dhamas and Ashrams may be more fitting in the context of rural elderly.

The other striking situation with respect to elderly in India is that, a large percentage of men and women suffer from chronic health problems. As it could be seen from table (5) that, besides, the existing health centers, the rural health checkup

TABLE – 5

PERCENTAGE DISTRIBUTION OF ELDERLY HAVING HEALTH PROBLEMS AND NEED CONSTANT HEALTH CHECKUP

Sl. No.	<i>Health problem</i>	Percentage		Need health checkup			
		<i>Men</i>	<i>Women</i>	Constant	Bed Ridden and Immobile	Mobile	Blind
1.	Immobility	05	07	35	05	35	5.5
2.	Chronic Health Problem	45	45				
3.	Joint aches and cough	-	-				
4.	Blood pressure	06	06				
5.	Heart Diseases	04	04				
6.	Urinary problem	3.5	3.5				
7.	Diabetes	02	02				

camps. These will help the identification of the problems and timely solution to the health problems of rural elderly. 'Older People face a variety of Medical Problems and the geriatrician is physician, nephrologist, psychologist, cardiologist and counselor rolled in one' (Santhanam, 1997).

Similarly, another step in the direction of approaching the problems of elderly is that the aged should be relieved of their work. it could be seen from table (6) that, those

TABLE – 6
PERCENTAGE DISTRIBUTION OF ELDERLY (VILLAGE) ENGAGED ON WORK

Sl. No.	Nature of work	Percentage	
		Men	Women
1.	Farms/Casual labour	41	29
2.	Business/Looking after cattles	16	21
3.	Not working	42	50
	Total	100	100

not working who constitute about 42 percent should have to be fully supported by the government or to create community chest for the welfare of elderly in the community. Indeed, the 50 percent of women who are otherwise defunct need the urgent attention.

Besides, it may be observed from table (7) that, 96 percent of village elderly are

TABLE – 7

VILLAGE ELDERLY LIVING ARRANGEMENTS AND STANDARDS

Sl. No.	Arrangement	Percentage		Assets	Percentage
		Men	Women		
1.	Alone	04	14	No savings	96.5
2.	Spouse	12	-	Less than Rs. 1000/-	21.0
3.	Sons/Families	63	-	No support	25.0
4.	Heading family	05	-	Partial support	25.0

altruistic. In contrast the family members of many elderly people are reluctant to spend money on specialized care for the aged and avoid as they consider it a 'waste of money' (Santhanam, 1997). The elderly people do not have savings. The 50 percent of village elderly do not have support either formal or informal. Infact, the effort of few state governments in this direction are only just exemplary. They are also politically motivated. Therefore, a wider coverage of the public pension distribution would greatly kindle the hearts of village elderly.

The broad contours of social work intervention for the care of ageing and elderly in rural and urban areas covering male and female could be understood with the help of the list of activities/programmes as given below.

* Old age pension distribution, * Contributory social security system, * Establishing of 'Community Chest' through which elderly welfare programmes may be worked out, * Public supported Vishranti Dhamas or Ashramas, * Old age Planning Programme for rural and urban sectors, * Preparing the elderly towards expected death as an event (Kass, 1971 and Veeton, 1993), * Introduction of gerontology in Medical Curriculum. As it was pointed out by Dr. V. S. Natarajan, "Geriatrics is still not given the importance it deserves in India" (Santhanam and Joshua, 1997), * Establishing of a Geriatrics Department in General Hospitals, * Specialized training programmes in Geriatric social work for social work practitioners/paramedical workers, * Establishment of old age homes by the government, * Regular and constant health checkup for elderly (Bansal and Banerjee, 1993), etc.

(IV)

SUMMARY AND CONCLUSION

In the theory of demographic transition, the gerontology has become the de-rigure, more so in the context of the inverse vital statistical phase of the country like India. In exactly the opposite direction, the population of India is moving against the western population cycle. The ageing and elderly are going to become a far more greater portion in the years to come (Surpal, 1990). Undoubtedly, as the young human capital goods the population is contributing for economic development. But unfortunately, there is consumers loss as against surplus due to the ageing and elderly people. If explained by the inverse pyramidal structure, in the years to come, similarly to the west, the India will have more number of elderly. This point is reinforced by the population projections.

The ageing and elderly have a numerous problems specially in the context of transitional social setup (Nair, 1982 and Arora, 1993). The male and female division is no less complex. The elderly have the problems from pillar to post. If the existing arrangements are taken into account, the future is very bleak.

By way of comprehending the problems the strong suggestions emerging from the present vital statistical analysis are:

- a) Gerontology should be introduced in the Medical Curriculum.
- b) Establishing Old Age Homes, Ashramas and Vishranti Dharmas.
- c) The regular and constant Medical checkup campus duly organized by social workers and mobile medical units.
- d) The fair sex which is close to old, training programme for mid-wives and nurses is very urgent.
- e) The widening the social security network, increasing pension funds and more contribution from national ex-chequer would go a long way for solving the problems of ageing and elderly.
- f) Grants to voluntary agencies for setting up Old Age Homes and
- g) Day care centers where in the elderly can spent their day meaningfully.

REFERENCES

- Alfred Marshall, 'Principles of Economics' (8th ed.), Book III, Chapter 3 and 6.
- Arora, S. (1993). 'Concept of Ageing and Urban Aged: 'Some Observations', Man in India, Vol. 73(3): 253.
- Bansal, R. K. and Banerjee, S. (1993). 'Ageing population: A major challenge for Health Care Delivery System', Indian Journal of Gerontology, Vol. 7 (1 & 2), p. 20.
- Dandekar, K. (1993). 'The Aged, Their Problems and Social Intervention in Maharashtra', Economic and Political Weekly, June 5, p. 1188.
- Gulati, S. C. (1989). 'Demographic Determinants of the Ageing Process: A Cross-Country Analysis'. Demography India, Vol. 18 (1 & 2), p. 224.
- Kass, L. R. (1971). 'Death as an Event: A commentary on Robert Morison', Vol. 173, p. 699.
- Mishra, S. (1993). 'Social correlates of Adjustment in Aged'. Indian Journal of Gerontology, Vol. 7 (1 & 2), p. 45.
- Nair, P. S. (1982). 'Problems of the Aged in India', Yojana, Vol. 26 (10), p.5.

- Narayana, V. and Narayana, L. (1989). 'Demographic Aspects of Family in India', Population Transition in India (Eds) by S. N. Singh and Others, Vol. 1, Delhi: B. R. Publishing Corporation.
- Randhawa, M. S. (1991). 'The Rural and Urban Aged', New Delhi: National Book Organization.
- Santhanam, S. and Joshua, A. (1997). 'As the Shadows Lengthen', The Hindu (Daily), Magazine section, Sunday, October 5, p. 1. Ibid, p. VIII
- Shuman, T. M. (1986). 'Ageing in the Third World', Journal of UNFPA, Popular, Vol. 13 (4): p. 25.
- Sinha, J. N. P. (1989). 'Problems of Ageing', New Delhi: Classical Publishing Co.
- Surpal, B. B. (1990). 'Increasing Population of Aged in India: Current situation and Future Needs', Geriatric India, P. 3.
- Veeton, Rosamma (1993). 'Death in Old Age and Bereavement Counseling', The Indian Journal of Social Work, Vol. LIV, No. 1, P. 89.