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Dr. D. Suresh



SOCIETY FOR PUBLIC WELFARE AND INITIATIVES

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WELFARE STRATEGIES FOR THE OLD AGED PERSONS IN INDIA– A STUDY



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Abstract: *The ageing process is a biological reality that has its own dynamics, largely beyond human control. Generally, ageing is described as the process of growing old and is an intricate part of the life cycle. A major demographic issue for India is population ageing with wide implications for the economy and society in general. With the rapid changes in demographic indicators over the last few decades, India will certainly move from being a young country to an old country over the next few decades. The ageing population that was 7.5% of the total population in 2001 increased to 8.6% by 2011. People can be considered old because of certain changes in their activities or social roles. Also, old aged persons have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the ageing process is called gerontology and the study of diseases that afflict old aged persons is geriatrics. The present paper focused on the Status of old aged persons in India, Welfare strategies initiated by the Government of India and Issues and Challenges of the old aged persons.*

Keywords: *Status of Old Aged Persons, Welfare Strategies, Issues and Challenges.*

Introduction

The population of the country is its most important demographic indicator. Population plays an important role in the development of a country as the potential for the economic development of the country.

The population of Old Aged Persons

The population of Old Aged Persons/Population (OAPs/OAP) India had been increasing steadily since 1961. The growth in the OAP population became faster mainly

due to a decrease in the death rate because of various health interventions after the census 1981. The addition of the OAP during 2001- 2011 was more than 27 million. The projected population for future years is required for the preparation of perspective plans in various socio-economic sectors.

According to the Report of the Technical Group on Population Projections for India and States 2011-2036, there are nearly 138 million OAPs in India in 2021 comprising 67 million males and 71 million females. Further, this report also revealed that nearly 34 million OAPs was seen in 2021 over the Population Census 2011 and is further expected to increase by around 56 million OAPs in 2031.

The growth in OAP may be due to the longevity of life achieved because of economic well-being, better healthcare and medical facilities and reduction in fertility rates. The general population has grown up by 12.4% during 2011-2021 in comparison to around 18% in an earlier decade while the OAP grow by 36% each in the last two decades (2001-2011 and 2011-2021). A high growth rate in OAP vis-à-vis of the general population was observed earlier also in the two decades between 1961 and 1981.

Sex Ratio among the Old Aged Persons

Regarding the sex ratio, it reveals that the trend in sex ratio in OAP is in tandem with that in the general population. As per the projected population of 2021, the sex ratio for the general population is 948 in 2021 which is quite close to the levels that were in 1951 i.e., 946 whereas, the sex ratio for OAP is much higher in 2021 than in 1951.

Life Expectancy among the Old Aged Persons

Concerning the life expectancy, in rural areas, it has increased from 48 years in 1970-75 to 68 years in 2014-18, while in urban areas it has increased from 58.9 years to 72.6 years. At the age of 60 years, during the same period, it has increased from 13.5 to 17.6 years in rural areas and from 15.7 to 19.4 years in urban areas.

Death Rate among the Old Aged Persons

According to the Sample Registration System (SRS) Report for the years 2008, 2013 and 2018, the Age-Specific Death Rate of OAPs for the age group 60-64 years has decreased from 22.5 in 2008 to 19.5 in 2018. For the age group 65-69 years, the age-specific death rate has also decreased from 33.5 in 2008 to 31.3 in 2018. A similar trend has been noticed for males, females as well as for rural and urban areas.

Dependency Ratio and Economic Status of the Old Aged Persons

According to the Census 2011, the old aged dependency ratio (OADR) gives an idea about the number of persons more than aged 60 per 100 persons in the age group 15-59. An increasing trend is observed in the OADR. The OADR has increased from 10.9% in 1961 to 14.2% in 2011 and is further projected to increase to 15.7% and 20.1% in 2021

and 2031 respectively. Also, the OADR for females and males has an increasing trend and the projected OADR for females and males is 14.8% and 16.7% respectively in 2021. However, over the periods, there are significant differences in OADR for rural and urban areas and this may be due to a relatively higher concentration of working-age population in urban areas. The OADR were 15.1 and 12.4 for rural and urban areas respectively.

As per NSS 75th Round (2018) on Social Consumption on Health in India conducted during 2017-18, about 70% of the aged persons had to depend on others for their day-to-day maintenance. The situation of female OAPs was not encouraging as only 10% and 11% were economically independent in rural and urban areas respectively whereas the male OAPs were much better off as the corresponding percentage for males were 48% and 57% in rural and urban areas respectively.

As per NSS 60th Round on Morbidity, Health Care and Condition of the Aged (2004), and NSS 75th Round on Social Consumption in India-Health (2018) the proportion of fully dependent OAPs in rural as well as in urban areas has decreased from 52% in 2004 to 47% in 2017-18.

Further, the survey revealed that economically independent OAPs in rural areas, the proportion of OAPs reported to be having with one or more dependents has decreased from 88% in 2004 to 83% in 2017-18 and for an urban area, this proportion has decreased from 85% in 2004 to 79% in 2017-18.

Workforce among the Old Aged Persons

As per the Periodic Labour Force Survey (PLFS), 2018-19, about 65% of male OAPs and 18% of women OAPs in the age-group 60-64 years had participated in economic activity. However, there is a wider difference between rural and urban areas. In rural areas, 72% of men OAPs and 21% of women OAPs participated in economic activities whereas, in urban areas, it was only 51% among men OAPs and 10% among women OAPs. Similarly, in the age group, 65 years and above, participation in economic activity by the male and female OAPs is seen to be at a much-reduced level.

Literacy Level among Old Aged Persons

Literacy levels among males and females OAPs have improved over time in both rural and urban areas. However, a huge gender gap has been observed in literacy rates. As per Population Census 2011, the literacy rate among females OAPs (28%) is less than half of the literacy rate among males OAPs (59%). The position in urban areas is expectedly better vis-à-vis that in rural areas.

Health Status of the Old Aged Persons

As per NSS 60th Round on Morbidity, Health Care and Condition of the Aged (2004), and NSS 75th Round on Social Consumption in India-Health (2018) the most prevalent disability among OAPs is locomotor disability followed by hearing disability

and visual disability. More than 50% of OAPs suffering from a disability (other than mental illness) have taken treatment from consulting doctors.

Welfare Strategies for Old Aged Persons in India

The Ministry of Social Justice and Empowerment (MoSJ&E) is the nodal Ministry for the Welfare of Senior Citizens. The Ageing Division in the Social Defence Bureau of the Department of Social Justice and Empowerment develops and implements programmes and policies for the OAPs in close collaboration with State Governments, NGOs and Civil Society. The programs for senior citizens aim at their welfare and maintenance, especially for indigent OAPs, by supporting Old Age Homes, Mobile Medicare Units, etc. These programs are implemented by providing support for capacity building of Government/NGO/PRI/Local Bodies and the Community at large.

National Policy on Older Persons (NPOP)

The existing NPOP was announced in January 1999 to reaffirm the commitment to ensure the well-being of the OAPs. The Policy envisaged State support to ensure financial and food security, health care, shelter and other needs of OAPs, equitable share in the development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act was enacted in December 2007 to ensure need-based maintenance for parents and senior citizens and their welfare. The Act provides for:

1. Maintenance of parents/OAPs by children/relatives made obligatory and justiciable through Tribunals;
2. Revocation of transfer of property by OAPs in case of neglect by relatives;
3. Penal provision for abandonment of senior citizens;
4. Establishment of Old Age Homes for Indigent OAPs; and
5. Adequate medical facilities and security for OAPs

The Act has been under implementation for more than a decade now. Based on the experience of implementation of the Act including the feedback received from the stakeholders, it has been found expedient to suitably amend the provisions of the Act to make it more contemporary and effective. The Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019 has been introduced in the Lok Sabha on 11th December 2019. Major amendments introduced in the Bill are given below:

1. Central Government to prescribe Minimum Standards required for the establishment, running and maintenance of SCCH.
2. Definition of children expanded to include son-in-law, daughter-in-law, biological/adoptive/stepson and daughter, minors (through a legal guardian).

3. Definition of maintenance and welfare expanded to include housing, safety and security to enable parents and OAPs to lead a life of dignity.
4. Definition of OAPs expanded to include uniform adoption of age criteria for all benefits extended by the Central/State Government/Semi-Government/Private. To OAPs (This shall not adversely affect the already existing benefits being extended by these agencies to those below the age of 60 years).
5. Definition of parent expanded to include father-in-law, mother-in-law and grandparents, whether or not an OAPs.
6. Every Police Station shall have a Nodal Officer for OAPs to deal with issues related to parents and OAPs
7. Provision for registration of Senior Citizens Care Home (SCCH- erstwhile Old Age Home), Multi-Service Day Care Homes and agencies providing Home Care Services to OAPs.
8. Provision of Appeal extended to children/ relatives also, provided that on appeal, the children or relative who is required to pay maintenance amount, as per orders of the Maintenance Tribunal, continue to pay to such parent or OAPs.
9. Removal of the ceiling of Rs.10,000 as maximum maintenance amount to be awarded to OAPs /parents (quantum of maintenance may be decided based on earning and standard of living of OAPs /parents and children/relative)
10. Role of Maintenance Officer expanded (to ensure compliance of the order of the Tribunal; to act as a point of contact for the OAPs/parents).

National Action Plan for the Welfare of Senior Citizens (NAPSrC)

The Plan lays down in one document, the vision, mission and plan of action of the Government of India (GOI) for the welfare and wellbeing of OAPs of the country. It brings together articulation of each of the current schemes, plans, strategies and targets and maps it with schemes/programmes, accountabilities, financials and clear outcomes. This Plan takes care of the top four needs of the OAPs viz., financial security, food, health care and human interaction/life of dignity. It also includes the facets of safety/protection and general wellbeing of the OAPs beginning from awareness generation and sensitization of the society. NAPSrC is an umbrella scheme, effective since 1st April 2020, has four sub-schemes under it, namely:

Scheme of Integrated Programme for Senior Citizens (IPSrC):

Under the Scheme, assistance upto 100% of the project cost is given to the State Governments/UTs NGOs/PRIs/Local Bodies Agencies, set up by Government as autonomous/subordinate bodies and Government recognized Educational Institutions, Charitable Hospitals/Nursing Homes & recognized youth organizations such as Nehru

Yuva Kendra Sangathan (NYKS) subject to the terms and conditions laid down by this Ministry for running and maintenance SCCH.

State Action Plan for Senior Citizens (SAPSrC):

The GOI perceives a major and critical role of all State Governments in partnering and implementing the Action Plan for the welfare of senior citizens. Appreciating the critical and significant role of States/UTs, each State/UT is expected to plan and strategize taking into account their local considerations and frame their own State Action Plans for the welfare of their senior citizens. This State Action Plan may comprise a long-term strategy for five years as well as Annual Action Plans. Department of Social Justice and Empowerment shall release funds to the States/UTs for formulation and implementation of their State Action Plans. Under the SAPSrC, the States are expected to put in their own funds to augment the resources available for the purpose. While the states are free to include their own strategies and programmes as a part of their State Action Plans, the design of the SAPSrC for which funding will be admissible under this sub-scheme from 2020-21 onwards has been finalised which should be implemented on priority by all the States/UTs out of the funds released under NAPSrC.

National Awards for Senior Citizens-Vayoshreshtha Samman

To recognize the efforts made by eminent senior citizens and Institutions involved in rendering distinguished services for the cause of OAPs, especially indigent senior citizens, the MoSJ&E (Department of Social Justice and Empowerment) has a Scheme of National Awards for Senior Citizens to showcase the Governments concern for senior citizens and its commitment towards senior citizens to strengthen their legitimate place in the society. The Scheme of National Awards for senior citizens was notified in the Gazette of India on 22nd January 2013. The awards named Vayoshreshtha Samman are conferred on the 1st of October every year on the occasion of International Day of Older Persons (IDOP).

Rashtriya Vayoshri Yojana (RVY):

The Rashtriya Vayoshri Yojana (RVY) has launched on 1st April 2017 by MoSJ&E. Under this scheme, aids and assistive living devices are provided free of cost to senior citizens, belonging to the BPL category, who suffer from age-related disabilities/infirmities such as low vision, hearing impairment, loss of teeth and locomotor disabilities. The aids and assistive devices viz. walking sticks, elbow crutches, walkers/crutches, tripods/quad-pods, hearing aids, wheelchairs, artificial dentures and spectacles are provided to eligible beneficiaries. The Scheme has been revised with effect from the Financial Year 2020-21. Under the revised Scheme, the criteria of selection of beneficiaries have been extended to include not only those senior citizens belonging to the BPL category but also senior citizens with monthly income not more than Rs. 15000/- and who suffer from age-related disabilities/infirmities as mentioned above. In addition, the number of devices hitherto provided has also been increased.

RVY is a Central Sector Scheme funded by Senior Citizens Welfare Fund (SCWF) and is being implemented by Artificial Limbs Manufacturing Corporation of India (ALIMCO) which is a Public Sector Undertaking under the MoSJ&E. The scheme is under implementation in 373 districts throughout India.

Senior Citizens Welfare Fund

A Senior Citizen Welfare Fund (SCWF) was established on 18th March 2016 as per Rule 3 of the Senior Citizens Welfare Funds Rules, 2016 published in the Gazette of India (Extra Ordinary) dated 18th March 2016. The fund utilized for such schemes for the promotion of the welfare of senior citizens, which are in line with the National Policy on Older Persons, including schemes for promoting financial security of OAPs, healthcare and nutrition of senior citizens, the welfare of old aged widows and other innovative schemes directed towards the welfare of senior citizens. The Fund comprises of the amounts available under Saving Schemes of the Central Government that remain unclaimed for seven years from the date of the account being declared as inoperative account. The Fund is administered by an Inter-Ministerial Committee (IMC) with the MoSJ&E as the Nodal Ministry for the administration of the Fund. The Committee is headed by Secretary, MoSJ&E with the members from representatives of the Department of Financial Services, Ministries of Health and Family Welfare, Rural Development, Housing & Urban Affairs, and Labour and Employment.

The RVY, being implemented by this Ministry, is funded from this Scheme. Part funding has been also received by the Ministry of Health and Family Welfare, under SCWF, towards Longitudinal Ageing Study in India (LASI) and Senior Citizens Health Insurance Scheme (SCHIS). Ministry of Civil Aviation's provision for electric Golf Carts at Airports has been also funded under SCWF.

National Council of Senior Citizens (NCSrC)

In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the MoSJ&E to oversee implementation of the Policy and advise the Government in the formulation and implementation of policy and programmes for the aged. In 2012, the NCOP was reconstituted to encourage more participation from every region and renamed NCSrC. The NCSrC advises Central and State Governments on the entire gamut of issues related to the welfare of OAPs and enhancement of their quality of life. It has representatives from Central Ministries, State Social Welfare Departments, Senior Citizen Associations, Pensioners Associations, Non-Governmental Organizations, Experts in the field of Ageing and related matters. The members of the Council have tenure of three years and a meeting is held every year.

Schemes from other Central Ministries for the welfare of Senior Citizens

National Programme for Health Care of the Elderly (NPHCE)

The Ministry of Health and Family Welfare (MoHFW) had launched NPHCE during 2010-11 to address various health-related problems of OAPs. The NPHCE is an

articulation of the International and National commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), NPOP adopted by the GOI in 1999 & Section 20 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 dealing with provisions for medical care of OAPs. The programme is State oriented and the basic thrust of the program is to provide dedicated health care facilities to the OAPs (more than 60 years of age) at various levels of primary, secondary and tertiary health care.

National Health Mission (NHM)

Under the NHM Component, Primary & Secondary care services are delivered through District Hospitals (DH), Community Health Centres (CHC), Primary Health Centres (PHC), Sub-Centre/Health & Wellness Centres while Tertiary care services are supported by MoHFW under the tertiary component of the programme namely **Rashtriya Varishth Jan Swasthya Yojana (RVJSY)**. These services are being provided through Regional Geriatric Centres (RGCs) located at 19 Medical colleges in 18 States of India and Two National Centres of Aging (NCAs) one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai. Further, an interactive and dynamic website cum MIS of the NPHCE program has been initiated through the Centre for Health Informatics (CHI) to provide comprehensive information along with data regarding Geriatric facilities and services available throughout the country.

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

PM-JAY under the Ayushman Bharat, launched by the Ministry of Health and Family Welfare in 2018, is the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India to poor and vulnerable families (approximately 50 crore beneficiaries). The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. The coverage mentioned under PM-JAY also includes families that were covered in RSBY but are not present in the SECC 2011 database. PM-JAY is fully funded by the Government and the cost of implementation is shared between the Central and State Governments. PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital. It covers up to 3 days of pre-hospitalization and 15 days of post-hospitalization expenses such as diagnostics and medicines. There is no restriction on the family size, age or gender.

Indira Gandhi National Old Age Pension Scheme (IGNOAPS)

The Ministry of Rural Development is implementing the **IGNOAPS** since 2007. This scheme is specially intended for senior citizens, who are aged above 60 years and fall below the line of poverty as per the guidelines stated by the GOI. Under this scheme, the beneficiary is entitled to a monthly pension, and as this scheme is non-

contributing, henceforth, the beneficiary is not required to contribute any sum to get the pension. The sum of pension given is based upon the age of the beneficiary, if they are aged between 60 to 79 years, then a monthly sum of Rs. 200 is offered and for people above 80 years, a sum of Rs. 500 is credited.

Pradhan Mantri Vaya Vandana Yojana (PNVVY)

The PNVVY is a Pension Scheme launched by GOI in May 2017 to provide social security exclusively for the OAPs aged 60 years and above. The scheme was available from 4th May 2017 to 31st March 2020. The scheme is now extended up to 31st March 2023 for a further period of three years beyond 31st March 2020. This is a simplified version of the VPBY and will be implemented by the Life Insurance Corporation (LIC) of India. Under the scheme, on payment of an initial lump sum amount ranging from Rs 1,62,162 for a minimum pension of Rs 1000 per month to a maximum of Rs. 15,00,000/- for a maximum pension of Rs. 9,250 per month, subscribers will get an assured pension based on a guaranteed rate of return of 8% per annum payable monthly/quarterly/half-yearly/annually. The duration of the scheme will be for ten years and the scheme is opened for subscription.

Two seats for Old Aged Persons in Road Transport

Ministry of Road Transport and Highways provides the facilities of reservation of two seats for OAPs in the front row of the buses of the State Road Transport Undertakings. Some State Governments are giving fare concessions to senior citizens in the State Road Transport Undertaking buses.

Facilities under the Ministry of Railway

Fare concession in all Mail/Express including Rajdhani/Shatabadi/Jan Shatabadi trains for OAPs aged Female - 58 years and Male 60 years and above. The element of concession is 40% for Male and 50% for females. Indian Railways also have the facility of separate counters for OAPs for purchase/booking/cancellation of tickets. Wheel Chairs for use of older persons are available at all junctions, District Headquarters and other important stations for the convenience of needy persons including the OAPs. Ramps for wheelchairs movement are available at the entry to important stations.

Facilities under the Ministry of Civil Aviation

The National Carrier, Air India under the Ministry of Civil Aviation provides airfare concession is up to 50% of the basic fare of normal economy class for OAPs who have completed 60 years of age on the date of commencement of journey and production of proof of age (Photo-ID) and nationality.

Facilities under the Ministry of Consumer Affairs, Food and Public Distribution

Under the Antyodaya Scheme, the Below Poverty Line (BPL) families which also include OAPs are provided food grains at the rate of 35 kgs. Per family per month. The

food grains are issued @ Rs.3/- per kg. for rice and Rs.2/- per kg. for wheat. The persons aged 60 years above from the BPL category were given priority for identification.

Under the Annapoorna Scheme being implemented by the States/UTS, 10 kgs. of food grains per beneficiary per month are provided free of cost to those OAPs who remain uncovered under the OAPs scheme.

Protection of Life and Property of Senior Citizens

Chapter V of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides for Protection of Life and Property of Senior Citizens. State Governments are required to prescribe a comprehensive Action Plan for protecting the life and property of senior citizens. Ministry of Home Affairs, Government of India has also issued detailed advisories dated 27th March 2008 and 30th August 2013 to all the State Government /UTs, who are primarily responsible for the prevention, detection, registration, investigation and prosecution of crime including crime against senior citizens as "Police" and "Public order" are state subjects. The Ministry of Home Affairs in its advisories has advised the States/UTs to take immediate measures to ensure safety and security and for the elimination of all forms of neglect, abuse and violence against OAPs through initiatives such as identification of OAPs; sensitization of police personnel regarding safety, security of OAPs; regular visit of the beat staff; setting up of toll-free OAPs helpline; setting up of OAPs security cell; verification of domestic help, drivers, etc.

Old Age Persons: Issues and Challenges

OAPs its special and unique problems but these have been aggravated due to the unprecedented speed of socio-economic transformation leading to several changes in different aspects of living conditions. The needs and problems of the OAPs vary significantly according to their age, socio-economic status, health, living status and other such background characteristics.

Socio-Cultural Issues

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 old aged women (OAW). In the Indian setup, from womb to tomb, the family is supposed to take care of 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 old age groups, they carry forward these disadvantages manifold; neglected and often considered a burden by the family in the absence of regular financial support.

The Report on the Status of Elderly in the Selective States of India, (2011) shows that involvement of the OAPs in social life, whether in public meetings, organisational

meetings or religious programmes is very limited. This report also shows that involvement of the OAPs in urban areas is the lowest with 73% of men and 88% of women stating that they never attended such meetings compared to 58% of rural men and 81% 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 OAW. OAW in India tends to be negatively affected by 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 OAPs. The Law of the Welfare of the Aged in Japan declares that the OAPs should be respected by society and clearly defines the responsibility of the state, as well local bodies, relating to welfare measures for the OAPs. India still has a long way to go improve the status of OAPs, especially of OAW. The skill and expertise of OAW should be fully utilised in the national-building process. The government and NGOs should work together in organising national- wide adult and continuing education programs rigorously toward achieving this goal.

Economic Issues

In India, it is normative for families to take care of the needs of OAPs, 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 the wellbeing of OAPs. The Building Knowledge Base on Population Ageing in India (BKPAI) survey data indicates that one-third of the OAPs 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% of the elderly have some type of personal income, the income earned by the OAPs is not sufficient to fulfil their basic needs and therefore they are financially dependent on others. Almost three fourth of the OAPs are either fully or partially dependent on others, and such dependency is more for old aged women than men. Financial dependency also increases with age (Alam, Moneer 2012). OAPs 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% of the household budget. The NSSO estimated that in 2012-13, 34% of OAPs were working (NSSO, 2013).

Srivastava (1996) in his found that the overall economic condition and family responsibilities of OAPs have a greater impact on the future life of the pensioners. The

occupational career of an individual enabled him to fulfil 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 fulfil certain family responsibilities and social obligations.

Health Issues

Health problems are supposed to be the major concern of the OAPs are who 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 OAP. In most of the primary surveys, the Indian OAP 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 old aged 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 were reported to suffer from the problem of joints. The 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 the living arrangement and its effect on the health status of OAPs in Rural Maharashtra. The study is based on empirical information collected from 600 OAPs by using the systematic random sampling method. Issues like living arrangements of OAPs, the relation between living arrangements and perception of health are explored in this study. Living with or without their children affect the health status of OAPs. He found that most OAPs (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/daughters is better compared to those living alone.

Psychological Issues

As an individual starts growing old, he/she faces a lot of problems, 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 the news that due to this insecurity, loneliness and lack of confidence towards life, OAPs become depressed. They have a 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 the role of women have contributed to a crisis in caring for the OAPs (Prakash, 2005). Many facets of the generation gap contribute to the marginalization of OAPs 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 new importance.

Violence Against Old Aged Persons

Violence against the 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 OAPs. Help Age India in 2014 surveyed elder abuse in select urban centres 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 the case of women than men.

The Report on the Status of Elderly in Selective States of India (2011) collected information on five forms and three sources of abuse faced more than 60 years. 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 the case of women.

Ushasree and Bashal (1999) in their article studied 75 rural OAPs of both the sexes residing in the home for the aged. They identified the various types of abuse the elderly were exposed to. Results showed gender and ability differentials in the percentages of physical, psychological, material and legal abuse to 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 the psycho-social problem of adjustment) faced by OAPs are managed by the family, which is the primary caregiver for its aged members. The belief, that the elderly face lesser problems in India due to the respect for OAPs in the family and society.

Conclusion

The growth of the OAP 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, socio-economic 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 the 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 OAPs in India. It must be remembered that comprehensive care to the OAPs 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 OAP. All social service institutions in the country need to address the social challenges to OAPs care 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 OAPs. In addition, there is also a need to develop an integrated and responsive system to meet the care needs and challenges of OAPs in India.

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