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CHALLENGES AND REMEDIES OF OLD AGE IN INDIA

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Abstract:-

The conventional norms and values of Indian society ordered stress on showing respect and providing look after the old. Consequently, the older members of the family were taken care of within the family itself. Advent of modernization, manufacture, urbanization, occupational differentiation, education and growth of individual philosophy has worn traditional values and caused for the disintegration of joint families and emergence of nuclear families finished with the negligence of the old. These adventures have semiconductor diode to defiance and decline of respect for elders among members of younger generation. during this light-weight the current study is emerged.

Keywords: Old age, problem of aging, constitutional provisions, schemes, legislative measures

INTRODUCTION

The traditional norms and values of Indian society arranged stress on showing respect and providing take care of the elderly. Consequently, the older members of the family were usually taken care of within the family itself. The family social networks provided AN acceptable setting during which the senior spent their lives. Advent of modernization, manufacture, urbanization, activity differentiation, education and growth of individual philosophy has scoured ancient values that unconditional authority with senior. These adventures have diode to defiance and decline of respect for elders among members of younger generation. although there's social and ethical support to older folks, family care to senior is probably going to decrease within the current and impending future. In such condition, this paper throws light-weight on Ageing in India, their issues and solutions or appropriate measures to safeguard India's older people from maladjustments of Indian society.

AGEING IN INDIA

India's older population is likely increase to dramatically over the next four decades. The share of population ageing 50 and older is relatively small at 16 per cent but indicates that India will experience rapid growth among this age group. The United Nations Population Division projects that India's population ageing 50 and older will reach 34 per cent by 2050 (UN 2011). Between 2010 and 2050, the share of 65 and older is expected to increase from 5 per cent to 14 per cent while the oldest age (80 and older) from 1 per cent to 3 per cent. Arokiasamy et.al., report that the number of people ages and older is believed to rise from 12 per 100 to 31 per 100 by 2050. Nearly 80 per cent of world's old persons will live in developing countries with China and India contributing over one third of that number. According to UNFPA India will be home to one out of every six of the world's older persons. Because, the population of senior citizens is growing fast and elderly in India is set to explode. The percentage of the population above 65 will double while the elderly will still be half of that in China by 2050. Accordingly, India's senior citizen population is expected to move 323 million which is a little greater than the total USA population in 2012. Though, this profound shift in the share of older Indians may not much impact on India's dependency ratio i.e.; the burden of non-working people (on working people) is lower than the rest of the world but may change family relationships with limited old age income leading to a variety of socioeconomic and health care policy challenges.

LONGEVITY

The relationship in human longevity is leading to dramatic adjustments throughout the world. It is believed that the average human lifespan some 200 years ago was less than 30 years and gradually moved upto 35 years and reached 40 years by 19th century due to agricultural revolution, industrialization and urbanization. In the last 150 years the average lifespan worldwide has climbed to 69 and it is 67 in India. By 2050 life expectancy at birth is projected to reach 74 years. Thanks to the significant role of education for dramatic improvement of sanitation and nutrition. But fertility rate in India has declined to 2.6 children per woman which is less than one half in the early 1950s. The combined impact of increasing life expectancy at birth in India from 37 years in 1950 to 67 years in 2011, reflecting decline in infant mortality and survival at old age. (Arokiasamy et.al, Haub and Gribble 2011).

ELIGIBILITY

“Old Age is usually associated with declining faculties, both mental and physical, and a reduction in social commitments (including sports participation) of any person. The precise onset of old age varies culturally and historically. It is a social construct, rather than a biological stage. The persons in India, who have attained the age of sixty years and above, are defined as elderly for the purpose of availing old age benefits.

As per recommendation of the Sixth Pay Commission, additional pension will be provided as per details given below to older persons:

Age Group	% pension to be added
80%	20
85+	30
90+	40
95+	50
100+	100

National Old Age Pension (NOAP) Scheme

Under National Old Age Pension Scheme, in 1994 Central Assistance was available on fulfillment of the following criteria:

- ❖ The age of the applicant (male or female) should be 65 years or more.
- ❖ The applicant must be a destitute in the sense that he/she has no regular means of subsistence from his/her own source of income or through financial support from family members or other sources.

The amount of old age pension varies from state to state as per their share to this scheme. However, Rs.1000 (Rupees One Thousand) is the monthly old age pension now irrespective of age; this scheme is implemented in the State and Union Territories through Panchayats and Municipalities. Both Panchayats and Municipalities are encouraged to involve voluntary agencies as much as possible in benefiting the destitute elderly for whom this scheme is intended.

As on 31.3.2011, the number of beneficiaries receiving central assistance was 171 lakh.

The Ministry has lowered the age limit from the existing 65 years to 60 years and the pension amount for senior citizens of 80 years and above has also been enhanced considerably to maximize it to Rs.1000/- per month with effect from 1.4.2011. It is estimated that there are about 72.29 lakh additional persons living below the poverty line, have become eligible to receive central assistance under IGNOAPS in the age group of 60-64 years and there are 26.33 lakh persons above the age of 80 years also eligible to receive the assistant exceeding the number of beneficiaries from 171 lakh to 243 lakh.

PROBLEMS OF AGEING

The problems of ageing ranging from absence of ensured sufficient income to support themselves and their dependence to ill-health, absence of social security, loss of social role and recognition to the non availability of

opportunities for creative use of free time.

Health and well being occupies the prime position as all other issues become irrelevant in poor health. Good health in olders constantly helps maintaining their physical capacity and mental ability as well. An ill healthy person in present society is mostly unwelcomed and hardly wanted as most of the families are self centered. Ill healthy elders are not always well treated. Poor health weakens physical structure of elderly dramatizing their lasting capacity and creating in them a feeling of their burden to the rest of their family members. On the other, the members of families are too busy with their daily schedules than to spend some time in taking care of elderly. Poor response, irritation, avoidance and unnecessary tension for elderly from society are very casual. Moreover, research in social gerontology and geriatrics in the past decade provided insight into various aspects of the status of older people in India without developing a model of health and social care in tune with the changing need and time.

Social isolation is one of the notable issues in the ageing process and it is complex and multidimensional occurring for many different reasons. Social isolation usually results in certain forms of disadvantage for older people which are often heading to lack of participation in social and community activities, lack of adequate access to key services, restricted access to economic resource and low financial capacity (Saunders et.al. 2007 cited in eds, Taket et al, 2009). Social isolation too affects a person's emotional well being. As a result of social isolation, older people are more likely to lose their sense of identity and find it difficult to address the situation. Reduced self efficiency can in turn undermine perceptions of control which itself has been shown to connect with a range of negative emotions including anxiety and depression (Abramson, Seligman Teasdalc cited in eds. Abrams et.al., 2007). The risk of social isolation is more evident in older people due to limited essential service like access to transport or they unable to drive (Hooyman and Kiyak, 1999). The prospect of loneliness often accompanies the process of ageing. In fact, many old unable to bear this loneliness, commit suicide, and many are glamouring for the right to die rather than be forced to live with dignities and hopelessness of old age (commit ageing suicide). Ageing also hardens the likes and dislikes of a person (his/her prejudices), perceptions and value judgments (that) refuse to acknowledge the reality of ageing.

Biologically, older people show an age related decline in functional capacity at various ranges affecting physical ability, communication is sensory acuteness. Diminished hearing and visual ability is an inevitable consequence and often brings about difficulties in communication and social interaction. Hearing loss creates some psychological problems which impact on the daily living of older people (Lybery 2005). When hearing ability is deteriorated people can show an apparent misunderstanding and that can be time consuming for classification and less fluency in conversation (Erber, 2002). For instance, a person with impaired hearing may seek frequent repetition, a slower rate of speech, and need to be closer to the communication partner to engage with the conversation. However, continual disruption can eventually result in irritability or tiredness (Erber, 2002). Communication in such a case becomes a stressful event for older people, making them more likely to withdraw social activities and loss of self esteems.

A gradual loss of vision is common in older people (reduced reading ability). Older people are more at risk for developing a number of physiological disorders of the brain and nerves system. One of the most debilitating neurological disorders affecting older people is dementia that is characterized by impairment of brain functions including language, memory, perception, personality and cognitive skills (Access Economics, 2009) loss of intellect, rationality, social skills, and even one's ability to communicate is gradually lost.

POLICY ON AGEING

As per National Policy on Ageing (1999) one third of the elderly population (1993-94) is below the poverty line and belonging to lower income group. The policy document also states that the coverage under Old Age Pension Scheme (NOAP) is about 2.27 million (as on January 1997).

NATIONAL POLICY FOR OLDER PERSONS

The National Policy for Older Persons framed in 1999 to promote the health of the old age people. This

policy strives to encourage families to take care of their older family members. Supplement the care provided by the family and provide care and protection to vulnerable elderly people.

- 1.To meet the health care needs of older persons.
- 2.Promotion of the concept of healthy ageing.
- 3.Reservation of beds for elderly patients in hospitals.
- 4.Antyodaya Scheme with emphasis on provision of food at subsidized rates for the benefit of older persons.

CONSTITUTIONAL PROVISIONS

In Constitution of India, entry 24 in list III of schedule VII deals with old age pension and maternity benefits. Further, Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to age pension, social security and social insurance, and economic and social planning.

Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security.

Hindu Laws

Section 20 of the Hindu Adoption and Maintenance Act, 1956, is the first personal law statute in India, which imposes an obligation on the children to maintain their parents is not confined to sons only; the daughters too.

Muslim Law

Under the Muslim law also children have a duty to maintain their aged parents. According to Mulla (Muslim title applied to a scholar or religious leader). A son, although poor, is earning something, bound to support his father who earns nothing.

According to the Muslim law, both sons and daughters have a duty to maintain their parents. The obligation, however, is dependent on their having the means to do so.

The Code of Criminal Procedure (Cr.P.C)

The Cr.P.C 1973 is a secular law legitimizes a Magistrate of the first class may, upon proof of such neglect or refusal, order such person to make a monthly allowance for the maintenance of his father or mother, at a monthly rate as the magistrate thinks fit, the Magistrate may from time to time direct.

Integrated Programme for Older Persons (IPOP), 1999

The IPOP implemented by the Ministry of Social Justice & Empowerment, Government of India. Under the scheme financial assistance up to 90% of the project cost is provided to Non-Governmental Organizations for running and maintenance of old age homes, day care centres, besides providing non-institutional services to older persons through the following methods.

- ❖ Maintenance of Respite and Continuous Care Homes;
- ❖ Day Care Centres for Alzheimer's Disease/Dementia Patients,
- ❖ Physiotherapy Clinics for older persons;
- ❖ Help-lines and Counseling Centres for older persons;
- ❖ Training of Caregivers to the Older Persons;
- ❖ Formation of Senior Citizens Associations etc.
- ❖ Old Age Homes for destitute older persons.
- ❖ Mobile Medicare Units for older persons living in slums.
- ❖ Older persons seriously ill requiring continuous nursing.

- ❖ The Ministry of Railways provides the following facilities to senior citizens:
- ❖ Separate ticket counters for senior citizens at various Passenger Reservation System (PRS) centres if the average demand per shift is more than 120 tickets;
- ❖ Male passengers of 60 years and female passengers of 45 years and above with 40 per cent and 50 per cent respectively.
- ❖ Wheel chairs at stations for old age passengers.

The Ministry has taken a new initiative called the National Programme for the Health Care for the Elderly (NPHCE) in the Eleventh Five Year Plan. The objectives of the programme are to:

- ❖ Provide preventive, curative and rehabilitative services to elderly persons at various level of health care delivery system of the country.
- ❖ Promote research in the field of diseases related to old age.
- ❖ Dedicated services at PHC/CHC level.
- ❖ Income tax exemption for Senior Citizens of 60 years and above up to Rs.2.50 lakh per annum.
- ❖ Income tax exemption for Senior Citizens of 80 years and above up to Rs. 5.0 lakh per annum.
- ❖ Deduction of Rs.20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/her parent or parents, who is a senior citizen.
- ❖ An individual is eligible for a deduction of the amount spent or Rs.60,000, whichever is less for medical treatment of a dependent senior citizen.
- ❖ Allowing entry into health insurance scheme till 65 years of age.
- ❖ Reasons to be recorded for denial of any proposals etc.

CONCLUSION

The present society does not cherish the values and customs of Indian traditions lead to the breakdown of joint family and emergence of nuclear family, ultimately resulting in the negligence of the elderly. On the other hand, the elders also nowadays do not adjust with the offspring and want to live independently. That is why there are a number of problems for older members of our society. Though the governments have taken a number of initiatives and remedial measures for overcoming the problems of old age, inadequacies in their efforts further cause for depriving of old age care within and outside the family.

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