

Ageing Without Tears

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Old age is an inevitable, ubiquitous and universal phenomenon of human-life because ageing is a natural process. It is a part of our life and living. Stylists (1960) has rightly observed that ageing is a part of living, ageing begins with conception and terminates with death. It can not be arrested unless we arrest life... We may retard ageing or accelerate it but we can not arrest it while life goes on because it is essentially living.

Literally ageing refer to the effects of age. Commonly speaking it means the various effects or manifestations of old age. In this sense it refers to various deterioration in the organism. While they have been usually perceived as biological, the deterioration in cognitive abilities, social interaction and adaptive capacities is no less important. Ageing has thus four dimensions—social ageing, biological ageing, cognitive ageing and effective ageing because problems of ageing arise due to these factors.

THE AGE OF THE AGED

Growing population of aged persons is one of the most significant characteristics of the twentieth century and quite often the first quarter of the twenty first century is going to be called as "The age of aged". The alarming situation is that the world's elderly population is increasing monthly by about one million persons (Trios 1998). An interesting observation from United Nation Demographic Estimation States that in 1985, throughout the world there were 472 million persons aged 60 and over, constituting 8.83% of the total world's population by the year 2025, these figure are projected to rise to 1171 million constituting 14.28% of the world's population.

In India trends in demographic transitions are alarming. During 1950 about 5.6% of the India's population was classified as elderly which is estimated to reach 25% by the year 2025.(graph1)

This figures in graph are evidence of a rapid increase in the population of aged in India. We live today in an ageing India and also an ageing world.

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OLD AGE AS A DIFFICULT PERIOD OF LIFE

The claim is made that for the individual, old age is now a days more difficult than in past. As a psycho-physical phenomenon aging in contemporary times is no different from that a hundred or a thousand years ago, so is the case with the decline in the physical and mental agility of the aged as also in their productive capacity. Most differences emanate from the changes in the socio-cultural milieu. Present socio-cultural scenario seems to be unsupportive to adequate adjustment of the aged in the family, community and society.

Now a days, old age, in general, is associated with multidimensional problems. The needs and problems of the elderly which require primary attention, are mainly of three types-Health, Economics and Psycho-social with considerable overlap. Health Problems Of all problems for the aged, the ones relating to health head the list. With advancing age, there is physical deterioration, decreased vitality, and greater vulnerability to common diseases, both acute and chronic. Several diseases such as cancer, heart problems, diabetes mellitus, joint problems, mental dysfunctions, chest complaints and disabilities of vision, hearing and walking are most common in the aged.

Economic Problems

Age usually brings in its wake curtailed participation in productive and economically gainful work. Ageing itself, with or without-health related morbidity, leads to loss of work and loss of income. Prevailing inflationary trends may add to the misery of the aged by eating into their savings or pensioner benefits. Taken together, a sizable number of the anted encounter numerous economic problems.

Another related problem is housing with decreased income, social isolation and changing family dynamics, senior citizens are at times forced to live in poorly maintained and inadequate dwellings.

Psycho-social Problems

Isolation, anxiety, depression, mental morbidity, and poor self-concept are some of the psycho-social problems associated with old age. Retirement from active life creates an intellectual and psychological vacuum the retirees' outlook on life often becomes negative, self-esteem or self worth diminishes, and the person no longer considers him or herself part of society's productive system. Diminishing physical resources, worries about the future, solution, idleness, and dependence may lead to a negative self-image and a decrease in life satisfactions. Loneliness is another common problem certain life change events, such as retirement from active life, bereavement (particularly the spouse), separation from children all contribute to loneliness and psychological isolation.

SERVICES FOR THE AGED IN CHANGING SCENARIO

As far as the care for the aged is concerned, Policies and programmes which are evolved or strengthened, need to reckon with this contention:

The constitution of India under its Directive Principles of State Policy recognizes the duties of the state towards its citizen including the aged. Article 41 enjoins the state to make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disability, and in other cases of underserved want, within its limit of economic development and capacity. This constitutional provision is reinforced by Section 125 of the Code of Criminal Procedure, 1973, under which every person having sufficient means is required to provide for his parents who are unable to maintain themselves. Besides Sections 20(3) of the Hindu Adoption and Maintenance Act, 1950, makes it obligatory on the part of the person to maintain his aged or infirm parents. The moot question however is: Are these constitutional & legal provisions enforced in letter and spirit? Social Security. We will have to look into the following issues critically.

Social security

Provisions available to senior citizen citizens in India can be broadly divided into two types: those for people in the organized sector, and those for people working in the unorganized sector.

Those who retire from government service, get pension and other retirement benefits, death cum-retirement gratuity etc. Similarly those in private organized sector also get certain benefits from many social insurance schemes. In contrast those who retire from unorganized sector do not have any such benefits. In the name of social assistance, State governments do have a few schemes for the poor and destitute aged, main among them being Old Age Pension (OAP) Schemes. However, benefits under this scheme are extremely small not exceeding Rs. 1000 a month, and that too is subject to several stringent conditions - age, domicile absence of means of livelihood. Is it justified for suffering humanity?

Health Services

As it is well known, India has an elaborate health care system. There is a public health system meant to promote sanitation and to prevent epidemics. Then, there is a chain of primary health centres, district hospitals, regional hospitals, referral hospitals and teaching hospitals. The overall thrust is to provide health and happiness, in urban, rural and tribal areas. To what extent, do the aged benefit from the existing health care system? This apart, the hospital system in the country leaves much to be desired, when health needs of the aged are considered.

Day Care Facilities

In India, day-care facilities for the aged are at best in a nascent state. In some large cities, voluntary organizations, independently or along with institutional facilities, offer these services. Ministry of Welfare, Government of India (GOI) and Central, Social Welfare Board also provide grants in aid for the purpose. It is, however, observed that the development of day-care facilities for aged is grossly inadequate. Many NGOs lack commitment and organization. Even well organized NGOs find it difficult to line up suitable accommodation and transport facilities.

Institutional Care

A large number of the aged do require institutional care some of them may have no close relations to look after them, others may find themselves strangers in the very household they might have built up; and other may be destitute and infirm with little to look forward. In recent years, a large number of Old Age Homes have come up to meet this welfare need. Some of them are run by the government and a larger number of them are managed by religions or secular organizations. Most of the NGO managed institutions are also financially supported by government or statutory funding agencies either through grants in aid or sponsorship on per capita basis.

It may be mentioned that these institutions offer shelter, food clothing and Medicare. They also offer facilities for education, recreation, games and sports and occasional outings. But such facilities are far from being satisfactory. As the population of the aged in country is growing; so are their problems. It is therefore, imperative that substitutive welfare services are evolved and strengthened. While the OAP Scheme has been in operation for four decades it is hardly comprehensive or adequate. The health care system apparently, ignores special health needs of the aged, and the idea of day care facilities for the aged is yet to sufficiently catch the attention of the government and voluntary organizations. It needs to be pursued, albeit a bit cautiously. There does exist a chain of homes for the aged in the country. Yet it needs to be improving, both qualitatively or quantitatively.

The foregoing discussion brings out that present services for aged are not adequate in terms of their coverage and sufficiency. But where does that solution lie? Due to growing number and problems of the aged in country, it is therefore, imperative that GOI, NGOs, Community and families jointly and with equal participation have to shoulder the responsibilities to make their evening of life meaningful and delightful.

There are a number of possibilities to resolve each of the problems of elderly i.e. Health, Economic and Psycho-social. Some suggestions include.

For Health Care

- There should be exclusive Geriatric clinics as well as reserved Geriatric wards in all hospitals for exclusive attention of elderly persons in rural and urban areas.
- Keeping in view the high cost of medical facilities elderly should be provided the care at subsidized charges or free of cost for poor. Government should bring out a National Health Policy for the aged along with some National Health Insurance Programmers for them.
- Public health services should be expanded to include the aged and the Govt. Should associate more and more genuine NGOs in providing health services to the aged.
- Elderly face mostly 3 types of Physical handicappers- hearing, seeing and walking. These handicaps can be rectified by eye glasses, hearing and walking aids. Ministry of health along with NGO's should plan to provide free glasses, lenses hearing and walking aid
- It should be made mandatory for government doctors and nurses to pay periodical visits to these suffering humanity for free treatment and advice on personal hygiene.
- Health care organizations (NCO) should be formed at community level to provide health services for the elder persons of that community. For the voluntary services doctors should come forward and their services should be publicly recognized honored and awarded.

For Social Security

- If there is to be a significant improvement in the quality of life for elderly people, government will have to plan an equitable and effective social security system. For this, beneficiary changes, in retirement and pension policies will be required.
- Government will take serious steps to enhance the retirement age from 60 to 65 because of longevity and late entry into labor force and marital life.
- After retirement, there should be some provisions of re-employment for those willing or otherwise to encourage them for self earning practices
- Once parentage reservation should be given in jobs when experience is required.
- OAP should be made universal irrespective of their number or gender of surviving children. The pension must be revised upwards every three years.
- The Gramsabha in villages should be given the responsibility of identifying the beneficiaries so that genuine cases can be located. The

role of NGO's in the case of elderly in providing medical care services. Helping the aged in getting pensions in time is tremendous. The experience of SEWA in Gujarat is worth quoting here. A comprehensive insurance scheme for women was established in 1991 known as Karya Suraksha (Work Security) The scheme provides insurance against illness, which requires hospitalization, against the accidental death of a members husband and against damage to home. To be covered under the scheme and annual premium of Rs. 45 or one time payment of Rs. 550 for long coverage, should be made. A scheme of this kind can be attempted for old people by NGOs.

- Older persons who have the advantage of life-long experience should be encouraged and trained in the art and science of consolation and should be engaged in different work places.
- Another community building device that might draw retired people into fresh contact with the young and vice versa is that older people in every community could be appointed adjunct teacher or mentors invited to teach some of their skills in local schemes on a part time or volunteer basis.
- The aged deserve some incentives. A 50% concession on road, rail and air transport as well as reservation of a certain percentage of seats for them would go a long way in helping them. Other facilities required. Includes low-cost housing facilities etc.

For Socio-Psycho Support

In India, we have cheated agencies outside the institution of the family to cater for the needs of the elderly but no institution can be a total and acceptable substitute for the family in providing psycho-social support. We need policies which can provide community and home-based care for the elderly. And take into consideration not only the needs of the ageing but also the links between generation.

- Efforts should be made with regard to provision of family incentives to those families who have an elderly, e.g. an income tax exemption for those who stay with an elderly. As this proposal remains limited to the elite class, financial incentives can be extended to poor and subsistence households through provision of necessities in public distribution system.
- As societies change and change again, systematic research and study is needed on how values are formed in family, and how these influence the life-course development of men and women and adequate steps should be taken to mitigate problems that arise.
- Expected roles and relationships of older persons towards their family and community members need to be continually redefined as new groups reach the age of 60.

- In view of the demographic and role changes occurring in our family and society at large, measures are recommended like more government and community support services for family care giving, more cooperative family care giving, with training for all family members and more flexible employment practice, including care facilities adjacent to the work place, to enable men and women to care for older family members.

- Psychologists should come forward to study the personality variables that may account for the emergence of particular problems of the aged.

- There is an urgent need in India to develop new discipline of old age psychiatry. This is imperative in view of the huge number of the elderly being added to the country's population.

- Need based approach is essential. Besides covering basic and physical needs like food, shelter, clothing, necessary atmosphere should be created to fulfil other needs of the aged like, the need for companionship, recognition, the need for love and to belong, the need for self-actualisation in the family.

- Measures should be initiated to mitigate emotional and psychological problems of the aged. Adult education programmes need be intensified and strengthened as educated person has to more self confidence and emotional stability than an illiterate.

- Extension services, correspondence courses, radio and television programmes, regular and special classes should find a place in the welfare programmes for the aged.

- Efforts should also be made to help them organize themselves. Facilities for community centers are desirable measures to keep the elderly within easy contact with one another.

- The Government should encourage and patronize voluntary, agencies to set up rehabilitation services and open day care centers, night caring centers, half way houses and mobile libraries.

In sum, with the passage of time and in a rapidly changing Indian society we find that the joint family, once stable and coherent system which took complete responsibility for the care of the old, has gradually disintegrated. This has led to neglect of elderly and aged persons. Whatever may be family is by far the best solution which takes care of all their fears and so joint families should be encouraged. Through little adjustment on both sides coupled with community and state support providing economic opportunities and strong tradition of respecting seniors India can well find the answer for the elderly from within.

Keeping in mind the multiple problems aged people experience, we recommend an integrated approach, at governmental, non-governmental and community level for the graying population. The measures suggested could go a long way towards fostering feeling of security, of being healthy, and of being wanted and useful among the elderly who now feel dependent lonely and depressed. Proper and sensitive care for the aged will add life to years for the many neglected and forsaken elderly people now in our midst. And they will be able to lead life without tears.

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