

Population Policy for the Aged in India

This study which explores the needs and demands of the elderly based on a survey in Mumbai highlights the importance of intertwining developmental and social security policies for the welfare of the aged. Besides, keeping in mind the heterogeneous nature of India's elderly, it is more practical to develop a plan of action for a specified group of people, instead of having a single policy directed at the entire population.

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Today, developing nations are standing at a critical crossroads in confronting the issues of ageing that must be addressed if social and economic developments are to make fast progress. Myers' (1982) examination of the ageing of the population suggests distinctive features among developing nations that will tend to make the process different from those experienced earlier by today's developed nations. Unlike the west, the mechanism that enhanced the ageing of the population in the developing world is somewhat induced. Thus, the designs of ageing policies of countries like India are not supposed to alter the basic process of population ageing, but should be directed to issues that arise from it.

The most important issue that emerges from the ageing process is how best to provide economic and social support for older persons. Family and state are the two important supports of the elderly. But demographic challenge to family care is a two-sided coin, as opined by Giele (1982). New demands are being constantly generated from heterogeneous elders on the one hand, and on the other, changing values and aspirations of the younger generation and steady reduction of family size are raising questions about the ability of the family to perform its role to look after aged persons. A good interaction between family members is significant enough for a safe old age, but reduced family size, as an outcome of demographic revolution, is indeed a matter of concern. Excessive reliance either on family or on state is not a positive symptom, and therefore it has always been suggested by international organisations that there should be combined help from various sectors of society

towards the elderly, that is, the family, the economy and the state. Implementation of a sound policy for the aged population is the need of the hour in the Indian context.

With the objective of exploring the needs and demands of the elderly for their own well-being, each of the respondents in the present study, selected on the basis of probability sampling, was asked to express his views and suggestive measures for government intervention. The paper is based on the primary data of 275 retired male pensioners residing in Mumbai and belonging to two pre-retirement occupational categories, namely, civil servants and school teachers. In total, 71 per cent of the retirees do think that there is a need for state intervention to enhance the quality of life of aged people in general and pensioners in particular. However, the degree of positive response in this regard varies from 82 per cent for school teachers to 60 per cent among retired civil servants. About 30 per cent of the latter group has clearly said that the time has not yet come to look after the elderly through government participation in the backdrop of unemployment of youth, illiteracy and malnutrition. A negative view regarding government intervention is also expressed by 15 per cent of the respondents. They feel that it is of no use to give any suggestion or to raise demands, as the welfare department of the government will not respond. One-third of the respondents said "Government has done much for us and now it is our duty to keep ourselves active, happy and pay something back to government by using our work experience fruitfully (21 per cent) and rendering social service (20 per cent)". One noble sentiment echoed in the thoughts of people from erstwhile high offices is to do something in order to weed out social crime and

injustice by exerting their influence and utilising their impressive connection networks. For instance, in the words of a senior retired bureaucrat, "People like me who have enjoyed wide network can easily use our experience to [help] curb social malice like adulteration and other forms of duplication pervading across the society".

Another useful and creative idea from one of the respondents deserves special attention. It began as a result of a unique experiment orchestrated by a retired civilian. "The whole idea came to my mind on observing a bunch of enthusiastic teenagers whom I used to meet on the roads everyday on my routine stroll in the evening." Both parties wanted to do something meaningful, but somehow that motivation and/or the direction were missing. "...Then suddenly the idea of serving people struck me and I started on my mission, enlisting the names of young volunteers who can serve the helpless without any lure of money". Since then, there has been no looking back, and today this anonymous organisation has created a considerable difference in society even though it has religiously guarded its identity from the high-voltage public glare. This anecdote amply illustrates how the motivation and inspiration of a willing and able-mind paved the way for welfare wonder.

Of those who feel that government intervention is the need of the hour to

Table 1: Opinion of Retirees on Areas of Government Intervention

Areas of Intervention	Opined by (Per Cent)		
	Total	Teachers	Civil Servants
Medical/health ¹	63.2	65.2	57.1
Economic** ²	55.9	62.2	37.5
Transport**	29.1	35.4	10.7
Housing*	41.1	45.7	28.6
Justice and law	6.8	6.7	7.1
Culture/ recreation ³	20.9	20.7	21.4
Welfare ⁴	58.2	59.1	55.4
Sample size	220	164	56

Note: * and ** – Difference is statistically significant at 5 per cent and 1 per cent level respectively in Fisher's test.

- 1 Difference is statistically significant at 5 per cent level by age (below 70^(high yes) and above 70)
- 2 Difference is statistically significant at 5 per cent level by asset (above and below average (high yes)).
- 3 Difference is statistically significant at 10 per cent level by marital status (currently married, other than currently married (high yes).
- 4 Difference is statistically significant at 10 per cent level by age (below 70^(high yes) and above 70).

tackle the problems of the elderly, 63 per cent have demanded improvement in the medical and health care facilities, followed by welfare aspects and financial security (Table 1). A distinct occupational variation is observed in the suggestive measures of financial security, travelling and housing, where the demands of retired teachers are significantly higher than those of civil servants.

As regards intervention in health, the commonest demand is the provision of costly medicine and medical service at subsidised rates even in private clinics and hospitals, followed by the demand to take responsibility of high-risk elderly groups like the destitute and the disabled. Low technology home-care services that can supplement family care in cases where an aged person has none or if the care giver too is aged, have also been suggested as one of the ways of taking care of the disabled. One useful suggestion cropped up concerning the role of government on activities volunteered by non-government organisations. It says that for every locality there should be one comprehensive list, covering the names of the suffering elderly population. These lists would then be utilised for effective monitoring and administering of remedial measures to nurse the target population in a cost-effective manner.

Another useful suggestion, mainly raised by civil servants, is a periodic campaign on old-age health disorders like Alzheimer's disease, heart complications and Parkinson's disease. The other unanimous choice of this group of retirees is for a government-sponsored health insurance scheme where the benefits could accrue to all sections of the elderly irrespective of their financial status.

There is a distinct urge among the study population to channel their experience, knowledge, sensibility and free time towards constructive social welfare activities sponsored by government agencies, like literacy mission, slum development, enhancement of health consciousness, and campaigning against corruption. A strong sense of social commitment is conveyed by teachers (40 per cent) through their intention of providing education free of cost. They say the government should provide basic infrastructure such as setting up training institutions so that they can extend their collective support without any constraints.

One idea from a retired civil servant about the way to assess manpower for

social service is found to be constructive: "At the time of retirement, distribute a questionnaire to every government servant asking a few simple questions such as - Are you interested in doing something for society? If yes, then what kind of service would you like to provide? What time of the day is preferable for you to do it? Are you prepared to do this as an honorarium, do you expect to be paid for the expenditure you incur for doing the service, or do you expect to be fully compensated for the work? Government can use this valuable information to plan accordingly."

There is a genuine demand, mainly among retired teachers, to get a pension amount commensurate with inflation or the market price of the current period. Simultaneously, the two main arguments of the economically well-off are that government should provide old-age pension and make pension benefits tax-free, though the sample size is less than 10 in

both cases. Even though the national policy for the elderly (1998) has assured the aged about the regularity of revision of monthly pension rates taking into consideration inflation figures, many of the retired teachers said, the assurance is only on paper. The two other important demands voiced by this group are provision of full-time or part-time jobs mainly to those who are in need and to render financial support to destitute elderly persons.

A general expectation of a group of the teaching class engaged in some form of social activity is to get some concessional benefits and recognition from the government. These benefits could include a token remuneration, testimonials to avail special concessional rates covering health expenses, ration and travelling cost. However, in order to avoid misuse of this special recognition, some suggested the setting up of a monitoring body to evaluate and appraise individual social activities before issuance of benefits.

Table 2: Suggestions for Government Intervention in Health and Medicine

Suggestions	Opined by (Per Cent)		
	Total	Teachers	Civil Servants
Compulsory medical insurance**	8.4	4.7	56.3
Medical service and provision of costly medicine at a subsidised rate	37.5	78.5	59.4
Improvement in the service of government health scheme**	2.5	0	29.9
Provision for periodical medical check-up**	8.7	4.7	59.4
Opening of geriatric ward in government hospitals	2.2	4.7	3.1
Taking responsibility of aged, destitute, and disabled	19.6	38.3	40.6
Sample size	275	107	32

Note: * and ** Difference is statistically significant at 5 per cent and 1per cent level respectively.

Table 3: Suggestions for Government Intervention in Pension

Suggestions	Opined by (Per Cent)	
	Total	Teachers
Old-age pension for those 60 and above	9.1	17.6
Old-age pension for destitute elderly	10.9	26.5
Tax free pension	3.6	4.9
Increase pension/indexing pension with inflation	14.9	40.2
Provision of rations at subsidised rate	2.9	6.9
Provision of job	13.1	31.4
Minimum remuneration to those engaged in social service	5.1	12.7
Providing pension on time	3.3	7.8
Sample size	275	102

Note: Percentage of civil servants is not shown for small sample size.

Table 4: Suggestions for Intervention in Housing

Suggestions	Opined by (Per Cent)		
	Total	Teachers	Civil Servants
Provision of old-age home	23.6	69.3	81.3
Old-age ashrams	8.4	29.3	6.3
Improving quality of service of old-age homes	9.1	20.0	62.5
Provision of land for housing at the time of retirement	3.3	10.7	6.3
Compulsory accommodation of aged parents	3.3	10.7	6.3
Provision of common room for aged in government housing society	2.2	8	0.0
Sample size	275	75	16

Housing is another important area where respondents have given suggestions. Of the 275 interviewees, 91 had an opinion about measures needed in this regard. Demand is observed among teachers with regard to provision of old-age homes (n=52) and ashrams (n=22). The concept of old-age ashram is new in that it visualises an old-age home in the midst of greenery, girdled with a horticulture field where healthy elderly inmates can put in their time and effort. Critical conversations led to some thought-provoking suggestions that could have a positive bearing towards improving the living conditions of old-age homes. The essence of the discussion is the enunciation of the view that some kind of creative involvement, in the form of handicrafts, gardening, child-rearing and caring, could bring about a meaningful lifestyle for these people who are exiled within the confines of old-age homes.

One strategic idea that came from one of the respondents throws significant light on a possible residential structure for the aged class of people. This visionary model talks about a community old-age home based on the concept of a cooperative society. This self-supporting unit has been categorised based on pension stratification. The society will provide basic medical facility to its residents but the expenses will have to be shared by them.

Besides the ideas mentioned above, there are a few demands raised by a small proportion of respondents, like provision of travel concession in all modes of travelling (22 per cent), arrangement of separate compartment in local trains instead of specifying seats for a precise time period (6.2 per cent), provision of parks and clubs for the elderly (12 per cent) in areas that are well commuted and less polluted, and arrangement of government-sponsored tours or picnics (3.3 per cent) at regular intervals.

Concluding Remarks

India is not yet a duplication of the west, where the elderly are financially supported by the state, the aged sick are looked after by hospitals and institutions render care for the elderly. India still has the heritage of respecting, caring for and sharing with the greying population, though the western wind of modernisation is gradually spreading the fire of individualism especially in urban hubs. There is nothing wrong in modernisation if it is harmonised with own cultural heritage of a society and

nation. It is the need of the hour to intertwine developmental and social security policies for the elderly, giving due respect to our sound value system. Otherwise we will lose our own identity.

At the outset, it must be admitted that for a heterogeneous mass of elderly people, a single policy directed towards the entire population may not make much sense. A clear-cut plan of action for a specified group of people is more practical instead of documenting broad idealistic measures in subjective terms. Last but not least, it must be admitted that a single research is not at all sufficient to propose a policy plan, especially in the field of behavioural science, where the true effect of one variable on another is difficult to get even if the error is reduced to the minimum.

The national policy on older persons in India (1998) visualises that the state will extend support for financial security, health care, shelter, welfare and other needs, provide protection against abuse and exploitation, make available opportunities for the development of potential of older persons, seek their participation and provide services so that they can improve their quality of life. Keeping these principles in mind, the following policy measures can be proposed:

(1) Formation of special firms and sheltered workplaces specialising in lighter works and welfare activities where the elderly who are physically fit and/or in need can be employed on a part-time basis or can be given an employment fellowship for their service. Non-governmental organisations and private agencies should be encouraged to join the initiative. The government can provide tax incentives both to firms that employ elderly persons and to the retirees, who are contributing to these firms.

(2) It is necessary to arrange a monthly medical check-up in municipal and government hospitals in a cost-effective manner at least for those who get pension less

than a cut-off point. Compulsory health insurance can promote healthy ageing at least for those who can afford it. Promotion of health education is needed to take preventive measures on time. It can also be made compulsory to keep minimal free beds in private hospitals for geriatric treatment to serve the financially weaker sections.

(3) With the family size in urban areas shrinking, low technology home care services can also be encouraged to supplement family care, as it is far less costly than investing in aged institutions. Tax incentives can also be announced to ensure that families who are looking after the financially and/or physically dependent elderly (whether or not the elderly person is living in their own house) would benefit financially.

It is better not to follow the path of developed nations, as economic resources are scarce in our country and a lot many other problems are needed to be solved apart from taking care of the elderly. Basic social security measures for the aged are necessary, like provision of health care and income streams. But a huge investment for economic security even to those who are already economically strong and have the network to maintain their standard of living through active workforce participation, is not of much value. It would be rather more useful to adopt an alternative approach so as to strengthen family ties and provide basic security in a cost-effective manner. **EPW**

References

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