

## SOCIAL REHABILITATION OF AGED IN INDIA

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**Abstract:** Ageing of population is a universal phenomenon. The changing structures of societies, patterns of family interdependence, family structure, and demographic, social and economic trends have affected the relationship between generations across the globe. India is also heading towards the similar demographic pattern like other developing countries. The proportion and population of aged (60+ years) is gradually increasing which has long term implications on society and particularly inter-generational relations in the family system. In traditional Indian society older people lived within a multi-generational extended family comprising one or more adults, children, grand children and other kin. The aged enjoyed honour, respect, legitimate authority within the family, community and society. They had decision making responsibilities in economic, religious, social and political activities of the family. However, with the change of time, the socio-cultural value system has been degraded besides declining of traditional family structure. The nuclear family has emerged in Indian society where the living of family members has shrunked to one family without proper space for older persons. The changing living arrangement and functional responsibilities of the family have also affected the inter-generational relations with a little respect and honor to older persons. Thus, the older persons are being neglected, abused, exploited and isolated to some extent. In view of the changing demographics and socio-cultural change in the Indian society, Government has made attempts to provide proper care and protection of older persons and also provide them rehabilitation services. Present paper attempts to review the social rehabilitation of aged.

### INTRODUCTION

Ageing is a universal phenomenon, which inevitably occurs in human life cycle. It brings about certain anatomical, physiological, psychological changes in life. It is also one of the most important

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demographic and epidemiological transitions caused by enormous improvement in public health, medical treatment and socio-economic factors such as education, income, better nutrition and living conditions as well as technological advancement. Ageing, though, refers to a decline in the functional capacity of the organs of the human body, which occurs mostly due to physiological transformation, it never imply that everything has been finished. The senior citizens, in fact, constitute a precious reservoir of such human resource as is gifted with knowledge of various sorts, varied experiences and deep insights. May be they have formally retired, yet an overwhelming majority of them are physically fit and mentally alert. Hence, given an appropriate opportunity, they are in a position to make significant contribution to the socio-economic development of their nation. Obviously, most of the senior citizens must be willing to take active part in rendering the services of their choice and capability to the various needy sections of our society. It will not only create an opportunity for the older people to constructively utilize their time and energies, but it will also enhance the level of their satisfaction from life.

In order to address the issues of social rehabilitation of the aged, a number of NGOs, trusts and ashrams/old age homes have been established at religious places. The role of ashrams/old age homes in social rehabilitation of the aged has been found to be significant. It has been observed that a number of ashrams/old age homes are being established by the religious trusts through resource mobilization and these ashrams/old age homes are being open for the aged to live and enjoy the life at the religious places of hilly state. The ashrams/old age homes have been allotted to the aged on the basis of donations. The ashrams/old age homes have their own rules and regulations for maintaining them. The aged persons is suppose to live in the allotted ashrams/old age homes for the time being and follow the rules and regulations set by the ashrams/old age homes while after leaving the ashrams/old age homes, he is bound to hand over the keys of lodge to the ashrams/old age homes authority and the ashrams/old age homes authority generally allot the accommodation to another aged person. However, after returning the previous man, the authority re-allots

the room to him. The aged are also provided fooding facility and the aged may devote their time to the god/goddess. Thus, the ashrams/old age homes are playing a critical role in social rehabilitation of the aged. For better rehabilitation of older persons, Government has developed National Policy. In this context, it is imperative to examine the role of ashrams/old age homes in rehabilitation of aged. Government of India, under the Ministry of Social Justice & Empowerment, has extended a huge financial support for creating infrastructure in terms of old age homes and services for the caring of aged, however, the social rehabilitation of the aged is still found to be grossly inadequate in the context of globalization and economic liberalization that directly influence the socio-cultural value system especially for the family system which is responsible for proper care of the aged. In view of the growing problems of social rehabilitation of aged and also effective functioning of the old age homes, it is imperative to study the functioning and performance of the old age homes in socio-economic rehabilitation of the aged. For better rehabilitation of older persons, Government has developed National Policy. In this context, it is imperative to examine the role of ashrams/old age homes in rehabilitation of aged. Government of India, under the Ministry of Social Justice & Empowerment, has extended a huge financial support for creating infrastructure in terms of old age homes and services for the caring of aged, however, the social rehabilitation of the aged is still found to be grossly inadequate in the context of globalization and economic liberalization that directly influence the socio-cultural value system especially for the family system which is responsible for proper care of the aged. In view of the growing problems of social rehabilitation of aged and also effective functioning of the old age homes, it is imperative to study the functioning and performance of the old age homes in socio-economic rehabilitation of the aged.

#### **REVIEW OF LITERATURE**

Several studies have been conducted by academicians, social scientists and other academic institutions, which focus on various issues and dimensions of the aged. Inrudaya Rajan, S. Sharma and

U.S. Mishra (2001), have discussed various aspects of elderly people. Kumar, P.V. (1999), has explained a specific aspect of aged people specially women in rural India. Reddy, K.N. (1996), has highlighted on social security problem of older people in India. Rajan (2006) has examined the health problems of the population aging. He also reviewed the health and social security issues of the aged in India. Chanan and Talwar discussed socio economic and health issues of aged. Bhattacharya (2005), is of the view that in order to study the implications of an aging population in India, the changing Indian demographic configuration needs to be highlighted first. That will help us assess the challenges to be met in the future. Advancement of medical science, better nutrition, and increased order of awareness among the general masses, successful implementation of the public health policies vis-à-vis social and economic developments may be considered the main reasons behind the significant increase of ageing population (WHO 1999). Population ageing is therefore rapidly emerging as the problem of developing countries. Ageing was not only an Asian trend up until 2000, but it is going to continue to dominate Asia in the next century as well (UNFPA, 1999). Old age presents its special and unique problems but these have been aggravated due to the unprecedented speed of socioeconomic transformation leading to a number of changes in different aspects of living conditions. The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics (Siva Raju, 2002). For elders living with their families - still the dominant living arrangement - their economic security and well-being largely depends on the economic capacity of the family unit (Alam, 2006). In traditional Indian society, the informal support systems of family, kinship and community are considered strong enough to provide social security to its members, including older people. Urbanization, industrialization and the ongoing phenomenon of globalization have cast their shadow on traditional values and norms within society. Gradual nuclearisation of the joint family, erosion of morality in economy, changes in the value system, migration of youth to urban areas for jobs or work and increasing participation of women in the workforce are important factors responsible for the marginalization

of older people in rural India. As a result, the elderly depend on 'money-order economy' and their intimacy with their children is only from a distance (Vijay kumar, 1999). 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 role of women have contributed to a 'crisis in caring' for the elderly (Prakash, 2004). Many facets of the generation gap contribute to marginalization of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse. As theory of motion can also work on social structure, every structure remains in balance till there any component of change does not introduce so as about the population structure population structure change by the development in the field of medical sciences. This increase the life of a person so, implied the rise in population of aged. Rising trends in population of aged create number of changes in the social structure, as described by Bhat and Dhruvarajan; 2009) India has been experiencing considerable change in its social structure and institution. Such a change can be seen especially in the changes and their implications for older people; we need to look at the traditional Indian society as a functioning unit.

The traditional structure of the mainly Hindu society in India was a patriarchal system based on the institutions of caste and the joint family. The economy was based on agriculture family structure is basically based on Joint system. The Joint family is not only a social unit it is also a economic unit. The family structure was patriarchal – the oldest male member controlled all social and economic affairs on the other hand senior female member exercised authority in all household matters and influenced general matter as well. Every one earned according to his or her capacity and every one received according to his or her needs. Actually this particular type of social system provides several social security's to their members. As Gangrade (1999) the Joint family performs the tasks of national insurance, guaranteeing basic subsistence for all the orphans, the disabled the aged the widows as well as the temporarily

unemployed. The joint family owned land in common and all income went into a common pool. Economic transactions were made between families and not between individuals. The son inherited his father occupation ensuring continuity. Society was divided according to a hierarchical caste system marriage with in sub caste kept economic differential with in caste to a minimum. Thus the social institutions of caste, Kinship, and the joint family were the basic building blocks of society. Traditional Indian society provides great honour and respect to older persons the Hindu scriptures proclaim, *Matra devo bhava, Pithru devo bhava*. This is not only duty of children but also a sacrament for them to take care of their elders. Failing to pay back *Pithru Rina* (filial debt) would have dire consequences in after life. This feeling reflects from all Indian religious literature the epics, folklore, and in tradition. Indian society is under the impact of rapid transformation, industrialization, urbanization technical change education and globalization. These forces have negative impact on traditional values and institutions, so they are in the process of erosion and adaptation, resulting in the weakening of inter-generationalties. Industrialization has replaced the simple family production units by mass production and the factory (Dandekar 1996). Individual jobs and earnings give rise to income differentials within the family. Push factor such as population pressure and pull factor such as wider economic opportunities and modern communication cause young people to migrate especially from rural to urban areas (Vijaya Kumar 1999; Jamuna 1998). Advancement in technology in all spheres of social life challenged the utility of knowledge and skills of older persons. Supportive social systems in daily life reduced the role of older persons. Old widows are no longer indispensable for nursing sick relatives, helping ladies in childbirth on taking care of infants. There role is taken by hospitals, ayahs, and baby sitters.

Now-a-days materialistic value or conspicuous consumption works as a pull factor, which attract the people to go for work to far places. This lessened the family ties and disrupted family togetherness. Increasing Urbanization due to migration and the compulsions of the city have further wakened the family. Modern education system, technological change and economic development

is promoting individualism and also questioning authority. Nuclear households characterized by individuality, independence and desire for privacy are gradually replacing the joint family which emphasizes the family as a unit and demands deference to age and authority (Bhat and Dhruvara, 2009). Children who migrate often find it difficult to cope with city life and elect to leave their old parents in the village causing problem of loneliness and lack of care givers for the old parents (Government of India 1999). Parents in this circumstance cannot always count on financial support from their children and may have to take care of themselves. Another aspect which badly affected the position of older people in society is double caring couple. Now this is a trend as well as impact of government policies that number of females also became working. Female participation in economic activity either as worker or as entrepreneurs has increased considerably in the recent past in the Urban informed sector and the middle class formal sector as well as in rural areas. National policy on older persons also highlight this issue as "Due to shortage of space in dwellings in Urban areas and high rents, migrants prefer to leave their parents in native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of older people for long periods, career ambitious and employment outside the home implies a considerably reduced time for care giving".

This quest for better life style has deteriorated status of elderly in the transient Indian family structure. In this regard, D'sousa (1989) observes that change in living arrangements, family structure and made of sudden retirement adversely affect the old, and further that the old people are in increasing proportions losing the status and security which they enjoyed in the traditional Indian family structure. The Dak and Sharma (1987) study indicated that the headship in the households used to get transferred to the next eldest member after a certain age is attained. With regards to the feeling of the elderly staying in nuclear family, Nandal et.al (1987) finds that elderly in nuclear household have a feeling of helplessness. The aged are looked upon as burden in barely sustainable households in which each and every member contributes to the

family earning, and therefore households support towards elderly become very difficult among the poor. An examination of intra family relations of urban elderly by Shah (1993) finds that satisfactory, intra family relations are somewhat higher among the evidences than the widowers and somewhat lower among those living in joint families compared to those living in nuclear families. Further, elderly having no substantial assets or a fairly good source of income and who are economically dependent, find the attitude and behavior of their family members as unsatisfactory. National sample survey (1987-88) of the elderly finds loneliness to be one of the major problems among the aged India. It is found that the aged feel to have lost their status due to old age and a few others comment to have lost status due to their retirement from work. This conclusion does not co-related when test on women. Females never had the feeling of having retired from work as against the males whose status feeling was associated with their job which they enjoyed for a long. Kaur et.al. (1987) also emphasized the fact that the present generation treated the old people as a burden and their presence in the family irbs most of the family members. Sharma and Dak (1987) the status of the aged in the changing social structure have been investigated by social scientist from different perspectives. Such investigation have more or less concluded on the breaking down of kinship and family organizations which has put the elderly in a state of helplessness, isolation and economic dependence. A further reiteration is made as regards the disappearance of the traditional form of familiar support for the elderly which need to be replaced with some policy measures. A traditional convention in the Indian family system is that parents are supposed to be taken care of by their off spring. But the burgeoning of the nuclear family and the separation of the off spring from the parents creates a situation where the old parents have to stay on their own. On some occasions the economic security is provided by the children but not the emotional requirements of the elderly. In this context most of the primary surveys have investigated on the preference of the aged regarding their place of stay and it is found that a majority of them prefer to stay with their children or own family members in old age (Nandal *et al* 1987) With the lack of familiar support, the elderly resort to



stay in old age homes in case they are economically affordable. In India, there are few old age homes run by the state and central government for the deprived and poor elderly. A survey of old age homes in the state of Maharashtra by Dandekar (1993). Finds that the prime reason for the aged moving into old age homes is due to the lack of proper care for them within family set ups. The inmates of the old age homes expressed satisfaction with their own homes. This finding gives the impression that old age homes are serving as alternative care giver to those who are unable to obtain familial care. Another study on the inmates of old age homes in the state of Gujarat (Shah, 1993). Finds lack of homely care as the prominent reason cited by the elderly towards their preference to stay in old age homes. Besides economic reasons, family quarrel and handicaps were found to have induced the elderly to move into old age homes (Rajan et. al. 1999). Rise of age develop several implication to human body deterioration is immunity system as well as in several organs create special attention for health care to aged people. The population of Indians in the age group 60 years and above i.e. the elderly is increasing more rapidly than the population as a whole. The current population of elderly in India is 60 million which is expected to grow to 75 million by the year 2001 and 160 million by the year 2025 (Shah, 2004). As the elderly suffers from chronic diseases, they need long term care and they also need help to maintain activities of daily living. In the changed scenario care providing has itself become a big question. Women's role as primary care providing has changed a lot owing to their acceptance of paid work outside the preview of the house hold. Poverty and illiteracy worsen the health status and impact of health care of an aged person (Narsreen, 2009). The health care services in India available for the elderly can be classified into formal and informal support systems (Shah). Formal support systems are provided by the central and state Govt. agencies. Health is a state subject. Every Indian has an access to free health care service. The health care services are formally constituted in a referral tier system for rural areas involving the state through District hospital, community centres/hospitals, primary health centres and sub centres. The issue of quality and quantity of their service available for the elderly needs consideration (Rao 1999).

The family still constitutes the most important part in respect to elderly health support. The family still providing them financial support for medicine cares during illness, psychological support, etc., but these are somehow true in the sense of rural family structure. As for as urban family structure is concerned these support are not by at large visible. So, this is one lacuna in terms of elderly health. Secondly India is still grappling with efforts to decrease infant mortality, childhood deaths and young adult deaths due to infections the bulk of resources available to these institutions are utilized to meet these service demands. While medical specialists are available at district headquarters, none are trained in geriatric specially. These hospitals and centres do not provide for any separately earmarked clinics or beds for the elderly (Bali, 1999). Economic status or economic independence is vital for a person during his/her social life. The sound economic status of a person develop a complex net of social relations while weak economic status can thickly relate kins with a person. For elderly people economic status or independency is very important, because their body has not so much strength as younger one's have. So they slow develop their dependency on other people. Economic security during the working years provides an opportunity for its continuation into later years through appropriate investment. An old person faces several difficulties in regard to arrange daily needs. Absence of regular and stead income generate other complexities like lack of money for food, shelter, medicine or fulfill other social requirements. As such in the modern industrial society economic in security has greatly increased particularly for the retired person. In rural communities there is no set pattern of retirement and the old people continue to work as long as their physique allows them. Yet, in rural areas too, when they leave working, face the same type of problems as their urban counterparts (Randhawa, 1991). Expectations of care direct the elderly people to invest upon their children. The children also take care for them. But in present modern society changes in term of technology and attitude toward individualism changed the mind set of younger generation towards care giving. The state is not in a position to provide financial assistance to older people for their maintenance, as the cost is prohibitive. Unfortunately the current

scenario is such that a majority of older people today are not financially sound in terms of their saving and investments (Ramamurti 2003). In view of health problem and its co-relation with economic active population in recent years, WHO worked out on the concept of active ageing. The new concept of active ageing began to emerge in the 1990's under the influence of the WHO which not surprisingly emphasized the vital connection between activity and health and the importance of healthy ageing (WHO 1994 and 2001). Given the link with health and the European context in which it was developed, this approach to active ageing has focused on a broader range of activities than those normally associated with production and the labour market has emphasized health and the participation and inclusion of older people as full citizen. The thinking behind this new approach is expressed perfectly in the WHO dictum "years have been added to life now we must add life to years" This suggests a general lifestyle strategy for the preservation of physical and mental health as people age rather than just trying to make them work longer. Thus the essence of the emerging modern concept of active ageing is a combination of the care element of productive ageing with a strong emphasis on quality of life and mental and physical well being. The active ageing is new way a find way outs from low economic status. Intergenerational relations are the matter of study for social scientists. Several Indian studies are available on intergenerational interactions (Antharaman. 1979, 1979, 1984 Biswas, 1987 Bhingradiya and Kamala 1997, Chadha and Singh 1996 Jamuna, 2001, Nayar 2001, Ramamurti 2001, 2002) Intergenerational relations with in the family have a profound influence on the older persons in the family. Whether this relationship is going to be conflict free and congenial would largely depend on how the older persons and the younger individuals perceive each other. They belong to different generations and were conditioned by social context of the two different time periods (Ramamurti) Now elderly people have to cope not only with the changing family structure but also with changing role relations within the family. In agriculture based traditional society, where children followed their parents occupation, it was natural, that expertise and knowledge of each generation were passed on to the

next, thus, affording older persons a useful role in society. Batra and Bhaumik (2007) studied intergeneration relationships between three generation (i) elderly (ii) Core given (iii) Grand children. They selected six component for this research like (i) Loss position (ii) Loss of authority (iii) Lack of support (iv) Feeling of isolation (v) Loss or respect (vi) More responsibility. From there study they find that elderly people want that there children are more understandable and accommodating.

The review of the earlier studies reveals that many scholars view the elderly as passive receivers of care. Further, the problems of the vulnerable elderly like widowed females, disabled, fragile older persons and those from the unorganised sector are inadequately covered. Most studies conducted to assess various issues of the elderly are exploratory and descriptive. Ageing needs multi- and inter-disciplinary perspectives. The development of social gerontology reveals that disciplines like sociology, demography, psychology, anthropology, geography, law, social policy and administration, management, economics, nutrition, as well as varied professional training like social work, nursing, counseling and clinical psychology focus on various ageing issues. However, no single disciplinary focus gives a holistic understanding. A combination of qualitative and quantitative approaches is required for a more comprehensive understanding of ageing issues. The wide variation in levels of development and socioeconomic status of people living in different geographical regions make national level studies on elderly essential. Analysis of both secondary and primary data needs to be attempted, wherever necessary, which in turn will help to focus on ageing issues, both at micro and macro levels. The focus of social gerontology is not only concerned with people in later life but also the social institutions which particularly affect that period such as retirement, pensions and welfare policy. Given the changes in the socioeconomic profile of the elderly, there is a need to recognize them as a resource group and to develop suitable policies and programmes for their integration into the development process. A majority of the studies conducted so far in India are localized and based on sample surveys on specific segments of elderly with a specific disciplinary focus. However, the fact that

India's elderly are a heterogeneous group necessitates proper stratification of the group. Variations in living situations need to be viewed in the context of factors like age, gender, and marital status, and region, educational and occupational status of the elderly. A holistic approach to population ageing taking social, economic and cultural changes into consideration is needed to effectively solve the emerging problems of the elderly.

### **REHABILITATION OF AGED**

Ageing is a natural and universal phenomenon. India too is fast on the path of ageing. Biologically, the concept of ageing refers to the progressive changes that take place in cell, in an organ or in the total organism over the passage of an entire life time. Ageing is primarily concerned with the changes from maturity until death. Psychologist are of the view that there is functional decline in the performance of major organs of the body with the advancement of age resulting either from cellular loss or due to loss of enzymatic potency for which cell die. In humans, this decline begins long before the age of 60 and becomes perceptible from age of 40-45. The number of older people in India has been on the increase due to the growth in population and advances in medicines. The rapid strides in industrialization and urbanization and the tendency towards dissolution of the joint family system have resulted worse conditions for older people. Ageing of population is a major aspect of the process of demographic transition. The developed regions of the world being ahead of the developing countries with respect to demographic transition have already experienced its consequences and the developing world is currently facing the consequences. Although the proportion of the elderly, defined as consisting of persons aged 60 years and above in a population, seems to be relatively small in some of the developing countries, such countries have large number of elderly persons because of their extensive population base. The recent emphasis on studies pertaining to the elderly in the developing world is attributed to their increasing numbers and deteriorating conditions. While the increasing numbers are attributed to demographic transition, the deteriorating economic and social conditions are the result of the fast-eroding

traditional family system in the wake of rapid modernization, migration and urbanization. Projected increases in both the absolute and the relative sizes of the elderly population in many third world countries are a subject of growing concern for public policy. Such increases in the elderly population are the result of changing fertility and mortality regimes over the past 40 to 50 years. The combination of high fertility and declining mortality during the twentieth century has resulted in large and rapid increases in elderly populations as successively larger cohorts step into old age. Further, the sharp decline in fertility experienced in recent times is bound to lead to an increasing proportion of the elderly in the future. Besides, given that these demographic changes have been accompanied by rapid and profound socio-economic changes, cohorts might differ in their experience as they join the ranks of the elderly.

The growing problems of aged in India are cause of concern for policy makers, administrators and academicians. Elderly population is rising sharply after post independence era. One is eight among older persons in the world now lives in India. As per census, population as for as percentage of old persons have increased from 1901 and onwards. The total number of older people in 1901 was 12.06 million, the figure further increased to 19.61 million in 1951 and in 75.93 million in 2001. During 2006, about 7.5 per cent of total population, 7.1 per cent of total male population and 8.0 per cent of total female population were aged 60 years and above. These figures are projected to go up to 12.4 per cent, 11.7 per cent and 13.1 per cent respectively in 2026. In view of the emerging problems of caring the aged, Government of India has introduced integrated scheme for running day care centre, old age home and establishing mobile units for medical and health care for the aged. During 2004-05, around 444 non government organizations were given support for managing day care centre, old age home and running of mobile medical units. Government is also providing financial assistance for panchayati raj institutions, SHGs and non government organizations for establishing old age homes. During 1996-97, 45 old age homes were established. During 2002-03 and 2005-06, Rs. 252.67 lakh were released by Government of India for establishing and managing old age homes for the rehabilitation of aged. As per

information available, there are 728 old age homes in India however; details are available only for 547. About 325 old age homes are free of cost while 95 homes are being run on pay and stay basis. Similarly, 116 homes are free as well as pay and stay basis. 278 old age homes are only for sick aged while 101 aged homes are only for women. Most of the aged homes were found located in Kerala. Old age homes are being run and managed by government as well as non government organizations including trusts, religious organizations and private agencies. Under the Integrated Programme for Older Persons, financial assistance up to 90 percent of the project cost is provided to Government/ Non-Governmental Organizations/ Panchayati Raj Institutions/ local bodies etc. for establishing and maintaining old age homes, day care centres and mobile medicare units. The Scheme has been revised in 2008. Besides increase in amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the Scheme. There has been increasing trend in budget allocation and amount released during the 2009-2010 to 2011-2012, however the number of NGOs assisted and number of beneficiaries has shown fluctuating trend during the corresponding period. There are 728 Old Age Homes in India. Out of these, 325 homes are free of cost while 95 old age homes are on pay & stay basis, 116 homes have both free as well as pay & stay facilities and 11 homes have no information. A total of 278 old age homes all over the country are available for the sick and 101 homes are exclusively for women. Kerala has 124 old age homes. Assistance to voluntary organizations under the scheme of Integrated Programme for Older Persons has an increasing trend of budget allocation and expenditure however, the proportion of expenditure against the budget has been found significantly low. During the 11<sup>th</sup> Plan, Rs. 146 crores under the scheme were allocated while budget was curtailed under the revised estimates and only Rs. 94.23 crores were spent under the scheme during the plan period. Surprisingly, during the plan, Rs. 129 crores were allocated under the scheme of assistance for establishment of Old Age Homes for indigent citizens however, no expenditure was reported by the Ministry in its Annual Report, 2011-12. During the 12<sup>th</sup> Plan, Rs. 665 crores was allocated for the older persons. Out of

this, a large chunk of amount (Rs. 440 crores) has allocated for assistance to NGOs under the scheme of Integrated Programme for older persons. During the year 2010-11, Uttar Pradesh received Rs. 25.11 lakh for the establishment of 15 Old Age Homes while Rs. 14.18 lakh were released for the establishment of Day Care Centres in the state. Similarly, Madhya Pradesh setup 4 Old Age Homes with the grant of Rs. 14.79 lakh. Rajasthan and Uttarakhand each set up 2 Old Age Homes while only 1 Old Age Home was set up in Bihar during the year. During 2011-12, funds could not be released to the 8 States namely, Goa, Gujarat, Jammu & Kashmir, Jharkhand, Arunachal Pradesh, Meghalaya, Nagaland and Sikkim and 6 Union Territories namely, A & N Islands, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Lakshadweep and Puducherry either due to no proposals or incomplete proposals received from the State Governments.

## CONCLUSION

The senior citizens constitute a precious human resource having enormous knowledge and experience in varied fields of life. Especially those well-educated elders who have been holding responsible positions in government and private organizations and have just retired from service are mostly full of physical strength as well as are mentally alert. Though they may have formally retired, they should be approached in a way that they are refueled with inspiration and zeal; courage and psychic energy and the will power to contribute to the nation building, the nation which has contributed so much to their lives. In a country like India which faces a wide variety of challenges and a host of social, economic and other problems, the services received from these knowledgeable and experienced older persons will be of immense value. When we are faced with the reality that India stands 127<sup>th</sup> rank on the Human Development Index in the overall list of 174 nations that around 40 percent of our population is still living below the poverty line; 35 percent of our population is still illiterate; and equal proportion of our population (most of women and children) are under nourished; when we find that our country is still under developed on almost all the social and economic indicators; when we are faced with a



variety of problems – social, economic and political ; when a lot is needed to be done to revive and strengthen the rural economy; to remove poverty and penury; to protect our cultural values, ecology and environment; when we are confronted with the menace of growing familiar disputes, violence in all spheres of life and above all the monster of terrorism; when we are faced with numerous social evils and such problems as alcoholism and drug abuse, child labour and child abuse, maltreatment and abuse of older persons and the issues related with the growth, development and empowerment of women, and ardent need for utilization of the energies, expertise and wisdom of our recently retired people is obvious. We have to enlighten them regarding such issues and also regarding how they may contribute in this connection. Obviously, certain strategies and approaches at different levels of policy making, planning and programming etc. will have to be adopted in order to harness this vast human resource for promoting the involvement and participation of senior citizens in socio-economic development process on a much larger scale. It has to be developed into a well thought out, planned and strategic partnership for utilizing the invaluable energies, experiences, stamina and caliber of the senior citizens. This participation must result in an end to their social isolation and an increase in their general satisfaction with their life. Hence, any strategy to secure their co-operation must be based on the firm belief that any effort to integrate this human force with achieving socio- economic development has to take care of the problems and challenges being faced by the older persons. Any attempt to secure the help of the elderly in offering their services to the nation must simultaneously ensure some sort of package of services aimed at arranging for them a better quality of life and a well-designed social security network for the senior citizens.

Government should include awareness generation component in all their schemes initiated for the welfare and development of older people and fund should be released directly to local governments for generating awareness among the older people. In this regard NGOs should also be supported with financial assistance to become pro active to generate awareness among the older people.

Government should create basic facilities for the older people such as, 'Bachnalaya, (reading Center), health delivery service should be strengthened and provided free of cost, knowledge of ongoing programme should be extended to give direct funding to local governments for the benefits of older people. Guidance and counseling services to the families for proper care and protection of aged are required for rehabilitation of the aged and their mainstreaming in the family and society as inter-generational ideological differences may destroy the relationships. There is need to ensure convergence of government programmes, schemes and projects with the existing ashrams run by corporate, private and religious trusts in order to deliver the health care, rehabilitation and care and protection services to the aged inmates. Resource mobilization by the authority of these ashrams may be ensured through launching a social campaign in the schools, colleges, government and private offices and pooled resources may be utilized to create infrastructure facilities and delivery of rehabilitation services to the aged.

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