

Psycho Social Problems Encountered by Aging population in India

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Abstract:

Aging is a natural part of human life. It is universal, multidimensional, irreversible, and inevitable. It brings a change in the body, mind and social status. It creates a pattern of changes not only in the structure and functioning of the body but also in the adjustment of a person to his surroundings. Generally ageing is characterized by a range of change, occurring in the life of individual like graying of hair, use of bifocals, fading and wrinkling of skin, stooping of gait, curtailment of independence in functioning, decline in productive activities and superannuation. Aging becomes the toilsome treadmill grinding to a tragic halt as life passes by. Changes which happen in the life span of these aged don't depend only on the physical and mental capacities but also on social and cultural capacities. Unfavorable and negative attitudes towards these changes create not only a hurdle in better adjustment during old age but also bring psychological ageing more rapidly. Many psychological problems have been encountered in the aged like loss of memory, lack of confidence in one's own ability and adjustment, feeling of being redundant, unwanted and useless, neglected and humiliated, isolated and lonely, reduced interest, insecurity about life, constant feeling of tension, worry and anxiety.

Key words: Elderly, psycho- social problems, Human Life, Life expectancy

Introduction

Ageing is a natural process, which inevitably occurs in human life cycle. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on Older Persons' in January, 1999. It accompanies a host of challenges in the life of the elderly, which are mostly engineered by the changes in their body, mind, thought process and the living patterns. Ageing 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 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 sound and Hence, given an appropriate opportunity, they are in a position to make significant contribution to the socio-economic development of their nation. The population

of the elderly persons has been increasing over the years. As per the UNESCO estimates, the number of the aged (60+) is likely to 590 million in 2005. The figure will double by 2025. By 2025, the world will have more elderly than young people and cross two billion mark by 2050. In India also, the population of elder persons has increased from nearly 2 million in 1951 to 7.2 million in 2001. In other words about 8% of the total population is above 60 years. The figure will cross 18 % by 2025. In human life, ageing and the aged represents a curious phenomenon and this phenomenon is defined from decades by various authors in different way. According to **Strehler** (1959) defined “*biological ageing as the gradual decrease in the adaptation of an organism to its normal environment. This reduced adaptation finds expression in a decreased ability of the organism to carry out various specialized functions*”. **National Institute of Aging** (1993) lists the process of “normal aging” as “*decline in functions of the heart, lungs, brain, kidney, muscles, sight and hearing*”.

Population of the ageing is expanding worldwide including developing countries like India. The percentage of elderly population has increased from 7.4% in 2001 to 8% in 2011. But due to the changing in societal norms, young generation whether male or female is living away from their parental home and moving towards new place for employment or other activities. Apart from this, because of more and more/ number of working women is increasing day by day due to advancement of women, their traditional role of care giver of the elderly is abandoned. Besides, this our social culture/fabric is also being broken by the changing context of the materialistic world, desire for a small family, poverty and urbanization process. In such circumstances, the society seems to have empathized the problems and needs of the elderly and hence have attempted, though not sufficient, to ease their life. In developing countries like India, number of old age homes and presence of aged patients in hospital is on rise but not fulfilling the required demand. Elderly homes, religious sites are the only destination for senior citizens out of their family during the old age. Different activities from the side of government, NGOs and individuals are being done for the senior citizen. Present day society has pushed down the old age person into a state of loneliness, helplessness, frustration, and meaningless, leading them to various psychosocial problems. Various studies have been conducted to analyze the health and related issues associated with old age, which needs further exploration, so the present study was focused on association with psycho-social problems. Hence this study helps to understand the Psycho-Social problem faced by the elderly or senior citizen in India.

Objectives:

The objectives of the study of this paper which are followed behind

- To analyze the psycho social problem faced by the elderly.
- To analyze the programme, policies for the senior citizen.

Methodology:

This paper is based on secondary data sources, which include census reports, and other reports published in different journals and books.

Indian Scenario:

The population of elderly is growing everywhere in the world. In the last century, the proportion of population aged 60 and above has increased in almost all the countries of the world. According to an estimate, about 600 million people were aged 60 and above at the turn of new millennium and this number are expected to further increase mainly due to substantial improvement in life. The tremendous growth of the elderly population is not unique to the industrialization or developed societies. People in the age group 65 and above in the European and Asian industrialized nations now account for the least 15 to 20 percent of their nation's population. By 2025, the 60-plus world population is expected to approach 1.2 billion people. In most nations, the older population is growing faster than the population as a whole. India is also heading towards the similar demographic pattern (i.e., low birth rate and low death rate) like other develop countries of the world. The elderly or senior citizens (aged 60 years and above) in India numbered 76.7 million (37.8 million males and 38.8 million females) in 2001 registering an increase of 19.9 million persons compared to their number in 1991. In percentage terms, the share of elderly population, this was 6.8 percent of the total population in 1991, increase to 8 percent in 2011. For males it was marginally lower at 7.7 percent, while for females it was 8.4 percent.

Table: Percentage Share of Elderly Population (60-plus) in Total Population

Source	Persons	Female	Male
Census 1961	5.6	5.8	5.5
Census 1971	6.0	6.0	5.9
Census 1981	6.5	6.6	6.4
Census 1991	6.8	6.8	6.7
Census 2001	7.4	7.1	7.1
Census 2011	8	7.7	8.4

Source: Census of India

Apart from the steady rise in the number of elderly, the traditional roles of the people have changed a lot due to such reasons as modernization, urbanization, industrialization, etc. Traditionally, in India, aged enjoyed honor, respect and legitimate authority within the family and society but in modern times the younger generation has replace them in strategic positions leaving them in a weakened and functionless situation. Today, they are viewed as non- productive and dependent.

Psychosocial problems faced by Elderly

Failing Health: The ageing process is synonymous with fail in health. While death in young people in countries like India is mainly due to infectious diseases, older people are mostly vulnerable to non-communicable diseases. Failing health due to advancing age is complicated by non-availability to good quality, age sensitive, health care for a large proportion of older persons in the country. In disease management make reasonable elder care beyond the reach of older persons, especially those who are poor and disadvantaged. To address the issue of failing health, it is of prime importance that good quality health

care be made available to the elderly in an age sensitive manner. The cost of health has to be addressed so that no person is denied necessary health care for financial reasons.

Neglect: The elderly especially those who are weak and dependent, require physical, mental and emotional care and support. When this is not provided, they suffer from neglect, a problem that occurs when a person is left uncared for and that is often linked with isolation. The best way to address neglect of the elderly is to counsel families, sensitize community, leaders and address the issue at all levels in different forums, including the print and audio visual media. Government and non-government agencies need to take this issue up seriously at all these levels.

Abuse: The elderly are highly vulnerable to abuse, where a person is willfully harm, usually by someone who is a part of the family or otherwise close to the victim. Being relatively weak, the elderly are vulnerable to physical abuse. Their resources, including financial ones are also often misused. In addition, the elderly may suffer from emotional and mental abuse for various reasons and in different ways. The major forms of abuse are physical, sexual, and psychological and economic. The best form of protection from abuse is to prevent it. This should be carried out through awareness generation in families and the communities.

Economic Insecurity: The problem of economic insecurity is faced by the elderly when they are unable to sustain themselves financially. Increasing competition people, individual, family and social mindsets, chronic malnutrition and slowing physical and mental faculties, limited access to resources and lack of awareness of their rights and entitlements play a significant role in reducing the ability of the elderly to remain financially productive, and thereby independent. Economic security is as relevant for the elderly as it is for any other age group. Those who are unable to generate an adequate income should be facilitated to do so. As far as possible, elderly who are capable should be encouraged and if necessary, supported to be engaged in some economically productive manner.

Loneliness: This is a problem that affects everybody at one point in life. Studies have shown that it is more prevalent in older people than it is in younger age groups. Statistics such as age, gender, social status, income levels, educational levels, family sizes, and loss of a significant other among other factors will be considered in looking at the possible causes of this condition.

Boredom: Boredom is a result of being poorly motivated to be useful and occurs when a person is unwilling to do something meaningful with his / her time. The problem occurs due to forced inactivity, withdrawal from responsibility and lack of personal goals. Most people who have reached the age of 60 years or more have previously led productive lives and would have gained several skills during their life time. Identifying these skills would be a relatively easy task. Motivating them and enabling them to use these skills is a far more challenging process that determination and consistent effort by dedicated people working in the same environment as the affected elders.

Lowered Self-Esteem: Lowered self-esteem among older persons has a complex etiology that includes isolation, neglect, reduced responsibilities and decrease in value or worth by oneself, family and the society. To restore self-confidence, one needs to identify and address the cause and remove it.

Loss of Control: This problem of older persons has many facets. While self-realization and the reality of the situation is acceptable to some, there are others for whom life becomes insecure when they began to lose control of their resources- physical strength, body system, finances, social status and decision making powers. Through education and awareness generation, is needed to prevent a negative feeling to inevitable loss of control. Motivating the elderly to use their skills and training them to be productive will help gain respect and appreciation.

Policies and Programs for the Elderly:

The last two decades have witnessed considerable discussion and debate on the impact of demographic transition and of changes in society and economy on the situation of older persons.

The United Nations Principles for Older Persons adopted by the United Nations General Assembly in 1991, the Proclamation on Ageing and the Global Targets on Ageing for the year 2001 adopted by the General Assembly in 1992, and various other Resolutions adopted from time to time, are intended to encourage governments to design their own policies and programmes in this regard. The problems of the elderly in India were not serious in the past because the numbers were small and the elderly were provided with social protection by their family members. But owing to relatively recent socio-economic changes, ageing of the population is emerging as a problem that requires consideration before it becomes critical. However a few studies indicate that family and relatives still play dominant role in providing economic and social security for the elderly. But still the majority of elderly need social, economic and health support. Over the years, the government has launched various schemes and policies for elderly persons. These policies and schemes are meant to promote the health, well-being and independence of elderly people around the country. Well-being of older persons has been mandated in the Constitution of India. Article 41, a Directive Principle of State Policy, has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right of public assistance in cases of old age. Schedule VII, list III, entry 24 stresses on the welfare of labour, including condition of work, provident fund, livelihood for workmen compensation, invalidity and old age pension and maternity benefits. Other provisions are mentioned in the state and concurrent list relating to social insurance, pension, social and economic planning and social security. Right to equality has been guaranteed by the Constitution as a Fundamental Right. These provisions apply equally to older persons. Social security has been made the concurrent responsibility of the Central and State Governments.

Beside these constitutional provisions, there are some of others provisions have been discussed below.

1. The Ministry of Social Justice and Empowerment is implementing a Central Sector Scheme of Integrated programme for Older Persons (IPOP) since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing. Under this Scheme, financial assistance (up to 95% in the case of States of Jammu and Kashmir, Sikkim and North-eastern states and 90% for rest of the country) is provided to Non-Governmental/Voluntary Organizations, Panchayati Raj Institutions etc. for maintenance of Old Age

Homes, Respite Care Homes and Continuous Care Homes, Multi-service centers, mobile Medicare units, Day care centers for Alzheimer's disease /Dementia patients, physiotherapy clinics for older persons etc. The Programme is mainly implemented through Non-Governmental/Voluntary Organizations.

Ministry of Health and Family Welfare:

Keeping in view the recommendations made in the National Policy on Older Persons, 1999 as well as the State's obligations under the Maintenance and Welfare of Parents and Senior Citizens, 2007, the Ministry of Health and Family Welfare had launched the National Programme for Health Care of the Elderly (NPHCE) during the 11th Plan period to address various health related problems of elderly people. The basic aim of NPHCE is to provide dedicated health care facilities to the elderly people through State Public health delivery system at primary, secondary and tertiary levels, including outreach service. Major components of this programme, launched in 2010-11, are:

Community based Primary Healthcare approach;

Strengthening of health services for senior citizens at District Hospitals/ CHC/ PHC/ Sub-Centers;

Dedicated facilities at 100 District Hospitals with 10 bedded wards for the elderly;

Strengthening of 8 Regional Medical Institutions to provide dedicated tertiary level Medical Care for the elderly, with 30 bedded wards and Introduction of PG courses in Geriatric Medicines in the these Institutions and In-Service training of health personnel at all level. As on date, a total of 104 districts of 24 States/UTs have been covered under the Programme.

National Policy on Older Persons:

National Policy on Older Persons seeks to assure older persons that their concerns are national concerns and they will be unprotected, ignored and marginalized. The National Policy aims to strengthen their legitimate place in society and help older people to live the last phase of their life with purpose dignity and peace. This policy provides a broad framework for inter sectoral collaboration and cooperation both within the government as well as between government and non-governmental agencies. In particular, the policy has identified a number of areas of intervention; financial security, health care and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. Amongst others the policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavors of the State in this direction. While recognizing the need for promoting productive ageing, the policy also emphasizes the importance of family in providing vital non formal social security for older persons. (The National Policy on Older Persons 1999. Ministry of Social Justice and Empowerment. Government of India. Shastri Bhawan. New Delhi, 1999)

The Implementation Strategy adopted for operationalization of National Policy is as follow:

- Preparation of Plan of Action
- Setting up of separate Bureau for Older Persons in Ministry of Social Justice and Empowerment.
- Setting up of Directorates of Older Persons in the States.
- Three Yearly Public Review of Implementation of policy.

- Setting up of a National Council for Older Persons headed by minister for Social Justice and Empowerment (Representatives from Central Ministries, States, Non-Official members representing NGOs, academic Bodies, Media and Experts and Members).
- Establishment of Autonomous National Association of Older Persons.
- Encouraging the participation of local self-Government.

Plan of Action

The Plan of Action 2000-2005 to operationalize the National Policy on Older Persons has been prepared by the ministry. The initiatives as per this Plan are to be implemented by various Ministries. It is document with endless Possibilities, which do not confine or restrict actions for its implementation. It has been circulated to all concerned Ministries/ Departments/ Organizations for implementation. An inter-ministerial committee has been constituted which will examine and monitor the implementation of the policy. Similar exercise is underway at the State/UT levels through inter-departmental committee. The implementation will be publicly reviewed every third year. (Annual Report Ministry of Social Justice and Empowerment Government of India, 2000-2001; Newsletter of the National Institute of Social Defense VOL3, No. 2, March 2002, New Delhi.)

Ministry of Home Affairs:

The Ministry of Home Affairs has issued two detailed advisories dated 27-3-2008 and 30-8-2013 to all States Governments/UTs advising them to take immediate measures to ensure safety and security and for elimination of all forms of neglect, abuse and violence against old persons through initiatives such as identification of senior citizens, sensitization of police personnel regarding safety, security of older persons, regular visit of the beat staff; setting up of toll free senior citizen helpline; setting up of senior citizen security cell; verification of domestic helps, drivers etc.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007:

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. Section 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity of 150 persons in every district of the country. The objectives of the Act are:

1. Revocation of transfer of property by senior citizens in case of Negligence by relatives.
2. Maintenance of Parents/senior citizens by children/ relatives made Obligation and justifiable through Tribunals.
3. Pension provision for abandonment of senior citizens.
4. Adequate medical facilities and security for senior citizens.
5. Establishment of Old Age Homes for indigent Senior Citizens.

The Act was enacted on 31st December 2007. It accords prime responsibility for the maintenance of parents on their children, grandchildren or even relatives who may possibly inherit the property of a senior citizen. It

also calls upon the state to provide facilities for poor and destitute older persons. The Act has to be brought into force by individual State Government. Himachal Pradesh is the first state and Punjab is the fifth state where old parents can legally stake claim to financial aid from their grown-up children for their survival and a denial would invite a prison term. As on 03.02.2010, the Act had been notified by 22 states and all UTs. Based on the 1999 and 2011 national policies for the older persons, Government of India formulated various policies and programmes which are described in Table.

Table: Policies for the Elderly

Programme	Legal Coverage	Effective Coverage
National Policy for Older Persons, 1999	The policy envisaged State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of life	
Maintenance and Welfare of Parents and Senior Citizens Act, 2007	Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justifiable through tribunals Revocation of transfer of property by senior citizens in case of neglect by relatives Penal provision for abandonment of senior citizens Establishment of Old Age Homes for Indigent Senior Citizens Adequate medical facilities for the Senior Citizens	The Act has been notified by all states and UTs The act is not applicable to the state of Jammu & Kashmir and the state of Himachal Pradesh has its own act for the Senior Citizens
Central Sector Scheme of Integrated Programme for Older Persons (IPOP) (1992)	Financial assistance up to 90% of the project cost is provided to Government and NGOs, Panchayati Raj Institutions / local bodies for establishing and maintaining old age, mobile care units and day care centre	From the year 2013 to 2015 a total of 885 project has been assisted, 629 NGOs have been assisted and an amount of 34.38 crore has been spent.
National Council for Senior Citizens	Set up under the provision of the National Policy -Advice the government on policies -Feedback on the implementation of the NPOP -Nodal point for addressing grievances -Awareness generation	Notified during 2016
The Unorganized Worker's Social Security Act, 2008	Provide formulation of schemes by the Central Government for different sections of unorganized workers on matters relating	

	-Life and disability -Health and maternity benefits -Old age protection	
Atal Pension Yojana Scheme , 2015	For the poor and under-privileged in the unorganized sector who join the National Pension System shall be provided with a defined pension depending on the contribution and its period	
Rashtriya Swasthya Bima Yojana, 2008	Launched by the Ministry of Labour and Employment to provide health insurance coverage for Below Poverty Line families	21 states have advertised the scheme. 47,97,688 smart cards have been issued till 29.05 2009

http://www.socialjustice.nic.in/writereaddata/UploadFile/SOCIAL%20JUSTICE%20ENGLISH%2015_16.pdf

Conclusion:

After the study of psychosocial problems of the aged, we can conclude that the development of institutions is necessary that provide quality service in terms of treatment and prevention of psychosocial conditions among the elderly and the addition of medical health practitioners into already-existing mental health institutions. If the results had not shown that a majority of the elderly residents in Community do not have psychosocial disorders or symptoms of psychosocial disorders, the data created would provide a basis for other research projects out in the field. More accurate diagnosis of mental illness in elderly patients will lead to more effective treatment and management. Besides, there is a need for social work's intervention in this study. A social worker plays an important role in dealing with psychosocial problems among the aged. The social worker will attempt to come to some conclusions about the client's psychosocial situation, including their emotional health, their level of self-esteem and their level of stress and cognitive ability and pre-existing level of learning ability. 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 is therefore expected that the information obtained in this study will be useful to the people, organizations as well as government departments involved in mental and psychosocial welfare of the aged for strategic planning and control in order to take care of the problems under scrutiny based on the recommendations outlined at the end of this study.

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