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Aging in India

S. Vijaya Kumar

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COUNCIL FOR SOCIAL DEVELOPMENT
Sangha Rachana
53 Lodi Estate, New Delhi-110 003 (India)
Phone:24615383, 24611700, 24693065, 24692655
Fax : 91-11-24616061
E-mail : csdnd@del2.vsnl.net.in Website : www.csdindia.org

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Aging in India*

Dr. S. Vijaya Kumar**

Introduction

As human life advances from childhood to youth and from youth to manhood, at every stage there is a meaningful and responsible role to play. At the same time, in every stage of human life is exposed to numerous "risks" and "hazards" associated with occupation and age. In this process, as one advances from manhood to old age, new stresses and strains engulf human existence.

In old age the elderly get accentuated due to lack of social, psychological and economic support from children who would have been grown into adulthood and are in the web of fulfilling their own priorities, and due to lack of any worthwhile scheme of "social insurance" and or "social assistance" these elderly would become one of the marginalized and vulnerable sections of the society. Emerging changes in the demographic, social and cultural moors of the society is also one of the major causes behind the unfavourable scenario of the twilight years of human life. The intensity of old age problems varies from rural to urban, and again from person to person and offcourse from men to women.

Considering this fact, slowly this area of research gained importance among the research community and in contemporary India several studies came out by portraying the situation of the elderly in urban as well as in India.

Synthesizing the accumulated documentary information along with the analysis of existing research outputs, a detailed discussion is made in this paper by referring to the important issues of aging in rural areas.

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** Fellow, Council for Social Development, Southern Regional Office, Hyderabad. e-mail: vijayskumar99@yahoo.com.

Elderly in Ancient Indian Scenario

In traditional Indian society, "informal support systems" such as family, kin and community are very strong and are able to provide all sorts of social security to its members including elders. In ancient days, with their "ascribed" status elderly people virtually enjoyed better status with authority, wisdom, maturity, prestige and power. They are the functional socialising agents in the community. Social security in all respects was fully assured for the elderly under the institution of "Joint Family" system as well as by the community.

Further, under the "agrarian" social system, production tends to be family based and unspecialized with little labour mobility. In such circumstances, age and economic position are usually considered as the basis of potential authority, so that intergenerational conflict was minimised. The reciprocal obligations within the joint family system between the generations are widely prevalent and preserved and the elderly were provided with sufficient livelihood. This is perhaps one of the cultural determinants of those days.

The community looks after even poor and destitute elderly. It is beloved that in olden day's "moral economy" existed to provide social security to the elderly and other destitute (Dreze, 1990). Under "jajmani system", elderly in poor families without any productive assets were also assured social security in all respects and this might be the moral economy exists in those days. Further, "ashrams" also played a vital role in providing social and economic security to the elderly. In those days the elderly are the important persons in the society who socialized the young in all respects.

Present Scenario

Since the society is "dynamic" and "changes" are inevitable in the social systems. In this process, several structural changes are taking place in the traditional Indian sub-continent. "Achieved" status of young has gradually replaced the "ascribed" status of the elderly. "Market economy" has improved considerably and money value has dominated over the traditional exchange and barter systems, which used to take care of the elderly. Further, the urbanization, industrialization, and the ongoing phenomena – globalization are over shadowing the traditional values and norms within the society.

With their achieved status in the development process, the present day younger generation are considering themselves as "fittest survivals" leaving the elderly for "struggle for survivalness". In India, larger segment of population is living in rural areas with agriculture as their primary occupation. Again majority of this segment are in below poverty line suffers from economic crisis as their occupation cannot provide income and food security throughout the year. In general, most of the elderly in rural areas have little or no accumulated savings to fall back upon during their old age. At the same time, family as such is also not able to assure the basic minimum to the elderly members.

Joint family system is slowly vanishing from the society and "nucleaisation" of the family is the process of present day social set-up. Moral economy has already disappeared from the society. With "politicalisation" of the caste system has destroyed the community supportive mechanisms. In turn these changes have affected and influenced the priorities of the young and gradually "we" concept got replaced by "I" concept. Migration of young from rural to urban, increasing participation of women in workforce is also important factors in marginalisation of the elderly. "Money order Economy" and "intimacy at a distance" is becoming the order of the day (Vijaya Kumar 1999).

All such factors are challenging the "future" of "graying" population and questioning every one of the society – who has to shoulder the social security of the present day elderly and what would be the scenario of future elderly. Is it the responsibility of the "family" or "community" or the "state"? This question has to be answered by looking into the situation analysis and the same has been discussed in the following sections of this paper.

Graying Population

Adequate, timely and reliable demographic information is essential for the formulation of effective policies and to achieve sustainability in action programmes. Troisi rightly pointed out that "in the field of aging, much of the future is built in the present age structure". Certainly demography of aging is an extremely important tool in sensitising the policy makers, bureaucrats, social workers and non-governmental organizations about the present and future of graying population. However, particularly data base on demography of population aging in India is one of the neglected area. Based on the available data, a brief discussion on graying population in India has been made in this section.

Graying population is one of the most significant characteristics of the twentieth century and quite often the first quarter of the twentyfirst century is known as "The Age of Aging". The alarming situation is that the world's elderly population is increasing monthly by about one million persons (Troisi, 1998). An interesting observation from United Nations Demographic Estimations states that in 1985, throughout the world there were 427 million persons aged 60 and over, constituting 8.83 per cent of the world's total population. By the year 2025, these figures are projected to rise to 1,171 million, an increase of 174 per cent. In other words, the elderly by the 2025 constitute 14.28 per cent of the world's total population.

Coming to the trends in developing countries, in 1985, 241 million persons (i.e. 56.5 per cent of the world's elderly) lived in developing countries and this proportion is further projected to reach 61.5 per cent by the turn of the century and 71.9 per cent by the year 2025.

The comparison between the developed and developing countries indicate that by the year 2025, while the elderly population in developed countries is expected to increase by 77 per cent over the 1985 figures, whereas the number of elderly persons living in developing countries will increase by almost 207 per cent. Here it is important to note that having the world's most populous countries, namely China and India, the Asian region accounted to about 48 per cent of the world's elderly population (UN, 1988).

Situation in Indian Sub-continent

In India, trends in demographic transition alarming the society and the government to think about the future of graying population. As per United Nations classification, by the turn of the century Indian society would progress from a "mature society" to an "aging society". By then, the world is projected to inhabit 612 million elderly, which would be 9.8 per cent of the world population (UN, 1991). In other words, by the year 2001, one out of every seven elderly person would be from India.

Determinants of Population Aging : Crude birth and death rates are the major determinants of population aging and with the development of advanced medical technology, India achieved substantial progress in controlling the crude birth rates from 44.1 per cent in 1950s to 25.9 per cent in 1995 and projected to 14.8 per cent in 2025. On similar lines,

crude death rates were also reduced from 25 per cent in 1950s to 9.8 per cent in 1995 and further declining trend is projected in the year 2025 (Vijaya Kumar and Narayana Reddy, 1998). The same trends were confirmed by the work of Mari Bhat and Irudaya Rajan (1997). According to them the crude birth rates per 1000 persons for India has declined from 47.3 during 1951-61 to 30.3 in 1993, whereas there has been a predominant decline in the crude death rates per 1000 persons from 28.5 to 10.0 during the same period. This indicates that in future India is expected to have faster decline in fertility. As on 1991 the total fertility rate for India is about 3.6 (Census 1991) and is projected to 2.6 by 2021.

Further, changes in the crude birth rates will not only affect the aging of population, but will also affects the living standards of the elderly themselves. In fact, the decline in crude birth rates results in a decline in the number of potential care givers and thus this particular trend leads to the social security problem for the elderly. Here one interesting observation is – once many countries, including India, had a problem of "population explosion" and as a solution the birth rates were brought under control. This bio-sociological solution has caused another social problem "population aging". In other words, solution to yesterday's problem may become a cause for tomorrow's problem rather today's problem.

Population Pyramid : The above statement can be justified with the following description. Slow and steady changes are noticed in the population structure. During the period of 1980 - 2000, the population aged 60 and above, and over 70 is expected to increase by 93 per cent and 101.8 per cent respectively, whereas the total population will increase upto 40 per cent only during the same period. United Nations estimated projections reveals that during 1950, about 5.6 per cent of India's population was classified as elderly which gradually reached to 7.1 per cent in 1990. By the year 2025, it is estimated to reach 12.13 per cent and at the same period a declining trend can be observed in the age group of below 14 years. More or less these projected trends are tallied with those figures given by Census of India. The increasing proportion of elderly population and declining trend in proportion of younger generation are in steady progress in their respective directions.

During 1961 the population structure in India was in pyramid shape and in 1991 slight changes were exhibited in its shape. The projected data for

the year 2021 changed the normal shape of the pyramid into pillar/ cylinder shape structure.

Rural and Urban Composition : According to 1991 Census about three fourths of the elderly population inhabiting in rural areas whereas 26 per cent are in urban areas. However, projections are suggesting that, from 1950 to 2025, the percentage of elderly population in rural areas showing declining trends from 82.75 per cent in 1950 to 46.44 per cent in 2025 and for the same period the percentage of elderly population in urban areas showing increasing trends from 17.25 per cent to 53.56 per cent. This is an outcome of migration of young age groups from rural to urban in search of livelihoods and in future both pull and push factors may become more active. This indicates that in coming decades, the percentage of elderly in urban areas may increase.

Sex Ratio : Sex ratio is also one of the important factors having considerable impact over population aging. The present distinctive feature of the elderly population throughout the world, including India is the preponderance of women over men. In India, in the case of overall sex ratio of population, there were more females than males in the elderly population segment. According to 1991 Census, the elderly female sex ratio was 932, slightly higher than the total population sex ratio of 929. The same trend was observed in the 1981 and 1971 Censuses as well. This could be due to the significance of the higher female life expectancy.

Life Expectancy : The life expectancy at birth is another major indicator used in determining the population aging. In general the aggregate average life expectancy at birth in developing countries is approximately 61 years, compared with an average of 74 years in developed world. In India, the life expectancy is steadily increasing and according to 1971 Census, for males it was 48.9 years and for females 49.3 years. By the year 1991, for males it is 59.4 years and for females it is 60.4 years. The estimated projections indicate that by the year 2025, in India, an average life expectancy of male will be 69.6 years and 73.6 years for females. Here an interesting observation is that women are experience more rapid gains in life expectancy at birth than men. In India, while a man having in 1990-95 an expectation of life at birth of 60.1 years is projected to gain an average 9.5 years by 2020 - 2025, reaching 69.6 years. At the same

time, a woman estimating to have in 1990 - 95 a 60.7 years expectation of life at birth, will gain an average of 12.5 years by 2020-2025, reaching 73.6 years. This trend lowers the sex ratios for the elderly population on one hand, and on the other creates certain problems such as loss of social support, greater dependency and prolonged widowhood among elderly women.

Index of Aging : Index of aging is another important variable that determines the demographic feature of aging in old age. As per the Census, the index of aging in India was very slow during 1961 to 1991. However, the estimated projections alarming its faster increase in future and among the Southern states Kerala records the highest value (83.7) and also much faster increase than other states. By and large, data suggests that in future India will have to face much more serious social problem - Graying Population. This may be due to the increasing survival rate of elderly persons aged beyond 60 years.

Elderly over 60 and 70 years : The proportion of elderly beyond 60 years and 70 years are in steady progress. During the year 1961 the proportion of elderly aged 60 years was 5.63 per cent and by 1991 it reaches 6.58 per cent and is estimated to touch 9.87 per cent during 2021. As per 1991 Census, about 56 million elderly persons are inhabiting and this is projected to be about 136 million by the year 2021 and by the same year persons beyond 70 years of age were estimated around 52 million. Among this age group also gradual increase is noted from 1.96 per cent during 1961 to 23.40 per cent in 1991. This is an another evident to say that, in future Indian society will become an aging society.

Another demographic observation is that the elderly population in India projected to grow at 37.3 per cent, more than double the growth rate of general population (16.8 per cent). On disaggregating the elderly into 'young-old' (60 to 74 years) and 'old-old' (75 years plus), the young old were growing at the rate of 4.7 per cent in 1961 and projected to grow at 5.6 per cent by 2001. The corresponding figures for old-old category are 1 per cent and 1.2 per cent (more details see Biswas, 1994). Thus, the young-old have been increasing at a much faster pace than old-old in India, whereas globally maximal growth is recorded in the latter and not in the former category of the elderly (Kinsella, 1994). Available data confirms the increase in the growth rate of elderly population and decline in the growth rate of general population.

Marital Status : As we have discussed earlier, gain in life expectancy lead to certain social problems such as prolonged and high percentage of widowhood among elderly population and especially elderly women will be affected much. On examining the demographic data, gender disparity in widowhood was found. According to 1991 Census, in India, there were 54 per cent of elderly women are widows, and only 15.5 per cent of the elderly men are widowed. Among the 70 and above age group, it was found that 67.2 per cent are widows and 21.4 per cent are widowers. The point to be highlighted here is the proportion of widows among elderly women population is slowly showing declining trend from 1961 to 1991. Here three important reasons can be attributed to this phenomena - (1) longer life of women compared to men; (2) usual practice of young women to get married to older men (the normal age gap between women and men was about 5 - 7 years at the time of marriage, however due to the improvement in the literacy rates this gap is slowly coming closer); and (3) widowed men are permitted to remarriage which is prohibited for widowed women.

Literacy : Due to the constant efforts made by the Government of India, the importance of literacy has gain much momentum and gradually percentage of literates among the Indian population is increasing. As on 1991, out of the total elderly population 40.6 per cent of elderly men and 12.7 per cent of elderly women are literates and of course the rural elderly population are the disadvantaged group when compared to their counterparts in urban areas. Further, literacy among elderly women are much lower because of patriarchal dominance that prevented women / girls to have education. However, the present positive changes in the society eliminates such social stigmas and in future there will be more women and men literates among the elderly population. This may pose more demands on government in terms of social security provisions. Further, it will increase the psychological capacity to think and to adopt themselves to the socio-economic changes in the society.

Work Participation : The trends in work participation rates among the elderly population suggests that majority of the working elderly population are found in the rural areas, their work participation rates are gradually declining between 1961 to 1991. The same trends were prevailing in urban areas also. Further, having an agrarian economy, in India, 1991

Census data shows that out of the main workers in the 60 plus age group, 78 per cent of the males and 84 per cent of the females are in agriculture sector, whereas 2 per cent of the males and 3 per cent of the females are engaged in the household industry sector. Further, analysis indicates that elderly men are predominant in cultivator's category (76.5 per cent) whereas elderly women are predominant in agriculture labour category (51.5 per cent).

While making comparisons between the elderly work force (60 plus) and with the working age population (15 - 59 years age group), Vijayan Unni (1997) observed that the proportion of elderly in service sector has taken by half - from 39 per cent to 20 per cent among males, and by one third – from 18 per cent to 12 per cent among females. Correspondingly the proportion of those employed in agriculture goes up substantially higher among the over 60 years of age group as compared to 15 - 59 years age group – from 59 per cent to 78 per cent for males and from 78 per cent to 84 per cent for females. Another observation is that in 1991 female work participation rate has increased, whereas the male work participation rate decreased. This could be attributed to the changes that are gradually taking place in the socio-economic value system of the society.

Apart from the said categories there is another category that is non-workers group. The 1991 Census provides the data particularly about this category and the major break-ups made in the non-working elderly group are - (1) attending household duties, (2) rentiers and pensioners, (3) beggars, (4) dependents, and (5) inmates of institutions. From this data, it is evident that elderly women's participation in the household duties is much higher (37.9 per cent) than that of the elderly men (3.03 per cent).

In India, about 0.71 per cent males and 0.26 per cent female elderly are categorised as beggars and among the Southern states Andhra Pradesh recorded the highest percentage of male and female elderly in beggar's category. Even in the dependent category also Andhra Pradesh outnumbered the remaining states. By and large, in India elderly male dependents are more than the female dependents. Negligible percentage of elderly people is in the institutions (old age homes) and this indicates that, still the institution of family is safeguarding its elderly members to some extent. In future, however, percentage in this category may increase due to the changing environment in the family network.

Dependency : In old age, for majority of the elderly inadequate income and poverty lead to dependency on bread earning group (15 - 59 years) which in future may not be in a position to hold such responsibility due to the changing priorities among the care givers. Data suggests that the old age dependency is gradually increasing from 10.5 per cent in 1961 to 11.8 per cent in 1991 and projected to 16.1 per cent in 2021 and for the same period young dependency rate is gradually decreasing from 76.6 per cent in 1961 to 74 per cent in 1991 and estimated to be around 46 per cent in 2021.

In one of her recent studies, Kumudini Dandekar (1996) observed that as a whole, 51 per cent of men in rural and 46 per cent in urban areas were economically independents. Out of this about 71 per cent, both in rural as well as in urban areas, had to carry a load of dependency. In other words one third or even more in rural and urban areas were totally dependent on others. Another interesting observation can be made from the demographic estimations of Ambannavar (1989). As discussed earlier, with the gradual decline in birth rates, the dependency load of rearing children is gradually decreasing and at the same time with the increasing trends in longevity, the dependency load of elderly is gradually increasing. Here the estimated figures for the year 2081 are alarming because of the huge burden will fall on young age earners.

The present situation and future estimations suggesting that much exercise has to be made by the policy makers to address the anticipated dependency problem of tomorrow and long term plans has to be worked out now.

Health Status : The health status of the elderly population is usually inferred from stratified mortality and morbidity data derived from various sources such as National Sample Survey Organization, Census Reports and Government Health Statistics. In terms of completeness and accuracy of reporting, the information given by these sources are based on the limited sample and hence it is difficult to derive any standard conclusions. Nevertheless, on the basis of existing evidences from the Government of India Statistics (1985), it appears that majority of the deaths among elderly population stem from cardio-vascular disorders (accounting one third of the elderly mortality), followed by respiratory disorders (about 10 per cent) and infectious diseases such as tuberculosis and lung infections. Next come nutritional, metabolic, gastro-intestinal and genito-urinary disorders.

According to the NSSO Survey (conducted between July 1986 - June 1987 with a sample of 50,000 households) about 45 per cent of the elderly are suffering from chronic disorders. Joint problem, cough and cold, hypertension, diabetes, heart diseases, visual, locomotor and hearing were the other major disabilities found among the elderly. Thus it may be concluded that, in India, the increased life expectancy is not free from morbidity or disability and in general it is not a healthy life expectancy.

Until now I have tried to explain how the demographic history in India has built in an age-cohort structure, which is confirming the rapid population aging in future. Though as on today the graying population is not creating any visible problems either on the state or on the community or on the family, it is having invisible affects on each one of these institutions and should be considered as a "silent crisis", which will explode in future.

Social Security Needs

In the course of human lifecycle, when one advances from manhood to old age, new stress and strains engulf human existence. They get accentuated due to lack of economic support from children who would have been grown into adulthood and are in the web of fulfilling their own priorities, and due to lack of any worthwhile scheme of social insurance or social assistance. This is the scenario of the twilight years of human life when one is in need of lot of attention and social security. However, yet one is deprived of the same due to fast emerging changes in the social and cultural moors of the society.

In old age, the felt needs of the individual is economic security, better health care, legal security, social security including housing, emotional security and above all political security.

Indian society is having traditional informal support systems such as joint family, kin and community. The primary responsibility of the joint family is to protect its dependent members, for instance, elderly, children, disabled, by providing basic needs such as food, clothing, shelter, health and psychological. In fact elderly in ancient Indian enjoyed wisdom and power with their ascribed status and they played important role in socializing the youth. However, due to the globalization the capacities of these traditional informal support systems in providing the social security to the elderly is slowly weakening and are not in a position to fulfill even basic

needs of the elderly. Under these circumstances, as a formal support system the government under obligatory conditions constituted certain legislations to provide social security to the elderly citizens. The existing social security policy mainly covers economic, health, food, social and legal issues of the elderly (Vijaya Kumar 1999, Jhabvala & Subrahmanya 2000).

Constitutional and Legislative Provisions : At the time of drafting the Constitution of India, social security was specially included in List III of Schedule VII. It was made the concurrent responsibility of the Central and State Governments. Entry 23 of List III pertains to "Social Security and Social Insurance; Employment and Unemployment", Entry 24 deals with the "Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, a number of Directive Principles of State Policy relating to the aspects of Social Security were incorporated in the constitution of India and are found in Articles 38, 39, 41, 42 and 47. Out of these, Article 42 is having particular relevance to old age social security. It dealt with the State's role in providing social security to the aged and also to the destitute categories. This article says that "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployment, "old age", sickness and disablement and in other cases of underserved want".

Item 9 of the State List and Items 20, 23 and 24 of Concurrent List relate to the relief of disabled and unemployed, old age pension, social security and social insurance and economic and social planning.

Further Section 125 (1-D) of the code of Criminal Procedure 1973, and Section 20 (3) of the Hindu Adoptions and Maintenance Act 1956, provide a legal safe guard to the elderly from their financially independent sons/ daughters, to maintain them by claiming a maximum allowance of Rs. 500/- per month provided the offspring have sufficient means.

As a legislative measure, for the welfare of the elderly, in the Income Tax Act 1961, Section 88 B was introduced by the Finance Act 1992. This provision facilitates a rebate of Income Tax in case of individuals of 65 years and above.

By and large in all these Constitutional and legislative provisions, no specific and defined measure was intended to the welfare of the elderly. Further, though specific authority is vested in the Concurrent List empowering the Parliament and the Legislature of any State to make Laws with respect of any of the matters enumerated therein, neither the States nor the Centre has attempted to make separate legislative measures for the welfare of the elderly. I would say this is not because of lack of proper awareness, but because of lack of political will.

Economic Security for the Elderly in India : An overview

Economic security for the elderly in India is in transition. Traditional systems of support and concepts of retirement are gradually giving way to new approaches. While there is no widespread social insurance mechanism as is found in the United States and many developed nations, the States and Central Government have developed a limited number of retirement income programs. As of 1997, nearly 23.8 million of India's more than 70 million elderly had some kind of pension coverage (Government of India, 1999). The extent to which these programs are effective in providing economic security, especially for the significant numbers of the elderly poor, is an important issue as India becomes a rapidly aging society.

Traditions of Economic Security and Retirement : Before the latter part of the 20th century, the traditional support systems of the joint family, kin and community provided economic security for older Indians. The primary responsibility of the joint family system of multi-generational co-residence has been to protect its dependent members. It has provided income, health care, and personal, physical and emotional security for all family members, including the elderly. Old age was viewed as a stage of wisdom, maturity, prestige and power, with respect accorded to elderly persons, especially the oldest male. By contrast, older women — especially widows — were less revered under the patrilineal system. A variety of factors, however, such as urbanization, migration and industrialization have weakened these traditional customs and bonds.

The concept of social security, as assistance and insurance, is not new for India. It began in the post-Vedic period, with various rules laid down for the regulation of guilds, whose main purpose was collective security for life, prosperity, and freedom from want and misery (Irudaya Rajan, 1999). In

addition, the disabled and elderly destitutes — those with no income and no families to provide support — were looked after by the community. Traditionally, a sort of "moral economy" existed to provide security to older destitutes and other vulnerable groups in society. Even poor families without any productive assets, such as cultivable land, were able to provide such security through barter and exchange or under the Jajmani system. Under this system, poor families provided services to rich families and in turn, received daily food and clothes once or twice a year (Vijaya Kumar, 1995).

The idea of retirement as a life stage also is not new. Of the four stages (ashramas) of the lifespan, two focused on old age: vanaprastha, covering the years of 60 to 80, was the age of retirement; sanyas or the time of renunciation, covered the years 80 to 100. Each of the four stages included specific roles and had its own code of conduct and appropriate behavior. From birth to death, an individual was socially and economically protected, according to this ancient tradition.

Retirement for most older Indians, however, has not been and is not the norm today. Those working in the "organized sector" (primarily government employees), who constitute 10 percent of the working population, are subject to mandatory retirement. For the central government, retirement at age 60 is required and ages 55-60 for nearly all state government employees.

Almost 90 percent of workers are found in the agricultural sector where there is no retirement age. Rural elderly continue to work but they reduce the number of hours worked, especially with increasing age (Singh, Dak and Sharma, 1987; Singh, Singh and Sharma, 1987). Around 40 percent of older men are cultivators, while 65 percent of older women are agricultural laborers, with widows predominating. Only 16.5 % of rural elders get any kind of pension or retirement benefit, compared to 48.2% in urban areas (Irudaya Rajan, Mishra and Sarma, 1996).

Economic Status of the Elderly: The majority (about 80 percent) of India's elders still reside in rural areas; 40 percent live below the poverty line, with nearly 33 percent just above it (National Sample Survey Organisation [NSSO], 1998). As revealed in some small-scale surveys, inadequate financial resources are a major problem of Indian elders, with a higher degree of economic insecurity among older women (Irudaya Rajan, Mishra and Sarma, 1999). The most vulnerable are those who do not own

productive assets, have little or no savings or income from investments made earlier, have no pension or retirement benefits, and are not taken care of by their children or live in families that have low and uncertain incomes and a large number of dependents (Bose, 1996; Vijaya Kumar, 1990). Levels of economic security also are related to social class and caste (Punia and Sharma, 1987). Annual per capita income of all Indians, while up from 10,919 rupees (approximately $275) in 1996-1997, is still only about $440 today.

Nearly half of the elderly are fully dependent on others, while another 20 percent are partially so (NSSO, 1998). An earlier report revealed that 34.02 percent of rural elders were financially independent versus 29.94 of urban elders (NSSO, 1991). For elders living with their families — still the dominant living arrangement — their economic security and well-being are largely contingent on the economic capacity of the family unit. Particularly in rural areas, families suffer from economic crisis as their occupations do not produce income throughout the year. The tendency is to spend more on their growing children, while minimizing expenditures on aged parents; thus, financial security for the elderly in rural families is very limited (Bali, 1995; Vijaya Kumar, 1990).

Women are more likely to be dependent on others (NSSO, 1998). They have limited control over family income, as well as their own earnings; only eight percent of women are heads of household (Irudaya Rajan *et al.*, 1999). They also are more vulnerable because of greater longevity, lower literacy rates (especially in rural areas) and the higher incidence of widowhood among aged females (Bose, 1996; Irudaya Rajan *et al.*, 1999). Of the elderly who report they are dependent, 70 percent are women (Irudaya Rajan, 2001).

Social and Economic Security Policies in India

Historically, social security and pension policy development in India can be divided broadly into three periods: the colonial period, post-Independence prior to the late 1980s, and developments in the 1990s. India has a set of standardized economic security policies formulated by the government for the benefit of the elderly population. These policies can also be divided into three categories: retirement benefits for those in the "organized sector"; economic security benefits for those in the "unorganized sector"; and old-age pensions for rural elderly.

Colonial Period : The British brought with them the concept of retirement benefits for employees. Colonial administrators were paid old-age pensions they were entitled to as employees of the British government. This benefit was made available to all government employees in India, including the native-born. It would have been viewed as discriminatory if pensions had only covered employees who were British citizens and not those of Indian origin (Parduman Singh, 1998). This pension system for government employees was created in 1881 by the Royal Commission on Civil Establishment. It was retained by the new Government of India after Independence was gained in 1947, as was a workmen's compensation program enacted in 1923. This pattern of providing pensions for government employees, before enacting a comprehensive social security program, mirrors the development of U.S. retirement income policies. Pensions were created for state and national civil servants before Social Security was enacted.

Post-Independence : Prior to Independence, no such benefit as an old-age pension existed for industrial workers or for workers in general. The Adarkar Report of 1944, however, laid the groundwork for a social security system in India (Irudaya Rajan *et al.*, 1999). A few years later, specific mention was made about social security in the new Constitution in Article 41 of the Directive Principles of State Policy. It states "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to educate and to public assistance in case of unemployment, old-age, sickness and disablement, and in other cases of underserved want." Social Security was made the concurrent responsibility of the Central (national) and State governments. In addition, Articles 42 and 47 deal with social security issues for the elderly, while other sections of the Constitution focus on labor welfare, including conditions of work, provident funds, liability for worker's compensation, invalidity (i.e., disability), and old-age pension and maternity benefits. These declarations embraced a modern concept of social security: the State should make itself responsible for ensuring a minimum standard of material welfare to all its citizens. A social security system aims to help individuals in times of dependency and interruption of earnings such as childhood, old age, maternity sickness, accident, medical care and unemployment — what have been termed the contingencies of life by the International Labor Organization.

From the late 1940s through the 1960s, economic development issues were key for the new nation, as laid out in a series of Five Year Plans. The pension policies that evolved during this time reflected those overarching concerns and focused primarily on pension and welfare benefits for the organized sector workforce. This sector includes the employees of the Central and state governments; of local government bodies; and of major enterprises in basic industries (e.g. manufacturing, mining). These groups of employees constitute approximately 30 million workers and nearly one in every ten members of the total Indian workforce of 314 million (Vijaya Kumar, 2000).

Retirement Benefits for the Organized Sector – Civil Service Employees : In Article 309 of Part IV of the Constitution, the recruitment and conditions of service are delineated for Central and State government employees, including retirement benefits. These benefits are designed to provide a secure life after retirement through non-contributory and contributory approaches. The benefits available on a non-contributory basis are: a pension program; cashing out unused leave at the time of retirement; pension dearness relief (cost of living adjustments); service and death-with-retirement gratuities; and the central government health service program. The contributory approach comprises group insurance schemes, Contributory Provident Fund, and General Provident Fund.

Non-contributory Programs *:* Under the pension program, non-industrial employees of government departments are covered, with benefit payments governed by the Central Civil Service Pension Rules of 1972. Persons who retire after 33 years of regular service are eligible to receive a full pension, at rates ranging from 43 to 50 percent of their final salary, according to the following formula: Pensioners are credited with 50 percent on the first 1000 rupees of salary counted for the pension (c. $22); 45 percent on the next 500 rupees; and 40 percent of the remaining monthly salary, up to an overall ceiling. Those who have not completed 33 years are also eligible to receive a pension, but it is calculated proportionately to their years of service (Irudaya Rajan *et al.,* 1996). This program is financed from Government of India general revenues.

In addition, government employees who are disabled for reasons related to their official duties are eligible for a disability pension. Furthermore, they can retire from service on an invalidity (disability) pension due to any

bodily or mental infirmity that permanently incapacitates them and does not permit continued active service.

"Dearness relief," or cost of living adjustments, for pension benefits is provided to government employees. From time to time, a retired pensioner will get this kind of adjustment on his/her pension at the rate of 2.5 percent of the total pension. This relief is subject to a minimum of 2.50 rupees (or approximately $.05) to a maximum of 12.50 rupees (c. $.28) for each increase of eight points in the consumer price index for industrial workers. This kind of ad hoc adjustment is also characteristic of many U.S. public employer pension plans and, to a far lesser extent, private employer plans.

Two gratuity programs also are in force. Government employees who retire before a minimum of 10 years of qualifying service are not entitled to any pension; instead, they are paid a "service gratuity." This payment is earned, it is not a "tip." Payment is made at the rate of a half month's salary for every completed six months of qualifying service and is given in lieu of a pension. This is similar to U.S. lump sum pension distributions.

The retirement/death gratuity is another benefit for civil servants. Under this program, anyone who has completed five years of qualifying service and is eligible for the service gratuity or pension upon retirement, will be paid at the rate of one-fourth of salary for every period of six months of qualifying service. This is subject to a maximum of 16.5 months salary or 50,000 rupees (c. $1,112), whichever is less.

Similarly, if a government employee dies while in service, a death benefit is paid to his family, usually a minimum of 12 times the employee's salary at the time of death. For those who die after one year of service but before completing five years, the benefit equals six times the employee's salary at the time of death. If death occurs within the first year of service, the benefit is equal to twice the salary level at the time of death. For those employees who die after completing five years of qualifying employment but with less than 20 years of service, the benefit is 12 times the salary level.

Another type of economic benefit for civil servants is the cashing out of unused leave. Under this scheme, earned leave, up to a maximum of 180 days, can be paid out at retirement. Similar provisions exist in U.S. public employee pension systems.

After retirement, central government employees can avail themselves of medical care at a Central government health program facility. Under this program, the government reimburses the retiree for medical expenses. This coverage is extended to dependent members of the pensioner, such as the spouse, unmarried daughter and dependent son. Like all the other non-contributory programs, the employee/retiree does not pay anything; the entire cost is borne by the government.

Contributory Programs : In contrast with the programs described above, the cost of the following programs is on the employee. The Central Government Employees Group Insurance program is a relatively new benefit, having been introduced in 1982. Under this program, an employee who dies while in service is entitled to a certain fixed amount. The benefit ranges from a sum of 10,000 rupees (c. $223) to 80,000 rupees (approximately $1,778). The amount paid is dependent primarily on the service cadre/rank to which the employee belongs. If the employee retires after 35 years of service, he/she is entitled to an amount ranging from 23,000 rupees (approximately $512) to 187,000 rupees (or $4,156).

The two provident funds cover different categories of employees. The Contributory Provident Fund, which is regulated by the Contributory Provident Fund (India) Rules of 1962, covers those employees who are industrial staff of government establishments, persons employed on a contract basis for a specific period, and science and technology professionals who entered government service at a relatively older age. Under this program, these employees must contribute a specific minimum amount, but they also are free to contribute as much as they can. Income tax exemptions are allowed for the amounts contributed, similar to Individual Retirement Accounts in the United States. The government also makes a contribution, based on the amount of monthly salary earned by the contributing employee.

The General Provident Fund is in force for Central and State government employees and is similar to programs for employees of banks, insurance companies, universities and other public and private establishments. Government employees who opt for this retirement savings program are required to contribute a minimum of six percent of their pay. The accumulated funds earn interest tax-free, as well as an incentive bonus of 11 percent interest annually. These tax incentives resemble those in the

United States designed to get workers, primarily in the middle- and upper-income groups, to save for a more comfortable retirement.

Retirement Benefits for the Organized Sector – Non-Civil Service Employees : Similarly, benefits for other organized sector workers cover employees of factories, mines, oil fields, plantations, port and railway companies, and shops and other establishments with 10 or more employees. Benefits include workman's compensation; a coal mines provident fund program; gratuity; employees provident fund; Assam tea plantation provident fund; and maternity benefits. The Coal Mines Provident Fund and Bonus Scheme Act and the Employees State Insurance Act were enacted in 1948, soon after Independence. The provident funds and maternity benefits were established between the early 1950s and 1970s.

Non-Contributory Programs : These social security programs include workman's compensation, maternity benefits and gratuity. The first program, enacted in 1923 before independence, is designed to protect workers in hazardous occupations (e.g., construction, mining) by paying compensation for accidents occurring in the workplace. Compensation also is payable for certain occupational diseases contracted by workers during the course of their employment, similar to payments to U.S. miners for black lung disease. State governments can extend the scope of the Act to include any class of workers whose occupations are considered hazardous.

Maternity benefits were enacted in 1961 and apply to women working in factories, mines, plantations or the service industry, and in shops and establishments with 10 or more workers. State governments can extend the provisions of the Act to other establishments, subject to Central Government approval. The medical bonus is 250 rupees; benefits are average daily wages for three calendar months or 10 rupees per day, whichever is higher.

The Payment of Gratuity program has been in force nationwide, except for Sikkim and plantation estates in Jammu and Kashmir, since 1972. It covers most industrial workers and employees of shops and establishments with more than 10 workers, whose monthly wages do not exceed 2500 rupees. It does not cover administrators, managers or civil employees of the Central and state governments. A benefit is paid to an employee who

terminates employment after five years of continuous service; this requirement does not apply in the case of death or disablement. For every year of service, the rate of payment is 15 days' wages based on final salary, up to a maximum of 20 months. The monetary ceiling is 50,000 rupees.

Contributory Programs : With the exception of two programs (family pension and employees' insurance), all contributory programs were enacted within 10 years after Independence. The Coal Mines Fund requires both the employer and employee to contribute a minimum of eight percent of the employee's wage. The employee can contribute more, but the employer is not obligated to do so. The Fund provides post-retirement benefits for coal miners.

The Employees' State Insurance program applies to all factory workers in India, except state factory employees and those earning more than 1600 rupees monthly. Under this program, workers are covered in case of sickness, injury on the job and maternity from the age of 14 onward. Considered a pioneering measure in social insurance in India because it represents the beginnings of a more comprehensive system, it is funded via both employer and employee contributions plus grants, donations and gifts from the Central and State governments, local authorities and other organizations. The Employees' State Insurance Corporation via a network of regional and local offices administers it. The Corporation also provides medical care for beneficiaries and their families through its own hospitals.

In the 1950s, provident funds were established for industrial workers and tea plantation workers. The Employee Provident Fund is financed by employer-employee contributions to provide retirement benefits for industrial workers. A compulsory program, 195,000 factories or establishments nationwide (except for Sikkim, Jammu and Kashmir) were covered as of 1990. The employer matches the employee's minimum contribution of 10 percent; a retired or dismissed employee is entitled to the full employer's share, regardless of the length of service. Employees receive 12 percent annual interest on their deposits. The Central Board of Trustees via 16 regional offices administers the Fund; the Board is appointed by the Central Government. Employees can also draw on this fund through non-refundable advances to sustain themselves and family members during illness, disability, and accidents and to meet educational, social and family obligations, such as marriage.

The tea provident fund covers only those laborers working in Assam, whose total salary does not exceed 500 rupees per month. This fund is also an employer-employee contributory plan to provide retirement benefits. Employees can contribute more than the eight percent required of them and their employer.

Some wider-ranging programs were created for organized sector employees in the 1970s, including the Employees' Family Pension and the Employees' Deposit-Linked Insurance program. A special pension also was enacted for those who had fought for India's Independence. The Family Pension program facilitates long-term protection for the family of a worker who dies in service; it is compulsory for members of the Employees' Provident Fund. A transfer of a portion of the employee's share of the provident fund, representing 1.6 percent of pay, finances it. That payment is matched by both the employer and by the Central Government; the latter pays for administration of the program.

Three types of benefits are provided: a family survivor pension; life insurance; and retirement income with withdrawal privileges. If the worker dies during service before age 60, a pension is paid to a surviving family member. The monthly amount paid is calibrated to the salary level of the deceased, and ranges from 250 rupees for the survivor of a worker who earned 300 rupees per month, to a maximum of 750 rupees for a salary that exceeded 1600 rupees per month.

A retirement benefit for those age 60, who contributed at least one year to the family pension fund, is also based on the member's monthly salary. For lower salaried workers (up to 1,130 rupees), the monthly benefit ranges from 110 rupees (for one year of contributions) to 9,000 rupees (for 40 years of contributions). For higher paid workers, monthly amounts range from 182-400 rupees (for one year of contributions) to 9,000-19,825 rupees (for 40 years of contributions). If the worker dies after retirement, a pension is paid to one family member for seven years or up to the date at which the member would have reached 65 years of age, whichever is shorter. A lump-sum life insurance benefit of 5000 rupees is paid to the survivor of a worker who died in service and had contributed to the Family Pension Fund for at least a year.

As of March 1998, 23.2 million persons were covered under these several plans and programs. They include 4.2 Central Government employees

and nearly 7 million state and union territory employees. Other groups include the coal miners (.81 million) and Jammu and Kashmir Provident Fund members (.145 million) (Vijaya Kumar, 2000).

Economic Security for the Unorganized Sector : In India, nearly 90 percent of the total workforce is employed in the "unorganized sector"; the majority are agricultural workers. Workers in this sector are subject to numerous disadvantages. Wages are relatively low and there is no job security. Most do not have year-round work and labor turnover is high. Roughly 47 million work on a regular basis; 97 million are in casual or temporary employment (Vijaya Kumar, 2000).

Life Insurance Approaches : There is no social security system for the majority of Indian workers. Retirement benefits are provided via life insurance, a concept that was introduced by certain British companies during the colonial period. Since 1956, life insurance in India has come under the control of the Central Government. Social security for the unorganized sector comprises five types of insurance policies issued by the Life Insurance Corporation of India (LIC) and the LIC's Group Superannuation program. The Unit Trust of India also provides contributory programs for medical care, such as the Senior Citizens Unit Plan and the Group Medical Insurance program.

The main purpose of the LIC is to provide family protection in the event of the breadwinner's premature death. Some policies combine the element of savings for old age with family protection. Life insurance plans are provided on both an individual and group basis; the latter are offered to employer-employee groups. Premiums, which are deducted from employees' monthly salaries, have two components: risk and savings. The risk part provides insurance coverage and the savings part accumulates at 10 percent annually. The accumulated savings are paid in retirement; in the case of death before retirement, the insurance sum is paid together with the accumulated savings.

The Group Superannuation program of the LIC guarantees regular post-retirement income under two kinds of plans: defined benefit and defined contribution. Under the latter, a fixed percentage of salary is made by the employer, which is accumulated for each employee until retirement. Most plans are of this type, in which the amount of pension paid out

depends upon the level of funds accumulated. The pension from the defined benefit plans is fixed in advance and generally based on a formula of service and salary at retirement, like U.S. plans of this type.

These plans allow retirees to opt for a lump sum as part of their pension and also a choice of annuity. These include payable for life, payable for a certain period (10, 15 or 20 years) and for life thereafter, and joint life last survivor with full or part reversion of the pension to the spouse. Another annuity plan permits a pension payable for life, with return of capital on death. This is very popular as the annuitant gets a pension as long as he survives; upon his death, the family gets a lump sum equal to the capital sum that was invested for purchase of the annuity.

One policy, Jeevan Akshay, is primarily for the self-employed, e.g., doctors, lawyers, shopkeepers. Persons over 50 are eligible to purchase this policy on their own lives and get a monthly pension. The minimum premium is 10,000 rupees, with multiples of 100 rupees thereafter; no maximum exists. Each 1,000 rupee premium yields a monthly pension of 10 rupees. The policy guarantees an insurance sum equal to the purchase price, along with a final bonus to the pensioner's heir. A choice of type of annuity also is available.

Savings-Linked Insurance : The other major type of plan is savings-linked insurance plans for individuals, known as endowment plans; the sum assured is payable at maturity or earlier death. In some cases, the assured payment may be different. For example, in a Jeevan Mitra policy, the sum payable at death is double; in a Double Endowment policy, the amount paid at maturity is double. A Money Back policy provides security in old age through lump sum benefits paid out over periodic intervals. For a policy of 1000 rupees, the sum of 150 rupees is paid if the policy-holder survives five years, with a like sum paid on his/her surviving 10 years, and similar payments for subsequently surviving 15 and 20 years. The balance of 400 rupees is paid if the policy-holder survives the full term of 25 years.

Other plans are suited to special circumstances of a given individual. For instance, a Bhavishya Jeevan plan is a specially designed endowment plan for professionals who have a limited span of high income. Similarly, a Jeevan Griha plan, which is available in double and triple coverage, may

be suitable for those obtaining a housing loan and who need collateral security for ensuring loan repayment in the event of premature death. This is similar to mortgage insurance in the United States.

Another LIC offering is the New Jeevan Dhara plan, a deferred annuity whereby an individual builds up funds during a deferment period, either through the payment of regular premiums or a single premium. The annuity vests when the deferment period is over. The policy-holder then has several payment options, e.g., payable for life, payable for period certain, payable for life with return of capital upon death.

The Jeevan Suraksha plan for individuals is available in three versions: with life coverage, without life coverage, and endowment. Under life coverage, if the policy-holder's death occurs during the deferment period, at least 50 percent of the target pension is paid to the spouse. Once the annuitant retires, he/she receives a pension payable for 15 years certain and for life thereafter. An additional option is available: the full pension is paid to the principal annuitant and upon his/her death, the spouse receives a 50 percent pension for life. The endowment type plan provides that if the death of the annuitant occurs during the term of the policy, the spouse can opt for a 25 percent sum and the balance of the assured sum is utilized to pay a pension. Under this plan, policy-holders get an income tax rebate.

These various plans for workers in the unorganized sector are primarily funded by individuals; some also involve employer contributions. None involve any direct government funding. These retirement income vehicles operate like Individual Retirement Accounts (IRAs), but generally without the tax incentives provided to American workers. Most are not suitable for agricultural workers because the contribution levels required are too high.

State Old-Age Assistance : For rural elders who work as long as their physical ability permits them to be employed in the fields, there has not been any guaranteed retirement income except old-age pensions offered by state governments. As discussed below, the national government did not initiate this kind of program until the mid-1990s. The first state to set up this kind of program was Uttar Pradesh in 1957, followed by Andhra Pradesh and Kerala in 1960 and six other states in that decade. The

majority of states and Union Territories (e.g., Delhi, Pondicherry) created their plans in the 1970s, with Assam being last in 1983. Initially these monthly benefits ranged from 30 to 100 rupees, with 60 rupees being most common. Tamil Nadu also provided clothing rations twice a year.

Eligibility criteria vary, but key provisions are similar: destitutes of 60 or 65 years of age and physically handicapped destitutes, usually 45 years or older. Nearly half of the States require a minimum age of eligibility of 60; seven States mandate different ages for men and women, with the requirement higher for men (usually age 65), by five years. One State, Madhya Pradesh, requires women to be at least 50 and men, age 60. Rajasthan has the lowest age requirement for men: age 58 and the second lowest for women: age 55. Sikkim and Tripura have higher age limits, ages 70 and 80 respectively. Special provisions are generally made for the blind and for widows, often with no age restrictions. A few States have residency requirements and/or monthly income restrictions, usually between 25-50 rupees per month. These plans are characteristically administered by each State's or Union Territory's Social Welfare Department. They are similar to the old-age assistance provided by many of the American states before the passage of the Social Security Act.

In the early 1980s, four States (Andhra Pradesh, Gujarat, Kerala and Tamil Nadu) also initiated old-age pensions for landless agricultural workers (similar to U.S. sharecroppers). Amounts range from 30-75 rupees per month; Tamil Nadu includes clothing rations twice annually and a one kilogram weekly ration of rice. The age of eligibility is 60, with Gujarat extending the same benefit to a disabled/handicapped individual age 45 or older. Income restrictions (of the individual and his family) and residency requirements occur in Gujarat and Kerala.

Tamil Nadu and Kerala developed other benefit programs for very low-income workers. The former developed special protections for deserted and widowed destitute women in 1975 and 1986. Both programs provide a monthly benefit of 35 rupees, plus a semi-annual clothing and weekly rice ration. Abandoned women must be at least 35 years old and widows, at least age 40. A one-year residency in the state is required.

Kerala has an extensive social welfare system of more than 30 programs. Nearly half of them are fully financed by the state, including the agricultural workers pension described above, a widow's pension, and assistance to

indigent craftsmen and artists, leprosy and cancer patients, and the unemployed. In 1992-1993, these programs consumed 2.77 percent of the state budget, compared with 1.02 percent expended by the national government for its welfare programs in 1991 (Irudaya Rajan *et al.*, 1999, 184-185). Seven programs are targeted on workers in particular industries (e.g., cashew-growing, hand weaving, fishing) and are partly financed by the State. Eleven programs are operated by boards for specific groups of workers. The extensiveness of Kerala's program is unique among the Indian states.

In the 1990s, state old-age pensions were liberalized, in part due to the rise in the cost of living. The lowest two payments are provided by Assam (60 rupees) and Andhra Pradesh (75 rupees), or $1.50 and $1.87 respectively. The maximum benefit of 300 rupees (or approximately $7.50) is paid in Rajasthan and West Bengal. The average old-age pension is now 150 rupees per month or less than $4.00, well below the average per capita income for all Indians, but still capable of purchasing basic food supplies if bought through the public distribution system (Irudaya Rajan, 2001).

Since the early 1980s, every state has developed an old-age pension system. However, several studies (see Gulati and Irudaya Rajan, 1988; Eswara Prasad, 1995; Vijaya Kumar, 1995) concluded there were several problems in the disbursement of old-age pensions. These include a cumbersome application procedure, the use of inappropriate eligibility criteria, unusual delays in processing applications and irregular payments. Some of these same problems have arisen with a recent Central Government program.

National Government Actions in the 1990s

The Central Government initiated two important programs in the mid- to late 1990s to improve the economic security of very poor elders. These were a National Old-Age Pension Scheme and the Annapurna program. In addition, a National Policy on Older Persons was promulgated in 1999. On August 15, 1995, the National Social Assistance Scheme was introduced. This program is a significant step towards the fulfillment of the Directive Principles in Articles 41 and 42 of the Constitution. Comprising three components, two are focused on families and maternal benefits; the third is the National Old-Age Pension Scheme (NOAPS) designed to help poor elders.

The National Old-Age Pension Scheme (NOAPS) : The NOAPS is fully sponsored by the Central Government, which lays down the norms, guidelines and conditions for implementation and provides assistance to the States and Union Territories to carry out the program. At the national level, the program is administered by the Ministry of Rural Development and Employment.

Applicants must be age 65 and destitute (i.e. have little or no regular means of subsistence from his/her own income or through financial support from family or other sources). Any State or Union Territory procedures currently in force to determine destitution may also be followed, subject to the review of the Central Government. The monthly amount is Rs 75 (or roughly $1.75) and is to be paid in not less than two instalments per year. A ceiling on the number of old-age pensions was specified for each State and Union Territory, with the latter entities having the smallest number of entitlements (except Delhi and Pondicherry). States with the largest ceiling are Uttar Pradesh, Bihar, Maharashtra, Madhya Pradesh and Andhra Pradesh. The numerical ceiling for all of India was 5.4 million (Irudaya Rajan, Mishra and Sarma, 1999), based on the assumption that 50 percent of the population below the poverty line in the age group 65+ would qualify for these old-age pensions (Irudaya Rajan, 2001). The current numerical ceiling has increased to 6.9 million, and the allowable expenditure has increased from $48 million to nearly $62 million. Many states have utilized over 90 percent of their allotment (Irudaya Rajan, 2001, 614).

The NOAPS is implemented in the states and union territories by village panchayats (councils) and municipalities. They are encouraged to involve voluntary agencies to the extent possible, in getting benefits to those elders for whom the program is intended. Actions include determining the age of prospective beneficiaries who may not know their exact age. The panchayats and municipalities also are responsible for reporting the deaths of recipients to ensure payments are stopped in a timely fashion.

Although the States and Union Territories have taken steps to carry out the program, various institutional and procedural complications arose. The identification of appropriate lead departments, the development of district-wise distribution of targets, the creation of state and district-level committees, and opening separate program accounts are some of the administrative problems that developed. Procedural issues included

identification of true beneficiaries, often a procedure lacking accuracy, and ways to disburse payments. Committees were constituted to discuss and solve these various problems in 1996. Despite these implementation difficulties, the NAOPS is now in operation all over India (Vijaya Kumar, 1999). Ministry of Rural Development reports indicate that the most vulnerable sections of Indian society (e.g., women, lower caste individuals) have benefited from this program. For example, the proportion of women beneficiaries increased from 30 to 37 percent in just one year (Irudaya Rajan, 2001).

The purpose of the NAOPS was to ensure that social protection everywhere in the country would be uniformly available without interruptions. It was intended that this Central Government assistance would not displace the states' own efforts and expenditures for their old-age pensions and that states could expand their own social assistance programs independently. However, most of the states are disbursing only the national assistance funds and have diverted their own resources to other programs. A similar dynamic occurs with the U.S. Supplemental Security Income program in which several states choose not to add a state-funded increment to the national benefit for the old, blind and disabled.

Annapurna Program : On March 19, 1999, the Central Government announced another social security program for elderly destitutes. It is similar to the old Jajmani system and the programs in Tamil Nadu and Kerala described above, as well as Adopt-a-Granny programs run by non-governmental organizations such as HelpAge India. Under the program, an older person who is eligible for the NOAPS is given 10 kilograms of rice or wheat monthly, free of cost, through the existing public distribution system. Expected to benefit 6.6 million persons, it is administered by the Ministry of Rural Development with the help of the Ministry of Food and Civil Supplies. Implementation of the program has been slow; after 18 months of operation, half the States and Union Territories had not started the program and only 612 million of the 991 million allocated had been released (Irudaya Rajan, 2001).

Program restrictions may play a role in this lack of rapid implementation. For example, in Andhra Pradesh about 1.1 million persons are covered under the NAOPS; 20 percent of them, or a little over 40 thousand are covered by the Annapurna program. Selecting one in five of those eligible may lead to great dissatisfaction among those elders not selected, especially

at the village level where such selections would not be a secret. In addition, the State is required to shoulder a financial burden of approximately 4 million rupees per month to implement the program. These administrative issues may explain why many States and Union Territories have been reluctant to participate.

The combined national budget allocation for the NAOPS and Annapurna programs comes to .6 percent, compared to the 6 percent of Central Government revenue expended on pensions for its employees (Irudaya Rajan, 2001). Other than the data on Kerala's expenditures for social security and social assistance programs, little is known about the proportion of State and Union Territory budgets for these kinds of programs. A proposal has been made in the National Policy for Older Persons to develop a mandatory contributory pension plan for all self-employed and salaried persons in government and private sector employment; however, no timeframe has been specified and the proposal says little about the more vulnerable sectors (e.g., women, rural areas). The same is true of the OASIS (Old Age Social and Income Security) project that recommends improving the rate of return and enhancing coverage and customer services related to the several provident funds and the LIC annuity plans. However, these proposals do not provide income in old age for those who need it most.

Health Security

A common myth prevailed among the society about the health and elderly is that the elderly are frail, chronically ill and quite often disabled and hence, much priority is not given to the health care of the elderly. We have special policies to protect women's health, children and so on but not for elderly people. Surveys conducted by NSSO and NAS concluded that 45 per cent of the elderly in urban and rural areas are suffering from chronic diseases and about 5.4 per cent are found to be physically immobile. Studies on health say that majority of the deaths among the elderly are due to heart problems, cancer and stroke (hear stroke refers to cardiovascular injury to the brain arising from a sudden disturbance in the blood supply). And Alzheimer's disease is probably the fourth leading cause of death. Apart from these death causing diseases, about 45 per cent of the elderly are suffering from Arthritis and Parkinson's disease (Bela Shah 1996, Habibulla 1996, Vinod Kumar 1995). Geriatric depression is another important and common problem of majority of the elderly.

Providing health security to the elderly is one of the most neglected issues in rural India. The Primary Health Centres and Sub Centres largely cater the basic health security to rural population. Apart from these, Upgraded hospitals and General hospitals at district/city are also functioning as the basic health security providers. But, especially rural health services in India are poorly maintained and there is no doctor or para medical staff trained in geriatric medicine.

In India, health status of the elderly population is usually inferred from stratified mortality and morbidity data derived from various sources such as National Sample Survey, Census reports and government health statistics. On the basis of existing evidences from the Government of India Statistics (1995), it appears that the majority of deaths among older population stem from cardio-vascular disorders (accounting for one third of the elderly mortality), followed by respiratory disorders (about 10 per cent) and infectious diseases such as tuberculosis and lung infections. Next comes a nutritional metabolic, gastro-intestinal and genito-urinary disorder.

Another survey conducted by Vinod Kumar (1996) concludes that, majority of all deaths of persons over 65 years of age came primarily from just three diseases – heart disease; cancer and stroke (stroke refers to a cardiovascular injury to the brain arising from a sudden disturbance in the blood supply). Though often not listed separately as a cause of death in vital statistics, Alzheimer's disease is probably the fourth leading cause of death, chiefly affecting people over 65 years. Apart from these death-causing diseases, the other important chronic diseases like arthritis; Parkinson's disease also has to be considered because nearly 45 to 55 per cent of the elderly have one or more chronic diseases.

Normally health status of rural elderly varies individually and while examining this, DeSouze (1882) formulated for four classification – (1) the nature and conditions of work, that is, hard work combined with poor nutrition leads to the state of general disability and most of the elderly suffers from what may be called "deficiency illness"; (2) environmental conditions such as poor sanitation, lack of basic amenities like protected drinking water, housing, and proper drainage system tend to make the environment become a health hazard; (3) inadequate and unbalanced malnutrition diet; and (4) availability, accessibility, affordability and quality of health services. All these factors are more important for rural elderly health scenario. According

to NSSO (1991, 42nd round) out of the total elderly living in rural India, about 45 per cent are found to be suffering from chronic diseases and 5.4 per cent are immobile.

Corporate health services are beyond the reach of poor rural elderly and the general hospital at district level is inaccessible. This has to be examined from different corners. In caregivers point of view, taking a sick elder person to government hospital at distance place is difficult because of lack of proper transportation and keeping the sick elderly as inpatient for longer period is also difficult because the young wage earners have to loose their daily wages. Personal care is the major problem for sick elderly in rural areas. Further owing to illiteracy, ignorance, and lack of sufficient financial means, majorities are not even aware of their ailments at the stage where prevention is possible. In some cases, the ailments are not diagnosed at the right time because of ignorance. On all the these accounts, to some extent, the benefits of medical sciences have gone unutilised – a fact that exists every where in rural India and the worst sufferers are non other than the elderly in general and elderly women in particular.

Housing Security

A sage and philosopher, Goutam Buddha, described shelter as "the root cause of happiness" and without home human beings cannot fully develop emotionally, intellectually and spiritually. Under the social security, housing is given highest priority in Scandinavian countries, but in India this is the most neglected issue under the government welfare schemes. Some of the agencies like Railway Employees Welfare Association, LIC, HUDCO have floated housing schemes for the retirees which is confined to a few who can invest their savings in such schemes.

Suitable housing is more important to the elderly, since their abodes are often the centre of all their activities, however, both in rural and urban areas, many elderly residents live in low quality housing and majority of them cannot afford even to upgrade or maintain their homes.

Psychological Security

Out of all security needs elderly people's priority is psychological security, which is perhaps and unfortunately disappearing from the social safety nets. This is mainly because of changing priorities of younger generation,

replacement of 'WE' concept by 'I' concept, and increasing involvement of women (primary care givers) in economically gainful works. Another important factor is breaking down of traditional joint family system in which emotional security was assured. Though to some extent, Indian traditions are still able to providing emotional security to the elderly members, in future this due to modernization and urbanization this may be eroded.

National Policy for the Elderly

During the year 1999, Ministry of Social Justice and Empowerment came out with a policy for the elderly and submitted to the then Parliament for formal approval. But due to lack of political will it be still at the stage of "on paper - under consideration". Even in preparing the recommendations no particular exercise has been made to examine the basic problems of the rural elderly. Except recommending community based support services, encouraging non-government organizations to start old age homes and day care centers, special scheme for elderly under existing housing scheme, it appears that the policy makers have largely neglected the issues "protecting the basic minimum needs" to the rural elderly by strengthening the existing schemes by reforming in to a user friendly approach.

The Ministry has also set-up inter ministerial committee on welfare of the aged to suggest programmes for care and protection of the elderly. Further it also constituted the National Council for Older Persons (NCOP). The basic objectives of NCOP are (a) to advice the government on policies and programmes for older persons; (b) to provide feedback to the government on the implementation of the National Policy on Older Persons as well as on specific programme initiatives for older persons; (c) to provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature; (d) to provide lobbying for concessions, rebates and discounts for older persons with the government as well as corporate sector; (c) to represent collective views of the older persons to the government; (f) to suggest steps to make old age productive and interesting; (g) to suggest measures to enhance the quality of inter-generational relationships and (h) to undertake any activity in the best interests of older persons.

The Ministry of Social Justice and Empowerment also launched a project called "Old Age Social and Income Security" (OASIS) under the chairmanship of Dr. Surendra Dave. The objective of the project is to recommend a pensions system that can be used by individuals...which enables them to attain old age security at a cost of modest rates of contributions into reasonably large sums in an almost risk-free manner for old age security. The report suggests ways by which existing provisions of the three most important retirement schemes in India – the Employee Provident Fund (EPF), the Employee Pension Scheme (EPS), and Public Provident Fund (PPF) could be improved.

OASIS report, which is again, neglected many important issues pertaining to the rural elderly and also consisting of certain defectives while calculating the future financial needs/burdens. For instance, page 11 of this report says "the ministry realizes that poverty alleviation programs directed at the aged alone cannot provide a solution to the income and social security problems of the elderly. For example, providing a Rs. 100 per month old-age pension to the projected 175 million population of the elderly in 2025 would translate into an annual out flow of over Rs. 210 billion for the government". This financial projection is however based on the wrong assumption that the entire elderly population in Indian needs an old-age pension. Such flawed and highly exaggerated projections by some of the policy makers, some times, create unwarranted worry in the minds of the public about the growing number of senior citizens and also create confusion while approving such reports by the Parliament.

Conclusions

We are enthusiastic in celebrating World Elderly Days, International and National Year of Older Persons so on and so forth but policy makers have not shown any interest to address the problems of the elderly people. With so much of efforts and brainstorming, National policy for older persons was prepared and submitted to the parliament for approval. There after Ministry of Social Justice and Empowerment has constituted a committee at National level and washed its hands.

Social security experts and economists have criticized the implementation of all these income security schemes. Normally the primary objective of pensions is to assure the employees about receipt of a certain income

during their old age. However, for instance, the criticisms on public pension system says that the real return on the contribution made by the participants to the scheme is lower than that available from other forms of investment. Further, over the generations, the pensions in real terms to the retirees have been declining. In economists point of view the existing schemes tend to reduce the savings of the individuals and the governments tend to spend more thereby reducing its savings (Parduman Singh 1998).

Besides, even in selection of beneficiary and implementation of National Old Age Pension Scheme, several defective approaches came in to limelight and the gerontologists criticise the scheme itself. This is largely because of administrative problems and procedural problems, which were discussed in the text.

To overcome certain contradictions in the pension policy, the World Bank has recommended a three-pillar approach. The first pillar is a mandatory, and publicly managed system, which would be financed through taxes and would ensure a means tested minimum guaranteed pension. The second pillar is also a mandatory system but managed privately. It would be fully funded through personal savings whose investments are regulated. The third pillar is a voluntary and fully funded system and investments are not regulated. Thus the second and third pillars are based on a defined contribution principle having tighter link between the contributions and benefits, which requires the maintenance of individual accounts (Subrahmanya 2000).

Further, while suggesting the government to reform its existing pension policies, World Bank argued that the reforms should be in the direction of pay-as-you-go principle to funded principle where the pensionaries would be benefited by getting higher returns.

Apart from reforming the pension policy under economic security programme, as discussed earlier, government should to think about the 89 per cent who remained uncovered under any ongoing schemes. In future this percentage may increase and will become one more socio-economic problem to the government. Much of these sections include agricultural workers, artisans, small and marginal farmers, workers in small scale and tiny section of the industry and all types of self employed persons.

While formulating reforms to the ongoing statutory or voluntary schemes, it is suggested to consider certain key challenges associated with aging population in general. They are – (1) Fiscal: the interaction between

increasing government expenditure, GDP growth and increasing dependency ratio, (2) Market responsiveness: facilitating labour markets to respond flexibly to changing demographics, (3) Active Aging: encouraging people to remain active and independent as they age, and (4) Examining the balance between collective and individual responsibilities: the respective roles of the public and private sectors, and ensuring that individuals are able and confident in expressing choice and taking responsibility for their lives. A detailed and critical analysis is essential on these four issues and this will help in bringing needed changes in the existing policies.

Further, so far whatever measures adopted by Indian government are largely borrowed from western industrialization countries where vast majority of the work force involved in the highly organized industrial sector. But India is still agrarian country where majority are engaged in unorganised sector and hence, there is immediate need to re-examine and re-modify the social security models according to the needs of Indian population.

Two additional issues require examination. Thus far, the pension measure adopted by the Indian government has been largely borrowed from western industrialized countries, where the vast majority of the workforce is involved in the highly organized industrial sector. However, India is still an agrarian nation, where the majority of the workforce is engaged in the unorganized sector. There is an immediate need to re-examine and re-modify India's social security models to reflect the needs of its population. In addition, attention must be paid to the role of advances in medical technology and its impact on increasing longevity. The post-retirement years will increase considerably, and ultimately this trend will create a greater demand for basic needs of the elderly, such as long-term health care and housing. To meet these demands, the elderly will need viable income security for this longer period of retirement. India's policymakers will need to keep this issue in mind when formulating pension policies for the 21st century.

Besides, already India is having "womb to tomb" social security policies with "inadequate funds" and "inappropriate coverage". At the same time, demographic projections alarming that in future India will have more number of grey people and to fulfil or to justify social security policies for projected grey population will definitely tax the nation tremendously. At the same time neither family nor the community alone would be able to provide harmonious atmosphere to the elderly, and when the economic pressures increases on

each one of these institutions, no doubt in future India may have to witness hundreds of thousands of the elderly left outs in the streets. Hence short term plans with long term goals are essential. Another important issue is the welfare state ideology may not be suitable to the welfare programs of India. Hence, radical transformation from welfare state model social policy to welfare society is inevitable. This can be possible by bringing the partnership and participation responsibility among the stakeholders.

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