

## **CHAPTER 8**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND SUGGESTIONS**

#### **8.1 Summary of findings**

The research study entitled “**Population Ageing in West Bengal with Special Reference to Social Security**” begins with an introduction of the concept of population ageing and its related issues in the World and India in Chapter 1. It includes (a) the inevitable prospect of population ageing, (b) social security and elderly persons related social security, (c) statement of the problem, (d) historical development of the study area, (e) significance or scope of the study, (f) objectives of the study, (f) research questions and hypotheses, (g) research methodology, (h) limitations of the study and (i) chapterization of the research thesis. Population ageing is basically a two-dimensional demographic transformation: the decline in overall mortality results in longer life-expectancy and decline in fertility results in decreasing the proportion of children and young adults in the population. The process of population ageing may be categorized into relative ageing and absolute ageing. Relative or bottom-up ageing implies a growing proportion of elderly persons caused by fertility decline and dwindling youth base in the age composition, proportion of elderly persons grows as a per cent of total population even if their numbers did not change at all. Absolute or top-down ageing is the result of a real prolongation of lifespan raising the absolute number of elderly. Population ageing has serious impact on every aspect of society in developed and developing countries. Majority of the elderly persons suffer a lot of insecurities relating to their health, livelihood, shelter, love, care etc and like to be an essential member of their households and societies etc. The Preston Curve indicates that individuals born in richer countries, on average, can expect to live longer than those born in poor countries. The link between ageing and development is wide ranging. Ageing is a ‘triumph of civilization’ and it is an important determinant of economic development.

Information on how caste, religion and other factors affect the wellbeing of elderly in India is very limited. Population ageing is less among Scheduled Castes and Scheduled Tribes and Muslims than that of the population as a whole. The improved and up-to date information on population ageing and its different aspects and their study and analysis are highly required for the policy makers in formulation, evaluating goals, development and implementation of programmes for the welfare and the proper

utilization of the elderly population, improving and generating public awareness and support for necessary policy up-gradation and implementation.

Very few studies on population ageing in West Bengal have been done so far. In the present research work, we have studied the trend and magnitude of population ageing (per cent of elderly persons to total population) and related information like sex ratio, age-sex composition of population (Population Pyramid), decadal growth of elderly, households by elderly members and elderly head, life expectancy at birth and at age 60 years, age-specific death rate of elderly, old-age dependency ratio, elderly by state of economic independence, proportion of working elderly persons, literacy rate among elderly persons, proportion of disabled elderly persons, marital status of elderly persons, living arrangement of elderly persons etc in India and West Bengal. The study is based on both secondary and primary data and comparing population ageing relating to general population, different weaker/backward social groups like Scheduled Castes (SC), Scheduled Tribes (ST) and two major religious groups. The study employed some statistical tools like correlations/ regressions, Chi-square tests for homogeneity and independence and econometric models like binary logic regression, factor analysis and reliability analysis.

The review of literature (in Chapter 2) on the study has been done thematically and starts with noting global perspective of population ageing. The First World Assembly on Ageing sponsored by the UNO held in Vienna in 1982 realised population ageing as a global problem. The Government of India in Vienna expressed the view that in India, the elders are well integrated with the society and the welfare of them was linked with the main stream of social and economic development of the country. The United Nations International Year of the Older Persons in 1999 emphasized for the marginalization of the elderly in the development process and for the need to develop ‘a society for all ages’. There are various theories, approaches, interpretation and aspects of the process of population ageing. Different indicators for measuring population ageing are presented. Well-being and quality of life are subjective matters mostly depend upon personal perceptions and adjustment in stages of life. Elderly have significantly poor subjective well-being than middle aged persons. Most rural elderly exhibit negative self-perception. The economic aspect of an economy affected by population ageing has two sides (a) increase in the number of the elderly and decline in rate of population growth resulting reduced growth rate in both aggregate demand and investment meaning lower capital

formation (macroeconomic phenomenon) and (b) the impact of ageing upon autonomous individuals in the form of economic behavior over lifecycle (microeconomic phenomenon). Our research study is on population ageing in West Bengal. Some reviews of directly related studies and spatially and contextually relevant empirical studies have been presented here.

Chapter 3 presents “Population ageing in India and West Bengal”. Presentations and analyses of this chapter are based on secondary data. Majority of Indians were of two major religions – Hinduism and Islam consisting of 79.8 and 14.2 per cent of population respectively. Proportion of SC and ST populations were 16.6 and 8.6 per cent respectively. 68.86 per cent of total populations lived in rural areas. Per cent of elderly varies widely from state to state, religion to religion, community to community etc. According to Census of India, 2011, the states like Kerala, Dadra and Nagar Haveli were with highest (12.55) and lowest (4.04) per cent of elderly respectively. Per cent of elderly of states/union territories having low population size were low. Percentages of children and teenagers in India and all states/union territories were highest in Muslim populations among those in all classifications by locality of residence, religion, caste, sex and are approximately 50 per cent and more; per cent of elderly to total population and sex ratio for elderly persons were generally least among Muslims followed by ST. There were marked differences in life spans in populations of different religions and caste groups.

Age-sex distributions of total population in India are provided through the population pyramids. The change from a very broad base in 2001 to a shrunken base in 2011 indicates a decline in fertility leading to an increase in the proportion of elderly population. Shapes of population pyramids in case of Hindu and Muslim populations are shrunken base and broad base respectively which indicates that the rate of ageing in Hindu population is more than that in Muslim.

In India, per cent of persons aged 0–14 years has been decreasing and that aged 60+ years has been increasing, but that aged 15–59 years has been fluctuating resulting in reduction of labour force. In West Bengal, rate of reduction of persons aged 0–14 years was higher than that in India. Per cent of persons aged 15–59 years in West Bengal was higher than that in India implying that position of workforce in West Bengal was better than that in India. Rate of growth of elderly in West Bengal over 2001–2011 was higher than that in India. According to Census of India, 2011, percentages of elderly of India and West Bengal were 8.6 and 8.5 respectively.

According to Census of India, 2011, sex ratios for elderly persons living in rural areas were in general higher than those for elderly persons living in urban areas. Generally sex ratios of elderly were higher than those of general population with some exceptions like in Darjeeling district. Most of the states/union territories in India had already achieved targeted replacement fertility rate of 2.1, even for some of them it became less than 2.1. This fact is one of the major determinants for increasing population ageing in India. Both total fertility rate and crude death rate of West Bengal are lesser than those of India. Three districts of West Bengal, namely, Murshidabad, Malda and Dinajpur (N) were having top most Muslim-majority population with 66.3, 51.3 and 49.9 per cent respectively of total population; respective per cent of elderly were 7.0, 6.4 and 6.3. Per cent of elderly of Kolkata was 11.8. Strongly significant correlations between (a) per cent of elderly and per cent decadal growth rate of elderly in general population (negative) and (b) per cent of elderly and Human Development Index (positive) have been observed and two regression equations of (a) per cent of elderly on per cent decadal growth rate of elderly in general population and (b) per cent of elderly on human development index have been developed.

Oldest-old group (aged 80+ years) grew faster than the other elderly age groups, particularly among females both in rural and urban areas of India and West Bengal and having higher sex ratio than other elderly age groups.

According to Census of India, 2011, in West Bengal, per cent of households not having any elderly members in rural areas was higher than that in urban area, but the reverse was in case of national level. Reasons behind the majority of households not having any elderly members are (a) in some households, no family members were aged 60 or 60+ years, (b) present trend of households being nuclear family, (c) elderly members like to reside separately from their sons, daughters to stay with dignity and independently, to avoid accommodation problem and/or adjustment problems with other family members and (d) economic conditions of elderly have been improving over times etc.

Life expectancy is one of major indicators for increasing population ageing. Life expectancy in India has increased in rural and urban areas. Kerala has got the highest life expectancy at birth followed by Maharashtra and Punjab. Life expectancies at birth and at the age 60 years were higher among females than males in India and West Bengal. Age-specific death rates were higher among elderly males than elderly females. Again, age-

specific death rates were lower among elderly of urban areas than those of rural areas because elderly of urban areas are generally more educated, wealthy and active in workforce and other activities than elderly of rural areas.

Some of the economic indicators for the elderly are old-age dependency ratio, headship of household, state of economic independence, economically dependence, economically independence by number of dependents, working status etc. The old-age dependency ratio has an increasing trend. The gap between female and male old-age dependency ratio also has an increasing trend. There has been considerable gap in all the period of that ratio for rural and urban areas, because of a relatively higher concentration of working age population in urban areas. Since elderly females are expected to live more years than elderly males, per cent of elderly female heads is almost twice of that of elderly male heads. NSSO in 2004 mentioned that 65 per cent of the elderly in India had to depend on others for their day-to-day maintenance. The elderly males were much better off as majority of them did not depend on others for their livelihood. According to NSSO, 60<sup>th</sup> Round, (January – June 2004), per cent of elderly not dependent on others were (a) higher in urban areas than that in rural areas and (b) remarkably higher among elderly males than that of elderly females, reasons behind the statement are elderly of urban areas and/or elderly males are more likely to remain in workforce and/or are economically well-being than others. About 70–85 per cent of dependent elderly were supported by their own children; 2–3 per cent by grandchildren; about 6 per cent by others. In case of supporting by spouse, 16–19 per cent elderly females were supported by their male spouse, whereas 6–7 per cent of elderly males are supported by their female spouse. Of the economically independent elderly men, more than 90 per cent reported to be living with one or more dependents, while among economically independent elderly women, about 65 per cent were having one or more dependents. Elderly females were having lesser number of dependents than elderly males in both rural and urban areas.

As per Census of India, 2011, 66.4 per cent of elderly males, 28.4 per cent of elderly females in rural area engaged in economic activity. In urban areas it was only 46.1 per cent of elderly males and 11.3 per cent of elderly females engaged in economic activity. The proportions increased in 2011 for both elderly males and women as compared to Census of India, 2001 in both rural and urban areas. But the proportions increased from census 2001 to 2011 in case of elderly women were relatively higher than the proportions increased from census 2001 to 2011 in case of elderly males because of

increase in females' intention to involve in workforce and be self-dependent. A remarkable proportion of elderly at the age 60 years, even at the age 80 years remained in working condition. The increase of elderly remained in working condition is one of the determinants for increasing population ageing in India and West Bengal.

Literacy levels among elderly of (a) rural and urban areas, (b) males and females have improved tremendously over 2001 to 2011. There were huge gaps of literacy rates of elderly between (a) rural and urban areas and (b) males and females. Literacy rates for elderly in West Bengal were better than those in India. The increase of literacy among elderly is another determinant for increasing population ageing in India and West Bengal. Despite illness higher proportion of elderly men seemed to be feeling better health condition than elderly women. More elderly men and women in urban areas felt to have good/fair health as compared to elderly in rural areas. In both rural and urban areas, elderly men were more mobile than elderly women. About 90 per cent of elderly were still mobile, it is a good indicator for the well-being of the elderly. Prevalence of disabilities was higher in rural areas than that in urban areas. Census of India, 2011 pointed out that locomotion and visual disability were the most prevalent disabilities among elderly in rural and urban areas of India and West Bengal. Census of India, 2011 pointed out that per cent of currently married elderly women was lower than the per cent of currently married elderly men. Living arrangement of elderly is very important indicator of social status and well-being. More than 56 per cent of elderly lived with their spouse and 32 per cent of elderly live with their children. About 5 per cent of elderly lived alone and 4 per cent live with other relations and non-relations.

An overview of global population ageing has been presented in this chapter.

Chapter 4 presents "Nature and pattern of population ageing among Muslims and non-Muslims population in India, West Bengal and Malda district". Presentations and analyses are based on both secondary data: census data over 2001–2011 and primary data from Malda district, a Muslim dominated district of West Bengal. Studying the problems relating to religion is very important considering a pledge to build an inclusive, plural and secular society in India. India's Muslims have the lowest living standard in the country on a per capita. According to Census of India, 2011, literacy rate (%) and work participation rate (%) in general population of India were lowest among Muslim population. These are major determinants for the lowest per cent of elderly among Muslim population.

For collecting primary data from Malda district, one town was selected at random and from that selected town, one ward was selected at random. Again, for collecting primary data from rural areas of Malda district, one block from blocks having more than 50 per cent of Muslims and one block from blocks having less than 50 per cent of Muslims were selected at random. From each selected blocks, 2 villages were selected at random. In the next and final stage, from each of selected ward, villages; 25 households having at least one elderly were selected at random.

Shapes of population pyramids in case of Hindu and Muslim populations are shrunken base and broad base respectively indicates that the rate of ageing in Hindu population is higher than Muslim. In India, West Bengal and Malda district, comparing Hindu and Muslim populations, (a) per cent of persons in the age group 0-14 years was higher among Muslims than Hindus indicating higher birth rates among Muslims than Hindus, (b) per cent of persons in the age group 15-59 years (working age group) was lower among Muslims than Hindus indicating lesser work participation among Muslims than Hindus and (c) per cent of persons in the age group 60+ yearly (per cent of elderly) was lower among Muslims than Hindus. These variations between Hindus and Muslims are very prominent in Malda district. Per cent of elderly is higher among Hindus than Muslims in all elderly age groups, particularly in Malda district. This variation between Hindus and Muslims is very prominent in oldest-old age group (80+ years). In India, West Bengal and Malda district, per cent of elderly female was higher than that of male. In India, West Bengal and Malda district (a) sex ratios of elderly and general population of Hindu Community were higher than those of Muslim community and (b) in both Hindu and Muslim communities, (1) sex ratio of elderly was higher than that of general population, (2) sex ratio of general population was less than 1000, (3) sex ratio of elderly mostly is greater than 1000 indicating elderly females live longer than elderly males.

More than 70 per cent households in Malda district did not have any elderly member in the household. According to Census of India, 2011, in both rural and urban areas, per cent of households without any elderly family member in Malda district was higher than those of India and West Bengal, that is because Malda district is Muslim dominated one and its per cent of elderly is lesser than those of India and West Bengal. Since elderly females are expected to live more years than elderly males, per cent of elderly female heads was almost twice of that of elderly male heads. Nearly 20 per cent of households in Malda district were having elderly heads. According to Census of India,

2011, per cent of households having elderly head in Malda district was less than those in India and West Bengal.

Work participation among Muslim elderly females was very low compared that among Hindu elderly females in India, West Bengal and Malda district. Per cent of currently married elderly males was more than twice that of currently married elderly females. Again per cent of currently married elderly males in Malda district was more than those in India and West Bengal, but per cent of currently married elderly females in Malda district was lesser than those in India. Disabilities due to vision and movement were more serious problems for the elderly in both rural and urban areas of Malda district. These disabilities were more acute in Malda district than West Bengal as a whole. There were improvements of literacy among elderly over 2001-2011 among Hindu and Muslim communities in India and West Bengal. Among elderly of Hindu community, literacy level among elderly in West Bengal was much higher than that in India as a whole. But literacy level of elderly belonging to Muslim community in West Bengal was lesser than that in India as a whole. There were significant gaps in the literacy level of elderly in Malda district between (a) rural and urban areas and (b) males and females.

Summary of findings based on primary data from Malda district are as follows. Living arrangements of majority of elderly males were with spouses, sons, daughters and/or others which were very high compared to those for elderly females in all the locality of residences. Reasons behind those facts were elderly females were living more years than elderly males and were becoming widows.

Per cent of dependent elderly in the households were more in rural (more Muslim) area than that in rural (less Muslim) area. Per cent of working elderly in urban area was less than in both the rural areas. Elderly persons of rural (more Muslim) area were more dependent; having less dependants; less being head of household; less involved in day-to-day purchases and other activities, big purchases; decision-making of family; having more immovable property, liquid asset; less presently working and/or pension holders than those of elderly person of rural (less Muslim) area. Financial contributions of the elderly persons to their respective households were negligible. Female elderly were mostly to get outside financial supports than male elderly in all localities of residence.

Per cent of elderly capable of spending money for buying in urban, rural (less Muslim) and rural (more Muslim) areas were 38.7, 30.2 and 18.6 respectively. Per cent of

elderly getting sufficient food and clothes in urban, rural (less Muslim) and rural (more Muslim) areas were 90.3, 69.8 and 64.4 respectively. Per cent of elderly getting sufficient medicines and health care in urban, rural (less Muslim) and rural (more Muslim) areas were 64.5, 61.9 and 42.4 respectively. Therefore elderly in rural (more Muslim) area are in the worst conditions among others in respects of capable of spending money for buying, getting sufficient food and clothes and getting sufficient medicines and health care. Reason behind the same is that the economic condition of Muslims are worst compared to others. The order (in descending) of getting necessities of life by elderly are getting sufficient food and clothes, getting sufficient medicines and health care and capable of spending money for buying. Generally the chance of having money by people (particularly females) decreases at their elderly age.

The determinants of social, economic and health conditions of people are age, sex, marital status, locality of residence, working status and possessing movable and immovable assets. Generally females (particularly elderly females) are less favourably treated than males in the society. Per cent of elderly felt depressed in urban, rural (less Muslim) and rural (more Muslim) areas were 41.9, 57.1 and 49.2 respectively. Per cent of elderly mobile in urban, rural (less Muslim) and rural (more Muslim) areas were 90.3, 84.1 and 83.1 respectively. Per cent of elderly hospitalized in urban, rural (less Muslim) and rural (more Muslim) areas were 16.1, 17.5 and 6.8 respectively. Elderly females were more depressed than others. Very least percent of elderly were confined to bed. Elderly females of urban areas were more associated with (a) different activities including cultural of their localities, (b) any religious organizations/associations than elderly males, but the reverse was in case of association with any political activities. Per cent of elderly associated with cultural activities in urban, rural (less Muslim) and rural (more Muslim) areas were 22.6, 12.7 and 10.2 respectively. Per cent of elderly associated with religious organizations/associations in urban, rural (less Muslim) and rural (more Muslim) areas were 48.4, 33.3 and 45.8 respectively. Per cent of elderly associated with political activities in urban, rural (less Muslim) and rural (more Muslim) areas were 29.0, 11.1 and 13.6 respectively. Elderly females (particularly elderly females in rural (more Muslim)) area were less associated in political activities than elderly males. Elderly females (particularly elderly females in rural (more Muslim)) were less associated in cultural activities, religious organizations/associations than elderly males except elderly females in urban areas.

Attempts have been made to formulate some binary logistic regression equations of vital attributes for securities of elderly (a) health status; (b) being head of household; (c) involvement in day-to-day purchase of the household, big purchase like land, house, car etc of the household, decision-making of the family and (d) feeling depressed of the elderly persons on the basis of the survey data on the elderly persons of the sampled households of Malda district. Factor analysis coupled with Reliability analysis has been done to assess life satisfaction of the elderly persons of Malda district with help of surveyed data.

Chapter 5 presents “Nature and pattern of population ageing among scheduled tribes (ST) and non-Scheduled Tribes population in India, West Bengal and Jalpaiguri district”. Presentations and analyses are based on both secondary data: census data over 2001–2011 and primary data from Jalpaiguri district, a district of West Bengal having highest ST population in West Bengal. Indian tribals are a heterogeneous group; most of them stay at the lowest stratum of the society due to various factors like geographical and cultural isolation, low level literacy, primitive and seasonal occupations and extreme level of poverty. They are ignorant, gullible and unaware of the day-to-day happenings not being assertive to grasp the opportunities that are offered by the Government; avoid assimilation and joining the mainstream of society. They are not capable of providing education to their children and are not able to avail modern medical and health care facilities. According to Census of India, 2011 in West Bengal, per cent of ST to total population in Jalpaiguri district is 18.9 followed by Puruliya district with 18.5 per cent ST population to total population; districts Kolkata, Haora, Midnapore (E) and Coochbehar are four districts with low per cent of ST population having 0.2, 0.3, 0.5 and 0.6 per cent ST population of their total populations respectively. According to Census of India, 2011, per cent literacy rate and per cent work participation of ST population of all ages in India were 49.5 and 45.4 respectively.

For collecting primary data from Jalpaiguri district, one town was selected at random and from that selected town, one ward was selected at random. Again, for collecting primary data from rural areas of Jalpaiguri district, one block from blocks having at least than 40 per cent of ST and one block from blocks having at most 10 per cent of ST were selected at random. From each selected blocks, 2 villages were selected at random. In the next and final stage, from each of selected ward, villages; 25 households having at least one elderly were selected at random.

The change from a very broad base in 2001 to a shrunken base in 2011 indicates a decline in fertility leading to an increase in the proportion of elderly population. Shapes of population pyramids in case of non-ST and ST populations are shrunken base and broad base respectively indicates that the rate of ageing in Non-ST population is higher than that in ST. In India, West Bengal and Jalpaiguri district; (a) per cent distribution of elderly was not homogeneous among ST and non-ST populations, per cent of elderly in non-ST population was higher than that in ST population, (b) per cent of elderly female was higher than that of male except in ST population in Jalpaiguri district. Per cent of elderly of oldest-old age group among non-ST population of India and West Bengal and Jalpaiguri district were around 1.0, but those among ST population were around 0.5. In India and West Bengal (a) sex ratios of elderly and general population of ST population were higher than those of non-ST community and (b) in both ST and non-ST populations, (1) sex ratio of elderly was higher than that of general population, (2) sex ratio of general population was less than 1000 and (3) sex ratio of elderly mostly was greater than 1000. In case of Jalpaiguri district, most of sex ratios for elderly and general population were lesser than 1000 and sex ratio of elderly population of ST population were lesser than those for non-ST population. It may be inferred that proportion of females of females in all ages and elderly age-groups among ST population were higher than those among non-ST population, with exceptions that reverse situation hold for elderly age groups among ST population in Jalpaiguri. Occurrence of population ageing in Jalpaiguri district was lesser than that in India and West Bengal, but higher than that in Malda district. Since elderly females were expected to live more years than elderly males, percentages of elderly female heads were almost twice of that of elderly male heads in both rural and urban areas of India, West Bengal, Jalpaiguri district respectively. In case of ST population, per cent of elderly working was least in Jalpaiguri district compared to India and West Bengal; but in case of non-ST population, per cent of elderly working was least in West Bengal compared to India and Jalpaiguri district. Percentages of elderly working among non-ST population were lesser than those among ST population, but the reverse were in case of Jalpaiguri district.

In case of ST population, per cent of currently married elderly was least in Jalpaiguri district; but in case of Non-ST population, per cent of currently married elderly was homogeneous in India, West Bengal and Jalpaiguri district. In both ST and Non-ST populations, per cent of currently married elderly male was almost twice that of currently

married elderly females. Percentages of currently married elderly among non-ST population were higher than those among ST population in India, West Bengal and Jalpaiguri district. Percentages of currently married elderly among both ST and non-ST populations of Jalpaiguri were lesser than those in India, West Bengal and Malda district.

Disabilities were highest in case of ST population of Jalpaiguri district among all other populations in India, West Bengal and Jalpaiguri district. In India, West Bengal and Jalpaiguri district, number of disabilities among ST populations were higher than those among non-ST populations because compared to elderly among ST population, elderly among non-ST population lead more control and better lives.

Among elderly of non-ST population in 2011, literacy level among elderly in West Bengal was much higher than that in India and Jalpaiguri district. But literacy level of elderly belonging to ST population in 2011 in India, West Bengal and Jalpaiguri district were almost equal, but there were remarkable variations of literacy level of elderly belonging to non-ST population in 2011 in India, West Bengal and Jalpaiguri district.

Summary of findings based on primary data from Jalpaiguri district are as follows. In urban, rural (less ST) and rural (more ST) of Jalpaiguri district, per cent of living arrangement of elderly females without spouse, but with sons, daughters and others were higher than those of elderly males. Reasons behind those facts were elderly females were living more years than elderly males and were becoming widows. Per cent of dependent elderly in the households were more in rural (more ST) area than that in urban and rural (less ST) areas. Therefore, economic condition of elderly in rural (more ST) was very low compared to elderly in urban and rural (less ST) areas. Per cent of working elderly in urban area was less than in both the rural areas. Per cent of elderly females being dependent on others was more than elderly males in urban and rural (less ST) areas, but in this context, percentages of elderly females and males in rural (more ST) were almost equal. Percentages of elderly females having dependents in all the localities of residence were negligible. Percentages of elderly females being head of household in all the localities of residence were lesser than those of elderly males.

Per cent of elderly females being involved in day-to-day purchases was lesser than elderly males in urban and rural (less ST) areas, but in this context, percentages of elderly females and males in rural (more ST) were almost equal. Elderly person of rural (more

ST) areas were more dependent; having less dependants; more being head of household; more involved in day-to-day purchases and other activities, big purchases; having less immovable property, liquid asset; and less presently working and/or pension holders than those of elderly person of rural (less ST) areas. In Jalpaiguri district, contributions of the elderly persons to their respective households were negligible in all the localities of residence. Per cent of elderly in rural (more ST) area was very high compared to those in urban and rural (less ST) areas because of miserable economic condition of ST population. Per cent of elderly females to get outside financial supports was higher than that of elderly males in all localities of residence. About 80 per cent of elderly in Jalpaiguri district were mobile. Per cent of elderly associated with cultural, religious and political activities were least among elderly in rural (more ST) area of Jalpaiguri district.

Like the study in Malda district, attempts have been made to formulate some binary logistic regression equations of vital attributes for securities of elderly (a) health status; (b) being head of household; (c) involvement in day-to-day purchase of the household, big purchase like land, house, car etc of the household, decision-making of the family and (d) feeling depressed of the elderly persons on the basis of the survey data on the elderly persons of the sampled households of Jalpaiguri district. Factor analysis coupled with Reliability analysis has been done to assess life satisfaction of the elderly persons of Jalpaiguri district with help of surveyed data.

In chapter 6, we have assessed and compared the situations of population ageing and social security of the elderly among SC population in India and West Bengal based on secondary data relating to population from Censuses of India, 2001 and 2011 and SRS Baseline Survey, 2014.

Remarkable shrinkages of pyramids on SC population over years 2001–2011 indicates a decline in fertility leading to an increase in the proportion of elderly population. Proportion of population aged 0–14 years decreased over year 2001–2011, but there are increasing trends in population for other age-groups. Sex ratios of elderly among SC population in West Bengal were generally higher than those in India meaning that more elderly females are living in West Bengal than India. Per cent of working elderly among SC population is lesser than that among ST population in India and West Bengal. Per cent of working elderly among SC population in West Bengal was very low compared to that in India. Per cent of working female elderly among SC population was 7.7 whereas that figure in Indian context was 28.5. Among elderly belonging to SC

population, about 60, 80 and 40 per cent person, male and females respectively are currently married in India and West Bengal and that figure was higher than elderly among ST population in India and West Bengal. Regarding disabilities of elderly among SC population both in India and West Bengal, vision and movement disabilities were major problems for them. Prevalence of disabilities of elderly among SC population was almost similar to elderly among ST population both in India and West Bengal. Literacy rate of elderly among SC population in West Bengal was better than that in India. Literacy rate among elderly females of SC population was very low compared to that of elderly males which is common in all cases. There is a tremendous improvement of literacy rate among elderly of SC population in India and West Bengal since all sections of population are becoming well aware about the importance of education. For India and West Bengal, literacy rate of elderly among SC population was better than that of elderly among ST population. It may be inferred that in both India and West Bengal, elderly among SC population were in a better position compared to ST population.

In Chapter 7 we have presented Constitutional provisions and legal protection, Government programmes and policies for the welfare of elderly in India and West Bengal. Three key human rights principles are fundamental to guaranteeing the right of social security: (a) comprehensiveness (social security covers all the risks involved in the loss of means of subsistence for reasons beyond person's control), (b) flexibility (the retirement age should be flexible depending on the occupations performed and the working ability of the elderly, with due regard to demographic, economic and social factors) and (c) non-discrimination (social security must be provided without discrimination based on health status, race, ethnicity, age, sex, disability, language, religion, national origin, income or social status).

The Ministry of Social Justice and Empowerment is the nodal Ministry for the welfare of elderly. The Ageing Division in the Social Defence Bureau of the Department of Social Justice and Empowerment develops and implements policies and programmes for the elderly in close collaboration with state governments, NGOs and civil society. Some of the national policies for elderly are (a) National Policy on Older Persons, (b) Old Age Social and Income Security, (c) National Old Age Pension Scheme, (d) National Family Benefit Scheme etc. Some of the privileges and benefits provided to the elderly are (a) bank loans for pensioners and family pensioners, (b) income tax rebate, (c) deduction in respect to medical insurance premium, medical treatment, (d) concessions on

travelling by road, train and air etc and (e) Pension and Family Pension with Dearness Relief, Gratuity, Leave Encashment along with enhanced Pension after attaining certain ages (in case of central/state government permanent employees) etc. The chapter also discussed pension system in India, professional services to elderly.

Some of the highlighted additional policies and programmes for welfare of elderly in West Bengal are (a) housing schemes for BPL category – Gitanjali and Amar Thikana, (b) Project Pranam, a 24-hour helpline to provide safety, security and medical assistances to senior citizens living alone, (c) provision for pensions for the needy and elderly folk artistes through a project Lokprasrar Prakalpo, (d) e-pension to provide e-governance to the pensioners of recognized non-Government aided educational institutions, Panchayat, Municipality etc, (e) career mela for senior citizens in Kolkata etc. This chapter has also highlighted, in brief, the job opportunities for services related to elderly in homes, in old age homes, hospitals etc. It has also mentioned different professional courses relating to the services of the elderly persons.

A large section of elderly suffering cruelty at the hands of friends or strangers do not get any reprieve. But even today, say lawyers, awareness about the law and its provisions remain abysmally low; because of this, elderly continue to suffer mental and physical abuse from their children or kin. There are several examples of incidence of murder and harassment etc of elderly in India. Therefore, it is said that India is not a country friendly for the elderly persons.

Are elderly persons in India an asset or a liability? If the answer to this question is the latter, there is a justification for the mounting concern regarding their problems as the percentage of elderly is on a rise. If the answer is the former, this asset needs to be utilized in a proper manner for an optimum benefit. Rise of elderly in India should be handled at its infancy so that in the coming years the nation will not end up in groping in the dark.

## 8.2 Conclusions

On the basis of the above findings, the following conclusions emerge from the study.

- (10) The rate of increase of population ageing in case of Muslims is lesser than that of Hindus. The rate of ageing in Non-ST population is higher than that in ST. The rate of increase of ageing in case of Indian SC population is lesser than SC population of West Bengal.

- (11) Literacy rate and life expectancy of elderly have been improved remarkably in India and West Bengal.
- (12) Per cent of elderly in total population varies widely among communities, religions, localities, sex etc. The link between ageing and development is wide ranging. Ageing is a ‘triumph of civilization’ and it is an important determinant of economic development. Information on how castes, religion and other factors affect the wellbeing of elderly in India is very limited. Population ageing is less advanced among SC, ST and Muslims than that the population as a whole.
- (13) Sex ratios of elderly are generally higher than those of all ages except in cases of ST of Jalpaiguri district and Muslims of Malda district. Sex ratios of elderly are generally low and lesser than 1000 in cases of Muslims and ST populations.
- (14) Percentages of households with at least one elderly member in the households in urban areas are higher than those in rural areas of West Bengal, Malda and Jalpaiguri districts.
- (15) Malda (a Muslim dominated district), Jalpaiguri (a district having highest per cent of ST population) of West Bengal are having remarkably low per cent of households with elderly head. Percentages of households with elderly head in urban areas are higher than those in rural areas of West Bengal, Malda and Jalpaiguri districts.
- (16) Remarkable per cent of elderly, particularly elderly males are in working conditions. Percentages of working elderly males and females in rural areas are greater than those in urban areas. Percentages of working elderly males are remarkably greater than those of working elderly females. Per cent of working elderly belonging to Hindu community is higher than that belonging to Muslim community in India, but the reverse is in West Bengal. Percentages of working elderly belonging to ST communities are higher than that belonging to non-ST community in India and West Bengal, but the reverse is in Jalpaiguri. Per cent of working elderly in India is higher than that in West Bengal among SC community.
- (17) 74 per cent of elderly males and about 41 per cent of elderly females are receiving some personal income, 43 per cent of all elderly receiving no income.
- (18) Regarding literacy level of the elderly in India and West Bengal, there are huge gaps in literacy rates between (a) rural and urban, (b) male and female, (c)

Hindu and Muslim, (d) ST and Non-ST and (e) India and West Bengal. Literacy rates have been improved over 2001 – 2011 in all cases.

- (19) Number of disabled elderly among ST community, particularly ST community of Jalpaiguri district are very high. Number of disabled elderly in rural areas are greater than those in urban areas. Similarly numbers of disabled elderly among ST community are greater than those of non-ST communities. Major disabilities are vision, movement and hearing.
- (20) Life expectancies at birth in West Bengal are higher than those in India for both males and females and these are 70 years in 2011-2015.
- (21) Age-specific death rate among elderly of West Bengal is less than that in India.
- (22) Old-age dependency ratio of West Bengal is less than that in India, except urban area. More than 50 per cent of elderly males in India and West Bengal are not dependent on others, but more than 70 per cent of elderly females in India and West Bengal are dependent on others. Old-age dependency ratio has been increasing.
- (23) Despite illness, more elderly males seemed to be feeling better health condition than elderly females. More elderly in urban areas felt to have good/fair health as compared to the elderly in rural areas. In both rural and urban areas, elderly males are more mobile than elderly females.
- (24) More than 56 per cent of elderly live with their spouse and 32 per cent with their children; about 5 per cent live alone and 4 per cent with other relations and non-relations.
- (25) At present age, elderly persons are living better than those of yesterdays socially, economically, physically.

### **8.3 Suggestions**

The following suggestions may be made in the light of the above findings and conclusions.

- (10) As the proportion of elderly to the total population increases, capable and willing elderly must be provided the opportunities to be engaged in work and to earn and contribute to their families through their productive activities by (a) extending retirement age, (b) providing contractual/ casual works etc. In case, employer and nation will be beneficial by utilizing experienced and knowledgeable manpower and enlarging manpower.

- (11) The participation of professional and the educated elderly in economic activities after retirement should be enhanced. In particular, the private sector may be geared to use this pool through selective mechanism. It may help them to minimize their labour cost and achieve greater competitiveness.
- (12) Capable and willing elderly may be provided opportunities to run self-entrepreneurships through micro-financing.
- (13) Elderly, who are not engaged through productive activities outside or inside home, may try to be engaged by other activities by associated with (a) local elderly members, (b) religious activities, (c) social organizations etc.
- (14) Family members may be encouraged to co-reside with their elderly members by proper adjustment peacefully. Co-residence of elderly in the household may reduce the chance of illness, morbidity, unhappiness of the elderly; as a whole it would increase the chance of well-being of the elderly.
- (15) Regular low cost or free health checkup for the elderly should be arranged by setting health services nearer to the elderly premises. Mobile dispensaries may be introduced. The local level health workers should be engaged for the health need of the elderly. Medicines at subsidized rate may be provided to the poor elderly.
- (16) Artificial limbs viz. leg and spectacles may be provided to the needy poor elderly free of cost or at a low cost.
- (17) Some elderly are becoming psychological disordered; regular free or low cost counseling may be arranged for them and to their family members to deal with elderly with care. Again, health of elderly may be improved by promoting healthy life style, subsidizing assistive technology and creating geriatric medical infrastructure in a big way.
- (18) People of all ages in India are generally bear with own out-of-pocket medical and health care expenditures. Again these costs increase as age increases, so the elderly has to bear huge medical and health care costs from their own out-of-pocket. Government is not in a position to take such responsibility at its own shoulder. Government may take initiatives with corporate to provide medical and health care arrangements to the elderly under public private partnerships (PPPs) and if possible, the same may be extended to the general people.
- (19) Elderly desire social security through independent living as in many cases children find it difficult to support their ageing parents. There is an acute need for building old age homes in view of continued increased in their numbers. Apart from government initiatives, NGOs and corporate may extend helping hands by setting up old age homes under their public private partnerships and corporate social responsibility (CSR) initiatives.
- (20) Given that expenses incurred for providing old age support have linkages with positive externalities as often these play important role in survival of the family,

the amount of relief under different social security schemes for the elderly in poor households should be enhanced.

- (21) Elderly persons are generally soft targets for criminal elements. They become victims of fraudulent dealings and of physical and emotional abuse within the household by family members to force them to part with their ownership rights. Widow's rights of inheritance, occupancy and disposal are at times violated by their own children and relatives. It is important to ensure that protection be available to elderly persons.
- (22) Media have a very important role to play in highlighting the changing situation of elderly and in identifying emerging issues and areas of action.
- (23) Promotion of policies and programmes should be addressed giving higher priority (a) elderly women, (b) elderly ST and SC persons, (c) elderly of rural areas.
- (24) There are several socio-economic gaps between Muslim elderly and non-Muslim elderly. As change agents for reducing these gaps, that is, by improving socio-economic status of Muslim elderly, individuals and organizations need to come out with programmes and new initiatives that will cater to the development of Muslim community to mobilize and build awareness on their rights, welfare programmes and schemes. Same suggestions are applicable in case of ST and SC elderly.

#### **8.4 Scope for Future Research**

Public policy on population ageing in countries, particularly developing countries, has tended to emphasise the welfare requirements of the elderly. The wider dimensions of livelihood of elderly are generally not covered. The available knowledge about the ways to integrate elderly people to the economy and development process is very limited.

There are great scopes for research on the economic and social valuation, employment opportunities of elderly. Research of disease profile of elderly may be thoroughly made.

Research regarding modes and directions of intergenerational transfers of economy within the households assume importance for devising policies encouraging co-residential living arrangements of elderly with other family members. The role of economic variables in this respect is an important area for further study.

Wide range knowledge bases (databases) on elderly are not available, further research may be done to develop knowledge base for elderly covering wide aspects of elderly.

Very few studies have done on old age homes, further research may be done in this area covering elderly in paid and non-paid old age homes. Research may be done how public private partnership model may be employed in old age homes.

Comparative study of population ageing and social security for the elderly of (a) the neighboring countries of India and (b) developed and developing countries of the world may be considered.