
UNIT 16 AGEING AND DIFFERENTLY-ABLED IN RURAL AREAS

Structure

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16.0 OBJECTIVES

After reading this lesson, you will be able to:

- Define ageing and differently-abled persons;
- Identify the challenges encountered by older people and differently-abled persons in rural areas;
- Know the various initiatives taken by the Government for the older people and differently-abled people;
- Know about the community based rehabilitation.

16.1 INTRODUCTION

Ageing is a continuous, irreversible process of change which starts from conception till the death of an individual. The human development has considerably changed the distribution of the age groups in the world population. There has been an increase in the number of people living to old age. Similarly in India too, ageing is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy, declining fertility and mortality rates. This in turn has created many socio economic problems and challenges for both the individuals and society.

The major challenges of the older population are in the areas of health, especially the massive challenges of a growing burden of non communicable diseases; gender, particularly the needs and vulnerabilities of an increasingly older and aged female population and income security. The various recent

and ongoing initiatives to adapt to population aging and provide support to older adults and their families are discussed in detail in this chapter.

16.2 CONCEPT OF AGEING AND DIFFERENTLY-ABLED PEOPLE

The demographers define population ageing as an increasing average age (median age) of a population or change in the age structure of a population. In simple words, ageing is the process of becoming older. According to Medanrar, ageing is defined as the collection of changes that render human beings progressively more likely to die. To define it precisely ageing is a complex process composed of several features (i) an exponential increase in mortality with age (ii) physiological changes that lead to a functional decline with age (iii) increased susceptibility to certain diseases and loss of viability and increase in vulnerability.

Each country focuses on providing a healthy ageing to its citizens. It is important for every individual to have the opportunity to live a long and healthy life. According to World Health Organization, healthy ageing is defined as the process of developing and maintaining the functional ability that enables well being in older age. The functional ability is the person's ability to meet their basic needs, to be mobile and to be independent and active in society. To understand more about ageing, it is necessary to know about the advantages and disadvantages of ageing population.

The main disadvantage of ageing is increase in pension and healthcare cost. An increasing number of elderly persons mean more pension requirement which result in increase in cost to the Government. The second aspect is older people are more prone to illness which in turn create pressure on healthcare facilities. This results in increased dependency on others.

The advantages of ageing are in creating moral values to younger generations in their initial years. Thereby, older people contribute towards the upbringing of better human beings and responsible citizens. Older people carry immense personal and professional experience, so that society utilizes them for a better tomorrow. Their experiences create the necessary buffer against intolerance, violence etc. The elderly people play a significant role in easing out societal tensions within and outside families. They are also economic contributors as they are ready to work even after retirement and in turn contribute to tax revenue. They are also community contributors. Older people are involved in voluntary work. This in turn helps in creating a social capital and healthy civil society. They also help in bonding and maintaining communities and families together.

The age distribution of Indian population is (0-14) is 30.8%, (15-59) is 60.3% and (60+) is 8.6%. Indian National Elderly Policy defines that any person above 60 years are termed as elderly.

Differently-abled People

The term differently-abled was proposed first in 1980s as an alternative to the term "disabled", "handicapped" etc. This new term differently-abled tends to

give a positive message and avoids discrimination towards the people with disabilities. In general use, both the terms are used. A disability is any condition that makes it more difficult for a person to do certain activities or interact with the world around them.

According to World Health Organization, a disability is an umbrella term covering impairments, activity limitations and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon reflecting the interaction between features of a person's body and features of the society in which he or she lives.

The Government of India has notified the "Rights of Person with Disabilities Act, 2016" replacing the old act PWD Act, 1995. The number of disabilities included in the act was 21. They are: "blindness, Low-vision, Leprosy Cured persons, Hearing Impairment (deaf and hard of hearing), Loco motor Disability, Dwarfism, Intellectual Disability, Mental Illness, Autism Spectrum Disorder, Cerebral Palsy, Muscular Dystrophy, Chronic Neurological conditions, Specific Learning Disabilities, Multiple Sclerosis, Speech and Language disability, Thalassemia, Hemophilia, Sickle Cell disease, Multiple Disabilities including deaf blindness, Acid Attack victim and Parkinson's disease".

Furthermore, the reservation of disabled persons was increased to 5%. This law enforces an inclusive environment and accessibility to the people with disabilities.

Check Your Progress 1

- Note:** a) Write your answers in the space provided.
b) Check your answers with possible answers provided at the end of the unit.

1) Define ageing and discuss the advantages and disadvantages of ageing population?

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2) How many disabilities are included in 2016 act?

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16.3 CHANGES IN DEMOGRAPHIC POPULATION IN RURAL AREAS

India's population of 1.31 billion, the second largest globally, comprises 17% of the world's total (United Nations 2015), and the United Nations Population Division estimates that India's population will in fact overtake China's by 2028. As India's population grows, its expanding share of older adults is particularly notable. The increasing life expectancy comes with the challenge of a growing older population. The dramatic and massive nature of these current and ongoing demographic shifts indicates that the population-aging challenges India faces are sure to occur on an enormous scale.

By 2025, the ageing population is expected to be 840 million in the developing countries. It is projected that the proportion of India's aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. In 2010, India had more than 91.6 million elderly; this number of elderly is projected to reach 158.7 million by 2025. The elderly population has been projected to increase to 19% in 2050. The population of the elderly in rural areas was always higher than in the urban areas. 71% of the elderly population resides in the rural areas when compared with 29% in urban areas. The distribution of elderly population varies across the states in India. According to the 2001 census, 52% of elderly men and 83% of elderly women are illiterate. The UNPF report clearly depicts that the feminization of ageing remained as a key challenge in future years. Therefore there is an imperative need to focus on formulating policies and programmes.

In India, this aging population will create an increased burden on the resources of the country and has raised concerns at different levels for the government. The demographic transition in India shows that there is an unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts of different states. Hence it will be a herculean task for policy makers to address the geriatric care (i.e. care of aged) that will take into account of all these determinants.

Poverty, social inferiority, social isolation, physical weakness, vulnerability, seasonality, powerlessness and humiliation of the aged are the hindrance of successful aging in rural India. In rural areas, the elderly people get engaged in agriculture and other activities to meet their basic needs. To empower the elderly population various schemes were introduced by the Government to ensure financial security and stability and the ability to be mobile and sustainable and equitable growth of life.

In 1982, the report of the World Assembly on Ageing (International plan on Ageing) was published, which represented the first international debate on the rights of older people and presented a plan for implementation. The Madrid plan of Action on Ageing (2002) by the Second World Assembly was tasked with the implementation of the rights of older people.

Check Your Progress 2

Note: a) Write your answers in the space provided.

b) Check your answers with possible answers provided at the end of the unit.

1) What are the hindrances to successful aging in rural India?

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16.4 CHALLENGES OF AGEING POPULATION

The various factors need to be considered in caring the older people in rural areas. These are as follows:

Lack of health Infrastructure

With increasing longevity and debilitating chronic diseases, many older people need better access to physical health infrastructure in providing comfort in their homes and public. As India's population structure changes, the health profile of older population is also changing dramatically. The prevalence of mental illness is also rising as the population ages. In 2013, mental health and substance abuse disorders accounted for an estimated 5.5% of total morbidity in the country. The burden of mental illness in India is far-reaching and pervasive in nature. Meanwhile, data from India's National Sample Survey (NSS) suggested that there is a significant positive correlation between mental illness prevalence and age, especially in rural areas.

Although the reported burden of chronic illness is high, many older adults remain undiagnosed due to lack of access to health education, services, and financial resources. Even though the various schemes announced by the Government there is a disparity in rural areas, the older population is unable to acquire the necessary health facilities.

Changing Family Structure

In earlier days, the elderly people played an important role in the family as well as in the society and enjoyed social security and support. But in the present there tends to a shift from the conventional family system to nuclear family system. This shift was due to various factors like family planning, expansion of economic activities, physical separation of parents and children due to urbanization and foreign migration, spread of western life style and family individualism. This shift in the family system has impacted in the support and care of the older people especially in the rural areas.

Lack of Social Support

The elderly in India are much more vulnerable because of the less government spending on social security system. Indian society is undergoing

rapid transformation under the impact of industrialization, urbanization, technical and technological changes, education and globalization.

Social Inequality

In rural areas, the elderly female population has less access to better life as the majority of the populations are illiterate, lower income and poor medical facilities. The stigma of ageing is another social barrier to access of health. Other social and psychological conditions like dementia, depression, incontinence and widowhood increase their vulnerability. Accompanying the aging of the Indian population is increasing feminization in older age groups, which brings its own unique issues and challenges. Although average life expectancy has increased dramatically in India, it has not risen equally for males and females. The women's life expectancy is more than men's life expectancy. This gender longevity gap has been widening in India. This national trend obscures a great deal of heterogeneity across Indian states.

One of the most important implications of an increasingly female older adult population in India—including variations in the extent of this trend across states—will be the prevalence of widowhood among women. This is highly significant because in many Indian communities, and particularly under traditional Hindu law, widowed women have historically suffered from social stigmatization and discrimination. The Indian female widows aged 60 and above suffer from morbidity due to communicable and non communicable diseases at a significantly higher rate than male older population. The various policies and programs strive to ensure financial security for both older men and women in promoting and defending the newly legalized inheritance rights.

Economic Dependency

According to the 52nd round of National Sample Survey Organization, nearly half of the elderly are fully dependent on others, while another 20 percent are partially dependent for their economic needs.

The comprehensive care to the elderly is possible only with the involvement and collaboration of family, community and the Government. An integrated and responsive system must be developed to meet the care needs and challenges of elderly in India. The nation should provide better health care and well-being with particular attention to the ageing population in terms of policies and programs and recognition of the dignity and independence of older persons.

Check Your Progress 3

Note: a) Write your answers in the space provided.

b) Check your answers with possible answers provided at the end of the unit.

1) What are the main difficulties faced by aged rural population?

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16.5 GOVERNMENT INITIATIVES

Although the Indian government has proposed several schemes and resolutions to support an aging population, most of these have thus far met with limited success. At the 1991 United Nations General Assembly, member countries adopted the United Nations' Principles for Older Persons, which encourages governments to incorporate the principles of independence, dignity, care, participation, and self fulfillment of the elderly in their national policies and programs. Soon after the declaration, India's Ministry of Social Justice and Empowerment implemented an Integrated Programme for Older Persons (IPOP) in 1992. Under this program, citizens aged 60 years and older are eligible to receive basic amenities such as food, shelter, health care, and other welfare services. The scheme also provides financial assistance to non-governmental organizations (NGOs), voluntary organizations, and Panchayati Raj (local government) institutions to maintain old-age homes, continuous care homes, mobile medical units and day care center for Alzheimer's patients.

Since 1992, multiple government ministries across various sectors have implemented initiatives that attempt to provide benefits and security to older adults in India. However, most of these schemes have not yet been implemented nationwide; many state-level governments have failed due to lack of resources and competing priorities and public awareness. Following is the list of different schemes and programs initiated to address difficulties faced by elderly.

National Program for Health Care of Elderly (NPHCE)

This scheme is managed by Health and Family Welfare Ministry. The main objective of the scheme is community-based primary healthcare. It strengthens the geriatric health services at district hospitals/ community health center / primary health center /sub-centers. There are also dedicated facilities at district hospitals with 10- bedded ward for the elderly and 8 regional medical institutions for tertiary-level medical care were established.

Rashtriya Swasthya Bima Yojana (RSBY)

This scheme is managed by Ministry of Labour and Employment. This scheme provides health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000 for most diseases that require hospitalization. Smart cards are issued for the purpose of identification.

Private Insurance

Private Insurance providers offered special health insurance schemes for senior citizens over 60 years have been initiated.

Rastriya Vaashri Yojana

This scheme is managed by Ministry of Social Justice and Empowerment. In this scheme, aids and assistive living devices are provided to senior citizens belonging to BPL category who suffer from age related disabilities such as low vision, hearing impairment, loss of teeth and locomotor disabilities etc.

Old-age pension under Indira Gandhi National Old Age Pension Scheme(IGNOPS)

Central government provides assistance of Rs.200 per month to people in 60–79 year age group and Rs.500 to people above 80 years of age belonging to BPL households.

Annapurna Scheme

In this Scheme, 10 kg of food grains per person per month is given to older people aged 65 years or above.

Pradhan Mantri Vaya Vandana Yojana (PMVVY)

This scheme is implemented by the Life Insurance Corporation of India. Minimum monthly pension amount is paid for the initial lump sum amount deposited ranging from Rs.1,50,000 for a minimum pension of Rs.1000 per month.

Varishtha Pension Bima yojana (VPBY)

Social security schemes were provided for senior citizens to get an assured minimum pension on a guaranteed minimum return on the subscription amount.

As is evident from the above list there are many schemes and policies to address problems faced by the elderly. For example at the end of 2015, the Atal Pension Yojana Scheme was launched, the portion of the plan that is specifically targeted to unorganized-sector workers by providing them monthly pension. However, it expects the beneficiary to pay regular contribution which many impoverished illiterate persons living rural areas may not be in a position to avail. This call for new or innovative schemes may be necessary to incentivize higher levels of retirement savings. Towards this end much needs to be done in restructuring social policies for the elderly in rural India.

Similarly, with rising health care costs, India's older adults must also be cushioned from the shocks of catastrophic health care expenditures. The need for readily available health care, including care for older adults, has been on the Indian government's radar for quite some time. National Health Policy (NHP) states that India would need to develop its own cost effective and culturally appropriate approach [...] to addressing the health and care needs of the elderly. To achieve this, it must necessarily include community and family support and meet the need for palliative and end-of-life care. It also increases provision of national tax revenue to individual states and devolves responsibility for health care program design and delivery to state governments. As has been evident from the experiences during the Covid Pandemic, there are no short cuts to having good health infrastructure.

In 2007, the government passed the Maintenance and Welfare of Parents and Senior Citizens Act, which allows adults 60 and older who are “unable to maintain” themselves to bring legal action against adult children or grandchildren who fail to provide them with such basic necessities as housing, food, clothing, and medical care. While this Act codifies the basic rights of older adults—it is particularly relevant to vulnerable sub-populations, such as widows and low-income individuals—and provides a legal backbone to a faltering social order. Elderly parents can claim maintenance from their children (section 125).

Check Your Progress 4

Note: a) Write your answers in the space provided.

b) Check your answers with possible answers provided at the end of the unit.

1) When was the Maintenance and Welfare of Parents and Senior Citizens Act passed?

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16.6 PREVALENCE OF DIFFERENTLY- ABLED PERSONS

According to 2011 Census in India, the percentage of disabled persons who are illiterate is about 45.48%. The disabled male percentage with illiteracy is about 37.63% and in case of disabled females, the percentage of illiteracy is about 55.44% that means disabled females are more prone to illiteracy than disabled males. In India, about 4-8% of the populations are differently-abled. One in every 10 children is born with or acquires a physical, mental or sensory disability. Only 35.29% of all people living with disabilities have access to schools. Despite improvement in the health care system in the country, the situation of differently-abled children remains deplorable, particularly in rural areas and among the lower socio-economic population. Some states have been pro-active in increasing awareness among people with disabilities about commitments and entitlements (Tamil Nadu, Karnataka, and New Delhi) whereas others have lagged in implementing many of the basic entitlements enshrined in the PWD Act of 1995 (Bihar, Maharashtra, Orissa, Uttar Pradesh). In Karnataka, disability welfare department introduced personnel at the Panchayat like Village Rehabilitation Workers, and Multipurpose Rehabilitation Workers to meet the needs of people with disabilities in their respective jurisdictions.

16.7 PROBLEMS AND CHALLENGES IN DISABILITY SECTOR

Differently-abled children in India are subject to multiple deprivations and limited opportunities in several dimensions of their lives. These include, low enrollment in schools, lower employment rates, limited awareness of entitlements and services available and lack of social welfare support. The various problems of the differently-abled are in the form of discrimination, not being allowed to participate in functions and events, social boycott, denial of property rights etc. There is a disparity in treatment of male and female differently-abled persons. Due to differential gender-based role expectations, education is not considered a priority for disabled girls. Dropout rates for disabled girls are higher than for disabled boys. Parents become more protective and restrictive, especially after a disabled girl reaches puberty. Travelling to school is a huge problem, since, besides transport difficulties, the danger of sexual abuse and violation looms large. Unfortunately a girl child with disability is seen as a lifelong burden on the natal family because marriage is not a realistic option. Hence, it is concluded to be economically unsound to invest in her education or vocational training. There are lots of discrepancies in the welfare programs for the disabled persons. Children with disabilities come under the purview of the Ministry of Social Justice and Empowerment. Some of the issues like prevention and curative aspects are dealt by the health ministry.

Due to stigma associated with disabilities, families become victims of discrimination and human rights abuse. When poverty, physical neglect and social marginalization intersect, the impact on the disabled can be devastating. Social attitudes and stigma play an important role in limiting the opportunities of disabled people for full participation in social and economic life, often even within their own families. In rural areas these difficulties become more challenging due to conditions prevalent there.

Challenges in disability sector in India

There are numerous challenges faced by disabled people in India. These challenges need to be addressed for successful inclusion of differently-abled people. Children and people with disability need to lead a dignified life and need acceptance from their community and they should be provided rehabilitation. These include, for example, improvement in infrastructure in mainstream schools so that these institutions become disabled friendly. Teachers in such schools should be trained to handle needs of differently-abled students. Disability welfare programme not only to be harmonized but also have mechanism to promote and monitor these programs. There should be collaboration between Government and NGOs so as to increase the efficacy of these programmes and avoid duplication. All such outreach interventions must be grounded in the local community so as to improve the outcomes of such efforts.

A clear and comprehensive procedural mechanism is to be formulated for the advancement of disability rights. It is important to realize that human rights

of the disabled cannot be fought for and secured in a vacuum. Inevitably, as mentioned the issue of disability is related to many other social, economic and political issues including those of chronic poverty, gender inequality, mal-administration and political victimization. All these must be removed to make the 'disability right' a reality. There must be active involvement of disabled people in planning and policy making process relating to their lives and full recognition and enforcement of human rights as well as various other rights associated with them.

Check Your Progress 5

Note: a) Write your answers in the space provided.

b) Check your answers with possible answers provided at the end of the unit.

1) What are the main challenges faced by differently-abled girls in rural India?

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16.8 COMMUNITY BASED REHABILITATION

It is a dynamic program globally for supporting differently-abled children's to lead better quality of life and lead life with dignity, where in their rights are respected and guarded within their own communities and it creates platform for addressing the discriminatory practices in the community.

During the last two decades, there has been a growing realization that institutional care for the disabled is not entirely suitable for their individual needs, dignity and independence. There has been relentless advocacy for community care despite the enormous stigma of having a disabled person at home. In India, where family support is the norm and the only form of support available for thousands of years, community care is been thought as a suitable program for meeting the challenges in the disability sector.

Community-based rehabilitation is implemented through a joint effort between people with disabilities, their families and communities, and the appropriate health, education, vocational and social services. CBR attempts to combine physical rehabilitation through medical care with empowerment and social inclusion. CBR depends heavily on the development of positive attitudes and approaches among the people involved. Basic services are provided or facilitated by CBR workers who are minimally qualified, nonprofessionals, but who are highly qualified change agents from their own communities. CBR recognizes that breaking down barriers to inclusion in society is as important to the mission of the CBR program as is the functional rehabilitation of individuals with disabilities.

Community-based rehabilitation as a strategy helps to address the ugly forms of discrimination existing in the community. The strategy also focuses on enhancing the quality of life and their families, to meet their basic needs and ensuring inclusion and participation in their own development and also participating in the community development. The CBR aims not only creates awareness about the rights of people with disabilities among the community members but also guarantees opportunities for their participation in social activities and also excising their rights with in their own communities rather than getting isolated into institutions. The CBR has become a multi-sectoral approach that empowers persons with disabilities to access and benefit from education, employment, health and social service.

In rural areas, there is limited access for the differently-abled children to pursue education, to health facilities and support facilities. Non government organizations with government agencies are striving hard to cater to the needs of these persons. But there is a disparity in some rural areas in providing access to health care and education.

Check Your Progress 6

Do the following Activity

Look in a rural area near to your place, where nongovernmental organizations (NGOs) are working for people with mental illness in the CBR program. Plan for a field visit and write a report describing the prevailing forms of discrimination and stigma associated with disabilities in the rural communities.

16.9 LET US SUM UP

This unit describes how the concept of aging and differently-abled are defined in general terms and in the Indian context. In rural areas, the demographic population change and their growth were explained. A clear picture of the advantages and disadvantages of aging population discussed. We also explained the various hindrances attributed to aging in rural India. The Madrid Plan of Aging compelled India to formulate plane to implement policies and programme for the rights of elder people. In this unit, various challenges faced by aging population such as lack of health infrastructure, changing family structure, lack of social support, social inequality and economic dependency were discussed. We also discussed the various government initiatives and programmes to improve the quality of older people. The differently-abled people are subjected to multiple deprivations and limited opportunity in several dimensions of their lives. The challenges faced by differently-abled people and their need to lead a dignified life were explained in this unit. A brief description of the community based rehabilitation approach also discussed.

16.10 SUGGESTED READINGS AND REFERENCES

Bajwa A, Buttar A (2002) Principles of geriatric rehabilitation. In: Rosenblatt DE, Natarajan VS (eds). Primer on geriatric care, Cochin, Pixel studio 232-243.

Dandeker., The Elderly in India , Sage Pub, New Delhi, 1996, p. 64

Dey S, Nambiar D, Lakshmi JK, Sheikh K, Reddy KS (2012) Health of the Elderly in India: Challenges of Access and Affordability. In: National Research Council (US) Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia; Smith JP, Majmundar M, editors. Aging in Asia: Findings From New and Emerging Data Initiatives. Washington (DC): National Academies Press (US).

Dhar HL (2005) Emerging geriatric challenge. J Assoc Physic India 53: 867-872.

FICCI-Deloitte (2014) Ensuring care for the golden years – Way forward for India.7th Annual Health Insurance Conference: Health Insurance 2.0: Leapfrogging beyond Hospitalization.

Gangadharan KR (2003) Geriatric hospitals in India, today and in the future. J Aging Soc Policy 15: 143-158.

GOI (2011) Situation Analysis of the Elderly in India. Central Statistics Office Ministry of Statistics & Programme Implementation, Government of India.

Govt, of India., India 2009, Pub. Division, Ministry of Information and Broadcasting, New Delhi, 2009, p.991.

Govt, of India., Provisional Census of India 2001, Series I, India, Part IV (A), Socio Cultural Tables, Govt, of India, 1988, p. 65.

Hiremath SS (2012) The Health Status of Rural Elderly Women in India: A Case Study. International Journal of Criminology and Sociological Theory 5: 960-963.

Ingle G, Nath A (2008) Geriatric health in India: concerns and solutions. Indian J Community Med 33: 214-218.

Krishnaswamy B, Sein U, Munodawafa D, Varghese C, Venkataraman K, et al. (2008) Ageing in India. Ageing International 32: 258-268.

Kumar S, Sathyanarayana KM, Omer A (2011) Living Arrangements of Elderly in India: Trends and Differentials. International Conference on Challenges of Population Aging in Asia, UNFPA, New Delhi, India.

Lena A, Ashok K, Padma M, Kamath V, Kamath A (2009) Health and Socio Problems of the Elderly : A Cross Sectional Study in Udupi taluk, Karnataka. Indian J Community Med 34: 131-1316.

Mane AB, Khandekar SV, Fernandez K (2014) India's Ageing Population: Geriatric Care Still in Infancy. J Gerontol Geriatr Res 3: 186.

National Sample Survey Organisation (1998) Morbidity and Treatment of

Ailments July, 1995- June, 1996 (NSS 52nd Round) Report No. 441, New Delhi, Government of India.

P. Krishnan and Kuttan Mahadevan., (eds), The Elderly Population and Developing World : Policies and Problems and Perspectives, Neeraj House, New Delhi, 1992, p. 261.

Patel V, Prince M (2001) Ageing and mental health in a developing country: Who cares? Qualitative studies from Goa, India. Psychol Med 31: 29–38.

Rajan SI (2006) 'Population Ageing and Health in India', Centre for Enquiry into Health and Allied Themes, Mumbai.

Registrar General., Sample Registration System , Govt. India, New Delhi, 1989, P 31.

S. Irudaya Rajan and Sanjaya Kumar., Economic and Political Weekly 2003, p. 75.

Shenoy AS (2014) Social protection and social welfare of elders. South Asia Regional Co-operation Newsletter 1-8.

United Nations Department of Economic and Social Affairs, Population Division (2008) World Population Prospects (2008 Revision).

United Nations, Economic and Social Implication of Population Ageing, New York, 1988, p. 16.

United Nations, World Economy and Social Survey 2007, Development World , U.N, New York, 2007, pp 8-9.

WHO (2002) Tufts University School of Nutrition and Policy. Keep fit for life: Meeting the nutritional needs of older persons. WHO, Geneva, Switzerland.

Yeolekar ME (2005) Elderly in India — Needs and Issues. JAPI.

16.11 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

Check Your Progress 1

- 1) The main disadvantage of ageing is increase in pension and healthcare cost. An increasing number of elderly persons mean more pension requirement. The second aspect is older people are more prone to illness this increases load on healthcare facilities. This results in increased dependency on others.

While the advantages of ageing are in creating moral values to younger generations. Thereby, they contribute towards the upbringing of better human beings and responsible citizens. Second, older people carry immense personal and professional experience. The elderly people play a significant role in easing out societal tensions within and outside families. This in turn helps in creating a social capital and healthy civil society. They are also economic contributors as many older people work even after retirement and in turn contribute to tax revenue.

- 2) In the Rights of Person with Disabilities Act, 2016 the number of disabilities included are 21.

Check Your Progress 2

- 1) Poverty, social inferiority, social isolation, physical weakness, vulnerability, seasonality, powerlessness and humiliation of the aged are the hindrance of successful aging in rural India.

Check Your Progress 3

- 1) The main difficulties faced by aged rural population include, lack of health infrastructure, changing family structure, lack of social support and economic dependency.

Check Your Progress 4

- 1) The Maintenance and Welfare of Parents and Senior Citizens Act was passed in 2007. It allows adults older than 60 can bring legal action against adult children or grandchildren who fail to provide them with such basic necessities as housing, food, clothing, and medical care.

Check Your Progress 5

- 1) The main challenges faced by differently-abled girls in rural India include various the forms of discrimination like not being allowed to participate in functions, social boycott, denial of property rights. However there is a disparity in treatment of male and female differently-abled persons. Due to differential gender-based role expectations, education is not considered a priority for disabled girls. Parents become more protective and restrictive, especially after a disabled girl reaches puberty. Travelling to school is a huge problem, since, besides transport difficulties, the danger of sexual abuse and violation looms large.