



AGED POPULATION AND RELATED POLICIES IN HARYANA

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Abstract: *Population ageing is a demographic achievement. It is the outcome of a long term decline in birth and death rates of an area which in turn is related to the socio-economic development. Increase in aged population is the result of demographic transition and is supported by better health care facility provided by the government and increase in per capita income or the wealth of the people of the country. The proportion of persons aged 60 years or over is higher than the proportion of children in the more developed countries. Mainly due to earlier hit of demographic transition in that reasons of the world. In developing countries like India the rate of population growth and its life expectancy is increasing with time but poverty decline is not so fast, thus aged become most vulnerable section of society with their physical, social and economic backwardness. Demography and living condition of aged people depends on the attitude of society and policy framed by the government of that area. Present paper presents demographic trends of the aged population in Haryana in the light of various policy framed by Haryana government for the well fare of its aged population.*

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INTRODUCTION

Old age is a natural process and important part of life. If the term ageing is used descriptively it refers to a sequence of changes across life span (**Mahajan, 1986:108**). The proportion of persons aged 60 years or over (21 percent) is higher than the proportion of children (17 per cent) in the more developed countries. By 2050, the proportion of children is projected to decline slightly to 15 percent, while the proportion of older persons is projected to reach 33 per cent. United Nation classifies population with 4 to 7 percent person in the age 60+ as 'mature' and those with the percentage 7 and above, as old or 'aged' population (**Karakal, 1999: WS-54**). As per this classification Indian society is progressing from a mature society to an ageing society with 7.46 percent share of aged population. Sociologist and demographers study the aged population in the term of population ageing. The ageing of population is define as an increase in the proportion of person aged 60 years and over in total population (**Rajan, 1999: WS-46**). This to some extent comes from economic development of the area. This process of economic development gives rise to development of in fracture (i.e. hospital, school, college, communication facility, nutritious food etc.) these facilities indicates improved living standard of the people of the area and resulting enhancement in the life span of the people who are living in these developed areas.

A REVIEW OF EXISTING LITERATURE

Increasing aged population attracted the attention of scholars for their future prospects and they studied the policies framed by the government for the welfare of aged. Visaria, P. (2001) found that during past 50 years aged population is increasing at a fast rate simultaneously increase in modernization raising the question about the role of state sponsored programme for the welfare of aged population. Understanding the economic needs of aged S. Irudaya Rajan (2001) highlight the problems related to national social assistance scheme and its implementation such as problems related to the accurate identification of the beneficiaries and incorrect assessment of financial burden in the government. Ahuja R. (2003) found that the new pension scheme that is being promoted in the country is appropriate for those who can save for their retirement so according to the author there is a strong need of an alternative approach for low income people. As these people can not avail the benefits of the new pension system. Gopal M. (2006) in a work



related to social assistance found that all aged are not covered under social assistance scheme in Indian states most of the expenditure of the states is related to defense or infrastructure, the issue of covering greater sections of vulnerable populations can only be imagined. Population ageing and related problems are important issues among scholars in developing areas of the world as after developed countries these area are strike by the important demographic change called population ageing.

JUSTIFICATION FOR STUDY AREA

Haryana is an important state of the country which came in to existence in 1961 and make record development in its economy. At present the state is shifting from an agricultural based economy to industrial based economy. This shift in the economy of the state shows increase in per capita income of the state and of course improvement in the living standard of the people of the state. This improvement in the form of chain reaction shows its effect on the demographic aspect of the state. In this term increase in absolute number and percentage of aged population is very important and needed due attention of the government.

OBJECTIVE AND METHODOLOGY

Aim of the present research paper is to study the demographic trend of aged population in Haryana from the time of its formation to the 2001 census and to discuss various policies designed and implemented by the Haryana government for the welfare of this segment of population. The study uses secondary source of data. The research paper is descriptive in nature. Census of various years, statistical abstract of Haryana are the main source of data used in this paper.

ANALYSIS AND DISCUSSION

Present paper will give an insight about the aged population in the state Haryana. For proper understanding of the situation; observation of various aspects related to aged population from the time of the formation of the state to the current census become necessary. Haryana has shown a continuous progress in terms of several socio-economic indicators ever since the time of its formation and this progress shows interesting changes on its population structure.



The state has successfully brought down its birth and death rates. **Figure 1** clearly shows a decline in birth and death rates of the state.

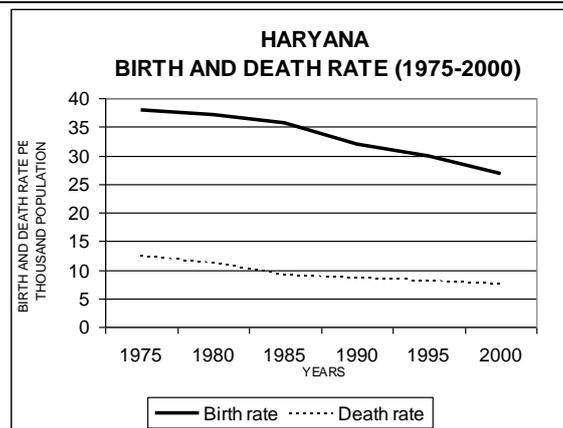


Figure 1

In 1975 birth and death rates of the state was 38 and 12 person per thousand respectively in 2000 it has decreased to 32 and 8 person respectively. With this decline in death rate state indicates an increase in life expectancy from 1971 to 2001 expectancy which is 64 and 67.3 years respectively (**Rajan, 1999:74-75**). As a result of this decrease in death rate and increased life expectancy the share of aged person in the population show decadal growth from 1971-2001.

Table 1

Growth of Elderly (60+) Population in Haryana (1971-2001)

Year	Total Population	Variation	Decadal Growth
1971	581103	-----	-----
1981	819027	237924	40.94
1991	1267741	448714	54.78
2001	1584089	316348	24.95

Source: Census of India of Social and Cultural tables of various years

Population shows a sudden growth (Table 1) of aged population from 1971-1981, the main reason behind this sudden change is the introduction of old age pension scheme in 1987-1988. According to this scheme 60 years age was the primary condition for pension holders. As a result of this scheme in the next census enumeration (i.e. in 1981) family members took interest in mentioning the name of their aged members otherwise these aged were not so important for them and remain uncounted in the census. One of the famous demographers Irudaya Rajan in his projection of aged population of Haryana projected 12.3 and 16.3 lakh



population for the year 2001 and 2011 respectively. But the state has achieved the target of 15.8 lakh only in 2001 which is expected to come in 2011. This higher speed and magnitude of aged population should be enough to draw attention of the policy makers for better policy in time to come.

Table 2
Index of Ageing in Haryana (1971-2001)

Year	Total	Rural	Urban
1971	12.52	12.47	12.81
1981	15.18	15.06	15.06
1991	19.16	20.25	17.46
2001	20.89	21.33	19.67

Source: Based on Census of India, Social and Cultural tables of various years

Along with growth rate of aged population state shows an increase in **index of ageing*** in every census year. Index of ageing was only 12.52 in 1971 (Table 2) and it has increased to 20.89 in 2001. Index of ageing is defined as number of aged persons (60+) for every 100 children. So with this increase in number of aged per hundred children we can say that it is not only the children but also the number of aged that is contributing in the average size of household in the state. As the table shows index value is high in rural areas but side by side it is increasing in the urban area also. This increase in index value is an indicator of availability of better health care facility in the area but it is associated with the problems related to care of elderly in the family. Care of aged to some extent depends on their sex. Generally female are the worst sufferer in term of the quality of care received. Table 3 shows the sex ratio of elderly by their place of residence. Sex Ratio in old age Group in the state shows improvement with time. It is further noted that (Table 3) in 1991 for the first time female in old age group in the urban population outnumbered male and now in the current census year sex ratio has reached to a level of 1022 female per thousand male in urban areas.

Table 3
Sex Ratio of Elderly by Place of Residence

Year	Total	Rural	Urban
1971	662	644	756
1981	725	701	835



1991	933	913	1014
2001	991	981	1022

Source: Census of India, Social and Cultural Tables of various years.

Interestingly, however in rural area sex ratio has remained on the lower side as compared to the urban area. This higher sex ratio in urban elderly population may be attributed to the better economic conditions and an easy access to the medical facility etc.

Along with this improved sex ratio in rural as well as in urban area marital status of elderly in the state shows (table 4) that large proportion of elderly female population are single owing to the death of spouse. As the **figure 2** shows much lower proportion of men is widowed as compared to women in old age

Table 4

Marital Status of the Elderly in Haryana

Year	Male		Female	
	*CM	*W	CM	W
1981	75.45	21.5	47.55	52.1
1991	80.8	16.2	60.9	38.7
2001	78.1	17.43	59.5	39.4

Source: Census of India, Social and Cultural Tables of various years

Note *CM= currently Married

*W= widow/widower

Two prominent reasons cited for such great gender disparity in widowhood are the longer life of women as compared to men and the universal tendency for women to marry man older than themselves. Also widowed man is much more likely to remarry and overcome their widowhood status (Rajan, 1999:35).

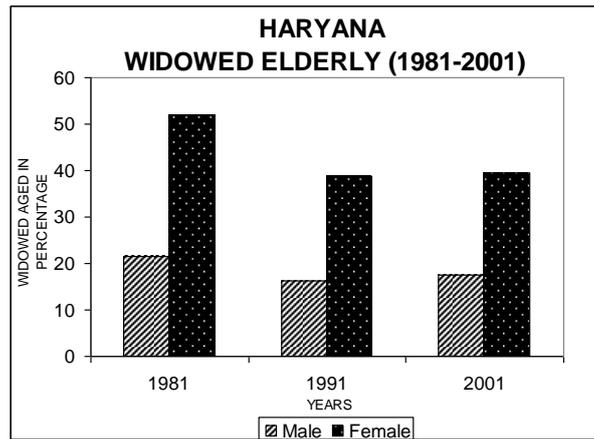


Fig. 2

Another factor that aggravates problem of aged in the state is their lower work participation rate. This lower work participation is the result of disability and illiteracy that are commonly found in old age. Of the two, disability is not so important among the aged of the state. Data provided by census on disability in 2001 shows that only 6 percent out of total aged persons were disabled; for instance in seeing, hearing, speech and in movement etc. As the **table 5** shows in census year 2001 near about 28 percent aged persons were literate. It means literacy rate among aged is very low.

Table 5

Literacy Rate, Among Aged Dependents in Haryana (1981-2001)

Year	Total	Male	Female
1981	13.84	23.08	3.76
1991	17.00	27.46	5.80
2001	27.63	42.16	12.96

Source: Census of India, Social and Cultural Tables of various years

Illiteracy is very high among female. As much as 87 percent women above 60 year of age were illiterate in 2001. As the table shows literacy among aged shows an improvement over time. In 1981 only 13.84 percent aged were literate. It was indeed a very poor condition. This has improved only marginally in 2001 and it needs a further improvement. This high level of illiteracy of aged keeps them away from the modern science and technology, also from policies and rights provided by the law to them. With proper knowledge all these facilities can change the life of aged.



From the above discussion it is clear that aged population in Haryana is increasing continuously. For the welfare of this segment of population Haryana government has introduced various schemes. Present section of this paper will give an idea about schemes run by center as well as state government for senior citizen in Haryana.

Economic Assistance

Haryana government has introduced pension scheme (1987-1988) for those who were 60 years and above much earlier than many other states. Initially it was 100 rupees per month but now it has increased to 500 to 700 rupees per month and is known as "Vridhavastha Samman Bhata Yojna". Nearly 1404945 eligible senior citizens have been covered under the scheme upto December 2010. Haryana Government is spending over Rs 824 crore annually for giving various concessions and facilities to its senior citizens under various schemes. State government has launched a Senior Citizens Savings Scheme (SCSS) from the postal department carrying a high nine per cent interest rate and it has gained momentum in the Punjab circle by recording a Rs 26-crore collection with over 820 accounts opened under the scheme

Health Needs

Under a package, free surgery facilities are provided to the BPL persons and it is also cost effective for others. The rates of surgery are much lower than those of private hospitals. There is provision for separate queues for senior citizens at hospitals and health care centers when they visit for any health related concerns or clinical examinations. Free spectacles are also given to the senior citizens belonging to Below Poverty Line families.

Transportation Facility

The State Government is also providing 50 per cent concession in bus fare to the women of 60 years or above traveling in Haryana Roadways buses. During the year 2010-11, a budget provision of Rs. two crore has been made for extending this concession to the beneficiaries.

For Destitute Elderly

The State Government has also implemented integrated programme scheme to bring out qualitative improvement in the living standard of old persons. Under the schemes, Non-Governmental Organizations or Voluntary Organizations are given grant-in-aid for running day old care centers, old age homes, mobile health care, physiotherapy clinics, hearing aids,



mental health care and special care, help line and consultant centre, multi-facility care centre for old widows, voluntary bureaus for old persons, etc.

The Haryana Government has also decided to set up Senior Citizen Clubs in all the urban estates of the State. During the year 2009-10, Rs 44.82 lakh were sanctioned for conducting these clubs in district Panchkula, Yamunanagar, Rohtak, Hisar, Narnaul, Bhiwani, Karnal, Rewari, Sirsa, Sonapat, Panipat and Jind.

The State Government has also implemented a scheme of setting up Senior Citizen Samman Clubs in the villages. Under the scheme, Rs 160.50 lakh were sanctioned for setting up such clubs at 1,000 villages during the year 2009-10 and a budget provision of Rs 160.50 lakh has been made for the year 2010-11 under the scheme. The State Government is also running a home for aged at Rewari in the name of Ch. Bansi Lal where the inmates were given a sum of Rs 1,000 per month for ration and Rs 50 as pocket money the home has a capacity to house 100 inmates. In this house, free facilities of lodging, boarding, medical and entertainment are provided to the inmates.

Awards for Senior Citizens

The Haryana Government has implemented State Award Scheme for the senior citizens to boost up their morale. Under the scheme, five awards of Rs one lakh each, namely Ch. Ranbir Singh Centenarian Award, Mother Teresa Award, Sardar Vallabh Bhai Patel Courage and Bravery Award, Mahatma Gandhi Panchayat Award and Mahatma Jyotiba Phule Lifetime Achievement Award are given to the senior citizens on October 1, the International Senior Citizens Day.

The State Government is also providing free identity cards to its senior citizens to enable them get benefits under State Government and Central Government schemes. During the year 2010-11, a budget provision of Rs one crore has been made for this purpose

All these schemes implemented by the State Government will surely empower the senior citizens and boost their morale.

But support provided by the government and society is insufficient for them. No doubt there are some positive change in various aspects like literacy, sex ratio, marital status and residence etc. But lot of work and attention in the field of aged population is required for the welfare of aged.

Area needed more attention of government



- **Economic condition:** the state has a agriculture based economy specially in rural area and most of the dwellers are agricultural labour with no source of income in old age. So the pension schemes run by the state government is insufficient especially for the destitute elderly.
- **Health problems:** With the advancement of age health need of elderly increases government is running some schemes for the betterment of this graying section of elderly but those elderly who have no access to nearby hospital become tragic sufferer of age related disease. For the welfare of these elderly some special health check up scheme are urgently required like Anganvadi Workers, ASHA and USHA for women and children.
- **Gender issues:** Status of aged in the family is decided by the gender of the aged person as the female are having subordinate status to their male counterpart in the society. So the status of women affects the life of women in their later years also. In the process of understanding the ageing in society, it is important to know how ageing affects the women because her experiences are different from those of male members of society. With the advancement in age not only the incidence of widowhood increases but also aged women become deprived of friend, jobs, status, power, influence, income, and health etc. For the formation and implication of any policy government should consider the gender of the beneficiary.
- **Literacy:** As the data shows literacy rate of elderly is very poor and it is the main reason behind the lack of awareness among the elderly for various government schemes. For this purpose some serious add campaign like “Nukkar Natak” is needed.

CONCLUSION

Above discussion make it clear that aged population is increasing rapidly in the state but this segment has its own economic, health and assistance related problem in association with very low literacy level. Changes in family system from joint to nuclear family and higher work participation of females in the state indicates care related problems of the aged. Very often it is evident that aged specially in rural area remain unaware of the schemes run by the government so can not avail benefits from these schemes. In order to make an access to



really needy elderly a detailed survey is required so that government can provide due help to the most elderly.

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