

Welfare of the Aged in Kerala: A Study on Pension Access and Old Age Home Trends

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Abstract

The Government of Kerala has embraced a comprehensive approach to address social justice and welfare by implementing a range of schemes in critical areas such as health, nutrition, education, and employment, among others. In response to its aging population, the state has introduced a variety of initiatives, including old age pensions, day care centres, and mobile medicare units. Additionally, palliative care services have been integrated into primary health services, enhancing support for senior citizens. The number and proportion of the elderly population is increasing at a fast pace globally, and in Kerala.

Keywords: social justice, old age pension, aging population, welfare

Introduction

Population aging will be one of the most important social phenomena of the next half century. This issue is important because people of different ages have different capabilities, interests, needs, and intentions, so shifts in age structure gradually change the points of emphasis in public policy initiatives. Changes in the aggregate age structure are mirrored within nearly all social institutions, from governments and firms, to families. How these institutions accommodate impending changes in population age structures will have a significant effect on quality of life in the twenty-first century. The global population is expected to reach 8.5 billion in 2030 and 9.7 billion in 2050, as per World Population Prospects 2022 by the United Nations. Demographic transition i.e. distribution of the population in favour of older ages, referred as 'population aging', is occurring. This is primarily due to the reduction in fertility and increase in longevity achieved through economic well-being and better healthcare facilities.

The concept of old age homes is still relatively new in India. These facilities offer basic necessities such as food, clothing, and shelter to elderly individuals who are either abandoned by their families or have no one to care for them. However, the emotional warmth and affection typically found within families are often absent in such settings. Despite this, the residents of these homes—men and women from diverse backgrounds—share touching life stories that reflect resilience and longing for love and companionship. The growing number of old age homes in India raises concern, particularly in light of the country's deeply rooted cultural values. It is crucial to understand the underlying causes of this trend and to develop compassionate, culturally appropriate solutions that support the dignity and well-being of the elderly population. The Old Age Dependency Ratio (OADR), defined as the number of persons aged 65 years and over per 100 persons of working age (20 to 64 years), is the most commonly used indicator for monitoring changes in the age structure of the population. The Old Age Dependency Ratio is projected to increase in all regions of the world. The percentage of persons aged 65 or over worldwide has grown from 6 per cent in 1990 to 10 per cent in 2022, and is projected to increase further to 16 per cent in 2050. In most parts of the world, survival beyond 65 years of age is increasing. The improvement in life expectancy at birth has been overrun by the improvement in life expectancy at older ages (World Population Prospects, 2022).

The United Nations Decade of Healthy Ageing (2021-2030) is a global collaboration that brings together Governments, civil society, international agencies, professionals, media, and the private sector to improve the lives of older people, their families, and the communities in which they live. They stand for healthy ageing. It is more than merely the absence of diseases. The living arrangements of older people are important determinants of their well-being. Demographic Transition – India and Kerala According to Census 2011, there are nearly 104 million elderly persons (aged 60 years or above) in

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India with 52.8 million females and 51.1 million males. The percentage of elderly has been increasing at an increasing rate in the country in recent years and the trend is likely to continue in the coming years. Amongst South Asian countries, pace of ageing in India is moderate with the proportion of the aged increasing to 20 percent in 2050 and 36.1 percent in 2100 (India Ageing Report 2023). The aging population of the State has also been increasing in recent decades.

Objectives

- To evaluate the effectiveness of pension delivery mechanisms at the local level.
- To examine the number of elderly people in old age homes in Kerala.

Bloom et al. (2010) explained that population ageing poses challenges for countries' economies, and the health of older populations is of concern. Older people have greater health and long-term care needs than younger people, leading to increased expenditure. They are also less likely to work if they are unhealthy, and could impose an economic burden on families and society. Like everyone else, older people need both physical and economic security, but the burden of providing these securities will be falling on a smaller portion of the population. Pension systems will be stressed and will need reassessment along with retirement policies.

Harper (2014) noted that globally, the increase in life expectancy reflects both a reduction in deaths from infectious and parasitic diseases (e.g., smallpox, polio, measles) and a general movement toward healthier lifestyles. Second, as a result of more effective birth control and improved education, there has been an equally dramatic decline in fertility rates. The world's total fertility rate has already dropped by about half, from 5.0 children per woman in 1950 –1955 to 2.5 children per woman in 2010 –2015; it will fall below replacement by 2050 (United Nations, 2013). Most of the developed world already displays an older demographic profile.

According to Census 2011, the percentage of the population in the age group 60 years and above to the total population was 12.6 for Kerala as against the national average of 8.6 per cent. The old age dependency ratio was 19.6 per cent for Kerala and 14.2 per cent for India. Elderly in India report, 2021 highlights that the high growth rate in the elderly population is spectacular compared to the general population rise.

The rate of growth of the general population was 12.4 per cent during 2011-2021, whereas the growth rate was 36 per cent for the elderly during the same period. Thereby the percentage share of elderly persons to the total population in India is also on the rise and it is projected to reach 13.1 per cent in 2031 from 10.1 per cent in 2021. The figures show that Kerala ranks top in the proportion of elderly people (16.5 per cent) to the total population and it is projected to reach 20.9 per cent in 2031. The annual growth rate of the elderly population is projected to be 3.28 per cent at the national level, whereas it is 3.96 per cent for Kerala. The number of elderly females in India is projected to exceed males in 2031. Out of the projected total population of 194 million in 2031, 101 million will be females and 93 million will be males. Data on the sex ratio of the elderly population is in tandem with the general population. As per the projected population for 2031, the ratio is projected to be 955 and 1,085 for general population and elderly, respectively.

An increasing trend is observed in the old-age dependency ratio. The ratio has increased from 14.2 per cent in 2011 to 15.7 per cent in 2021 and is projected to be 20.1 per cent in 2031, at the all-India level. Among the States, the old age dependency ratio of Kerala was 19.6 per cent as per the 2011 Census, and which is projected to be 34.3 per cent in 2031. The OADR projections for India show 21.5 per cent and 18.8 per cent for females and males, respectively in 2031. The female old age dependency ratio, as compared to male, is significantly higher in States like Kerala, Gujarat, and Jammu and Kashmir. As per NSS 75th Round, Social Consumption on Health in India conducted in 2017-18, there is a wide variation in the economic status of elderly females as compared to that of elderly males. Among elderly females, only 10 per cent in rural and 11 per cent in urban areas were economically independent. The corresponding percentages were 48 and 57 for elderly males.

Health and Social Status Old age is characterised by a broad spectrum of health conditions. It includes chronic diseases, mental health issues, mental and physical health issues arising from senility, physical disabilities, and other comorbidities. Elderly in India Report 2021 highlights the health status of the elderly population based on the findings of NSS 75th Round (July 2017 to June 2018) Social Consumption on Health in India. The proportion of physically mobile elderly persons in the age group 60-64 years is almost the same in rural and urban areas in 2004 and 2017-18. In 2004, it was



94.7 per cent (rural and urban), and 96.4 per cent in 2017-18. In Kerala, the percentage distribution of aged persons by the state of physical mobility is 92 for males and 87 for females. Based on the rural-urban classification, the distribution is 88 per cent for rural and 91per cent for urban. At the national level, the most prevalent disability among elderly persons is the locomotors disability (5.5 per cent), followed by hearing disability (1.6 per cent) and visual disability (1.4 per cent). (NSS 76th Round, July to December 2018 – Persons with Disabilities in India). Interventions of the Government of Kerala Vayojana Nayam 2013 (The Old Age Policy) of the Government of Kerala acts as a guideline to prepare an Action Plan to frame schemes and projects for the welfare of all citizens above the age of 60, especially elderly women. The policy aims to provide better social, economic, and healthy life to the senior citizens of the State. Old Age Pension Scheme This is a non-contributory pension scheme for citizens aged 60 years and above, of the BPL category.

The beneficiaries of social security pensions receive a monthly pension of Rs 1,600, of which the greater share is met by the State Government. The Central share contribution is Rs 200 per month for persons aged 60-79 years and Rs 500 for 80 years and above. The remaining amount is met by the State Government. As on November 2023, there are 26.44 lakh beneficiaries eligible for old age pension. The beneficiaries of old age pension, LSGI-wise, as on November 2023 are given in Table 1

Old age pension(LSG)	No.of beneficiaries as on Nov.2023(in lakh)
Grama Panchayat	21.30
Municipality	3.27
Corporation	1.87
Total	26.44

Table:1 Old age Pension beneficiaries (LSGI-wise)

Source: Sevana Pension, IKM

The Government of Kerala has developed an online system Sevana Pension through the Information Kerala Mission, for the distribution of social security pensions to beneficiaries. The eligible beneficiaries are identified and pensions are distributed through Local Governments. The State has successfully introduced the system of Direct Benefit Transfer.

Currently, India's proportion of senior citizens has shown a drastic increase from 5.6% in 1961 to 7.5% as of the 2011 Census. The elderly population living in rural areas of India are maximum enrolled in unorganized agriculture work. With the changing economic and social norms, geriatric health is facing weak care and support. In India, the National Program for Health Care of Elderly (NPHCE), which was initiated recently aims to develop infrastructure and build the capacity of healthcare providers for elderly healthcare around the world. With industrialization and modernization, new lifestyles have set in, resulting in transitional changes.

A single joint family is broken into many nuclear families. Such changes in the family structure have put the elderly into a situation of shifting from their own homes to some institutions or old age homes (Doty, 1992, Hegde et al, 2012, Kumar et al, 2012, 2013, Mishra, 2008 & Mudey et al, 2011). The concept of old age residence is developing and in existence as a newer occupancy for the elderly and is now becoming the need of present Indian society.

The Department of Social Justice runs old age homes, regulates the operations of such institutions outside Government, and implements schemes for the elderly. Sixteen Government old age homes are functioning under the control of the Social Justice Department. Apart from the old age homes run by the Department, there are nearly 623 registered old age homes under the Orphanage Control Board. Monitoring the functioning of these old age homes is essential to protect the rights of the elderly occupants.



Table:2 The number of persons in old age homes in Kerala

Year	Number of persons
2016-17	19,149
2017-18	27,272
2018-19	28,029
2019-20	28,021
2020-21	28,788
2021-22	30,105
2022-23	25,945

Source:Social Justice Directorate GOK

The number of persons in old age homes in 2022-23 has decreased compared to previous years, as seen in Table2. In addition to this, the department runs Sayamprabha Homes to provide day care facilities to the elderly, in cooperation with Local Governments. It was initiated in 82 LSGIs in 2018. The Local Self-Governments had been running 'Pakal Veedu' (Day Homes) for the daytime care of the elderly and later on, these were upgraded to Sayamprabha Homes, incorporating recreation, health care, and nutritional supply for the elderly. During 2022-23 an amount of Rs 53,62,007 has been expended for 54 day care centres. The Department also piloted 'Model Sayamprabha Homes' in Thiruvananthapuram and Kozhikode districts as Multi-Service Day Care Centres for various old age needs. The "Second Innings Project" aims to improve the quality of life of senior citizens living in Government old age homes. Basic amenities such as shelter, food, medical care, and entertainment opportunities are provided to the beneficiaries. In 2022-23, Rs 48,29,737 has been expended for this scheme.

Conclusion

To promote healthy aging, it is important to accept functional capacity as a measure of well-being, beyond an organcentric approach. Even with diseases, being functional is most important. This involves making public places age-friendly, improving access to essential healthcare, addressing ageism, and fostering cross sector collaboration. To have affordable essential medicines, a better lifestyle, and a better life is important and needs to be improved in the next decade. There should be a continuum of care for older individuals, ranging from preventive measures to palliative and end-of-life care. No older persons to be left behind. Cross cultural and sessional collaboration are also very important.

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