



Socio-economic factors for improvement of the life of elderly people

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Abstract

The elderly aging period is a turnaround shift in the life older ages people. However, an increase of age people in the country rigorously, attest, a nosedive decline in the proportion of population consists of children and an aching surge in the proportion of the old population. Population aging is enormously smeared and permeated across the world. However, old age is the period of retirement from the workplace. Moreover, old people achingly floundering various and insurmountable conundrums such as economic hurdle, health, psychological and biological woes. Accordingly, old age arduously splashes and evinces the age of inability. Implicitly an old person is utterly, thrown into the outskirts of life due to that they cannot do anything in their lives, especially after retirement, However, retirement is commonly understood as a permanent exit from the workforce due to aging and economic necessity. Obviously, the retirement is commonly treated as an economic phenomenon and process rather than event. The idea of life and a career have predictable patterns which assiduously immerse, growth, flowering, harvest, and decline through four stages of career development, each with a particular shaping in terms of age such as exploration, establishment, and maintenance. The paper endeavors to painstakingly explicate overarching mechanisms of making the life of elderly people more productive and prosper in terms of financial security, healthcare, and nutrition, shelter, education, welfare, protection of life and property. Also to meticulously, provide accessible, affordable, and quality, comprehensive and dedicated care service. Additionally, identification of health problems and provision of appropriate health interventions in the communities and to steadfastly build the capacity of the medical and paramedical professionals as well as the care within the family for providing health care to the elderly people. Furthermore, the building of framework which vehemently, create an enabling environment for elderly people and promotion of the concept of active and healthy elderly people. However, the paper punctiliously enunciates and illuminated the essential socio-economic factors which thoroughly, resuscitate and reinvigorate elderly people skills after their retirements such as phased retirement, bridge employment, self-employment, encore careers, meso-level policies and program and Macro-level policies and programs. These factors alluded programs are very utmost and magnificent in strengthening and enhancing the lives of elderly people after their retirement and absenteeism from their previous workplace.

Keywords: social, economic, retirement, elderly, health, employment, work

1. Introduction

The elderly population seriously, attests one of the modern world hurdles, especially among the industrial countries. It directly reflects a decline in the proportion of the population consists of children and gradually, hike in the elderly proportion of the population. The population aging phenomenon is, permeated across the world. It has surged in the most developed countries. The population aging comes up from two demographic effects, increasing longevity and decline in fertility. The surge in longevity exhorts and emboldens the average age of the population by accruing the number of surviving of older people. Accordingly, the decline in fertility dwindles and diminishes the number of babies and as the effect precipitates, it attenuates the number of young people, in general, and the third factor is migration (Raj, 2011) [3].

However, the declining fertility is the enormous contributor to population aging in the world. The ginormous decline in the overall fertility rate over the last century is a catalyst for the population aging in the developed countries. Consequently, the developing countries are at fertility transitions and they will flounder population aging than the developed countries in

the future. Moreover, the issue of population aging is globally expected to tremendously argument in the coming decades and only a few countries might have a mammoth financial capacity to provide immediate succor to their elderly population in terms of good quality of life, and health assistance. While the rest of the countries will not be able to instantly vouchsafe health care and social amenities are insatiably needed by elderly people (Raj, 2011) [3].

However, population aging will rapidly hike in the coming twenty years, many countries will definitely, encounter an arduous situation where the largest population will be composed of those over 65. According to the Oxford Institute of Ageing which is dealing with the global population aging, the notions of global aging are rigorously put on myths and there will be significant opportunities for the world as its population became aged. Also, Sarah Harper strenuously opined that aging societies warrant the implications for work, families, health, education, and technology. However, most of the developed world has sub-sub.replacement fertility levels, which heighten from previous large generations now experience longer life expectancy (Raj, 2011) [3].

The process embroils multidimensional changes in physical,

social-cultural and psychological levels. Aging is depicted by a general erosion in functional capacities and structural changes in the body, Ageing necessitates readjustment in the interpersonal relationships in different situations with the member of the family and society. Furthermore, old age people seize an imperative place in society. Previously they were the lynchpin of the family and all liabilities of the family depend on them. Also, agricultural economy, patriarchal social structure, and the joint family system evince their eclipse. The advent of industrialization led to the emergence of the nuclear family system, urbanization and of promulgation of modern education that superseded old people's utmost role. Moreover, in the modern society, the family lost its functions, and the functions of the family are supplanted by the secondary institutions, for instance, Crèche, school and old age homes, already have taken the role of the family (Ranjini. P.T, 2015) ^[4].

However, in India, the traditional arrangement for elderly, in an India family portrays care provided by their children. According to the National Sample Survey Organisation's 2004 survey, about 3% of persons aged above 60 lived alone, the elderly people, living with their spouses, was only 9.3% and those living with their children were about 35.6%. However, the younger generation within the workforce do not have enough time, energy and willingness to take care of their parents or in the most cases they emigrate abroad and, senior citizens have to look for other alternatives. However, in the private sector, there is a demand for 300,000 senior housing units, valued at over,\$1billion, that has led to various retirement communities, growing up across, the country. This is in addition to innovations in healthcare assistance for this group. The poor among the elderly still have a very much dependent on the government to meditate creatively and positively to vouchsafe resources and institutions to support their needs (The Hindu Newspaper, Thursday, February 23, 2017).

2. The important services needed by elderly people

2.1 Health and health care

Economic development and urbanization have brought lifestyle changes that have led to unhealthy nutrition, physical inactivity, that contributing to the prevalence of diabetes. Chatterji reported a high rate of smoking 26 % percent and inadequate physical activity per18 % percent among Indians. These behaviors will likely translate into future ill health. However, 47% percent of older Indians have at least one chronic disease such as asthma, angina, arthritis, depression, or diabetes. The aging of India's population will lead to increases in the prevalence of chronic conditions such as diabetes and hypertension. By one measure, nearly %45 percent of India's disease burden is projected to be borne by older adults in 2030, when the population age groups with high levels of chronic conditions will represent a much greater share of the total population. However, fewer than 10% percent of Indians have health insurance from private or public sources, and about %72 percent of health care spending is paid out-of-pocket, according to national surveys in 2008. Moreover, India's health insurance scheme for the poor only covers those ages of 65% percent younger, leaving India's elderly population particularly vulnerable. Within the older

Indian population, women face additional risks: They tend to have poorer health and less access to health care than men of similar backgrounds. The Indian government and several states have started a variety of programs designed to augment access to health care or health insurance for the majority of the population that lacks sufficient access Hike in numbers of older people will put new and increasing demands on the healthcare system. Chatterji suggested that the healthcare services will need to shift resources and services to respond to an aging population (<http://www.slideshare.net/bindmadhuri/national-programme-for-elderly-final>).

However, Subramanian, a linked public health spending in India to increased survival of the elderly and other vulnerable groups. Sustainably, it was found that %10 percent increase in public health spending decreases deaths by about % 3 percent among the elderly, women, and children. India has committed new public funds to its health care system. It was overserved that wide disparity in access to health care for aging Indians who are poor or live in rural areas. The suggested healthcare reforms should not just increase funding but also address inequality of access and include regulations to limit cost inflation. money alone, channeled through insurance and infrastructure strengthening, is inadequate to address the current problems of unaffordable health care and the future challenges posed by aging populations that are increasingly affected by no communicable diseases.

2.2 Living arrangement and social support

The 2005-2006 National Family Health Survey in India examined living arrangements by household, which is defined by having separate cooking facilities even if older parents and adult children live in adjacent structures. The survey found that more than four out of five %78 percent Indians ages 60 and older lived in the same household with their children, while about %14 percent lived with only a spouse and %5 percent lived alone. This represents a doubling of the share of older Indians living with only a spouse or alone since the early 1990s. During the same period, the share of older Indians living with their children declined by about %7 percentage points. A number of trends may explain these changes in living arrangements, including declining fertility leaving fewer children available to care for older parents, rural to urban migration for employment that separates families and changing social expectations regarding intra-family obligations. Recent surveys confirm this shift in attitudes, with a 40 percentage point decline in the share of adult children who said caring for their elderly parents was their duty from 91 percent in 1984 to 51 percent in 2001. Intergenerational conflict may also explain why elderly live in separate residences from their offspring. Both generations may prefer living separately, and there is evidence that even when they reside apart, adult children and elderly parents remain economically and socially interdependent

2.3 Work, retirement and income security

Despite India's recent rapid economic growth, the living conditions of a majority of older Indians remain poor. Less than %11 percent of older Indians have a pension of any sort, according to national surveys. Saving is difficult for a majority of Indians because earnings are low, some economic

activity in the informal sector does not involve currency exchange, and a large share of the aging population lives in a rural area where banking is unavailable. With little old-age income support and few savings, labor force participation remains high among Indians ages 60 and older %39 percent, and particularly high among older rural Indians %5 percent (<http://www.slideshare.net/bindmadhuri/national-programme-for-elderly-final>).

Paradoxically, initiatives to increase the well-being of older Indians may lead to higher poverty rates, if impoverished Indians remain poor but begin living to older ages rather than dying young as many now do. Expanded access to health care and increases in social pension benefits may bring improvements in survival but not in poverty rates. Evaluating these programs solely on the basis of changes in poverty rates among the elderly would not adequately capture the benefits to society (<http://www.slideshare.net/bindmadhuri/national-programme-for-elderly-final>). In the future, India's system of family-based support will not be able to withstand the increased numbers of older Indians, especially given increased female labor force participation, smaller numbers of more mobile children, widening generation gaps, and increasing burdens of costly-to-treat diseases such as diabetes, cancer, and stroke." Even with the findings that adult children still receive support from their elderly parents, such social changes would affect the status quo because increases in chronic diseases affect the needs of the elderly and their ability to continue to work. The other factors affect the availability of kin to provide care. But that India will benefit from gathering high-quality data on population aging and using it to inform policies to create and expand income support and health.

3. Social problem floundering by elderly people

Old age is mainly the age of withdrawal from everything in case of working persons in government or private sector will retire from their work. Due to retire they have lost their working relationship and staying their world within their home. A lot of health problems affects the elder people so the person engaged in manual laborers also withdraw from their work. Old age people mainly depend on their children for financial help. How every to a higher standard of living and the overt influence of competition young generation could not listen elderly so elder people are isolated from home. The growth of individualism and materialism among the younger generation in modern industrial life led to the old people's alienation and isolation from society. The breaking down of the joint family and changing social values due to industrialization is the factor responsible devalued status of older people in the family and in the society (Ranjini. P.T, 2015)^[4]

3.1 Health problems

Aging brought about a lot of health problems in the life of elder persons like hypertension, sleeplessness, Parkinson's respiratory illness, and hearing impaired. Lost urinal bladder capacity fading eyesight etc. Also, old age people also take the low amount of food that also lead to malnutrition. Low health status, can make the aged dependent on the other for their basic necessities in life (Ranjini. P.T, 2015)^[4]

3.2 Psychological

Due to the aging old people have lost the support of family and relatives that are leading to isolation. However, aging is the period of alienation from their work, working relations friends, relatives, etc, this alienation leading to dementia or loss of short-term memories. Elderly, people are suffering from mental morbidities due to the aging of the brain. The steady decline in cognitive process is seen across the lifespan (Ranjini. P.T, 2015)^[4].

3.3 Economic Problems

With aging old age people are withdrawing from their economic activities. In the case of retired old people, their income is divided as family expenditure and the expenditure for their treatment, all these are leading to economic problems like poverty. The economy is a modern criterion to determine social status of people. The ` economic status The majority elderly people in rural areas are agricultural laborers and coolie laborers/.The authority of the family is depending on male members of the family. With the aging male and female are overthrown to the outskirts of the family and society. The elderly have not a good economic background. In the case of the economy, they have a dependent status, poverty is an important hurdle encountering the elderly people and they cannot fulfill their obligations to their children like education marriage safety needs, food, and shelter (Ranjini. P.T, 2015)^[4].

3.4 Biological Problems

The steady decline in cognitive process is seen across the lifespan. Older is taller and shorter and they have the slow-moving capacity. They have lost the control of passing urine, suffering from lack of hearing and low intake of food due to low digestion which is leading to malnutrition. Lifecycle diseases like blood pressure, cholesterol etc, are also attacks at this age.

The second position. Scheduled Caste group income at the bottom of the hierarchy. Health is the freedom from disease and sickness, without health they cannot do any work and they cannot improve your lives. Health is really the best wealth, food sleep, neatness and cleanness air, and light, peace of mind, regular habits are the primary conditions for good health (Ranjini. P.T, 2015)^[4].

4. Socio-economic factors for helping old people

The literature indicates several pathways through which older workers can extend their careers, including phased retirement, bridge employment, self-employment and encore careers we will discuss each of options below, then examine public and organizational policies and programs that facilitate and inhibit the take-up of the option to full retirement.

4.1 Phased Retirement

Has been defined as the broad range of employment arrangements, formal and informal, that allow an employee who is approaching normal retirement to continue working, usually, with a reduced workload in the transition from full-time work to full-time retirement. Phased retirement has benefits for employers and employees with specialized

knowledge of their job and of the wider organization, to transfer knowledge from older to younger workers through mentoring and to reduce the costs associated with hiring and training personnel to replace retiring workers. For phased retirement offers the opportunity to reduce their work activity gradually, to pursue leisure and family activities, to exercise skills developed earlier in the career, to transition to retirement without sacrificing valued social networks, and to supplement future retirement income.

Despite such advantages, phased retirements are not currently available and are to be an offer at large. White-collar establishment, such as those in education and the public sector which have an existing culture of part-time work and job-sharing. Such opportunities are more often taken up by highly educated workers and those with higher income.

For informal phased retirement offers, employers, often, concerned with the issue of productivity, commitment, and the successful integration of part-timers into work teams, tend to select employees with long tenure a record of high performance and little need for supervision. Such selectivity can produce problems for managers and cause resentment among workers, particularly if, the allocation is based on the grace and favor of managers and lacks the transparency of firm-wide policies. Such issues can be worked through by employers and employer's advisory groups, but due to growing organizational needs to retain long-term personal and workers, demand for more flexible arrangement, phased retirement. Also, phased retirement remains an under-researched area in terms of verifiable measure effectiveness (Rcichardson, 2013).

4.2 Bridge Employment

A second way in which older workers can extend their careers is through bridge employment, which is defined as employment, which is defined as employment that takes place after a person's permanent withdrawal from a full-time position but before from the workforce. Bridge employment can be in the form of contract work, part-time work or temporary work. Bridge employment can be taken up by retirees in the organization can be taken up by retirees in the organization from which they retired, or a different organization in the same career field or in a different organization or a different career field. For older workers, many of the benefits of bridge employment are similar to the benefits of phased retirement, including mediation of the transition from full-time work to full-time retirement with resultant mental health benefit. Also, bridge employment in a non-career field does not have the same benefits the same beneficial effects on mental health as bridge employment in a career field. Also, job satisfaction in Career Bridge has been found to be greater than in bridge employment is a panacea ensuring healthy outcomes.

The benefits of bridge employment for employers are similar to those gained from phased retirement access to workers with known skills, experience and knowledge of the organization's system and culture. The bridge employment can be a valuable, fluid and cost-effective solution to staffing problems and because short fixed-terms contacts may well suit some workers, such as retired professionals, such employment can

be seen as an attractive and popular win-win option (Ranjini. P.T, 2015)^[4].

4.3 Self-Employment

A third way in which some older people choose to work during and after retirement is through self-employment. A self-employed person can be defined as one who operates his or her own economic enterprise or engages independently, in a profession or trade. Self-employment is potentially attractive to older individuals because it offers flexibility, particularly the opportunity to be one's own boss and set one's own time schedules and thus the possibility of accommodating changing preferences for work, leisure and other commitments, as well as the ability to adjust workload to changing health and life circumstances, as well as health and confidence levels, it is also inherently, risky enterprise, a situation which may be particularly problematic in the self-employed person's later years when he/she may have less time and energy to recover and re-build. While the push and pull factors of autonomy and risk partly explain older individual's interest in self-employment, other factors also influential. They include health resources and risk profiles, with poor health decreasing the probability of moving into self-employment. Those with money, connections, and skills are more disposed to self-employment and those with a high need for security are been less disposed (Rcichardson, 2013).

4.4 Encore Careers

A fourth way in which retirees and those in or approaching, retirement can continue to engage productively in society is through an encore career discussed social purpose-driven work in the second half of life. Such work centers on the chance to be of service and contribute to the betterment of others. Former US president described encore career as an activity undertaken by those who instead of transitioning into retirement come back for an encore, flowing a lifetime of experience into helping people in need. An encore career is practiced by people who left their careers, often corporate careers to engage in work they find meaningful and that makes a social impact. The notion of an encore career is a recycling and strategies for career reinvention. Encore careers all share a common motivation to seek out deep change, personal renewal and meaningful work rather than focusing on work, principally as a mean to social status and financial reward and also they involve a forward momentum towards the goal of self-knowledge and self-actualization and thus, a renegotiation of one's role in contributing to society and the economy rather than a concern with downshifting and disengagement (Rcichardson, 2013).

An encore career can include involvement in paid and unpaid work, such as formal volunteering activities in which most older people engage in their retirement years. Such work is described as a type of structure helping typically undertaken as a discretionary activity, usually without monetary reward and in a public setting, such as a not-for-profit organization for the benefit of the third parties –persons other than family or friends. Such a work is recognized as beneficial terms of the contribution it makes to the health and well being of individuals, communities, and nations. While the broad notion

of the social purpose encore career includes many older engaged people in community work and also it can exclude others for whom there appears little alignment between concept and their way of life. Encore careers reflect important ways in which societies organize to allocate responsibilities and negotiate expectations of one another, including recognizing, respecting and work-related experiences of older people. Such organizing utilizes policies and practices in Individual workplaces, as well as being a basis for the broad social systems and moral orders within which organizations operate and which set the parameters for the changing nature of the age-work relations. It is to this mess –and macro-level contexts and the framework that facilitate and or inhibit career extension options that we now turn (Reichardson, 2013).

4.5 Meso-level policies and programs

Options for extending careers, such as those discussed above, are enabled by organizational environments conducive to good practice in age management. That is policies and programs that promote positive attitudes towards aging and older people, develop the skills and employability of older workers and adapt working conditions and employment opportunities to an age-diverse workforce. Career development and good practice include providing older employees with opportunities to progress and to maintain as well as to enlarge their skills and knowledge. Initiatives along these lines include the development of competence databases, the precise matching of job specifications with work-related performance changes over, the course of a career and the integration of training opportunities into career planning strategies.

Such initiative is designed to attract and maintain the employability of older workers and enhance their career progression, they are also designed to benefit the organization by preventing the loss of older workers' skill and experience. In addition, investing in the training can produce better employee retention than training invested in younger workers. The success of strategies for career development guided by age management and other initiatives designed to maximize the potential of an aging workforce depends on their being seen as a joint effort. That effort involves managers' committing to age management programs and being prepared to take advantage of all opportunities to improve their workability and government's developing public policy frameworks that create an environment conducive to the retention of mature workers and to a good age management practice (Reichardson, 2013).

4.6 Macro-level policies and programs.

In relation to the aging workforce, governments are key players whose involvement is crucial in setting out fresh maps that will not only shape the behavior of managers and older workers but about significant cultural change. Government's role includes enacting anti-age discrimination legislation and removing institutional obstacles such as automatic pay increase for seniority, reversing existing policies that favor early retirement, providing financial incentives for the recruitment retention and training of older workers and conducting a public education program to counteract negative images of older workers. While many such programs are in

place, there is still much work to be done if those individuals who need to, want to and can work beyond the usual date of retirement are able to do so in pursuit of a flexible, meaningful and stimulating career (Reichardson, 2013).

5. Conclusion

The aging process enmeshes multidimensional changes in physical, social-cultural and psychological levels. Aging is characterized by a general reduction in functional capacities and structural changes in the body aging is not a biological alone in nature require readjustment in the interpersonal relationships in different situations with the member of the family and society. Elderly people were the head of the family and all powers, of the family, was given to them. The rural society, agricultural economy, patriarchal social structure and the joint family system reinforce their importance. The process of industrialization, the emergence of the functions of the family fulfilled by the secondary institutions, all these changes have taken away the role of the family.

The aging period is the period of withdrawing from everything. Elderly people or senior citizens arduously flounder several challenges as sociological and psychological problems such as economic, biological and health problem. However, it very essential and imperative for the government to punctiliously provide healthcare, living arrangement, social support, work retirement and income security. Moreover, there is a need to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to the aging population and creation of new programs for elderly people. This is in addition to the building of the framework to create an enabling environment for senior citizens and the promotion of the concept of active and healthy aging. Furthermore, there is also a need to provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly people through community-based primary health care approach to identify health problems in the elderly and provide appropriate health interventions in the community with support. Also building the capacity of the medical and paramedical professionals as well as the caretakers within the family for providing health care to the elderly. However, to keep elderly people active and independent in their lives there is a need to plan for their further work after their retirement and to make use of their knowledge they acquire in their earlier work. However, through these programs such as phased retirement, bridged employment, self-employment, encore careers, Meso-level policies and programs and macro-level policies and programs, all these programs immensely, succor elderly people to have a free and dignify life.

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