

# Social planning policies and geriatric health sociology



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India is in the throes of a demographic passage. The population detonation has been a major concern for our state for some clip but along with it we are besides challenged by the sheer addition in the figure of aged in our population, which is around 8. 2 % of the entire population. The present scenario shows that the old age dependence ratio is set to increase as twelvemonth base on ballss by therefore making a challenge to both the households and the aged. To advance life to old ages it is indispensable that the geriatric population be protected by equal planning and policies, but does our authorities have adequate security steps to do length of service gratifying instead than a expletive?

Methodology: -

This paper has been compiled utilizing secondary informations analysis

#### THEORETICAL PERSPECTIVE

The analysis has been carried out utilizing Psycho- Social Perspective. Harmonizing to this position the cardinal facets of our being that is how healthy we are when we live and whether or non we live the full life span depend on the societal and political context and degrees of inequality in the society. Sociologists argue that wellness is a direct effect of the wellness of the community. It is merely when there is a communitarian footing to rights and demands ; the demands are likely to be met ( Kevin, 2009 ) .

Cardinal WORDS: -

Social Policy, Social Planning, Elderly, Health, Social Security

Introduction: –

Aging is an inevitable procedure of a life span. It can be marked as a period of fulfilment or a period of marginalisation and agony. Elderly is a fast turning section of our population therefore conveying about a demographic passage. India is the 2nd largest state in the universe, with 72 million aged individuals above 60 old ages of age as of 2001, compared to China ' s 127 million ( Rajan, 2003 ) . This demographic alteration in India has occurred comparatively over a little period of clip, which can mostly be attributed to dramatic decrease in mortality rates. Nutrition, sanitation and debut of healing and preventative medical specialty have played and are still playing a cardinal function in increasing the life span in our state. Old age is frequently associated with disablement and acute morbidity, these disablements and morbidity aggravates due to preterm, hapless economic position, societal want and inappropriate dietetic consumption ( Venkateswarlu, 2003 ) .

Thanis Kraivixien, the premier curate of Thailand, justly said in his inaugural reference to the 30th WHO Regional Committee for South- East Asia that “ A society should see that a high quality of life, and I dare state felicity of the people, which can merely be obtained through a sufficient degree of wellness, is non merely a basic requirement to development but should be the basic aim of any development attempt ” ( Goel, 2005 ) .

## SOCIAL Planning

Planing involves doing determinations and picks about how best the available resources could be used to accomplish a peculiar purpose or aim.  
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Harmonizing to Jawaharlal Nehru “ Planning is the exercising of intelligence to cover with facts and state of affairss as they are and find a manner to work out jobs ” ( Diana, 1982 ) . Soon after Independence when developmental planning was carried on, the focal point was chiefly on economical development, but now the focal point is easy altering to other broader facets like societal, political, environmental every bit good as economic ( ibid ) .

The gravest enemy of humanity is the about absence of security in their fragile and unstable being. The lives of 1000000s of people are non simply awful and beastly but besides full of unsure horrors. An epidemic can pass over out a community, a dearth can decimate a state, unemployment can immerse multitudes into utmost want, and insecurity in general pestilences a big portion of world with barbarian continuity ( Ahmad, 1999 ) . Most of the developed states have authorities supported programmes to supply securities like- old- age pensions ; unemployment benefits ; household income support ; installations for the infirm or disabled ; instruction ; and wellness services but the scenario in most of the developing states particularly India is really different, the Social security schemes covers merely a few. The difference in coverage and effectivity of province commissariats and securities can be attributed to several factors

( 1 ) Disagreement over policies- One of the cardinal jobs in any signifier of be aftering procedure is deficiency of understanding over the basic policy issues. It can happen either within the functional ministry responsible for a peculiar societal service or between the ministry and any of the other

bureaus involved, Therefore doing it impossible to be after efficaciously ( Diana, 1982 ) .

( 2 ) Failure to run into plan targets- The contrivers sometimes do non take into history the bing societal and cultural factors and the handiness of resources of the mark population therefore decelerating down the rate at which the ends can be achieved ( ibid ) .

( 3 ) Unnecessary Political interference- Powerful regional political parties interfere with the allotment of finacess and resources, therefore forcing the service off from the eligible and destitute.

The comparative impotence of those who are in demand of the societal security steps is what curtails them from exercising force per unit area through societal, legal and political procedures ( Burgess, 1999 ) .

#### SOCIO- ECONOMIC PROFILE OF ELDERLY IN INDIA ( NSS 52nd Round )

The sex ratio among the aged ( Number of females per 1000 males ) was 983 in 1987-88 but rose to 1023 in 1995-96.

About 40 % of the aged in India were working to gain their support.

Equally many as 70 % of the aged had to depend on others for their twenty-four hours to twenty-four hours care. Among females about 85 to 87 % were economically dependent either partly or to the full

Among the aged who were one time employed either as wage/ salaried employees or as insouciant labor, approximately 79 % in the rural countries and 35 % in urban countries did non have any benefit on their retirement.

78 % of the aged were shacking in rural countries whereas merely 22 % were shacking in urban countries.

The economic status of the aged in urban sector has improved whereas it has deteriorated in the rural sector compared to the old consequence.

The prevalence of chronic diseases was high among the urban elderly that is 55 % as compared to rural aged that is 52 % .

The work engagement rate among the aged in rural countries was 39 % which was about double as compared to urban countries.

Merely 16/ 1000 individuals are regular employees in rural countries whereas in urban countries around 150/1000 individuals are in the regular work force

#### HEALTH SECURITY OF THE ELDERLY

In India societal and cultural alterations have led to speedier birthrate decrease, added length of service and demographic ripening, therefore doing broad scope of repercussions- impacting the mean/ average age of working population, nature of dependences and their load, increasing old to immature ratios etc ( Alam, 2006 ) . The current economic construction does non conform to the bing demographic tendencies. Presently the aged population suffers from serious insecurities caused by their worsening engagement in economic activities, nuclearisation of households, Fast life

manner of the younger coevals, hapless wellness position, deficiency of specialised attention for the emerging geriatric issues and diminution in per capita outgo on wellness ( ibid ) .

India being a traditional society believes in giving regard and functioning the aged as their responsibility, but today supplying attention to the aged would be possible merely if the members of the mean households are economically better- off with movable excesss, strong intergenerational linkages and handiness of institutional attention at low-cost monetary values ( Alam, 2006 ) . Though the aged in India tend to endure from many complaints, peculiarly the old- old and oldest- old, they do non undergo proper medical intervention due to absence of a comprehensive wellness insurance strategy ( Rajan, 2007 ) .

The part of informal sector to the Indian economic system is tremendous. It is estimated that about two- fifths of the state ' s gross domestic merchandise originates and about 90 % of households earn their support from the informal sector. The workers engaged in these informal sectors are illiterate, hapless and are ready to work in any unhygienic and unsafe conditions doing them susceptible to unwellnesss and chronic diseases. They lack any regular employer employee relationship which excludes them from the horizon of any sort of societal security benefits ( Gumber, 2006 ) . In India merely 9 % of the working population is covered by some signifier of wellness insurance. In comparing with the Employees State Insurance Scheme, the private programs gives a wider coverage whereas the bing voluntary wellness insurance programs cover merely 55 to 67 % of the entire

hospitalization cost which proves taxing for the overage and unemployed aged batch ( ibid ) .

## SOCIAL SECURITY IN INDIA

Social Security protects non merely the endorser but besides his/her full household by giving benefit bundles in fiscal security and wellness attention. Social Security strategies are designed to vouch at least long-run nutriment to households when the earning member retires, dies or suffers a disablement. Thus the chief strength of the Social Security system is that it acts as a facilitator – it helps people to be after their ain hereafter through insurance and aid. The success of Social Security schemes nevertheless requires the active support and engagement of employees and employers ( Govt of India ) .

India has ever had a Joint Family system that gave security and fulfilled the demands of all its members. Family members and relations have ever had a sense of unity and discharged a sense of shared duty towards one another. This proved to be a contributing environment for the particular demands and attention required by the elderly and those in hapless wellness.

However with increasing migration, urbanisation and demographic alterations big households have been replaced by little atomic and moreover the adult females have stepped out of the four walls of the house to fall in the work force. This is where the formal system of societal security additions importance. However, information and consciousness are the critical factors in widening the coverage of Social Security strategies.



In the Indian context, Social Security is a comprehensive attack designed to forestall want, guarantee the person of a basic minimal income for himself and his dependants and to protect the person from any uncertainties. The State bears the primary duty for developing appropriate system for supplying protection and aid to its work force. Social Security is progressively viewed as an built-in portion of the development procedure. It helps to make a more positive attitude to the challenge of globalisation and the attendant structural and technological alterations ( Govt of India ) .

With Industrialization bigger work organisations, with more marked hierarchies have become established throughout the universe. These organisations focused on economic growing, productiveness and replacing of accomplishments at certain intervals doing certain that the older work force is replaced by younger 1s ( Townsend, 1980 ) . The retirement phenomenon has been enforced by most of the states and is represented as a societal accomplishment whether it is a capitalist, socialist or a democratic state. But the truth is many active aged deplore the expiration of economic activity and loss of position ( ibid ) . At the same clip the societal concept towards the productiveness of aged is besides a merchandise of altering engineering therefore over- measuring the productive capacity of younger workers and under- measuring the productive capacity of older workers. Based on their function in economic productiveness they have been given least precedence in countries like wellness, security, policies etc ( ibid ) .

India has eighty million aged people, which is one eighth of universe ' s aged population. This is once more turning at a rate of 3. 8 % per annum as against the rate of growing of 1. 8 % for the overall population. Majorities of <https://assignbuster.com/social-planning-policies-and-geriatric-health-sociology/>

this population is non covered under any formal security strategies and are hence depended on their kids or other household members for their nutriment. With the turning structural alterations in the society these systems are non dependable plenty to give the aged a protected and dignified being ( Swarup, 2008 ) . India is still get bying with societal jobs like poorness and unemployment ; this has deterred the authorities from supplying pension to each and every aged citizen ( ibid ) .

Pension Policy in India is chiefly based on employer and employee engagement ensuing in excepting a huge bulk of workers in the unorganised sector. Some of the Torahs enacted in India towards societal security are ;

- ( 1 ) The Employees ' State Insurance Act, 1948 ( ESI Act )
- ( 2 ) The Employees Provident Fund and Miscellaneous Provisions Act
- ( 3 ) The Workmen ' s Compensation Act, 1923
- ( 4 ) The Payment of Gratuity Act, 1972

ESIS maintaining in position the international categorization of disease profiles provide screen to individuals enduring from long term diseases. It has besides formulated action programs to better medical services ( Govt of India ) .

The growing of many informal sectors and organisations has compelled the uneducated and unskilled workers to take part in their economic activity to fulfill their societal demands. The spread nature of operational procedures and deficiency of institutional back up have reduced their bargaining

capacity and their ability to take full advantage of the Acts and statute laws ( Govt of India ) . This has prompted the Govt of India to come up with some societal security steps for them like

( 1 ) Centrally funded Social Assistance Programme

( 2 ) Social Insurance Scheme

( 3 ) Social Assistance through Welfare Funds of Central and State Governments

( 4 ) Public enterprises

Though the authorities has made formulated many strategies and policies there are tonss of scruples as the strategy targets merely the individuals populating in families below poorness line and moreover the sum received as benefit really less and will non run into the basic demands of the concerned population ( Rajashekar, 2007 )