

## Broad Based Benefit Model for the Elderly- Collaborative Approach

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## Broad Based Benefit Model for the Elderly-Collaborative Approach

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### ABSTRACT

The old age declines the functional capacity of the organs due to physiological transformation. The study of physical and psychological changes that occur in old age is called “gerontology”. Vital role is played by the legislations in granting welfare of the elderly population. The elderly welfare requires the solutions to the practical problems of the elderly. India has adopted United Nations International Plan of Action on Ageing to provide care and protection to the elders by considering them within the social category who requires special attention. The principle of equity is enshrined in the Constitution of India in its Preamble, Fundamental Rights and Directive Principles of State Policy. Elderly population belongs to the marginalised and deprived sections in India. This paper introduces Pradeep & Charan’s model of ‘Broad Based Benefit’ (BBB) for the elderly by integrating legislative and social interventions towards empowerment of elderly. This paper provides guidelines to interlink the efforts of Government and Non Government Organisations by using legislative and judicial interfaces to promote elderly welfare. This model guides the way for empowerment of elderly population to be self sufficient and sustainable in their lives. The study is descriptive by nature, by using primary and secondary sources of data.

**Keywords:** Elderly, Broad Based Benefit Model, Pradeep & Charan’s Model, Problems, Empowerment.

### 1. INTRODUCTION :

The traditional Indian society lead by the joint family system has safeguarded the social and economic welfare of the elderly in the country by embedding great respect and granting priority on their needs. Elderly or old age according to biologists is an inevitable natural phenomenon of human life, in medical terminology it is the age of deteriorating physical capabilities and in psychological terms it is an age of reduced adaptive capabilities. As old people have less regenerative abilities, they are frequently exposed to diseases, syndromes and sickness than adults. Gerontology is known as the study of physiological and psychological changes causing reduction in functional capacity of organs in human beings and the study of diseases affecting elderly is geriatrics. The transition to old age requires cure against inability to cope with biological, psychological and socio-cultural changes associated with it. The factors such as the Socio-economic condition, illiteracy, ignorance, lack in medical care and family support affected elderly. They suffer from psychological problems like fear of death, feelings of dependency, anxiety, boredom, loneliness and isolation in their family [1]. The collective intervention by the Government, NGOs and community can ensure elderly welfare in India. The support from the family members to maintain physical and mental health by maintaining healthy life style of the elderly is the need of the day.

**(a) The Ageing Scenario:** Globally, elderly population constitutes 11.5 % of the total population of 7 billion. This proportion is estimated to reach up to 22 % out numbering children below 15 years of

age. Old people are more in less developed countries than developed countries. It is estimated that the elderly population in the developed countries will be 31.9% and developing countries with 20.2 % by 2050 respectively [2]. India is second largest in having more than 60 year's elders in the world. Indian Elderly population is estimated to increase from 8 % (2015) to 11 % (2020) and reach 19 % (2050) comprising 34 % of the population of the country by the end of 2100. The States like Karnataka (9.2 %), Punjab (9.7 %), Himachal Pradesh (10.3 %), Tamil Nadu (11.2 %) and Kerala (12.3 %) have major proportion and states like Assam & Delhi (6.5 %), Jharkhand, Madhya Pradesh & Uttar Pradesh (7.1 %) and Bihar (7.2 %) have lower proportion of aged population. Life expectancy of people in India increased from 37 years (1950) to 65 years (2011) expected to reach 74 years by 2050 [3]. All States have higher life expectancies at old ages for women than men. According to Census Report 2011 the overall old age dependency ratio was estimated to be 14 elders per 100 working age population, where Kerala, Goa, Punjab, Himachal Pradesh, Tamil Nadu, Maharashtra, Odisha and Andhra Pradesh with dependency ratio higher than 15 and Arunachal Pradesh, Meghalaya, Nagaland and Chandigarh with less than 10 ratio respectively. Higher old age dependency demands higher level of care from the family [4]. The sex ratio estimated as 938 women for 1,033 men and projected to reach 1,060 by 2026. Almost 71 % of the elderly lives in rural India. The people above 60 years are Senior Citizens, it is estimated that between 2000-2050, their population will increase by 326 % and above 80 years with an increase by 700 % resulting more widowed and dependent very old women.

**(b) Methodology:** This paper is descriptive in nature prepared by using secondary sources such as books, government reports, gazette publications, newspaper, journals, magazines, web links and research papers. The paper attempts to discuss the legal and policy framework and social work interventions on elderly welfare.

## 2. BROAD BASED BENEFIT MODEL :

Broad Based Benefit Model (BBBM) named as Pradeep & Charan model of Broad Based Benefit for the elderly developed by Professor Pradeep M.D. and Scholar Charan Raj with their Teaching and Research experience in the field of Social Work. This model will create an inter phase between Government and Non Government Organisations to render welfare to the elderly by means of empowerment. According to this model, the empowerment among elderly is possible by the following steps.

- Indian elderly are facing problems related to social, economic, political, psychological and health issues.
- Certain Research Institutions and Social Work/Social Service Agencies shall conduct a scientific inquiry into the existing problems of the elderly to find out the cause and effect of such problems on the society.
- Find out the defects and deficiencies in the Elderly Welfare Delivery System (EWDS) on the basis of findings of such study.
- Social Work Agencies can use the Judicial Intervention Mechanisms to correct the defects existing in the Legal and Policy Framework for the Elderly.
- Social Work Interventions covering Case Work, Group Work, Community Organisation, Research, Social Welfare Administration, Social Action, Public Opinion, Awareness, Counselling, Compromise, Psychotherapies etc. can be used in collaboration with Government bodies to correct the deficiencies in Elderly Welfare Delivery System (EWDS).
- The Social Work Interventions guides the Government in taking new initiatives to fill the loopholes or gaps existing in the Legal and Policy framework related to Elderly.
- All the Identified loopholes or gaps will become a new problem which need either judicial intervention or Social Intervention as required.
- Any Major issues and problems affecting the rights of the elderly need to be taken for Judicial Interpretation to seek justice.
- All Elderly either gained Justice from the Judiciary or found Solutions to their problems through Social Interventions of Social Service Agencies will be empowered to face their problems.

- The Empowerment will render needed skills, confidence, ability and sanction to the elderly to solve their problems.
- The empowered elderly become self reliant and self sustainable to contribute their share towards national development.

This model correlates the efforts of Government and Non Government Organisations towards elderly welfare for better social planning.

### 3. PROBLEMS OF THE ELDERLY :

Ageism is the discrimination based on age found in the form of prejudicial attitudes, discriminatory practices or institutional policies and practices supporting the stereotyped beliefs against older persons [5]. World is exposed to socio-economic development has also increased the unavoidable disparity [6]. Changing Indian Social scenario with nuclear families have exposed elderly into emotional, physical and financial problems. Long life expectancy have increased ageing population mounting pressures on socio-economic fronts including disbursement of pension, health care, resources and savings etc. Loss of spouse in old age adds vulnerability into the elderly life. There is a need to enhance Personal Income Tax exemption limit to women with aged family members, exemption of tax for child care, Self Help Groups and Women's Cooperatives, review of Pension and Post Retirement Benefit Schemes [7]. According to 2011 census, out of 66 % of elderly people who are married, 32 % are widowed of which, the proportion of losing spouse is much higher among women with 48 % against men with only 15 % [8]. Many elderly are suffering from chronic diseases which need medical assistance. Chronic ailment like arthritis, hypertension, cataract and diabetes are more among women (674 per 1,000) but men (619 per 1,000) suffer from asthma and heart diseases which is found higher in rural areas (658 per 1,000) than in the urban areas (621 per 1,000) with variations in chronic diseases across the states. These ailments have increased the out pocket expenditure on health care putting more burden upon the family. Economic dependence or income insecurity is caused due to reduced physical and mental abilities will make them dependent. The changing socio-economic, demographic changes financial security out of personal income or asset has become the determinant of the welfare of the older persons. The BKPAI Survey reports that 26 % of the older men and 60 % women do not have any personal income [9]. Majority of the elderly are still living with their children where one-fifth lives alone or only with the spouse managing their material and physical needs [10]. Those people without asset, savings, investment, pension, retirement benefit are the most vulnerable elders [11]. Elders are affected with psychological problems including powerlessness, feeling inferior, depression, uselessness, isolation, less competence. The study findings of 2010 LASI pilot reported that the Indian older women have less cognitive than men which is one of the disadvantages of old age [12].

Elderly are affected with disabilities connected to visual, speech, hearing and mental health which requires enhanced care. Census 2011 reports about disability of elderly with 51.8 % per 1,000 and disability of 80 plus population with 84.1 % per 1,000 respectively. It is reported that women above 80 years proportionately have higher disability than men whereas, higher mobility disabilities are found among elderly men and 4 % of men and women are suffering from mental health disability. Elderly people are also the victims of elderly abuse which is known to be the intentional or negligent act of the family members, friends causing harm to the older persons. The Help Age India, 2015 reports that elderly abuse is more in case of women than men [13]. Social disabilities like widowhood, societal prejudice and frustration have added to their miseries. Poverty, childlessness, disability, conflict, changing values are the causes for the elderly abuse.

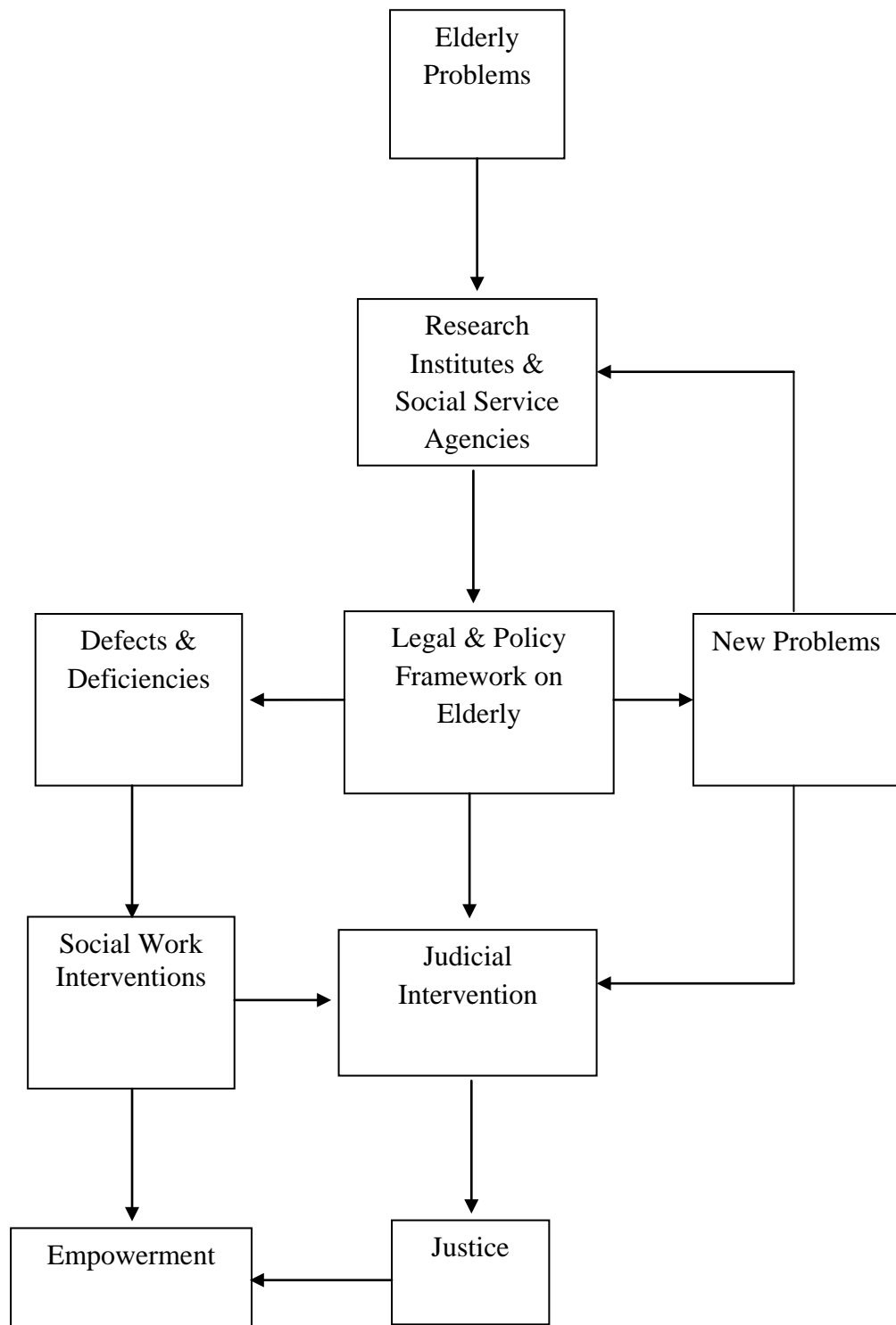


Figure 1: Pradeep & Charan's Model of Broad Based Benefit for the Elderly

#### 4. RESEARCH & SOCIAL SERVICE AGENCIES :

Research is known to be an inter disciplinary usage of human knowledge to conduct investigation into the social needs and problems of the elderly. It provides directions to the policy makers to take necessary steps in the light of finding solutions to such miseries. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high

priority to research related to developmental and humanitarian aspects of ageing. The plan of action specifically recommended that “International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross cultural studies in ageing”. Social Work Agencies are committed to secure elderly welfare by protecting their rights. The National Institute on Ageing (NIA) conducts research on matters connected to health, social support and economic security of the elderly in India. Many Non Governmental Organisations are working with the public and private assistance in the field of elderly welfare. The important ones are Age well Foundation aims to strengthen intergenerational solidarity and better quality of life of the elderly by providing services like helpline, employment exchange, research and advocacy center, health care, sensitizing school children and police personnels, training and handicrafts, 1999 with an interface of over 25,000 older persons every day by using primary and secondary volunteers spread across 640 districts. It has an UN-ECOSOC consultative status contributing to different national plans participating in various working groups and steering committees in social sector. Alzheimer’s and Related Disorders Society of India (ARDSI) a voluntary organisation established in 1992 having membership from Alzheimer’s Disease International (ADI) of the UK aims to care, support and conduct research on dementia. It provides day care centres, respite care centres, memory clinics, training programmes on geriatric care, research and awareness campaigns on dementia. Calcutta Metropolitan Institute of Gerontology started in 1988 promotes research to create knowledge base to improve the living conditions of the aged women living without social security protection, provides day care centres and constituted mobile clinics in the slums. Ekal Nari Shakti Sangathan (ENSS) started in 1999 working for the welfare of single women and widows in Rajasthan with 43,000 members in collaboration with State Government mobilizing social and community reforms. Guild for Services with UN-ECOSOC consultative status started in 1972 works for the economic, political and social empowerment of marginalized women and children affected with conflicts, natural disasters and other crisis. It provides homes and care services for the elderly to single women, in collaboration with NISD runs geriatric training for marginalized girls in Ma-Dham, Vrindavan, Raahat Ghar and Srinagar. Help Age India the oldest NGO for the elderly providing mobile health services, Gram Chikitsa Centres, Accredited clinics, health camps, geriatric physiotherapy, cancer care, cataract surgeries, Income generation, elderly self help groups, elderly help line, disaster response programmes for the aged. Heritage Foundation formed under the Sishrusa Health Management Trust started in 1994 provides training in bedside homecare assistance including nursing, diagnosis, physiotherapy, free health check up, doctors on call, courses on productive ageing, self help groups, computer literacy, neighbourhood watch and awareness. International Longevity Centre- India started in 2003 provides health, productive and participatory life to the elderly women in Pune. Janaseva Foundation with headquarter at Pune, Maharashtra recognized by Pune University established in January, 1988 which is a UN accredited trust serving elderly, disabled, disastrous and destitute. Nightingale Medical Trust, Bangalore in collaboration with City Corporation runs enrichment centres with over 300 participants along with services of health care, counseling, physiotherapy, fitness programmes, total day care and recreation activities and runs an Elder’s Help Line in association with Bangalore City Police providing follow up care and services. Silver Innings Foundation a social enterprise started in April 2008 provides need based services to elderly through its official website, assisted living elder care home at Mumbai, a Senior Citizens Helpline. Since July, 2008 started working with 50 plus citizens addressing micro and macro issues of the elderly.

## **5. LEGAL & POLICY FRAMEWORK ON ELDERLY :**

The problems of the elderly sought the attention of policymakers, administrators, voluntary organizations, and civil society to sort solutions to their sufferings. The developing and developed countries focus on making policies on ageing based on the varied effects of the elderly on the economic system of the country. Since Independence, the Indian Government was committed to support the old people with welfare interventions. Constitutional safeguards focused on old age

security or public assistance, pension, establishing old age homes, expansion of geriatric services and liberalizing housing policy. India formulated several policies in response to the International efforts on ageing by World Health Organisation (WHO), recommendations of The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Resolution on Older Women, January 2010, The United Nations Population Fund (UNFPA) constituting Knowledge base on Population Ageing in India (BKPAI), International Labour Organisation (ILO) works on Income Security & Social Pensions, Result of Longitudinal Ageing Study in India (LASI) etc. Upon the United Nations declaring 1999 as the International Year of Older Persons, On 13<sup>th</sup> January, 1999, The Ministry of Social Justice and Empowerment, Government of India adopted National Policy on Older persons to constitute Pension Fund for the security of Unorganised sector, Construction of old age homes, day care centers in 3-4 districts, establishing resource centers, reemployment bureau for the elderly, 30 % concession in train and 50 % in Airlines and establishing compulsory Geriatric Care facility in Public Hospitals. The National Institute of Social Defence (NISD) set up in 1961 and acquired autonomous status in 2002 to work for the welfare of senior citizens along with prevention of drug use, begging and deal with the issues of transgender community. The Ministry of Social Justice and Empowerment identified well performing NGOs designating them to be the Regional Resource Training Centres and provides fund to work as collaborating partners in providing effective delivery of age care services. The Ministry of Corporate Affairs, Government of India has notified Section 135 of the Companies Act, 2013 along with Companies (Corporate Social Responsibility Policy) Rules, 2014 to support initiatives to improve the lives of Senior citizens by establishing old age homes, day care centres and other facilities to reduce the inequalities faced by social and economically backward groups. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides legal sanctions to the rights of the elders. An Affirmative Situation Analysis of the Elderly 2011 was conducted by the Government Departments to review the utilities of existing public services including financial security, health care, shelter, education, welfare, protection of life and property of the Senior Citizens. Hindu Personal laws declared the care of elderly as the moral duty of Children. Section 20 of the Hindu Adoption and Maintenance Act, 1956 specifies that children are liable to maintain the parents who are unable to maintain themselves. Under Muslim Personal Law, Son shall maintain his poor parents who are unable to earn for their life. The parents and grandparents are entitled to get maintenance form children or grand children having means. Under Hanafi Law, both son and daughter are equally accountable to care the old parents. Under Section 125(1) (d) of Code of Criminal Procedure, 1973 empowers the Magistrate to grant monthly allowance for the maintenance of parents including father and mother who are unable to maintain themselves. Son and Daughter are equally liable to pay maintenance to parents. Adoptive mother is also entitled to claim maintenance from her adopted son or daughter. Social Security Schemes including retirement benefits for the employees in formal sector or self purchased old age insurance pension schemes are also introduced. The National Level Programmes like Ministry of Road Transport and Highways along with State Government provides reservation of two seats and fare concession for senior citizens. The Ministry of Railways provide 30 % concession, facilities including separate ticket booking, wheel chairs, ramps and separate coaches. Ministry of Civil Aviation also provides discount for senior citizens. Special priority will be given to the telephone complaints registered by the Senior Citizens and people above 65 years will get 25 % or Rs 250 in NCR offers in MTNL. The Ministry of Consumer Affairs, Food and Public Distribution introduced Anthyodaya Scheme to provide 35 kgs of food grains for senior citizens living Below Poverty Line families at the rate of Rs 2 per Kg of wheat and Rs. 3 per Kg of rice. Annapoorna Scheme is implemented by the State/Union Territories to provide 10 Kgs of free food grains to those who are not covered under Old Age Pension Schemes. Health care for the elderly is implemented by Ministry of Health and Family welfare under the National Rural Health Mission (NRHM). The National Programme of Health Care for Elderly (NPHCE) to provide health care facilities through primary, secondary and tertiary health care delivery systems of district hospitals in convergence with the National Health Mission, Ministry of AYUSH. Ministry of Health and Family Welfare allotted special queues in the hospitals and health care centres for registration and clinical examinations of the elderly. Special clinics at Delhi provides Health

Checkups, operations, treatment of physically invalid, gynecology, ENT, Ophthalmology & Pathological services and Radio Therapy facilities. Ministry of Social Justice and Empowerment introduced Integrated Programme for the Older Persons (IPOP) scheme in 1992 with revision in 2008 to improve the quality of life by ensuring amenities of shelter, food, medical care and entertainment opportunities. It also render 90 % of financial assistance to establishing Old Age Homes, Day Care Centres, Mobile Medical Care Units, Non Institutional Services to Older Persons, Assistance to Panchayat Raj/Voluntary Organisations/Self Help Groups or Multi Service Centres for the elderly. Ministry of Finance introduced higher rate of interest on Savings Schemes in the Banks and Post Offices along with higher tax exemption compared to other citizens. A Central sponsored National Social Assistance Programme (NSAP) under the Ministry of Rural Development to provide financial assistance to older persons by granting Pensions. Indira Gandhi National Old Age Pension Scheme to support elderly living below the poverty line to provide pension of Rs. 500 every month. National Help Line to help elderly with toll free number 1090 was constituted. The disbursement of Pension, Provident Fund and Gratuity was simplified with Direct Transfer System. Elder sensitive taxation policies was supported under Sec. 88 B, 88-D and 88 DDB of Income Tax Act. Special Insurance Policies like Jeevan Dhara Yojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, Medical Insurance Yojana was introduced by Life Insurance Corporation of India (LIC). Loan facility for the elderly having low income to purchase houses constructed under Government Schemes with 10 % reservation in such allotments for the older persons. The National Programme for Health Care for Elderly, 2010 to provide preventive, curative and rehabilitative services to the elderly persons in the health care delivery system by strengthening referral systems with specialized man power and research on diseases. The Programme establish Geriatric department in 8 regional Geriatric Centres in 100 districts. Pradhan Mantri Suraksha Bima Yojana a scheme to provide one year (June-May) accidental and disability cover to all savings bank account holders between 18-70 years. It provides coverage of 2,00,000 for death or total and irrevocable loss of both eyes and 1,00,000 coverage for the loss of an eye or a limb at a premium of Rs. 12 per annum per member. Atal Pension Yojana (June 2015) scheme for those persons engage in the unorganised sector and do not have any statutory social security scheme administered through Pension Fund Regulatory and Development Authority. Any subscribers below 40 years would receive the fixed pension of Rs. 1,000- 5,000 per month payable from 60 years depending on the contribution. The government also contributes 50 % or Rs. 1000 whichever is lower to each subscriber account for five years from 2015/16 to 2019/20. The Five Year Plan (2012-2017) recommends for special health care with pension and insurance reforms with enhanced quality of life. Varishtha Pension Bima Yojana (2017) The Scheme implemented through Life Insurance Corporation for the financial inclusion and social security during old age to protect people above 60 years with an assured pension with a guaranteed return of 8 % per annum for 10 years on monthly, quarterly, half yearly or annual basis. Scheme for providing Aids and Assisted Living Devices of high quality conforming to the standards of Bureau of Indian Standards to Senior Citizens below poverty line suffering from age related disability or infirmity includes low vision, hearing impairment, loss of teeth and loco motor disability. This scheme will be launched in two districts in all States and in two districts in Delhi and in one district of remaining 06 Union Territories. It is proposed to be implemented in four districts of 20 larger States, 02 districts of remaining 09 States, in NCT Delhi and in one district of other 06 Union Territories [14]. Senior Citizens Welfare Fund (March, 2016) was constituted to be used for various welfare schemes of Senior Citizen. A Regional body called South Asia Senior Citizen's Working Group was established at the workshop on South Asia Senior Citizen's in Nepal (July 2016) on the basis of 36 point Kathmandu Declaration signed during the 18<sup>th</sup> SAARC Summit in 2014 focusing on the special needs of the elderly population in the region. It also reaffirm commitments to the Older Peoples Rights enshrined in the Vienna International Plan of Action on Ageing, The United Nations Principles for Older Persons, The Madrid International Plan of Action on Ageing 2002, General Recommendation number 27 of the CEDAW Convention on the Protection of Human Rights of Older Women, 2010 and Sustainable Development Goals. The working group aims to work with the government, NGO's and civil society.



(a) **Judicial Interventions:** The Madras High Court while interpreting Sec. 47 of Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 held that even though the act is not directly related to elders but the medical conditions like blindness, low vision, cured leprosy, hearing impairment, loco motor disability, mental retardation and mental illness specified under the act are the common symptoms of the old persons. In *Kirtikant D Vadadaria v. State of Gujarat* [15] Supreme court held that, childless step mother can claim maintenance from her step son if she is a widow or her husband if not capable of maintaining her.

(b) **Defects & Deficiencies:** Socio-economic deficiencies, discrimination & disability are the threats against the welfare of the elderly. The protection of the human rights with quality life is possible by countering the limitations invading on the individual rights of the elderly. The lack of reasonable services to counter such limitations results in the defect or deficiency of the system. Social Assistance Programme based on Below Poverty Line has kept many people in need of assistance on the basis of equated destitution line by ignoring the real problems of the elderly are found to be defective. The elderly with physical, financial and emotional distress more than getting support from their children, the states measures to ensure life with dignity with sufficient social security benefits is found to be deficient in India.

(c) **Social Work Interventions:** Enormous Research studies are conducted on elderly issues. Social work interventions should focus to deliver the benefits of available National schemes using decentralized approach to the excluded elderly population. The interest of the elderly can be protected by empowering them to face social and economic disabilities. In this regard, many interventions including case work, interpersonal exercises, group work, community work, social development, social action, policy development, research, education, awareness, counseling and psychotherapy are used by professional social workers. The scope of social work interventions is extended even to the extent of breaking the marginalization in order to increase the autonomy of the elders.

## 6. CONCLUSION :

Along with growth of one's age the desire to prevent physical disability and live longer also grows. Planning of old age can definitely delay or prevent common illness including diabetes, mellitus, congestive heart failures, dementia and loss of muscle strength. Developing Countries do not give much importance to the chronological age in respect of retirement because of the prevalence of informal employments where majority of elder's works without a specific retirement age. In this context the socially construed meanings for the age is considered with the roles performed by the elders or loss of certain roles due to the reduction of physical capacity due to the age [16]. It is estimated that elders above the age of 60 years who depend on the people between 15-59 years will increase to 31 from the existing 12 per 100 elderly by the end of 2050. By 2024, the elder population will exceed children and youths in number in India [17]. The policy for the elderly should in plant gender component into its delivery system. The Sensitization and deliberate public action will dilute the adverse consequences of the ageing. Educating the people about the issues connected with elderly as a normal stage of human life definitely helps in a great way. Social Work interventions by using technology in conformity with the international standards facilitating easy access to information, referral, advocacy, counseling and networking can be used in this regard [18]. The BKPAI Survey reported about 70 per cent of awareness about The National Old Age Pension Scheme and The Widow Pension Schemes, awareness is more in rural areas over urban areas. Awareness is more among the non target groups who are living Above Poverty Line over the real target groups living under Below Poverty Line. Men have more awareness over women, only one fourth of total widows are benefitted from the Widow Pension Schemes, Awareness about Annapurna Scheme is low. Low level of awareness prevails about the railway concessions and seat reservations in buses. The social service institutions should work more to generate awareness among the elderly extend the coverage of health insurance schemes especially Rashtriya Swasthya Bima Yojana [19]. Quality of life among elderly can be improved by encouraging self help. Self Help Groups are small voluntary collection of members to solve their common problems with mutual help [20]. Various available schemes are not fully used due to lack of awareness over such schemes. Along with welfare benefits interventions are

needed in the light of changing the perception of the society towards elderly as a base for behavior towards older people. The problems of the elderly have to be considered with utmost importance. The protection of aged person shall be brought within the periphery of fundamental right under the Constitution of India. State can take measures for the extra care of the elderly including palliative care. The Electronic Fund Transfer system can be used effectively to deliver the monthly benefit directly into the beneficiaries Bank Account [21]. Elderly being the marginalized or deprived section needs to safeguard the dignity and security of the elderly. The welfare aspect covers self reliance, self sustenance and self sufficient. Older persons shall be provided with ample opportunities to integrate themselves with the process of social decision making affecting their life. Efforts should be taken to ensure the physical, mental and emotional wellbeing of elderly by granting education, cultural, spiritual and recreational aspects of life by eliminating the exploitation and abuse. As large number of laws addressing the issues connected to unorganised sector are known to be feasible or practical in many ways [22]. The solution to this aspect can be found through the collaborative work of Government and Non Governmental Organisations.

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