

## Perspectives on Old Age in Rajasthan Issues and Challenges

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### Abstract

In India it is estimated that the population above sixty years will be more than three hundred million by the year 2050. The societal consequence of this rise has been projected to pose a far reaching threat due to the lack of welfare and institutional support system. The present research paper targets the socio-economic implications of the senior citizens in this regard. The empirical data taken into consideration has been procured by the qualitative anthropological technique implied in the administrative divisions of Rajasthan. The severity in terms of health, social fabrication, economic condition, demographic structure of the ageing society in Rajasthan in the light of modernisation of society has been dealt. The manifestations of the aged people in the form of despair in isolation, standstill social life, dependency in addition to other restricted human rights to them are some combustible issues raised in the research paper.

**Keywords:** Despair, Senior, Citizen, Qualitative Anthropological Techniques, Modernization, Mobility.

### Introduction

Senior citizens are understood to be the mines of experiences in our society since antiquity. They are practically observed as the connective link between past and the present. It has been projected that by the year 2050 people having the age of sixty and more will be more than 21 percent. According to the 1991 census, Rajasthan elderly population (Senior Citizen) was 26,66,337 which is 6.06 per cent of the total population of Rajasthan. It increased to 34,80,160 in 2001. Division wise population of senior citizens in Rajasthan is given in table 1.3 and as per Census-2011 increased to 46,51,514 which is 6.69 per cent of the total population. It has been estimated that, elderly population in Rajasthan would be more than 6.5 million by 2021 census. It would be more than 7.5 per cent of the total population of that time. Fast-growing elderly population in the state has attracted to select 'Rajasthan' as the research field (Study area). At present many new research works on ageing population in Rajasthan have been undertaken, the present study is also one of them. Through this study, an attempt has been made to find out the causes of the increase in the population of elderly persons in the Rajasthan state. At the same time an attempt has also been made to find out what kind of difficulties are being faced by the elderly persons due to rapid increase in their population. Whether efforts being made by the government and other social institutions for them are enough? What are their economic and social conditions in the current context? Whether their all kinds of requirements are met presently? Whether they need any kind of support to fulfill their requirements? Thus there are so many such other questions which have been selected in the study area and attempted to solve them.

### Location Map

Rajasthan, lying between 23°30' and 30°11' north latitudes and 69°29' and 78°71' East longitudes at the north western part of India is one of the biggest state in the country. The state shares its north western and western boundary with the India-Pakistan international border that extends about 1,070 km and touches the major districts Barmer, Bikaner, Sri Ganganagar and Jaisalmer. Rajasthan is edged by Pakistan in the west and North West, the state of Punjab, Uttar Pradesh and Haryana in the north and northeast.



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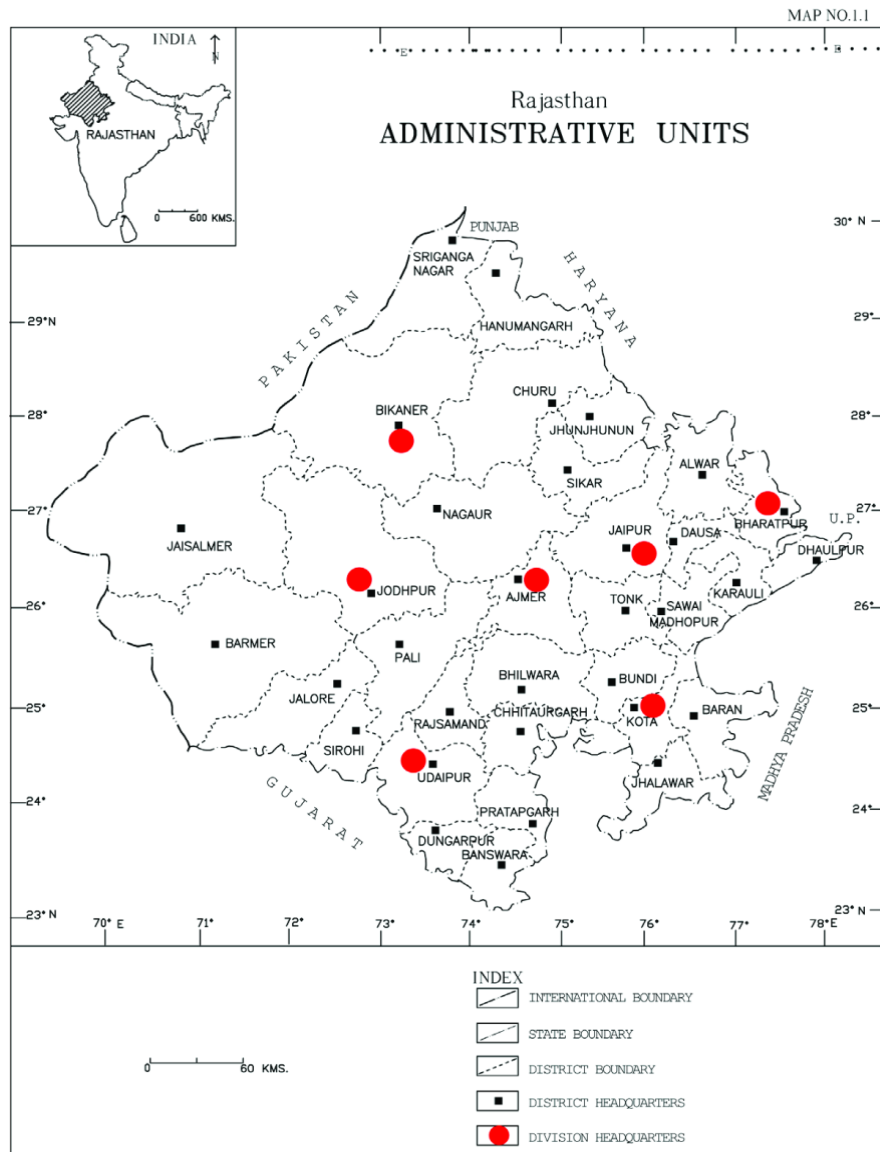


Figure 1.0 Location of Study Area

### Aim of the Study

Issues and Challenges faced by the elderly population in Rajasthan.

### Review of Literature

(Rajan and Kumar, 2003; Chaudhuri and Roy, 2009).The large number of elderly women with no spouse is attributable to the fact that Indian women marry men older than themselves; as life expectancy of women at older ages is higher than men, there are higher chances of women being widowed. This combined with low rates for remarriage for women, leads to a high proportion of elderly women who are not currently married

(Saikia, Singh and Ram, 2010). Life expectancy at birth increased rapidly between 1950 and 1975, mainly due to reductions in child mortality

rates, followed by a steady but slower rate of increase post-1975

(Government of India, 2011).Mortality decline inolder ages hasnot been dramatic. While life expectancy at birth increased from 49.7 to 63.5 between 1970-75 and 2002-6, life expectancy at age 60 increased from 13.8 to 17.9 years and at age 70 increased by less than 3 years during the same period (Lamb, 2011).In public discourse, elderly living alone or in old age homes is interpreted as a sign of break down in traditional Indian values

(Khandelwal, Sharma and Varma, 2012).Regional demographic imbalances and economic disparities have intensified the interstate migration of surplus labour from low growth states with large young population such as Bihar to high growth states such as Tamil Nadu

(Guilmoto and Rajan, 2013). Demographic transition in India over the last half century has witnessed a steady change in fertility and life expectancy. Fertility began to decline in earnest from the mid-1960s reaching a low of 2.66 by 2011.

(Yadav Lalan, 2014) explained in his study shows that Government efforts are increasing rapidly in the field of contemporary, social, economic, public interest and other factors to reduce mal treatment against the senior citizens.

(Mahadevi Wet.al., 2015) explained about the senior citizen are in need of vital support that will keep important aspects of their lifestyles intact while improving their over-all quality of life. Death Depression Scale and Satisfaction with Life Scale are administered on sample of 80 Senior citizens. The results revealed that there is a significant difference between senior citizen living in old age homes and those living within family setup in their death depression as well as life satisfaction.

(Goharinezhad.s 2016) The study was conducted to identify the main challenges in elderly care in Iran by asking key informants of the field.

Research suggests that concerns with the issue of elderly care and the adoption of proper policies on the subject are global; however, the problem is more urgent in developing countries, as these countries have less time to adapt to the consequences of the phenomenon of aging

(Tana's et.al) The occupancy in large and small dwelling units has been the function of subjective interest. And suggested that although a small percentage of respondents would be interested in living in a small apartment (i.e., one room), respondents would most often choose three- or two-room apartments. Two-bedroom flats were most often chosen by people who lived in single or two-person households.

(Liu Z., et al. 2020). Gave more emphasis to the age and is of the view that Epidemiologists are crystal clear: age is the most important factor in diminishing one's chances to survive the COVID-19, especially after 65 years of age.

### Data Base and Methodology

The study on senior citizens in the state has been carried out on primary and secondary data.

Table:1

S No	Data	Source	Uses
<b>Primary data</b>			
1	Primary Questionnaire survey	Scholar face to face Interview	Impact Assessment
<b>Secondary Information / data</b>			
2	Published data of Govt. of India & Govt. of Rajasthan.	The Statistical Abstract (GOI & GOR) 1981-2011	Spatial distribution of sites
2	Census Report of years 1961-2011	Govt. of Rajasthan	To compare the demographic status of senior citizens in Rajasthan

Moreover no probability sampling method was incorporated which involves the sample being drawn from the part of the population that is close to hand, and willing to cooperate the cause of research. The covid -19 pandemic has been taken care of in the collection of information.

### Tools and Techniques

For primary data the main source of data collection used in the present research was based on interview schedule. In which structured question on various aspects were framed. Interview schedule consisting of various indexes, checklists, scales and an inventory was drafted. The entire schedule compiled of many questions which were subjected to field test, several alterations were made after pre-testing. Certain irrelevant questions were eliminated while certain other was modified. Therefore, the altered schedule was finally used to collect the information from primary data for the study. For the analysis of data frequency tables were constructed then they were converted into percentage tables. As

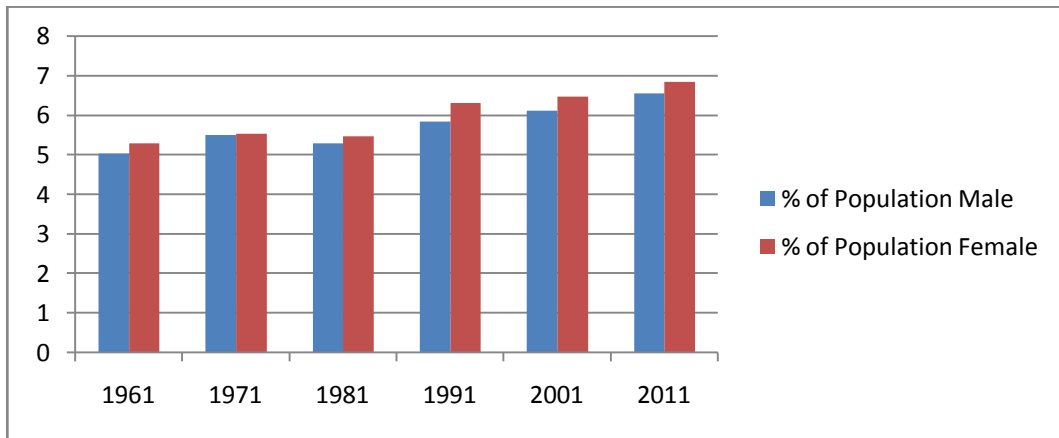
per the percentage of the response of the senior citizens results were drawn according to the objectives.

### Data Analysis and Outcomes

Table 1.1 Share (%) of Aged Men and Women in total population Rajasthan (1961 to 2011)

Year	Male	Female
1961	5.03	5.29
1971	5.5	5.52
1981	5.29	5.46
1991	5.83	6.31
2001	6.11	6.47
2011	6.55	6.84

Sources: (1) Census of India (1961, 1971, 1981, 1991, 2001-2011) Registrar General of India, New Delhi (2) Report of the expert committee an population, New Delhi office of the Registrar General of India.



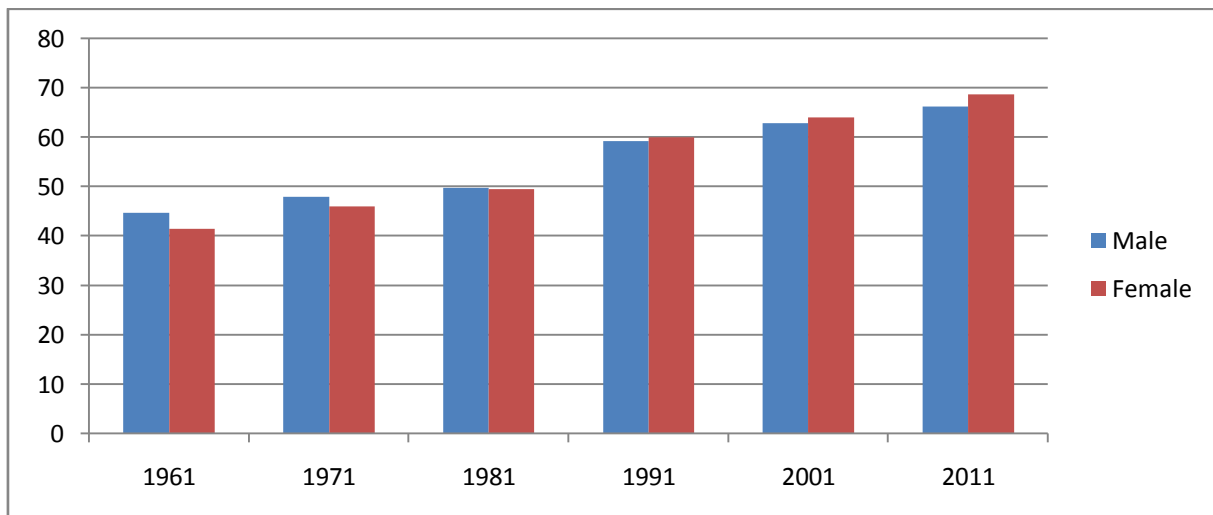
**Figure 1.1: Share of Aged Men and Women in Total Population of Rajasthan (%)**

The gender disparities as revealed in table 1.0 and has been depicted graphically in figure 1.1 clearly suggest that in addition to many other disparities, the population of senior citizen in Rajasthan also suffers from gradual feminization and serious gender disparities. The feminization of aging is especially evident from the growth pattern of female senior citizens which remained varying over the past decades. In 1961, 71 and 1981, both the genders grew uniformly. However the situation changed in 1991 the no. of women senior citizens in 2001 and 2011. These figures reveal that in Rajasthan ageing tendencies are much higher among females.

**Table 1.2  
Life Expectancy of Male & Female (%)**

Year	Male	Female
1961	44.6	41.4
1971	47.9	45.9
1981	49.7	49.5
1991	59.2	60
2001	62.8	64
2011	66.2	68.6

Source: Census of India (1961, 1971, 1981, 1991, 2001, 2011) Directorate of Census, Jaipur



**Figure 1.2: Life Expectancy of Male & Female in Rajasthan (%)**

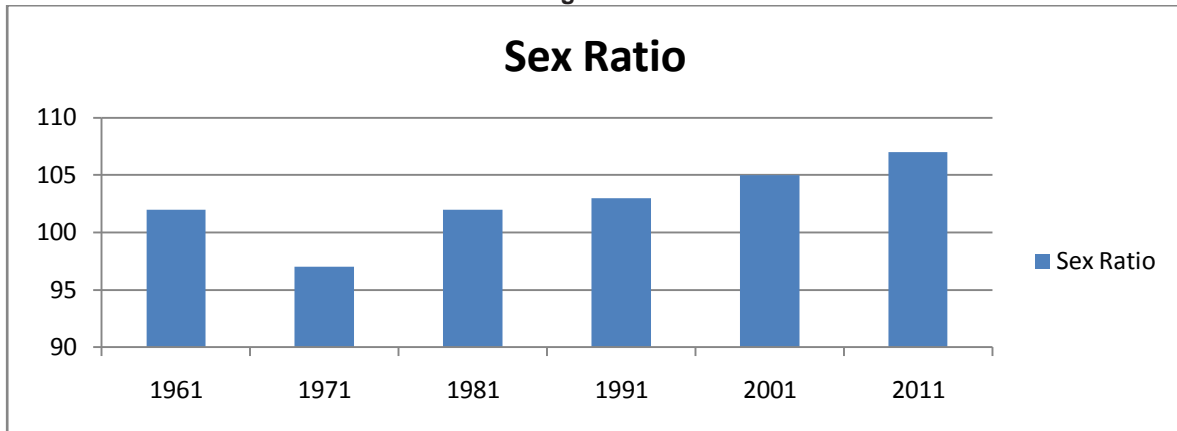
The graph and the table given above asserted that Life Expectancy rate for male was higher than that for female in 1961, 1971 and 1981 decades. But in 1991, women overtook male, the life expectancy rate of women became higher than men in 1991 that was 60.0 years and 59.2 years respectively. In the decade of 2001 and 2011 the life expectancy rate of women in Rajasthan increased by 2 years. It can be suggested that on the whole, women live longer than men in old age and have an advantage in life expectancy.

**Table 1.3**

Year	Sex Ratio
1961	102
1971	97
1981	102
1991	103
2001	105
2011	107

Source: Census of India (1961, 1971, 1981, 1991, 2001, 2011) Directorate of Census, Jaipur

Figure 1.3



Source : Census of India (1961, 1971, 1981, 1991, 200, 2011) Directorate of Census, Jaipur

The sex ratio status in the state amongst the senior citizens has been satisfactory, as In 1961, the sex ratio within old age was 102, but it declined to 97 in 1971. In the year 1981 it increased to 102. The sex ratio is showing tendency of increase in number of females per 100 males in the year 1991 and 2001 that was 103 and 105 respectively. Now in 2011 the sex ration has increased to 107.

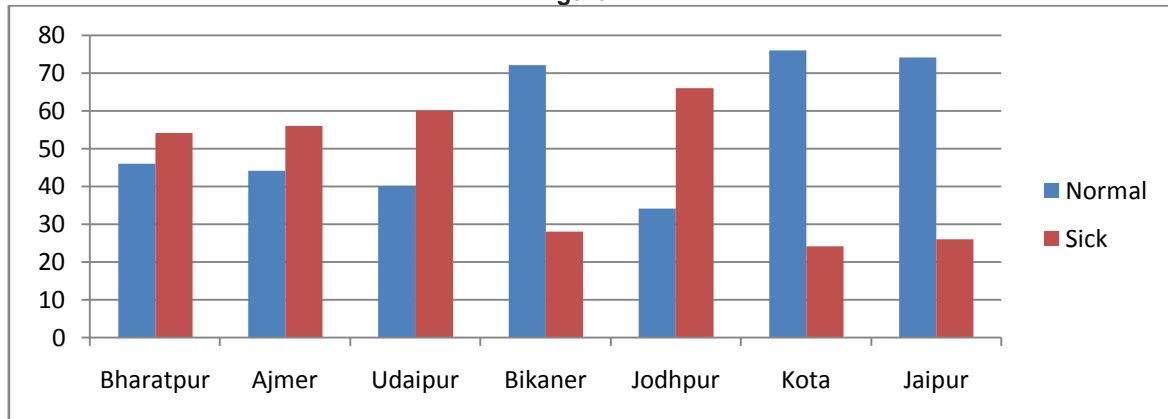
On the basis of health vulnerability the senior citizens in Rajasthan remain at high risk. The accessibility of health services and its further affordability further deteriorates the situation. The major old age problems prevalent in the state on the basis of which the categorisation as normal and sick

has been concluded are as follows: dementia. poor vision, annual stroke cases, arthritis. Hypertension, auditory problems, depression.

Table 1.4 Response for Nature of Health (in percent)

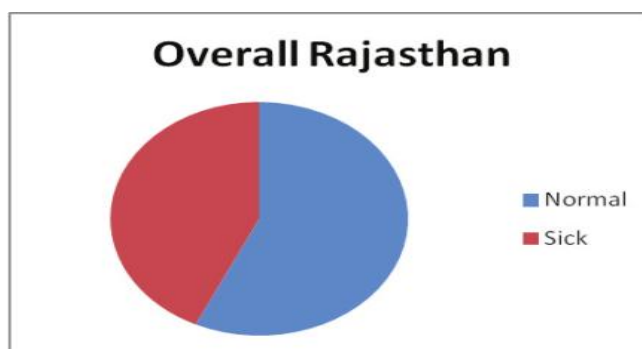
Division	Normal	Sick
Bharatpur	46	54
Ajmer	44	56
Udaipur	40	60
Bikaner	72	28
Jodhpur	34	66
Kota	76	24
Jaipur	74	26

Figure 1.4



Source: Census of India (1961, 1971, 1981, 1991, 200, 2011) Directorate of Census, Jaipur

Figure 1.5



In Rajasthan 57 percent of respondents were found healthy, where as 43 percent were found sick. Division wise, in Bharatpur 46 percent old respondents health was found normal whereas 54 percent old respondents is unhealthy. In Ajmer Division percent of unhealthy respondents was more as compared to healthy ones, which were 56. In Udaipur division 40 percent respondents were healthy and 60 percent were unhealthy. In Bikaner division the percentage of healthy respondents was 72 where as the percentage of unhealthy respondents was just 28 percent.

#### Suggestions and Conclusion

The status of ageing in India reflects that the issues pertaining to socioeconomic and demographic profiles, living arrangements, problems of and services to the elderly, interpersonal relationships especially of the urban elderly are highlighted to a great extent. No doubt, concerted efforts made by researchers have so far led to a better understanding of ageing issues. However, the diversity that has emerged in the ageing process necessitates our research efforts to focus on different ageing issues in society. This, in turn, is expected to promote development of effective age-related policies and programmes.

#### Limitations of the Study

1. As the Research was targeted towards the old aged people, it was difficult to cover the field survey for people located at fringe places.
2. More insight into the survey was not able to be undertaken.
3. Only the major issues were covered.
4. Only observational and exploratory study was done.

#### Future Research Orientation

Studies suggest expectations about future health are associated with health and mortality. We extend that research to associations of future orientation with active life expectancy, both life expectancy and the percentages of later life with and without disability. We examined whether future orientation is associated with those outcomes even decades after it is measured. Following issues may be addressed in further exploration in this domain.

1. More insight into the vulnerable category of old people may be done in order to know more about the domain.

2. Interviews of retailers related to health issue in senior citizens may be done to find out more about the challenges faced by them.
3. In addition to the city areas, suburb may also be taken into the study.
4. More governmental programs regarding old age issues may be assessed.

Hence, the present research fulfils its purpose and opens new vistas for further research.

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