Social Security for the Elderly in Goa, India

Ganesha Somayaji, *Reader in Sociology, Goa University, Taleigao Plateau, Goa - 403 206, India, comparing the demographic transition in India and Goa notices that the Goan society is greying at a faster rate than the Indian society. The author poses the question: whether the public, the government or the elderly have taken note of this demographic transition? If so, what preparations are made to ensure a better quality of life for the elderly? While answering these questions he attempts to provide an understanding of the implications of demographic transition and social transformation for the category of elderly in Goa. The author takes into account three types of conscious efforts at enabling the elderly to live a better life namely, the political and administrative, the interventionist, and the voluntaristic. He argues that pluralism, the perspective that any socio-cultural or demographic situation is because of multiple causation and, in turn, leads to both anticipated and unanticipated situations, should guide the philosophy and practice of social security for the elderly.*

INTRODUCTION

Due to biological and socio-cultural reasons some categories of individuals need special attention, help and care. Any society committed to the welfare of all sections of its population makes certain extra provisions to enable such categories of individuals to live in as human a way as possible. As a nation-state, India is enjoined by the ideology of welfare. The elderly is one of the vulnerable categories whose welfare is becoming an issue in contemporary India due to demographic transition and socio-cultural transformation. Focusing on the elderly question in Goa, this paper attempts to discern the differential characteristics of the elderly population and differential needs of different sections of the elderly. Not only does it describe the existing social security for the elderly in Goa but also attempts a social scientific critic.

The sub-topics are: a) social worlds of the elderly in the context of change, b) a comparison of the demographic transition in India and Goa, and c) the social security for the elderly in Goa.

SOCIAL WORLDS OF THE ELDERLY

The external and internal elements together formulate and reformulate the social worlds of the members of any age-cohort. The external elements are the living conditions which, in turn, are influenced by the local, national and global currents. The social-psychological states or the personality systems make up the internal elements. If the former refers to the objective socio-historical conditions, the latter explains the degree of involvement in and integration into the external conditions. The latter may also be referred to as 'good adjustment' or constant re-socialisation. Transition from membership in one age-cohort to the other and transformations taking place in the living conditions change the nature of the social worlds.

In the case of the elderly, matters of retirement, widowhood, declining economic resources, and relocation affect the transforming of the nature of the social world (Unruh, 1983: 47). Let us take retirement as a point of reference: it offers both positive and problematic alternatives. On the one hand it marks a relief from the stresses of the job. It may open up new opportunities to develop new interests and activities with room for wider range of choices than the ones the individual has enjoyed at any earlier point in his/her life. On the other hand, retirement generally results in loss of routine with regard to utilisation of one's working hours, reduction in income, loss of status as a contributor to the economy and broken contacts with customary associates (Rao and Parthasarathy, 1999:16). Changing social roles and subsequent re-socialisation, level of economic security, pastime activities, health conditions and health security contribute to the formation of the social worlds of the elderly.[1]

One of the accompaniments of the macro social changes in the contemporary human situation is the rendering of the sizable number of the elderly population, especially in the countries of the South, as vulnerable. The last century has witnessed some of the most dramatic and remarkable changes in social structures which have significantly influenced every nation-state and every society on earth. Some factors in this change are demographic transition, changing composition of the labour force, changing occupational structure, internal and international migration, transformations in the family relations, and scientific and technological progress (Khan, 1997: 59).

In India, these momentous changes have ushered in hitherto unforeseen social transformations and social formations. There is a visible change in the network of primary social relations and the institution of social security. To a greater extent the changes in the primary relational networks of family-community-village have resulted in substantial insecurity among those categories who are economically, socially,

physically and emotionally dependent on others. One such category is the elderly. Increasing number of the dependent elderly population and the declining efficacy of the traditional forms of the elderly care are very visible even for a casual observer. Nonetheless, the belief that the family continues to take care of its old members is still in popular currency (Gangrade, 2000: 97).

The vulnerability of this heterogeneous category has been heightened as a backlash of social change (Khan, 1997: 60). The social formation of the elderly as a vulnerable category may be summarised as follows.

1. The traditional advisory role of the elderly is becoming more and more non-functional/redundant in this fast changing world. The forces of modernisation, technological change, mobility and the exposition in the lateral transmission of knowledge have introduced changes in life styles and values. Individuals and families tend to be caught between tradition and modernity which sometimes lead to an ambivalence in attitudes towards the use of knowledge and experience of the past in solving problems of the present.

2. Industrialisation has brought in unprecedented pressures in urban centres. The shortage of housing accommodation in the cities and the high rentals act as severe constraint on the aged for staying in common residence with their children, particularly for migrant families.

3. The migration of the younger people increases the vulnerability of the old who stay behind, particularly for families which do not have independent production assets (land, livestock or household industry) and are dependent primarily on their labour.

4. The employment of most of the adult population outside the home implies that the family can spend less time for taking care of the elder members, specially those who require constant care.

5. There is now greater investment by the family on the education and upbringing of children. The high cost of living and changing priorities affect the intra-family distribution of income in favour of the younger generation.

6. The declining joint family system has increased the vulnerability of the old, particularly of those whose children have migrated or who have no immediate kin (Government of India, 1982, quoted in Khan, 1997: 61).

The above-mentioned transitions and transformations are conspicuous in Goa. It is pertinent here to discuss them vis-à-vis the institution of social security.

DEMOGRAPHIC TRANSITION IN INDIA AND GOA

India in general and Goa in particular have already become ageing societies. In India the proportion of the elderly has crossed seven per cent of its total population. Even this small figure, when viewed against the gross population, yields a figure of 77 million.

According to the provisional population totals of Census of India 2001, at 00.00 hours of 1 March 2001 Goa's population stood at 1,343,998. Goa added 174,205 persons registering a decadal growth of 14.89 per cent between 1991-2001. This percentage has tapered off from that of 34.77 per cent during the period 1961-71.

The birth rate has gone down to 18 per 1000 as against the all-India figure of 32. Similarly, the death rate has slipped to 7.47 per 1000, whereas the corresponding figure at the national level is 11.4 per 1000. Goa has made a tremendous achievement by reducing the birth rate from 31.99 per 1000 in 1961 to 18 per 1000 in 1991. Infant mortality rate also went down substantially from 99.98 per 1000 live births in 1961 to 11.5 in 1991. The decline in infant mortality in Goa is consistent with declining trends of birth and death rates (Angle, 2001: 30).

An important component of the demographic transition in Goa is the increasing number of the people in the age group of 60 and above. The percentage of the population in the age group of 60 and above is higher in Goa than the all-India percentage for this age group due to such factors as low fertility and mortality rates, higher life expectancy, large-scale inter-state and international migration of the Goan youth, and the tendency of the Goans abroad or away from home to return in old age to settle down in their native place (Patil, 1999: 10). Now Goa is an ageing state.

Table 1

Elderly (60 plus) in Goa and India

Year	Trends in the proportion (%)		Trends in absolute number	
	Goa	India	Goa	India
1961	8.07	5.63	50566	24699125
1971	6.62	5.97	56823	32680995
1981	6.79	6.28	73742	41537602
1991	6.34	6.58	74343	55605593
2001	8.17	7.08	104784	71697634
2011	10.95	8.18	153458	97869607
2021	14.51	9.87	216957	136458825

Source: Rajan *et al*, 1999, pp. 45-8.

Table 2

Elderly (70 and Above Years) in Goa and India

| Year | Trends in the proportion (%) | | Trends in absolute number | |
	Goa	India	Goa	India
1961	2.99	1.96	18,768	8,605,408
1971	2.18	2.08	18,689	11,329,929
1981	2.38	2.31	25,865	15,299,938
1991	2.27	2.40	26,546	20,252,219
2001	3.11	2.71	39,914	27,445,338
2011	4.10	3.05	57419	36,629,667
2021	5.90	3.75	88,204	52,018,105

Source: Rajan *et al,* 1999, pp. 49-52.

Table 3

Overall Growth Rate (OGR) (%) of Total Population and Growth Rate (%) of the Elderly (GRE) in Goa and India

| Year | Goa | | India | |
	OGR	GRE	OGR	GRE
1961-71	3.70	1.24	2.17	3.23
1971-81	2.65	2.98	2.83	2.71
1981-91	0.08	0.08	2.55	3.39
1991-2001	0.96	4.09	2.02	2.89
2001-2011	0.93	4.65	1.61	3.65
2011-2021	0.68	4.14	1.53	3.94

Source: Rajan et al, 1999, pp.55-6.

Table 4
Median Age of the Population and Index of
Ageing for Goa and India

Year	Trends in the median age		Trends in the index of aging	
	Goa	India	Goa	India
1961	25.49	20.40	21.7	13.7
1971	24.69	19.50	17.4	14.0
1981	26.49	20.22	19.3	15.0
1991	22.60	21.58	18.5	17.6
2001	27.60	23.27	32.2	21.1
2011	31.70	25.43	51.9	26.4
2021	36.10	27.56	72.1	34.3

Note: Index of ageing = (population aged 60 +)/(population aged 0-14) x 100.
Source: Rajan *et al*, 1999, pp. *82-5*.

The data from the 1961 to 1991 Census have been used in all of the four tables. The projections for the period 2001 to 2021 have been as made by Rajan *et al* (1999). While there has been a decline in the proportion of the elderly population from 8.07 in 1961 to 6.34 in 1991, the projection in the table one shows the higher trends for the future decades. This is more so in the case of those aged 70 + . The trends in absolute number of the aged 70 + indicate slow and steady growth till 1991 and faster growth from 2001 (table-2). Comparing the OGR and GRE for Goa and India, at least during the decades to come, Goa will be greying faster than India as a whole. There is a fall in the OGR and rapid increase in GRE (table-3).

In the table-4 are given the two important measures of the ageing process, the median age and the index of ageing. The median age is defined as the age which divides the population into two equal halves. By reflecting the phenomenon of ageing it tells whether a given population is young or old. The increase in the median age is due to the fertility transition which reduces the number of children (Rajan *et al.*, 1999: 29). It can be noted that it was always increasing faster for Goa and the projection is much higher for Goa.

Index of ageing is defined as the ratio of population above 60 years of age to the population in the age group of 0-14. It is interpreted as the number of persons above age 60 per 100 children below age 14 years. As per the index (table-4), Goa is much ahead in the process of demographic transition and has shown and will be showing higher index value in future. Though the ageing process was much slower in India during

1961-91, it is expected to pick up faster within the next 30 years. The projection is that India will have the biggest number of elderly persons in South Asia (Rajan *et al*, 1999: 31).

What will be the fate of such a large number of old people in the coming years? The picture of the ageing scenario in India being painted by the gerontologists is rather gloomy. Dependent nature of older group, uneven sex-ratio, poverty and declining joint family relations are some reasons behind the pessimism. Some others feel that there is a glimmer of hope. The optimism is due to various reasons. The emancipatory potential of gerontology as an academic discipline, the liberating role of technology, the burgeoning voluntary organisations on the one hand and voluntarism among the elderly on the other are a few reasons that lead to better future for the elderly (Prakash, 2001: 5).

My concern in this paper is to address several related questions. Whether the peoples of Goa, the popular governments and the category of elderly have taken due cognisance of the profound demographic transition being ushered in? What preparations are made to ensure better quality of life for the elderly in the future in terms of social security? What are the dimensions of the social security for the elderly in the first instance? How to conceive of social security through a wide angled approach?

SOCIAL SECURITY FOR THE ELDERLY IN GOA

Ageing is not a homogeneous process and the category of elderly is made up of individuals belonging to different backgrounds. They differ in terms of health, economy, family status, rural-urban background, the type of engagements during the youth and so on. The problems being faced by the elderly are also many and different. Many a time this diversity is ignored and while formulating social security measures the popular governments look at the problem as a purely economic one. A sociological understanding of the category of elderly in Goa can be attempted by examining three types of conscious efforts at enabling the elderly to live a better life: 1) the political and administrative, 2) the interventionist, and 3) the voluntaristic.

Governmental Efforts

The Government of Goa has decided that hunger, induced by economic backwardness, is the main problem of the elderly. To arrest this problem, on 2 October 2001 a new old-age pension scheme entitled "Freedom from Hunger" was launched. Each beneficiary under this scheme, after amalgamating the existing social security schemes, would get a pension of Rs. 500 per month. The beneficiaries are: Toddy Tap-

pers, Coconut Pluckers, Rickshaw Drivers, Taxi Drivers, Motorcycle Pilots, Truck Drivers, Bus Drivers, Bus Cleaners and Conductors, Traditional Fishermen, Agricultural Labourers, Self-employed persons and any person who has no adequate income after retirement. The scheme is aimed at providing security to the poor beneficiaries, irrespective of whether their children earn, provided the beneficiaries' income is less than the total amount of pension per year. The government hopes that around 15,000 to 20,000 people are expected to be covered under it. The scheme proposes to provide the following benefits:

i. Pension to the beneficiary at the rate of Rs. 500 per month for life.

ii. In the event of death of beneficiary Rs. 500 per month to the spouse for life.

iii. On the event of death of both parents, Rs. 250 per child subject to a maximum of Rs. 500 per month till they reach the age of 21 years.

iv. Scheme opens for registration on 2 October 2001, and pension to commence by January 2001.

v. All eligible persons to be covered in a phased programme before March 2003.

vi. Pension will be paid to any member/spouse due to death/permanent disability before attaining the age of 60.

vii. Pension will increase at the rate of five per cent per annum to offset inflation.

viii. The scheme would be reviewed every third year.

ix. In the event of accidental death of the main beneficiary, his family would get an amount of Rs. 30,000 and pension to the eligible surviving member.[2]

As of now, the Directorate of Social Welfare, Government of Goa has received more than 25,000 applications and after scrutiny 8,000 applicants have already been identified as beneficiaries and have received the first instalment of the pension.[3] The number of applicants is increasing. The main reason was its linkage with the political machinery of the state. Each application has to be forwarded by the MLA of the constituency where the applicant resides.

According to the estimate of the Assistant Director, Directorate of Social Welfare, Government of Goa, the most vulnerable section of the Goan society comprises around one 0.1 million population and within a few years the new social security will cover 30,000 of them. Among them the elderly are in the majority.

This attempt of the Government of Goa to provide pension to the financially constrained elderly is noteworthy on several grounds.

1. When compared with the other pension schemes, the upper limit of the pension (Rs. 5,000 per month) is higher. The amount of old age pension under the National Old Age Pension Scheme (NOAP) is Rs.

75 per month. Under this scheme presently 2,200 elderly are getting pension in Goa.

2. The targeted number of the beneficiaries is also higher (initially 1,500 to 2,000).

3. The beneficiaries are clearly defined according to the membership in the unorganised occupational categories. Thus the class background has been recognised as an indicator of backwardness among the elderly.

4. The pension is disbursed through bank transactions. This is not only quick but it also frees the elderly from the problems associated with the receiving of money orders. This is significant in view of the recommendations made by social gerontologists to rationalise old-age pension schemes and streamline disbursement procedures (Mahajan, 1985 quoted in Gandrade, 2000: 99).

As the scheme is in its infancy, any judgement on its implementation will only be premature. I cannot resist from making a few observations on the initiation of the project which I feel has been launched hastily. A systematic documentation of the experiences and real troubles of the different categories of the elderly and the gerontological assessment of the elderly situation in Goa are prerequisites for the successful implementation of a project aimed at creating a better future for the elderly. Hunger is not the only problem of the elderly. Ensuring a flow of some fixed finance may not guarantee humane living condition by itself.

Along with a decent standard of living, the elderly need to be provided with opportunities to lead a healthy and creative life and to enjoy freedom, dignity and respect. Can we cling solely to the popular governments and elected representatives to achieve this?[4] As it is, there is strong suspicion among the general public about the state's capacity to bring about social transformation in the desired direction.

The post-independence political developments in India have shattered the hopes of those who, at the dawn of independence had faith in the sincerity and integrity of political leaders. Mahatma Gandhi's scepticism that the government could not be an effective agency for promoting the values needed for building a human society (Dantwala, 1998: 31) is now being shared by many. Because as observed by Srinivas, corruption is now the dominant value in political and social life. "Corruption has grown phenomenally during the last 30 years, and no area of life is free from it. Over the years corruption has come to be accepted as a fact of life, and it is widely known that the citizen has to pay officials and politicians for permits, licenses and other favours" (1997:62).

The indisposition of governmental initiatives to cater to the social security observed in other parts of the country is not fully applicable to Goa where the government itself is running Old-Age Homes for the

destitute elderly. The important fact is that the political leadership and the officials are sensitive to the issues of demographic transitions. The present government in Goa, taking cognisance of the prevailing problem of abandoning of the elderly parents by their children, has approached the government at the Centre seeking its permission to bring into vogue a Parent Maintenance Bill. A few Old-Age Homes are run by the government. Any state-sponsored welfare activity, howsoever enlightened it may be, is not an end in itself; mustering popular support is the end. Ostensibly, the voluntary actions to social well-being are guided by different approach. For analytical purposes, I will categorise these initiatives into two, the interventionist and voluntaristic.

Interventionist Initiatives

The Non-Governmental Organisations (NGOs) which are sensitive to the elderly issue have taken note of the two interrelated aspects of demographic transition, one, the increasing number of the dependent elderly population and two, the declining of the family support system. The NGOs have responded to this situation by establishing Homes for the Aged. Presently there are about 70 such institutions situated in several parts of Goa.[5] The number of such institutions in India is just about 400, thus, about 17.5 percent of the total institutions in India are in Goa. Reacting to this trend Patil (1999) feels that this is indicative of the severity of the problem not so much in economic terms but more so in the sociological sense as in many institutions the aged are admitted by paying handsome fees. While this may be a continuation of a Portuguese tradition of institutionalised geriatric care, in the post-liberation phase it is a pointer to increasing overseas migration of the Goan youth living behind their elderly relatives.

The NGOs working in this area are run with the help of donations from two religious groups in Goa, Christians and Hindus. Any systematic and in-depth social scientific study of the institutions for the elderly is yet to be attempted. Such a study, once undertaken, may reveal not only the characteristics of the elderly in such institutions but also tell about the causes for the increase in the number of such institutions.

The role of the NGOs, both religious and secular, is also evident in preparing the elderly internally to accept the changing reality that they are greying and that the younger generation is different from them. The Chinmaya Mission, for example, has conducted and is conducting training camps for the elderly to face the challenges in the later phase of their life.

Voluntaristic Initiatives

As such, the voluntary initiatives in elderly care are taking deeper roots in Goa's socio-cultural life. Several secular as well as religious voluntary agencies are expanding their activities in geriatric care. What is noteworthy is voluntarism among the senior citizens themselves who have formed the Senior Citizens' Forum, Goa. One of the major aims of the forum is to identify and help those senior citizens who are in dire need of support. The suicide rates among the elderly is on the increase in Goa and the forum has identified the growing apathy and negligence among the children of the senior citizens as the reason for the crises. The forum works on several fronts: extension and diversification of geriatric health services, assisting the senior citizens in managing their savings, negotiating a substantial discount for those senior citizens who have to travel, and provision of recreational facilities for various types of the elderly.[6]

CONCLUSION

The issue of social security for the elderly in a changing society cannot be dissociated from the process of ageing. As a process, ageing is multi-dimensional. It is entangled in the physical, social and cultural processes of life. The consideration of the aspects of social security for the elderly in Goa has shown that such external factors as the demographic transition, social change, political decisions and manipulations, priorities of the younger generation and the internal personality factors of the elderly themselves make their social worlds. In this context social security cannot be just financial security. It may be medical help or guidance in savings management; it may also be security from criminals.[7]

We have to note that totalising measures are to be discarded in place of case-specific measures that are guided by the perspective of pluralism. According to this perspective, any socio-cultural and demographic situation is because of multiple causation and in turn leads to both anticipated and unanticipated conditions and consequences. The role of the social gerontologist is to critically look at both of them. If we take the example of "Freedom from Hunger" project in Goa, it is time now to draw the attention of all the needy elders towards it. Its gerontological assessment should also look into its unintended consequences, especially in the nature of political manipulations.

The formulation of case-specific social security measures calls for the periodic gerontological assessment of the population and it is a titanic and an on-going task. As the emerging phenomenon is huge, so also are the preparations to normalise it.

NOTES

This is the revised version of the paper presented in absentia at the International Conference on Issues of Population Stabilisation and Development held at Cuttack, India, from 8 to 10 February 2002.

1. Ashish Bose has developed a statistical and anthropological method to be employed in the study of the living conditions of the elderly. Designed as HO-FIT, this method is based on his recent study on the elderly in Delhi sponsored by the United Nations Population Fund. Each letter stands for a particular measurement. 'H' is for health security, 'O' for own level of confidence, 'F' for family security, 'I' for income security and 'T' for transcendental support. He feels that data for all the five elements are required to assess the condition of the elderly (Reported by Rajkumari, 1999).

2. See *The Navhind Times,* a local daily from Goa, dated August 17, September 25 and October 2, 2001. The information has been confirmed with Shri Santana Fernandes, the Assistant Director, Department of Social Welfare, Government of Goa, who provided me with a copy of the "Rules Regulating the Scheme of Dayanand Social Security Scheme, an Initiative under the *Freedom from Hunger Project."*

3. I interviewed Shri. Santana Fernandes on 20 March 2002 and he was kind enough to update my knowledge about the progress of the *yojana.*

4. The identification of the beneficiaries and facilitating them in applying is the lookout of the local political leaders under the Dayanand Social Security Scheme. Party politics has its inherent cleavages. "The senior citizens of Sattari taluka in Goa alleged that political leaders provided the scheme forms only to their well-wishers. They demanded that the scheme forms should be made available through the Block Development Office or *Mamlatdar* office of the *taluka* instead of the local politician" (The *Navhind Times,* 14 February 2002).

5. Reported in the handbook of Sneha Mandir, an institution for the elderly managed by the Goa Hindu Association published in the year 1998, p. 28.

6. The excerpts of an interview with Mr. Abdul Mavany, the president of the forum, entitled "The Aged: Holding Out Hope" has appeared in the *Panorama, The Sunday Navhind Times,* 2 December 2002.

7. Alarmed by the rising crimes against the elderly in Goa the Forum of Senior Citizens has recently pleaded with the Police to give priority to the safety of the senior citizens.

REFERENCES

Angle, Prabhakar. 2001. *Goa: An Economic Update.* Mumbai: The Goa Hindu Association, Kala Vibhag.

Dantwala, M.L., Harsh Sethi and Visaria Pravin. 1998. *Social Change Through Voluntary Action.* New Delhi: Sage Publications.

Gangrade, K. D. 2000. 'Studies on Old Age,' in M. S. Gore (ed.), *Third Survey of Research in Sociology and Social Anthropology,* Vol. I. New Delhi: Indian Council of Social Science Research and Manak Publishers.

Government of India. 1982. *Aged in India.* New Delhi: Ministry of Welfare, Government of India.

Prakash, Indira Jai. 2001. "New Hopes in the New Millennium: Reasons for Optimism about Ageing in the Future."' *HelpAge India Research and Development Journal* 7 (1): 5-13.

Khan, H. I. 1997. 'Reflections on Ageing in Indian Context' in M. G. Husain (ed.). *Changing Indian Society and Status of Aged.* New Delhi: Manak Publishers.

Mahajan, Amarjit. 1985. 'Evaluation Study of the Scheme of Old Age Pension in Haryana.' Research Report submitted to the Ministry of Social and Women's Welfare, Government of India, New Delhi.

Patil, R.B. 1999. "Problems of the Aged In Goa: Some Reflections." *Samaja Shodhana: Journal of the Mangalore Sociology Association* 8 (2): 9-20.

Rao, V. N. and R. Parthasarathy. 1999. "Coping with Retired Life Needs New Attitudes." *Social Welfare* 46 (7): 16-7, 22.

Rajan, Irudaya, S., U.S. Mishra and P. Sankara Sharma. 1999. *India's Elderly: Burden or Challenge.* New Delhi: Sage Publications.

Rajkumari, Anuradha. 1999. "Pursue a Hobby to be Happy in Old-Age."*The Navhind Times,* October 8, 1999.

Srinivas, M.N. 1997. 'Changing Values in India Today', in Ghanshyam Shah (ed). *Social Transformation in India,* Vol. I. Jaipur: Rawat Publications.

Unruh, David, R. 1983. *Invisible Lives: Social Worlds of the Aged.* New Delhi: Sage Publications.

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