

INDIA'S AGEING ADULTS' AWARENESS AND KNOWLEDGE OF ORGANIZATIONAL SUPPORT

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ABSTRACT

Aging is a highly complex and variable phenomenon and is not a uniform experience for all. It is a Phase where ageing adults face multiple problems like physical, social and economical. There has been a trenchant increase in the proportion of greying population in India resulting to demographic transition. This population shift has important psycho-social, economic and health consequences, particularly among the geriatric population. With the rapidly growing geriatric population there is a growing need to take care of them. Central Government of India and various State Governments, have taken up the responsibility to provide care to this population and have started various schemes to render care, shelter, protection and reassurance for a successful ageing. Also, there are several non-governmental organizations (NGOs) which have undertaken the work of taking care of this population. The aim of this study was a) to assess the knowledge and awareness of the organizational support available to selective ageing adults. A self made inventory was used to measure the knowledge and awareness of welfare schemes of 148 ageing adults residing in urban area of Bikaner city of Rajasthan, belonging to age group of 60-80 years. The result showed that the majority of the ageing adults were not aware about several ongoing welfare schemes available to them. Whereas excellent awareness was observed regarding some of welfare schemes like old age pension, discount in travel fare, free medicines and free health checkups. The participants also reported the difficulties faced by them in the accessibility of the programmes and policies. The major problem was time consuming process.

Keywords:Ageing, non-government organisation, organizational support and welfare schemes.

I.INTRODUCTION

The elderly are those who are close to or have outlived the usual human life span. The ageing border is difficult to define precisely because it has different meanings in different communities. In January 1999, the Indian government issued a "National Policy on Older Persons." A person who is 60 years or older is considered a "senior citizen" or "elderly" according to the guideline [1]. In India now, there are an estimated 90 million senior persons [2]. The current situation with respect to the elderly plainly demonstrates that their numbers have expanded globally over the previous several decades and will continue to do so in the coming years. Unlike in the past, the role of the family as primary caregiver for the elderly has changed in recent years as a result of structural transitions, both internal and external, most notably owing to nuclearization of the family. As a result, the government/state has taken up a portion of the duty for caring for the elderly in the shape of numerous social and economic security programmes. Though such initiatives have given individuals with a sense of economic stability, there is a need for long-term policies that

can have a bigger influence on the lives of the elderly[3]. With the rapidly rising senior population and changes in the family system, there is a growing need to care for them, and both the federal and state governments have made significant provisions for them. Almost every aspect of living for elderly people has been addressed through numerous programmes and regulations. Not only the government, but also corporations, civic society, and non-governmental organisations (NGOs) are striving to safeguard and enhance the wellbeing of the elderly.

II. OBJECTIVES

1. Research the present assistance programme for senior citizens.
2. To determine how well-informed and aware older individuals are about welfare programmes.

III. MATERIALS AND METHODS

The study was conducted on the elderly residing in the urban areas of Bikaner district of Rajasthan, India. The study comprised 148 elderly persons (72 men and 76 females) between the ages of 60 and 80. The HelpAge India Mobile Medicare Unit (MMU) Bikaner assisted in the selection of this sample (N=148). On the basis of the ageing population, HelpAge India MMU Bikaner has divided the city of Bikaner into 12 sectors. Out of these 12 sectors 5 sectors belong to rural areas and rest of the 7 sectors are from urban ecological background. To maintain homogeneity in the ecological and demographic profile of the sample only urban sectors were selected for the study. Out of these 7 sectors only 5 sectors were selected by using simple random sampling. A total of 30 aging adults (including males and Females) were further selected by purposive sampling (snowball technique) method from each sector. Respondents were selected through personal contact and on the basis of their availability. Respondents belonging to low socio economic group were included as sample. Only those respondents who wanted to be part of the study were selected. Home visits were made for establishing good rapport and extract qualitative information from the respondents. The sample population's knowledge and awareness of welfare programmes were measured using a self-made inventory. The data so compiled was subjected to appropriate statistical analysis.

IV. RESULTS AND DISCUSSION

Among the 148 ageing adults individuals studied 72 (49 percent) were males and 76 (51 percent) were females. The proportion of young old (60-70 years) was more (79.05 percent) than the oldest old (71-80years). It was observed that 40.33 percent were illiterate interestingly the data shows that 40.7 percent were educated till class 8th. It was seen that majority (57.4 percent) of the respondents were from general caste and 70.9 percent were unemployed.

The **Table 1** showed the level of awareness of the respondents regarding social welfare schemes. It was seen that among the total sample majority (79.7 percent) of the total respondents were aware about the old age homes where as 20.3 % were not. No significant difference was found between male and female respondents (0.325). In terms of entertainment facilities, it was discovered that the vast majority of respondents (94.6%) were unaware of the entertainment options accessible to them, while just 5.4 percent claimed they were aware of any such option. There was no statistically significant difference (0.937) between male and female responders.

Table 1. Awareness of the respondents regarding Social Welfare Schemes

Welfare schemes	Male		Female		Total		Chi Sq (p-value)
	Freq	%	Freq	%	Freq	%	
Old Age Home							
No	17	23.6	13	17.1	30	20.3	0.968 (0.325)
Yes	55	76.4	63	82.9	118	79.7	NS
Entertainment facilities							
No	68	94.4	72	94.7	140	94.6	0.006 (0.937)
Yes	4	5.6	4	5.3	8	5.4	NS

Table 2. Availability of Entertainment Facility

Entertainment facilities	Male		Female		Total		Chi Sq (p-value)
	Freq	%	Freq	%	Frequency	%	
Manoranjan Club							
No	69	95.8	74	97.4	143	96.6	0.267 (0.605)
Yes	3	4.2	2	2.6	5	3.4	NS
Senior citizen park							
No	49	68.1	51	67.1	100	67.6	0.015 (0.902)
Yes	23	31.9	25	32.9	48	32.4	NS
Garden and Park							
No	42	58.3	31	40.8	73	49.3	4.553 (0.033)*
Yes	30	41.7	45	59.2	75	50.7	
Others							
No	67	93.1	76	100	143	96.6	5.462 (0.019)*
Yes	5	6.9	0	-	5	3.4	

The availability of entertainment facilities is shown in Table 2. The majority of respondents (96.6 percent) claimed manoranjan club was not available for their enjoyment, 67.6% said senior citizen park was not close to their house, and 96.6 percent said no other entertainment venue was available. Surprisingly, the data showed that over half of the population (50.7 percent) had access to a garden. With the information provided, it is possible to deduce that the current population has a lack of entertainment options

Table 3. Participation in Social Activities

SOCIAL ACTIVITIES	Male		Female		Total		Chi Sq (p-value)
	Freq	%	Freq	%	Freq	%	
Regular Temples Visit							
No	0	-	1	1.3	1	0.7	0.954 (0.329)
Yes	72	100	75	98.7	147	99.3	NS

Participation in BhajanSandhya							
No	0	-	3	3.9	3	2.0	2.901 (0.089)
Yes	72	100	73	96.1	145	98.0	NS
Religious Activities							
No	5	6.9	2	2.6	7	4.7	1.526 (0.217)
Yes	67	93.1	74	97.4	141	95.3	NS
Marriage Party							
No	3	4.2	2	2.6	5	3.4	0.267 (0.605)
Yes	69	95.8	74	97.4	143	96.6	NS
Social Activities							
No	2	2.8	2	2.6	4	2.7	0.003 (0.956)
Yes	70	97.2	74	97.4	144	97.3	NS
Others							
No	5	6.9	7	9.2	12	8.1	0.255 (0.614)
Yes	67	93.1	69	90.8	136	91.9	NS

Table 3 indicates the respondents' engagement in social activities. All of the respondents participate actively in social and religious events, with 99.3 percent visiting temples on a regular basis, 98 percent participating in BhajanSandhya, and 95.3 percent attending religious activities such as fasting, Pujan, Mundan, and Condolence gatherings, among others. In addition, these individuals have a high presence at wedding celebrations (96.6 percent) and are primarily involved in social activities (97.3 percent).

Table 4. Awareness of the respondents regarding Economic Welfare Schemes

ECONOMIC WELFARE SCHEMES	Male		Female		Total		Chi Sq (p-value)
	Freq	%	Freq	%	Freq	%	
Old Age Pension Scheme							
No	5	6.9	1	1.3	6	4.1	3.011 (0.083)
Yes	67	93.1	75	98.7	142	95.9	NS
Discounts in travel fare							
No	16	22.2	26	34.2	42	28.4	2.614 (0.106)
Yes	56	77.8	50	65.8	106	71.6	NS
Annapurna Yojna							
No	61	84.7	59	77.6	120	81.1	1.212 (0.271)
Yes	11	15.3	17	22.4	28	18.9	NS
Mukhyamantrijeevanrakshakosh							
No	60	83.3	61	80.3	121	81.8	0.234 (0.629)
Yes	12	16.7	15	19.7	27	18.2	Ns
Others							
No	59	81.9	61	80.3	120	81.1	0.068 (0.794)
Yes	13	18.1	15	19.7	28	18.9	NS

Table 4 shows the respondents' understanding of economic welfare programmes. Many people were unaware of social programmes like the "Annapurna Yojna" (18.9%) and "MukhyamantriJeevanRakshaKosh" (18.2 percent). More awareness campaigns on welfare programmes like Annapurna Yojana and MukhyamantriJeevanRakshaKosh are needed by the government. Although the majority of respondents were aware of programmes such as old age pension plans (95.9%) and transport cost reductions (71.6 percent).

Table 5. Awareness of the respondents regarding Health Welfare Schemes

HEALTH WELFARE SCHEMES	Male		Female		Total		Chi Sq (p-value)
	Freq	%	Freq	%	Freq	%	
Free Medicine							
No	0	-	1	1.3	1	0.7	0.954 (0.329) NS
Yes	100	100	75	98.7	147	99.3	
Free Health Checkup							
No	3	4.2	3	3.9	6	4.1	0.005 (0.946) NS
Yes	69	95.8	73	96.1	142	95.9	
Geriatric hospitals							
No	42	58.3	24	31.6	66	44.6	10.711 (0.001)**
Yes	30	41.7	52	68.4	82	55.4	
Separate beds in hospital							
No	65	90.3	73	96.1	138	93.2	1.957 (0.162) NS
Yes	7	9.7	3	3.9	10	6.8	
Mobile medicare unit							
No	30	41.7	14	18.4	44	29.7	9.563 (0.002)**
Yes	42	58.3	62	81.6	104	70.3	
Free health check up camp							
No	13	18.1	20	26.3	33	22.3	1.456 (0.228) NS
Yes	59	81.9	56	73.7	115	77.7	
Day care centre							
No	70	97.2	74	97.4	144	97.3	0.003 (0.956) NS
Yes	2	2.8	2	2.6	4	2.7	
Physiotherapy centre							
No	68	94.4	72	94.7	140	94.6	0.006 (0.937) NS
Yes	4	5.6	4	5.3	8	5.4	

Table 5 depicts the awareness of the respondents regarding health schemes and services. A poor level of awareness has been observed in respondents regarding availability of Physiotherapy centers (5.4 percent), Day care centers (2.7 percent) and availability of separate beds in hospitals (6.8 percent). Strong measures must be taken by the governments in order to promote these facilities.

However, respondents showed a high degree of knowledge of free health checkup camps (77.7%), followed by mobile medicare units (70.3%), and geriatric hospitals (70.3%). (55.4 percent).

The majority of respondents (95.9%) were aware of free health checkup camps, and almost all (99.3%) were aware of the government's free medicine initiatives, which is a highly heartening and hopeful indicator for the society, especially for poverty-stricken elderly folks.

V. CONCLUSION

Central Government of India and various State Government, have taken up the responsibility to take care of the elderly and have started various schemes to provide care and support for the ageing. Also, there are several non-governmental organizations (NGOs) which have undertaken the work of taking care of this population. It may be

stated that there is a gap between the providers and the beneficiaries of these programmes and policies owing to a lack of information, assistance, and reliance on others.

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