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SOCIAL SECURITY MEASURES AND LIFESTYLE BEHAVIOUR OF ELDERS

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1. ABSTRACT

1.1 Background

Every person – in every country in the world – should have the opportunity to live a long and healthy life. Yet, the environments in which we live can favor health or be harmful to it. Environments are highly influential on our behavior and our exposure to health risks, our access to services like health and social care and the opportunities that ageing brings. Old age has many positive and negative aspects associated with it. Often the realities, perceptions and expectations vary a lot and become a source of distress. It is important to evaluate the concerns and reflect on the possible solutions.

2. Objectives

- *To study the various age-related issues influencing the lifestyles of older people.*
- *To understand the social security measures for elders in urban settings.*

2.1 Method

The qualitative study was taken up to know the social security measures for elder people and to study the lifestyle of the older adults for their well-being.

2.2 Inference: *There are many social concerns raised by the older adults and they are needed to be addressed. Awareness, provision of information on how to approach the concerned authority for utilizing the scheme and ease of administrative procedures should be the important part of providing social security measures for older people. These require multi-level and multidisciplinary levels of checks to deal with and help the elderly to lead a healthy lifestyle with long term social security.*

3. KEY WORDS: *Ageing, Health, Social Security, lifestyle, common health conditions, India.*

4. Preamble: India, one of the oldest civilizations around the world, is the country with a long history of almost 5000 years and extremely complex social structure. Most of the religious groups around the world like Hinduism, Islam, Buddhism, Christianity, etc., are present here and in addition, there are a variety of cultures and sections with different belief and rituals under the same constitution. Thus, Indian social matrix and cultural pattern is characterized by **"*Unity in diversity*."**

5. Social Security for Elderly – Introduction

Until recently, family and adult children took on the responsibility of looking after their elderly and were considered to be a reliable source for providing old age security. However, these traditional sources of old age security have come under great strain due to the increased longevity[1] of the elderly, and other widespread

- [1]Author - Sumati Kulkarni, Siva Raju, SmitaBammidi: Increased Awareness, Access and Quality of Elderly Services.

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demographic and socio-economic-cultural changes taking place in these transitional societies. The problem is more acute among the poor elderly who, with their deteriorating health conditions, are unable to work for earning and have hardly, if ever, any savings to fall back upon. Marginalization of the poor – an unforeseen consequence of globalization – and increasing feminization of poverty have further underscored the need to adopt suitably targeted measures that provide social security to the elderly.

Like a few other developing countries, the Government of India as well as the State governments have undertaken some initiatives in this direction. Presently, the debate on provision of social security to the elderly revolves around the eligibility, coverage, pension amount, appropriate form of assistance to the elderly (food or physical assistance or monetary help etc.), delivery mechanisms, their suitability, and the economic implications of such measures.

6. Indian Social Security System

In India, since time when the British introduced the concept of retirement benefits for employees, a multitiered system of social security evolved over the long period. However, until recently, the focus has been on the organized sector. The pension system that was created for government employees in 1881 by the British rulers was retained by the Indian government even after independence. The Adarkar Report of 1944 laid the groundwork for a social security system in India. Pension policies that evolved from 1940s to 1960s cover mainly employees in the organized sector. The elderly, who were working in the organized sector could also avail of the benefits under various acts such as the Employees' Provident Fund Act 1952, Family Pension Scheme 1971, Payment of Gratuity Act 1972, Deposit-linked Insurance Scheme1976, Group Insurance and General Provident Fund Scheme 1982 and finally, the National Pension Scheme 2004.

7. Concept of Social Security

Social security is defined by the International Labour Organization (ILO)[2] as 'the protection which society provides for its members, through a series of public measures to prevent the social and economic distress that would otherwise be caused by the stoppage or substantial reduction in earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death; the provision of medical care and the provision of subsidies for families with children (ILO, 1942).

According to Sir William Beveridge (1943), who is widely accepted as the father of the United Kingdom's social security system, it is 'security of an income to take place of the earnings interrupted by unemployment, sickness or accident, to provide for retirement benefit, to provide against the loss of support by the death of either person and to meet exceptional expenditure such as those connected with birth, death and marriage.'

Social security is a basic human right, which was recognized in the United Nations Declaration of Human Rights in 1948. The Right to life, recognized as a fundamental right by Article 21 of the Constitution of India, implies the Right to live with human dignity. It encompasses not only the security regarding the basic human needs of food, clothing and shelter, but also health security. Social security schemes usually give priority to income security because, generally, the basic needs of the vulnerable sections may be satisfied, if people have an adequate income.

Most of the elderly become vulnerable due to their inability to work and earn. Vulnerability due to advancing age can be anticipated in time, and can be mitigated by making specific provisions if one has an adequate income.

In traditional agricultural societies, families, especially in the joint family system with multi-generational co-residence, usually take care of the economic and emotional security needs of the elderly. When people and families are not able to make arrangements for the care of the elderly, their needs must be provided for by society/state, either in cash or kind (through social insurance and social assistance schemes).

In developed countries, the elderly are covered by an elaborate system of social security. The nature of the issues of the elderly in developing countries is vastly different due to factors such as chronic poverty, unemployment and underemployment as well as the existence of a large informal sector. Many researchers have, therefore, argued for the need to adopt a more extensive notion of social security for LDCs as they felt that the type of social security programmes implemented in developed industrialized countries are generally neither appropriate nor economically feasible in poor countries.

8. **Indian concepts of lifestyle:**Lifestyle is the perception of a particular society towards life and the way its people live, think and behave. It includes dietary practices, physical-mental activities, cognitive exposure as well as cultural and environmental revelation. The "Vedantic" literature says that life is *sacred and eternal* and according to this belief when the life particles interact with material elements, various events like birth, disease, old age and death result. In Rig Veda, desire for longevity

- [2]Author - Sumati Kulkarni, Siva Raju, SmitaBammidi: Increased Awareness, Access and Quality of Elderly Services

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and health (mental and eternal physical) is best exemplified in the much-quoted Atharva Veda *sukt*: "*Pashyemsharadahshatam, Jivetsharadahshatam*" (let me see 100 autumns, let me live 100 autumn).

9. **Concept of Ageing:** At the biological level, ageing[3] results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. These changes are neither linear nor consistent, and they are only loosely associated with a person's age in years. The diversity seen in older age is not random.

Older people are a valuable resource for any society. Ageing is a natural phenomenon with opportunities and challenges. According to Census 2011, India has 104 million older people (60+years), constituting 8.6% of total population. Amongst the elderly (60+), females outnumber males.

Increase in longevity and decline of joint family and breakdown in social fabric pushes seniors into loneliness and neglect. A healthy life, with physical activity, good diet, and other habit-forming substances is recommended.

10. **The Indian lifestyle and its basics:**The Indian lifestyle is embedded in the principles of "karma" (action) and "dharma" (the righteous way to do the work). In the past and at present, both "karma" and "dharma" are given maximum importance in all Indian activities and deeds. According to the ancient scripture writers (Shastrakars), the dharma is based on four major factors i.e., (i) "Desa" (place, region); (ii) "Kal" (time); (iii) "Karma" (action, efforts, activities); and (iv) "Guna" (natural traits). It was the prevalent belief that a person should perform his "karma" as per the condition, demands, and experience of self as well as in perspective of "desa" and "kal." In this frame, only the activities carried out as per time, place and condition were considered as "Dharma." Indeed, "desa" and "kal" were significant factors contributing to dharma.

In Ayurveda, Shushruta advocates for "swasthyavritta" (positive health) recommending "dincharya" (daily routine), "ritucharya" (seasonal routine), diet, exercise and virtuous conduct for positive heath. Spiritual dimensions of personality are recommended by "Upnishads." 'Buddhism' favors to lead a well ordered life by opting middle course between self-indulgence and extreme simplicity. "Jainism" emphasized non-violence, vegetarianism, warmth and human sympathy. "Christianity" talked a lot about individual living style, systems and ways of salvation. "Yogguru Patanjali" advocated to follow eight-fold path of yoga to get insight and sublime purity of the soul. This could be achieved through adopting a particular lifestyle including 8 steps of "yoga" (1) "Yama" (self control) with five rules, i.e., non-violence, truthfulness, not stealing, chastity and the avoidance of greed; (2) "Niyam" (observance) through purity, contentment, austerity, study of Vedas and devotion of God; (3) "Asana" (posture) (4) "Pranayama" (control of the breath) (5) "Pratyahar" (restraint) (6) "Dharana" (steadying of the mind) (7) "Dhyana" (Meditation) and (8) "Samadhi" (deep meditation). All of these lifestyle concepts are being followed by various communities across the country till date.

11. **Indian lifestyle Vs Healthy Ageing – Needs and Activities:**

A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or a long-neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor: health.

Evidence suggests that the proportion of life in good health has remained broadly constant, implying that the additional years are in poor health. If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person.

Physical and social environments can affect health directly or through barriers or incentives that affect opportunities, decisions and health behaviour. Maintaining healthy behaviours throughout life, particularly eating a balanced diet, engaging in regular physical activity and refraining from tobacco use, all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity and delaying care dependency. Supportive physical and social environments also enable people to do what is important to them, despite losses in capacity.

The life of an individual was being regulated harmoniously according to the stages of life. It was believed that an individual life is to be lived for 100 years and therefore, has been demarcated into four stages (Ashrams) -"Brahmcharya" (studentship); "Grihstha" (householder); "Vanprasth" (forest dweller); "Sanyas" (ascetic) depending upon physical, psychological, familial, social and spiritual needs. This concept is still practiced by many individuals in India. This system was meant to maintain the discipline, peace and harmony in the family and society. Each of the stages was intended to prepare for the next.

- [3]Author - Ageing and its implications, P Jayanthi, Elizabeth Joshua, and K Ranganathan

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Brahmcharya proposed to achieve all round developments (including formal, informal education) of the child. This stage was to facilitate the individual to stand on his own feet in later stages of life.

The second stage, Grihastha (householder life) was planned to perform all the duties and debts according to dharma (right functioning). In this stage of life, it was suggested that one should acquire the Artha (wealth) by utilizing their wisdom and learned skill as well as satisfy kama (sex desire) in a righteous manner, according to dharma. Proper upkeep, stability, growth and development of human race, enjoying worldly life, earning money, having children, taking care of the family and its welfare, and performing various duties required by family and society' were the major activities of this stage of life. Vanprasth was intended to handover the household duties to one's successor, and leave the worldly life, luxuries and enjoyments. Manu Smriti describes this stage in following manner:

- "Grhasthastu yada pasyed vali palitamatmanah; Apatyasyaivacapatyamtadaranyamsamasrayet" (When so ever a householder gets to see wrinkles on his body, white hair on his head, and has his grandchildren, he should resort to the forest).
- Svadhyayenityayuktahsyaddantomaitrahsamahitah; Datta nityam-anadatasarvabhutanukampakah' (He should be engaged in regular study, control his senses, keep friendly behavior with everyone, and have a tranquil mind. He must give charity, should not accept gifts from others, and have mercy on all living beings).

The fourth Sanyasa (ascetic) ashram was meant to give up everything and exclusively perform intense "sadhana" (deep meditation). The aim was to reach the final goal of human life: "moksha" or freedom from all the activities of the worldly life and be in a peace-or realization of the God. According to Manu Smriti.

- "Vanesutuvihrtyaivamtrtiyambhagam-ayusah; Caturtham-ayusobjagamtyaktvasangan-parivrajet" (After spending the third portion of one's life in the forest, the fourth portion of life should be spent as a sanyasi, by surrendering all attachments (for the world).
- "Adhyatma-ratir-asinonirapeksonir-amisah; Atmanaivasahayenasukharthivicared-iha" (Delighting in meditation on the Supreme, independence from others, giving up all desires, with only the Self as companion, seeking supreme bliss, shall live like sanyasi).

Among the four Ashrams, "Vanprasth" and "Sanyas" basically relate to old-age lifestyle. Few persons may directly move from "Brahmacharya" to "Vanaprastha" or "Sanyas." The practice/performance related to "Vanprastha" is to devote one's heart and soul for intellectual activities and meditation; at the same time, he has to lead a life of self-control, friendliness and altruism with intention to give to charity. "Dharma" and "Moksha" become the main concern of life in the "Vanprastha.". In "Sanyas" ashram, the Sanyasi becomes fit to achieve immortality by not possessing any materialistic thing, by restraining his senses, by casting out the love and hatred from him, and by living a life of harmlessness to living beings.

In changing structures of socio-political power and patterns of religious belief, lifestyle of individuals gradually began to change. During the time of Buddhism (around 500 BC) a naove understanding of old age *–continued growth to a more sophisticated* way was brought into existence. The old age was characterized by decline and decay of body and its functions along with illness and death. The early "Buddhism" saw the ageing life as an incessant agony and monotony culminating in death. It was also perceived that elderly irrespective of their geographical limits remain in distress and turmoil. During Buddhist period, it was repeatedly declared "*Dukkhelokoptitthito*" (world is created by sufferings). "Buddhism" consider humans to be independent beings possessing free will bestowed to them by nature. However, the true nature of human beings is suffering because of egoistic desires which arise from spiritual ignorance. The Buddhist doctrine of dependent co-origination or "paticcasamuppada" contains the basic Buddhist insight into the Nature and the working of reality. The Buddhist approach to problems associated with the old age is to recognize the nature of the human condition, which is common to all people.

During the time of Asoka, hospitals were set up for care and proper upkeep of the society. However, no marked development was observed for the care of elderly. After the advent of Mughals, the conditions in the society remained more or less the same. It was during the British-Raj when the structure of society changed in a noted way. The concept of nuclear families came into existence as individuals became more centralized and concerned towards the well-being of their immediate families. In the long run, this culture became widespread and elderly were ignored to a great extent. They were left to fend for themselves and their needs were overlooked. The trend is still prevalent in large masses, but awareness is now slowly seeping in to motivate individuals in the society to look after the elderly.

The joint family with three to four generations of a single-family living together has always been an accepted and strengthened body of the Indian society. Each of the members of the family supposed to follow the rules and regulations; generally male members were holding head position of the family as traditional values support gender role preferences. Each member of the family has his or her own role and all the members were emotionally bonded with each other. There used to be a very strong support system for the family members. The changing socio-economic, political, technological environment has dramatically influenced the entire current scenario. In search of economic gains and livelihood, population has started moving from their own places to distant places. In the

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name of modernization, the changing circumstances are influencing the interpersonal relations, outlook towards life in an adverse manner. The modernization and emergence of nuclear families is gradually eroding these traditional living patterns.

12. Mental Health of Older Adults

Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time.

There may be multiple risk factors for mental health problems[4] at any point in life. Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. For example, older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care.

Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are healthy. Additionally, untreated depression in an older person with heart disease can negatively affect its outcome.

13. Indian Lifestyle Vs Mental Health:

India is a country which has bred a number of religious sects at different stages of its civilization and also adopted some alien religion and culture. Aryan, Hindu, Sikkhism, Jainism, Buddhist and some not very popular religions and culture took its birth on Indian soil. Religions and culture like Christianity, Islam, Bahai, Yahudi, Parsians, etc., were adopted in the country from alien nations. As a result, the lifestyle in India got colored under the shadows of cults and cultures. Added to that, India also witnessed development of sects based on the thoughts of Yogguru Patanjali, AadiguruShankeracharya, Swami RamkrishnaParamhans, Swami Vivekanand, Swami Dayanand, Sai Baba, Jaigurudev, etc., Consequently, the contemporary Indian lifestyle is the conglomeration of a number of lifestyles.

Every lifestyle has its positives and negatives. Following a particular lifestyle may be smooth as well as stressed. In ancient Indian situations people knew their specific roles to be performed during different stages of life and that left little room for development of psychogenic (exogenous) mental-health problems. Although biological (endogenous) mental-health problems were almost equally prevalent as “unmad” (mania); “avsaad” (depression); “sannipat” (delirium); “smritibhransh” (dementias); etc., as are today. A number of religions, sects, cults and the influences of the western world (like industrialization, urbanization, demographic movements) without any set patterns of lifestyle have become prevalent in the country. And, these factors are leading to conflicts and confusions and providing more opportunities to conflicts between soma, psyche and environment, which are leading to a variety of mental illnesses.

The lifestyle affects the longevity and health in old age. The “Atharva-Veda,” believed that mental illness might result from divine curses and it also provides the description for mental illness like schizophrenia. In Vedic period, mental health was described in two well-known Ayurvedic scriptures, the “Charaka Samhita” by Charaka, and the “Sushruta Samhita” by Sushruta. Both of these scriptures have established the roots in modern Indian medicine.

It is also described that health related problems take place due to imbalance in nutritional intake. Ayurveda advocates consumption of whole grain foods, fruits and vegetables for better mental health. Studies show that food with low amounts of life energy (prana) like over-ripened, overcooked, highly processed, frozen and refined food products should be avoided.Lifestyle (dietary habits, mental exercise, social networking, etc) also have role in preventing/developing cognitive disorders. Alzheimer's is more common in the community where elderly are socially isolated. The fear of death or the despair of the absurd, ignorance of life's meaning (apivarga in ayurveda) and the sadness secondary to loneliness were believed to be three common sufferings of old age.

In ancient systems, diagnoses (nidana) of illnesses were based on cause, premonitory indications (purvarupa), symptoms (rupa), therapeutic tests (upashya) and natural history of the disease (samprapti).Keeping the body in good health and free from diseases were very much persuaded in ancient Indian thinking. Ayurveda believed “old age is the foundation of all wisdom, virtues, enjoyments (bhoga) and the source of all ‘purusharth’ (dharma, arth, kam and moksha).”Disease due to senile degeneration causing decline in memory and intelligence (smritikhasay and medhakhasay) are referred in modern time as AD and other dementias. The health related problems were thought to be the result of divine curse, seasonal factors or bad deeds (*dosh bal, daivabal* or

[4] World health organization, fact sheets, mental health of older adults

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kalbalpravritti). To maintain health, healthy ways of life (dincharya, ritucharya) were advocated by "Ayurveda."Different mental-health conditions occurring in the old age are also featured in Indian epics.

Decline in the old age mental-health, however, is often the results of faulty lifestyle like smoking, alcohol intake, improper diet and lack of exercise as well as environmental and other external factors. Hence, this decline can be slowed down or even reversed at any age through the appropriate interventions to modify individual lifestyle or adverse environmental factors

14. Need for Social Security in Older people

As per 2011 Census, there were 104 million elderly[5] (60+) in India, as compared to 70.6 million in2001 and they are expected to cross 173 million by 2026.Out of 104 million elderly in 2011, 64million are young- old i.e. in the age group 60-69, 28.4 million in the old- old age group 70-80while 11.4 million are oldest- old i.e. above 80, of which 0.6 million are 100+.

Between 2000 and 2050, the total population of India is estimated to increase by 60% while that ofthe elderly is expected to shoot up by 360%. Rapid ageing is the result of expected increase in the lifeexpectancy from 1996 to 2021-25
About two-fifths of the elderly have no personal income.

15. Major themes raised by the older adults – Health Related:

- Anxiety
- Insomnia
- Dementia
- Diabetes
- Obesity
- Prostrate problems
- Dental problems
- Cancer
- Depression
- Neurological disorders
- Heart diseases
- Lack of interaction/ Isolation
- Lack of respect / Elderly Abuse
- Social Anxiety
- Stress

16. Major themes raised by older adults – Social Security Related:

- Increase in population
- Changing socio- economic scenario
- Illiterate
- Totally or partially dependent on their children or others
- Lack of awareness on the schemes
- Lack of care givers
- No other source of economic support
- Not owning any assets
- Poor administrative procedures

17. Solutions for concerns of elderly – Health Related:

- Adherence to medical advice
- Good Nutrition
- Balanced Diet
- Healthy Habits/ Healthy lifestyle
- Early diagnosis, in order to promote early and optimal management;
- Optimizing physical and mental health[6], functional ability and well-being;

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- Identifying and treating accompanying physical illness;
- Detecting and managing challenging behavior; and
- Providing information and long-term support to carers.
- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
- Implement strategies for promotion and prevention in mental health

18. Solutions for Concerns of Elderly – Security Related:

- Family and friends should provide proper information to the elderly
- More steps should be taken to raise awareness on social security measures.
- Provide recreation centers where elderly can gather and share information
- Use innovative technology to make the procedures easier.

19. Results: Discussion and feedback from the older adults suggested that while specific information and support were available for the health-related issues, there were some concerns; it was the social issues and security which were highlighted as a major cause of concern for the older adults. Lack of respect, unacceptable behavior of younger generation in the public places towards the elderly, inadequate or lack of infrastructure supporting elderly in various public areas, offices, conveniences or support systems were given as examples. There was no visible implementation of laws on the ground, although many were available to support or protect the elderly. Suggestions for possible solutions were offered which included: more involvement of multiple agencies along with the government, nongovernment organizations working in the field of old age, authorities for law and order and legal systems, all working in tandem keeping focus at the needs of the elderly. While the elderly aresupported it was considered vitally important to take care of their dignity and self-respect. It was felt that awareness needs to be raised in all quarters, from educational set ups to even political establishmentsto support the cause of the elderly and safeguard their dignity

20. Conclusion: The Indian model of the society has excellent concepts regarding the all-round development of an individual with proper stress on the importance of caring for ageing. Traditional values and beliefs are transferred from one generation to other through the elderly.

Social security and welfare aspect is an integral part of overall national development. A modern welfare nation needs to bear duty and responsibility of social security in order to develop the socio- economic and other sectors of its elder citizens. It should design appropriate structure and programmes of social security with limited limitations. It is the elderly's social right to deserve security measures.The multilevel and multi-disciplinary checks should be done to deal with and help the elderly to lead a happy and healthy and a socially secured lifestyle as they deserve the respect and attention they have been ignored of.

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