ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

Introduction of New Aspect of Revenue Generation Through Park Based Old-Age Home

Somenath Sarkar*, Suraj Ghosh& Sumantra Sarathi Paul*****,**

Prof., MCET,Secretary of Education Cell,BJP,Murshidabad.

****Businessman, Social worker, active member of BJP, Murshidabad. Sumantra Sarathi Paul, *****MBA.***

ABSTRACT

Through this project, we have tried to show a new aspect of revenue generation through park based old-age home. Before it, we have seen exclusively either old-age home having no profit seeking attitude or park having the intention of providing services as well as achieving profit. To establish old age home and park differently, the land requirement will be greater than the land needed to set up this new collaborated or merged concept of park based old age home. In the campus of this project, a part of fisheries will be included rounded by greenery. The revenue generation is because of the selling of tickets to the public entering the park and selling and leasing of fisheries. The members or boarders of the old age home will be utilized to the different works of the park according to their will. The revenue generation and providing of service in this new way will increase the income of local body as well as the attractiveness of the public and it can be useful to reduce mental agony and frustration of the aged boarders of old-age home. The campus will also include library both for the use of boarders and general public or outsiders. A very low amount of fees will be charged to the out- siders to use library books, in this way, their new project may fetch revenue and provide service to the people. This new project may be named as 'Parkome' project.

Key words: *Old-age home, Library, park, fisheries, revenue generation, etc.*

PRESENT SCENARIO OF OLD-AGE HOME

Old-age home is the abode of the helpless, wretched and frustrated aged people who are deprived of the happiness, comfort and affection to be given by their own sons, daughters and relatives. These aged people are taken to old-age home and provides all types of primary services. The aim of these homes is not to make profit-and this is why, the present situation of old-age home is very distressing. Different reports and statistics say, the quantity of food, clothing, room is not up-to the mark. The medical facility provided here is very primary and some times, a lacking attitude is viewed.

India, a sub-continent that carries 15% of the world's population, is gradually undergoing a demographic change as a result of many factors including specific development programs. With decline in fertility and moratality rats accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons(accepting 60 years as a practical demarcation for defining the elderly) in 1951, the sixty plus population was around 21 million. Three decades later in 1981 it

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

was a little over 48 million, a further decade later in 1991, this has increased to 54.7 million and for 2001 it is projected to be nearly 76 million (medium projections). Calculations also based on census reports show the decadal rate of growth of the population in the age category sixty plus to be higher than that of the general population. It is estimated that the decadal growth rate for 1991-2001 (medium projection) in the age group 0-14(which for most national planning such as policies such as education, welfare and health is an important target group) will be only 6.7 % while that of the 60+ population will be 38.4 percent. These demographic facts and trends make the elderly in India a decreasingly important segment of the population pyramid in the coming years.

The retirement age is set at age 58 for government employees and age 60 in most other progressions. Census data in 1991 recorded 55 million persons aged 60 and over, representing as 6.5 percent of the total population. Life expectancy at birth as reached age 62. The increase in the elderly population between 1951 and 1991 (38%) was greater than for the general population (18.9%). More than four times as many older persons live in the rural areas of India as in urban areas. (Gokhle and Dave, 1994)

POVERTY AMONG THE ELDERLY

There are no specific official data on the income of the elderly in India. The estimated numer of poor persons in the total population of India was 27.2 million in 1984-85 (Goverment of India, 1986) Gore (1992) estimated that about 6% of the poor persons, that is about 16.3 million persons were above the age of 60 years and poor. He also adds that a vast majority of the poor elderly persons were not receiving old-age pension. Although current official estimates of poverty among the elderly are not available, we can be sure that there are millions of elderly persons below the official poverty line. But it is important for us to bear in mind, the many limitations of official poverty estimates despite the fact that official poverty estimation relies almost completely on monetary sources of income, the Indian Census data cover the other.

Aspects such as illiteracy, employment, dependency, living arrangements, and health problems among the elderly.

ILLITERACY

In India, literacy levels have increased between 1961-and 1981 in the general population and in the population aged 60 years and above. In 1981, among the elderly males, only 34.79% were literate as against 46.89% in the overall male population. Among the female elderly, only 7.89% were illiterate as against 24.82 % in the overall female population. Although there seems to be an increasing trend, it is disturbing to note the fact that, in 1981 majority of male and female elderly were remaining illiterate. Moreover, the situations seem to be worse in the case of the elderly females. During the last decade, the government implemented many literacy programs throughout the country very vigorously. In any parts of the country, many districts have been declared as 100% literate. But, there are no official data regarding the improvement in the literacy level among the elderly population between 1951 and 1991 (38%) was greater than for the general population (18.9%). More than four times as many older persons live in the rural areas of India as in urban areas (Gokhale and Dave, 1994).

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

EMPLOYMENT:

When we see the date pertaining to the employment of rural and urban elderly during the period from 1961 to 1981, there seems to be a marked downward trend. Kohli (1996) suggests that this decline may be due to adoption of new technology or methods of production difficult for the elderly or work condition may be came harder and unsuitable for them. Whatever be the reason, the very fact that more elderly persons are out of the work force shows that there is increasing risk for them to become totally or more economically dependent. It is also important to note that a vast majority of the elderly persons in the rural areas are working in informal and unorganized sectors of the economy and hence, not being covered by any social security program.

DEPENDENCY:

Little evidence on the income of the elderly individuals or of households with elderly heads, due to the difficulty of obtaining accurate responses to survey and census questions on these issues. Majority of the elderly in both rural (50.78%) and urban (57.35%) areas are totally dependent on others for economic support. About 15.20% of the elderly in rural areas and 13.71 percent of the elderly in the urban areas are partially dependent on others. The lower rate of total dependency among the elderly in the rural areas can be explained by the fact that the rural families are more supportive to the elderly. There are many reasons for this phenomenon. In rural areas, there is a greater continuity in the occupational and familial roles of the elderly, particularly among the males, they continue to be wheather a man is self employed as a cultivator, or an artisan, or as working as a farm laborer, the chances are that he will continue to remain 'employed' longer in the rural areas than in urban areas (Gore,1992).

LIVING ARRANGEMENTS

Several Authors have addressed the question of what it is about different living situations the causes them to be valued more or less highly, most comprehensively by Burch and Matthews (1987). Distinct array of "component" household goods, including physical shelter; storage of property; domestic services (meals, laundry, cleaning); personal care (including, of special relevance to the elderly, assistance with everyday tasks including hygiene, locomotion, and so on) companionship (both social and sexual); recreation and entertainment; privacy; independence/autonomy; power/authority; and the benefits of economies of scale can take the form of the a larger share of personal money income left for discretionary uses, after paying for market inputs to the production of household goods (Martin and Preston, 1991). The National Sample Survey data for the year 1986-87 reveal low Percentages of institutionalization among the elderly (0.68 % of persons aged 60 years and above in rural areas and 0.40 per cent in urban areas). About 7.31% of the elderly in rural areas as against 5.54% of the elderly in the urban areas are living alone. This is quite contradictory to the popular notion that the rural families tend to keep their elderly relatives with them more than their urban counterparts. However, this trend is quite consistent with finding that living with children is more common among the urban elderly (50.97%) than the rural elderly (48.57%). On the other hand, percentage of elderly living with souse is more in the rural areas (37%) than in the urban areas (35.26%). This data reveal that majority of the elderly do not have the plight of livings alone during their retwilight years.

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

However, we should not lose sight of the fact that living alone does not necessarily mean that the elderly experience loneliness. Similarly, living with spouse or children does not necessarily mean that the elderly do not experience loneliness.

Health Problems and physical disabilities Aging is associated with the decline in physiological effectiveness, which affects us all sooner or later and is an intrinsic part of growing old. Unlike the universal changes of senescence, disease is sporadic, a particular disease affecting only certain members of the population. However, multiple pathology is a characteristics feature of old age. Not only are the elderly persons at senescent changes. In addition to the multiple disabilities caused by the disease themselves, complications may arise due to the complexity of drug treatment prescribed (Bond et al, 1994). The analysis of national sample survey data for 1986-87 reveals that about 45% of the rural elderly are chronically ill among whom 45.01% are men and 45.85% are female. In the urban areas 44.82% of the elderly (45.49% women and 44.34 % men) are chronically ill. Cough and problem of joints are the most common health problems. High blood pressure, heart disease and urinary problems are more common among the elderly in the urban areas. As far as physical disabilities are concerned, in the rural areas, 5.4 % of all the elderly (6.8% females and 4.4% are male) are physically disabled led while in the urban areas 5.5% of elderly (6.7% females and 4.7% male) are physically disabled. In both rural and urban areas more females and males are physically disabled (Kholi 1996). The official statistics reveal that large segments of the elderly in India are illiterate out of work force partially dependant on others and suffering from health problems or physical disabilities. A review of the Indian government's five years plans shows very limited and inconsistent concern for the elderly. The only welfare measure for the elderly considered by the government until the Seventh Five Year Plan was the running of old age homes. The Eighth and Ninth Plans, however, incorporated fairly more specific and comprehensive welfare measures for the elderly such as provision of old age homes, day care centres, Medicare and no institutional services. However, the issue of older persons' learning has not been given any importance in the government policies and programs.

APPENDIX

Table-1

Growth of Elderly Population (60+) Gender, India

Year	Total population	Male	Female
1901	12.06	5.50	6.56
1911	13.17	6.18	6.99
1921	13.48	6.48	7.00
1931	14.21	6.94	7.27
1941	18.04	8.89	9.15
1951	19.61	9.67	9.94
1961	24.71	12.36	12.35
1971	32.70	16.87	15.83
1981	43.98	22.49	21.49
1991	55.30	28.23	27.07
2001	75.93	38.22	37.71

Source: Ageing in India: Occasional Paper No.2 of 1991, office of the Registrar General & Census Commissioner, India.

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

Table 2
Characteristics of ageing population

Variable Dependency Ratio	1950	1990	2000	2025
Total Population	1.22	1.10	0.94	0.75
Children	1.09	0.94	0.77	0.50
Old (60+)	0.12	0.15	0.16	0.25
Sex Ratio				
Total Population	117.46	106.98	106.40	104.40
Children	102.96	107.38	106.43	104.65
Working Group	110.12	107.6	108.15	105.98
Old	89.90	100.28	96.15	95.65
Median Age	19.95	22.31	25.03	33.65

Table 3

Literacy rates for the General and the Elderly Population (Percentage)

Year	Area	General Population		Elderly Population	
		Male	Female	Male	Female
1961	Total	34.46	12.96	29.18	4.30
	Rural	29.09	8.55	24.36	2.28
	Urban	57.49	34.51	55.89	15.82
1981	Total	46.89	24.82	34.79	7.89
	Rural	40.79	17.96	28.74	4.44
	Urban	65.83	47.82	60.03	21.82

Source: ageing in India: Occasional Paper No.2 of 1992. Office of the registrar general & Census commissioner, India.

Table 4

Economic Dependency among the Elderly (perentages)

Gender	Totally Dependent		Partially Dependent		Non Dependent	
	Rural	Urban	Rural	Urban	Rural	Urban
Male	32.74	37.39	16.20	16.90	51.06	45.71
Female	77.51	86.04	13.71	9.13	8.78	4.84

Source: Sarvekshana, Volume XV, No.2, Issue No. 49, October-December,1991

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

Table 5

Economically dependent elderly and supporting persons

Supporting persons	Rural Elderly		Urban Elderly	
Spouse	7.06	11.51	6.14	11.30
Own Children	74.95	73.84	78.03	72.32
Grand Children	6.24	6.38	6.11	6.52
Others	11.78	8.27	9.72	8.86

Source: Sarvekshana, Volume XV, No.2, Issue No. 49, October-December,1991

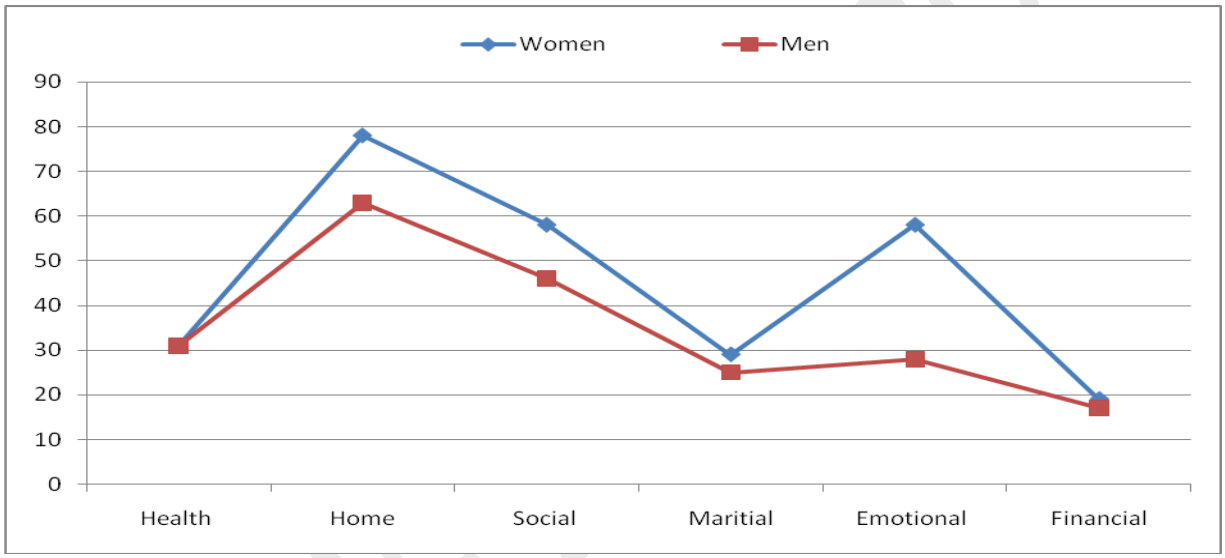


Figure 2: Graphical representation of Percentile value of health, home, social, marital, emotional and financial variables of old age social adjustment between women and men.

HOUSING FOR AGED

Mohan Chandra Dolai (saratmohan@rocketmail.com) is a research investigator with Cultural Research Institute, Backward Classes Welfare Department, Government of West Bengal.

A burgeoning elderly population looking for senior living institutions led to the us hooding of old age homes (OAHs) not only in West Bengal but also in other state and union territories'. The present study is attempt to find out the growth and development of OAHs in rural West Bengal.

Traditionally, elderly people in India have lived within a multigenerational family. This arrangement has catered to their economic, physical and emotional support to a great extent. However, it is evident that this situation is undergoing a radical change, as more and more people are surviving beyond the age at which they would perform or be rewarded in major social roles

as worker, parent of a dependent child, or spouse. The vulnerability of older people has thus been heightened as a backlash of social change.

Older people feel less valued owing to the forces of modernization, technological change, mobility and the explosion in the lateral transmission of knowledge which have brought about changes in lifestyles and social values. Industrialization has brought in unprecedented pressure on in urban centers and living as a joint family has become financially impossible in larger cities. A major chunk of the younger generation migrates to other cities and towns for livelihood, increasing the vulnerability of the old who stay behind. Also, the role of the woman and the traditional caregiver has changed with an increase in employment, of women outside the household. Families now invest more in education and upbringing of children thus affecting the in-traditionally distribution of income in favor of the younger generation.

The situation of elderly is also more worsening due to the gradual increase of lifespan and their population in absolute numbers. Life expectancy in India has almost doublled from 33 years at the time of independence to the present 62 years. But the change now is visible in older age groups where women are outnumbering men (Bagga 1999: 318-27).

According to the 2011 Census, the total population of West Bengal is 12,76,115 (7.54% of the total population of India) of which the number of elderly is 77,42,38 (8.48% of the total population of West Bengal), an increase from 7.11% in 2001.

As per the data published by Help Age India in 2009, in India there are 1,176 OAHs in total. Kerala has the highest number of OAHS (182) Whereas West Bengal stands at the second position with 164 OAHs, followed by Tamil Nadu (151), Maharashtra (133), Andhra Pradesh (114), Karnataka(91), and Gujrat (77).

After considering the changing scenario, the government of India in 199-97 initiated a non-plan scheme of assistance to panchayati raj institutions/Voulantary organisations/self help groups for construction of OAHS. This grant-in-aid is to provide food, shelter, care and recreational facilities to the inmates of these homes. Section 19 of the Maintenance and Welfare of the senior citizens with a capacity of 150 persons in every district of the country. Besides this another type of OAH, primarily maintained by businessmen, has been set up for the elders who are not in a position to receive care from the family inspite their economic independence.

Therefore, the present statues of aimed to deal with development and organizational aspects of rural OAHs in different district of West Bengal. There are 59 OAHs in the rural areas of West Bengal. After preparing the study the researcher visited rural OAHs to obtain permission for the proposed research. Among the 69 OAHs, the authorities of five OAHs declined to give such permission. Therefore, the present researchers were confined to carry out the research in 54 rural OAHs. Among these, 33 OAHS were charitable and 21 were non-charitable.

EMERGENCE OF RURAL OAHS

The first. OAH, namely, Little Sisters of the Poor (a Christian organization), was established in Kolkata in 1882 (Lamb 2012-57-62). However, it took more than 100 years for the establishment of an OAH in rural West Bengal is the first rural OAH, St Vincent Ashram (a Christian charitable OAH), was established in 1983 near adra railway junction in Purulia District. The

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

West Bengal government maintains only OAH, the Government Home for the Political Sufferers and Aged and Infirm Middle Class People located in the southern suburbs of Kolkata.

Table 1: Introduction of the Rural Old Age Homes in West Bengal

Years since Establishment	No of OAH (In % Percentage)	
	Charitable OAH (N=33)	Non-Charitable OAH (N=21)
≤ 5 years (2009-2013)	00	07 (33.33)
6-10 (2014-2016)	04 (12.12)	05 (23.81)
	08 (24.24)	06(28.57)
	16 (48.49)	03 (14.29)
	04 (12.12)	00
	01 (03.03)	00

The study revealed that al the OAHs in rural West Bengal have been established post 1990, with the single exception of the ..... Ashram. In fact, 21 charitable OAHs were established between 1990 and 2000. First non -charitable OAH, Ramkrishna Briddhashram, was established in 1996 in the Hooghly District deserves special mention that not a single charitable OAH was established in rural West Bengal During the period 2009-2013. However, the same period has seen significant growth in non charitable OAHs, even though non-charitable OAHs in rural West Bengal is a recent phenomenon compared to their charitable counterpart.

Distribution of Rural OAH.

The 54 rural OAHs under study are distributed over 13 districts of West Bengal. In the districts of Purba Mednipur, Paschim Medinipur, Purulia, Darjeeling, Malda and Murshidabad, all the OAHs are charitable whereas in the districts of Birbhum and Bankura, Only-non-charitable OAHs have been established.

However, in south 24 Parganas, North 24 parganas, Hooghly, Howrah and Nadia, there are both types of OAHs. The table (2) is to suggests that the highest number of rural OAHs is located in Hooghly (10), followed by Purba Medinipur (9), South 24 Parganas (7), North 24 Parganas (6), Paschim Medinipur (4) and India (4).

With a few exceptions, most of the charitable OAHs are located far away from any railway station or state or national highway, in a comparatively polluton-free and serene atmosphere. On the contrary, most of the non-charitable OAHs are either located adjacet to a municipal town by within the jurisdiction of panchayat admnistration or close to railway station or bus stop.

The 54 rural OAHs can altogether accommodate 1866 elderly persons. However, the reserch showed the only 1384 elderly (693 male and 691 female) were residing there.

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

Non-charitable OAHs tend to take in more members per institution compared to their charitable counterparts. This is because chartale OAHs restrict their inmates to 25 persons as the ministry of Social Justice and Empowerment, Government of India gives financial support for only 25 elderly inmates per charitable OAH.

Table 2 : Distribution of Rural OAhs as per Their Intake capacity

And actually admitted Elderly Inmates

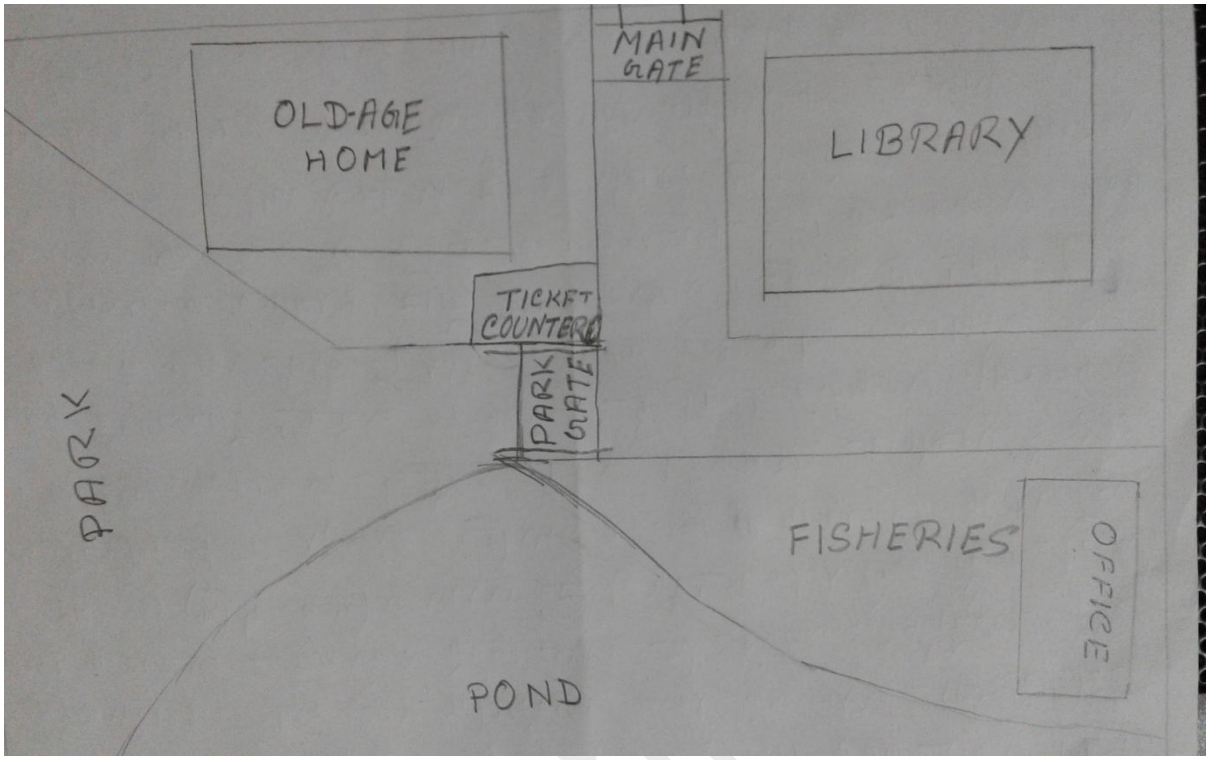
Name of the district	old age home			Intake capacity	Total admitted Inmates			Percentage (%)
	charitable	Non Charitable	Total		Male	Female	Total	
Hoogly	04	06	10	505	148	161	309	61.19
Purba Medinipur	09	00	09	250	106	73	179	71.60
South 24 Parganas	02	05	07	315	100	128	228	72.38
North 24 Parganas	04	02	06	188	69	83	152	80.85
Paschim Medinipur	04	00	04	100	60	10	100	100
Nadia	03	01	04	130	76	31	107	82.31
Birbhum	00	03	03	38	06	11	17	44.74
Howrah	01	02	03	80	21	12	63	78.75
Purulia	02	00	02	45	13	28	41	91.11
Bankura	00	02	02	70	28	26	54	77.14
Murshidabad	02	00	02	50	23	25	48	96.00
Malda	01	00	01	25	10	15	25	100
Darjeeling	01	0	01	70	33	28	61	87.14
Total	33	21	54	1866	693	691	1384	74.17

*Percentage of inmates calculated in respect of total intake capacity.

However, our study revealed that not a single charitable OAH has accommodated 25 inmates although the records show that all of the places were fully occupied. It is assumed that such malpractices are followed by the charitable OAHs o procure optimum financial subsidy from teh government.

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

Layout of PARKOME Project:



Estimated cost: Ten crores(10,00,00,000/-)

Disbursement mode: Through joint collaboration of central govt. and state govt via Bikash Bhaban,Salt Lake,W.B.-> District Development Authority->Block level management->Executive body.

CONCLUSION

Despite the fact that the central government has allocated a monthly provision for each resident of the rural OAHs, it is clear that they are deprived of institutional care for the residents of non-charitable OAHs, the problem is twofold-they do not receive funds from the government, and the residents are often at the mercy of the management if they fall on hard times, financially.

This problem will be solved by not only establishing more financially sustainable OAHs but also by providing institutionalised care to the elderly at an affordable price.

ISSN NO.2395-0692
IJAHMS International Journal of Arts, Humanities and Management Studies

REFERENCE:

i. Bond, J Coleman, P., and Peace, S. (1994). Aging in Society : An Introduction to Social Gerontology, Second Edition, Sage Publications, London.

ii. Burch, T.K., and B.J. Matthews. (1987). (1987). Household Formation in Developed Societies. Population and Development Review, 13(3): pp 495-511.

iii. Gore, M.S. (1992). Aging of the Human Being. The Indian Journal of Social Work, Vol. L. III, No.2, April, pp 212-219.

iv. Government of India. (1986) handbook on Social Welfare Satistics-1986. New Delhi.

v. 5.Gokhale, S.D. and Dave, Chandra. (1994). India. In Kosberg, Jordan.I(Ed) International Handbook on Services for the Elderly. Greenwood press, Westpot, C.T., pp 188-197.

vi. Kohli, A.S. (1996). Social situation of the aged in India,. Anmol publications Pvt. Ltd.