



Challenges and Alarm for Growing Ageing Population In India: A Review

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ABSTRACT

The phenomenon of ageing is gradually becoming a challenge worldwide, especially for developing countries like India. It is estimated that the elderly population will contribute 19% of the total population by 2050 against the current contribution of merely 8%. This exponential growth in the elderly population is sure to pose some serious socio-economic challenges for India. The burgeoning elderly population in India faces many issues like poor access to healthcare facilities, concern for healthcare, financial insecurity, isolation, domestic abuse, low self-esteem, neglect and idleness. This paper makes an effort to highlight the issues of elderly and their root cause. The various measures needed to be adopted to bring a change in the current miserable state of the elderly. The Government intervention required to reframe the existing policies and bring into new reforms to provide a secure and health life to the people in their golden years. The paper aims to encourage the readers to bring a step forward today, to secure their tomorrow.

Keywords: Ageing, Health, India, Social aspects, Elderly abuse

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INTRODUCTION

Ageing is best labeled as an occurrence that come about when there is a rise in the median age of a country or region due to the rise in life expectancy and decline in birth rates. The longer life span can be attributed to overall reduction in mortality or there is a stark decrease in the fertility level of the region. Globally, the age structure is under dramatic transformation to rapid population ageing¹. Worldwide, by 2050, the population of sexagerians will increase from current 11 percent to 22 percent-a tenfold increase in the total population. The octagerians will have their ratio doubled from the current 1.5 percent to 4 percent which indicates a bigger shift of demographic movement².

As per present status, in the near future, a weighty proportion of the elderly will be contributed by the two Asian giants India and China. In India, the 60 plus Indian population accounting to 8 percent of the total population is estimated to be double of its current size by almost 19 percent by 2050². A few important characteristics of the elderly population in India are noteworthy. 76 per cent of elders in India are from rural India. 84 per cent of the elderly followed Hindu Religion. Regionally more number of elderly is present in Central and South Division compared to North and South-East Region of India³. 75 per cent of the elderly males lived with their spouse as compared to only 40 per cent of elderly females. Elderly living with their children accounts less than 20 per cent among men and 50 per cent among the women⁴.

The advent of technology and industrialization has made a significant impact on the traditional family system, playing a significant role in the lives of elderly population. Migration of youngsters to metro cities in search better opportunities, growing work pressures and individualistic life style of young family members has left elderly isolated and financially weak . Technology has further taken away the personal bonding of the family members, affecting elderly the most. Many facets of the generation gap contribute to marginalization of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect and decline of authority, neglect and sometimes even exploitation or abuse. But the family continues to play an essential role in supporting its oldest members in most societies. The extent to which older citizens are engaged in society appears to vary with the nature of their power resources, such as their material possessions, knowledge, and social authority. In most of their exchanges, older people seek to maintain reciprocity and to be active, autonomous agents in the management of their own lives. Henceforth, this article delivers core issues in rapid increase of ageing population which start with discussing on prevailing health conditions of the ageing population

in India under first section. Second section talks about financial and social implications of ageing population followed with a brief of major Government initiatives in the third section. Way forward and significant questions are discussed in the fourth section.

HEALTH AND AGEING

With ageing, chronic disease and mental problems attributed to deteriorating physiological condition, comes naturally. The urbanization has resulted in life style changes which have lead to a larger physical inactivity and unhealthy diets contributing to lifestyle disease like diabetes and hypertension. Among the Non Communicable diseases, cardiovascular diseases (CVD) are the leading cause of morbidity and mortality in the elderly group. The prevalence rate of Coronary Heart Diseases is three times higher in the urban elderly population than in the rural population due to sedentary lifestyle and unhealthy eating habits. A whopping nine million elderly suffers from Coronary Heart Disease followed by Hypertension and diabetics⁵. Increased prevalence of smoking by 26 percent and almost no physical activity will result into the future health disorders. Nearly, 47 percent of the elderly in India have some or the other chronic disease in their disease profile with majority being suffering from asthma, angina, arthritis, depression or diabetes⁶. Urinary problems are common among aged men while women mainly suffered from joint ailments. Others major problems are whooping cough, ulcer, and cancer in the growing ageing population of India. There are few common disabilities seen in the entire elder population, the major being blindness (2per cent), hearing (2per cent), speech and locomotors problems (3per cent)⁴.

Medical service utilization among the elderly has been examined in different perspectives. The utilization of private healthcare services is higher as compared to the public health services by the aged residing in rural and urban areas. Given the complex nature of the diseases faced by the elderly, large proportion of this population faces the risks of consumption catastrophe⁷. India's elderly population is left vulnerable to disease as the majority of insurance schemes covers people aged below 65 years. The situation get worsened for the aged females as they tend to have poor health with relatively less access to healthcare than men of similar backgrounds, due to dependency and illiteracy⁸. To cater these needs the Indian Government with several states has come out with a variety of programs designed to increase access to healthcare and health insurance for a larger population. However, only channeling money into the system will not bring about health care reforms of elderly. The Government should limit cost inflation and address equity of access to bring a comprehensive overall wellbeing of the elderly. Measure to

promote the traditional joint family structure to life style modification will decrease the future challenges of the elderly population both at micro and macro levels.

FINANCIAL AND SOCIAL IMPLICATIONS OF ELDERLY

The elderly are financially dependent upon their family members. In case the family member doesn't provide support the elderly, it becomes a challenge for them to support even their daily living. Analyzing the economic status of elderly in India becomes a challenge, especially for the population in the unorganized sector like Agriculture due to the irregular income and poor reporting mechanism. There is wide disparity across and within regions. Majority of the elderly workforce is engaged in private sector which has limited no pension systems or retirement appraisals. As per the report from Ministry of Statistics and Programme Implementation, 2011 affirm that about 65 percent of the aged for their day to day expense have to depend upon others, which in case of elderly females is worse in both rural and urban areas. It further states that the elderly in rural areas have a Per Capita Expenditure level in the range of Rs.420 to Rs.775 and in urban areas it ranges from Rs.665 to Rs.1500. According to the Census 2011, 40 percent sexagenarians and above are employed. The proportion of working elderly is higher in rural India as compared to Urban India. In rural India 66 percent men and 23 percent women are working against 39 percent elderly men and 7 percent elderly women in urban India⁹.

In any population, the socioeconomic aspect is in direct proportion to the health of the population. Socioeconomic condition relates to an array of variables starting right from education, place of residence and social groups. A World Bank Study in 2001 shows that the groups which has a lower income has a higher share of disability than the group which has relatively higher income, which is reflected in the health status of the elderly, as data reveals that the poor have a relatively worse health status as compared to the economically sound group¹⁰. Based on NSSO's unit level data (Sixtieth Round NSSO Report 2004), only 7 percent of the elderly population from the poorest quintile reported excellent health as against more than 12 percent from the economically better quintile. In the same way, a 27 percent of the poorest among the elderly have issues on inadequate health conditions as against 17 percent of the economically viable group. In general, figures shows that elderly who are having better standards in terms of living arrangements and are economically independent have better health scenario than the lower income group, widows, and economically dependent. Education plays a little role, but having a spouse has got an alarming positive impact on health, while loneliness among elderly women and increasing age continues to have a negative health impact.

Today, the nuclear family concept and a growing rate of migration has left the elderly alienated

and isolated from their children and society at large. The respect, honor and status which were bestowed to the elderly are gradually vanishing from the families. Unlike in the previous days, elderly are no more treated as the head of the family and doesn't play any significant role in the family, especially the women. Increasing years, rejection, solitude, loss of respect by the youngsters, poses a serious risk of various psychological conditions, loss of memory, gradual loss of interest in life, fear and interrupted sleep patterns. Psychiatric illness also increases with the increase in age. It is being predicted that the country will witness Senile Dementia of Alzheimer's Type (SDAT) among the elderly in the near future¹¹. It is also noticeable that suicide rates shoots sharply in older age on account of incurable ailments and in lowering down of economic condition. Problems of isolation, change in attitude, loss of status in the community and the generation gap are the thrusts which ultimately give rise to socio-psychological frustration among the elderly¹². Studies in India indicates that comparative to men, women of advanced age who generally having no role in the family, living alone and functionally impaired are more likely vulnerable, both in terms of physical and verbal abuse. The main abusers are their own son and daughter-in-law and sometimes spouse¹³. Facts also reveal that most crimes stretching from robbery, murder, sexual assault, and mental torture are subjected to more of females in urban areas than men. 60 percent of the crime happens indoor and that too during daytime out of which 25 percent culprits being from their own blood relation¹⁴. Thus after reviewing such hard truth it is necessary to understand Government initiatives which act as a pain relief for elderly in India.

KEY GOVERNMENT INITIATIVES

The Right to Equality is guaranteed by the constitution as a fundamental right. Social Security is the concurrent responsibility of the central and state Governments. In assurance to the wellbeing and the pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons, the National Policy was drafted by the Government of India. Security of elderly, pensions, travel concessions, income tax relief, and medical benefit, extra interest on savings as well as financial support are provided for homes, daycare centers, medical vans, help lines and more. The Ministry of Social Justice and Empowerment (MOSJE) coordinates elderly programme which is taken care by other ministries in their relevant areas of support to older persons.

Some of the noticeable policies for the elderly are National Policy on Older Population (NPOP) with a commitment to ensure financial and food security, healthcare, shelter, and other needs of older population and overall quality of their lives. The Central Sector Scheme of Integrated

Programme For Older Persons (IPOP), which was revised in the year 2008 also aligns with the overall quality of the life of the elderly through proper support and capacity building of Government/Non-Government Organizations/Panchayat Raj/local bodies and the community at large by providing basic conveniences like shelter, food, medical-care and entertainment opportunities and encouraging productive active ageing.

The Ministry of Health and Family Welfare (MOHFW) provides separate queue facility in Government hospitals for the elderly. Government initiated two national institutes, one at Delhi and other at Chennai for ageing population and formed geriatric departments in 25 medical colleges across India. Under Ministry of Civil Aviation, Air India provides concession up to 50 percent in airfares for male senior citizen of 65 years plus and 63 years plus female. Ministry of railway provides 50 percent concession on railway tickets for senior citizens. Indira Gandhi National Old Age Pension Scheme (IGNOAPS) help the beneficiaries who fall under the BPL category with the amount of Rs 400 as an old age pension. The Karnataka Government's old age pension scheme called Sandhya Suraksha provides a supplementary financial assistance of Rs 300 for beneficiaries of the IGNOAPS in the age group 65-80. Few more generous supplementary pension schemes are being implemented by states, such as, Delhi, Goa and Chandigarh.

WAY FORWARD AND SIGNIFICANT QUESTION

Globalization has made our lives a lot easy, improved our lifestyle a lot but, at the same time it has created a dark space for the elderly population. Advancement in medical technology can be attributed to prolong the life expectancy of the individual but when it comes to assistance in the twilight years it can't be substituted with the human beings. More and more number of elderly today is pushed to isolation and loneliness. The concept of Adult Day Care Centre which is designed primarily for assistance, enable the seniors to socialize with others while still receiving care, giving a break to the caregivers from their duties of care giving and ensuring they are in safe pair of hands. The need of the hour is a well-planned, customized and systematic approach to bridge the fine line between the care givers and care takers by upholding social and health related services for the overall wellbeing of the elderly population, for profit as well as on nonprofit basis. The objective is to make the elderly feel that they are still being needed by giving them the opportunities that require both mental and social stimulation. Other alternative can be developing geriatric total care which includes availability of health services and nursing care, both at family and the immediate community level coupled by pre-retirement planning, skills development and part time employment. Given the high proportion of elderly residing in rural areas, microfinance schemes like micro pension and micro insurance should be given

priority. Re strengthening the concept of joint families will help rebuild the relations. In addition to that, service related to welfare and counseling will surely pave way for a better financial support to low income group family members who have elderly population. To chalk out mental disabilities special emphasis should be focused on Cognitive-Behavioral therapy to helps an elderly person pave new solutions to their underlining problems by most feasible measures without having to depend on others.

Alternative medicine and wellness therapies like Yoga and Meditation will certainly help in warding off day to day distress and conflicts and infuse a positive attitude to cope with emotional stress. With evidence of literacy rates rising more and more, the technology could be a great help, if used positively. Elderly should be focusing on technologies like blogging, socializing etc. which help people share their idea and lives with other likeminded people and relieve their minds. By this open environment the elderly will certainly reflect positive self image. Laughing clubs for elderly, mental imagination is a good relaxation technique which focuses on positive thoughts. Spending some time in mental vacation can be a refreshing and reenergizing experience with positive thoughts all around for the elderly. Universal care for growing ageing population is a dire need as per present scenario.

There are numerous other solutions to address the issue of elderly population, but all of them could not become a reality on a broader scale without Government's intervention and support. In spite of all hard truth and various solutions, the most crucial responsibility lies in the hands of Government. Will the Government be able to provide free and easy access to medical care for the elderly and reduce dependency on the private medical facilities? Do the current Government policies align with interest and needs of the elderly and are able to take control of the situation? How will the Government ensure safety and well being of the elderly residing alone? Is there any mechanism to reverse or slow down the growth of nuclear families in India?

Above all, being equally responsible and destined to be a part of that population one day, are we ready to realize our responsibilities and walk an extra mile to bridge that gap today, which one day we ourselves might not be able to walk. We all have to wake up and take a collective step towards the future. It's not just the implementation of government policies or any regulation that will make the difference, it we as a community will have to bring about the change in ourselves, in our younger generation and in the entire society

REFERENCES

1. Bloom DE. 7 billion and counting. Science 2011a; 33: 562-569.
2. United Nations. Department of Economic and Social Affairs, Population Division. World

- Population Prospects, the Revision, Key Findings and Advance Tables; 2012: Working Paper No. ESA/P/WA.227.
3. Government of India. Ministry of Statistics and Programme Implementation. NSSO 60th round. Morbidity, Health Care and the Condition of the Aged;2004: Report No. 507
 4. Government of India. Ministry of Statistics & Programme Implementation. Situation analysis of the elderly in India;2011
 5. Shah B, Prabhakar, AK. Chronic Morbidity profile among elderly. Indian J Medical Research 1997; 106: 265-272.
 6. ChatterjiS, Kowal PM, Naidoo CN, Verdes E, Smith PJ, Suzman R. The Health of Ageing Populations in China and India. Health Affairs 2008; 27: 1052-63.
 7. Alam M. Ageing, Socio-Economic Disparities and Health Outcomes: Some Evidence from Rural India. Indian Journal for Human Development 2009; 3: 47-76.
 8. Alam M. Ageing in Indian Society. J Int Institute on Ageing 2000; 10: 5-22.
 9. Priya L. Changing Age Structure and Its Economic Implications in India: An Inter-State Analysis. Unpublished M Phil Thesis; CDS-JNU 2003.
 10. World Bank. South Asia Region-India. The Challenge of Old Age Income Security, Finance and Private Sector Development, Washington; 2001: Report No. 22034.
 11. Nandal DS, Dhatriand RS, Kadian RS. Ageing problems in the structural context. In, Sharma ML, Dak TM (eds). Ageing in India: Challenge for the Society. New Delhi: Ajanta Publications; 1987: 106-16.
 12. MohantySP. Demographic and Socio-Cultural aspects of Ageing in India: Some Emerging Issues. In, Pati RN, Jena B (eds).Elderly in India: Socio-Demographic Dimension. New Delhi : Ashish Publishing House ; 1989 : 37-45
 13. Kumar VS. Family Life and Socio-Economic Problems of the Elderly. New Delhi: Ashish Publishing House;1991
 14. Patel M. Crimes against the Elderly. Indian J Gerontology 2010; 24: 395-03.



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