

ELDERLY :- CONCEPT & FEATURES

- The United Nations & Census of India considers the elderly as one who is 60 years and above.
- Elderly, in humans refers to a multidimensional process of physical, psychological, & social change.
- Further categorization by Demographers & sociologists in three groups: young old (aged 60-69), old aged (70-79 year) &, oldest old (80 years & above).
- Categorisation in developed countries: 55-65 as young old, 66-85 as old & 85 years & above - oldest old (James R. Carey, 2003).

IMPORTANT FEATURES OF ELDERLY POPULATION

- There are more elderly in rural areas. There is also movement of the elderly from urban to rural areas.
- Old age dependency is higher in rural areas than in urban areas.
- The age of elderly is increasing.
- There are more females than males among the aged, and in contrast to the general sex ratio, the elderly sex ratios are rising.
- The elderly are much less literate & educated than the general population.
- There are considerable numbers of single elderly of whom a majority are widows. However, the proportion of widows is on decline.
- About 94 % of the elderly in India have children surviving them, but a large number of the elderly are without any children.
- The elderly generally live with their spouses/children and other relatives, however more elderly are now living without their children.
- The elderly are still working for a living in the absence of any suitable social security.
- Majority of aged depend on others for their day-to-day maintenance.
- The situation is far worse for elderly females, and compared to male more female are dependent on others.
- There are considerable numbers of single elderly of whom a majority are widows. However, the proportion of widows is on decline.
- About 94 % of the elderly in India have children surviving them, but a large number of the elderly are without any children.
- The elderly generally live with their spouses/children and other relatives, however more elderly are now living without their children.
- The elderly are still working for a living in the absence of any suitable social security.
- Majority of aged depend on others for their day-to-day maintenance.

- The situation is far worse for elderly females, and compared to male more female are dependent on others.
- The prevalence of chronic disease among the aged is quite high, and it is higher still in urban areas.
- Problems of the joints & throat are the most common.
- The prevalence of disability among the aged is also very high.
- A great majority of the elderly participates in social & religious matters & in household chores, though a large number of them cannot participate in household activities.

SCENARIO : INDIA & WORLD

- The global population of the elderly is increasing about 1 million persons per month; and, by 2025, the number is likely to be 1,117 million; and, it would constitute 14.8% of the population.
- "One in 10 persons, today, is over the age of 60", as was stated by Kofi Annan, in his address on the International Day of Older Persons, observed globally on 1st October, 2000.
- By 2050, this proportion will be doubled, i.e., one in five.
- According to the estimation, the majority of the world's older persons would reside in Asia (53 per cent), while Europe will have the next largest share (25 percent).
- The proportion of older persons is currently higher in developed regions as compared to developing & underdeveloped regions. But this is changing fast.
- In developed countries, for example, France took 115 years for the proportion of older persons to rise from 7% to 14%.
- Doubling in countries like China, Brazil, & Thailand is likely to occur in the next 20 years (Kalache 1999)
- The World Population Prospects (2019) report in 2020 states that 54 countries are classified as aged societies.
- Most of them are in the developed countries (72%), while another 42 predominantly emerging countries (79%) are expected to be ageing.
- The number of countries immediately concerned by population ageing will increase significantly from 96 in 2020 to 147 in 2050, that is, more than three quarters of all countries and around 87% of the global population.
- Globally, there were 703 million older persons aged 65 or above in 2019.
- Eastern & South-eastern Asia was home to the largest number of the world's older population (260

million), followed by Europe and Northern America (over 200 million).

- The global number of older persons is projected to more than double in the next three decades, reaching over 1.5 billion persons in 2050.
- The number of persons aged 80 years or above is projected to triple, from 143 million in 2019 to 426 million in 2050.

SITUATIONS IN INDIA

- According to the UN, a society is young if the proportion of 60+ populations is between 4 to 7%, and if it is above 7 % then classified as an ageing society (Surpal 1999).
- India has already entered the category of ageing society. The percentage of 60+ populations has increase from 5.1 per cent in 1901 to 6.8 per cent in 1991.
- The projection beyond 2016 made by the UN (1996 Revision) indicates that 21 per cent of the Indian population will be 60+ by 2050.
- Increasing longevity, declining fertility, early detection and appropriate management of chronic non-communicable diseases have resulted in a dramatic increase in the population of adults
- This change presents a wide range of complex social, economic, and health challenges, today and in the future.
- India's estimated population of 1.40 billion in 2022 comprises 17% of the world's total population & the United Nations Population Division estimates that India's population will, overtake China's by 2028.
- According to the National Sample Survey Office (NSSO) report, about 5.6% of the total population of India was in the age group of 60 years and above in 1961 & in 2021, the proportion has increased to 10.1%.
- Ageing is a natural phenomenon of human life, but it brings with it several social, economic, and health-related issues.
- Increasing demand for healthcare, economic dependency, problems with living arrangements, social and mental well-being of the elderly, violence against senior citizens, etc, are issues of serious concern pertaining to old age.
- The demographic shift also shows a reduction in labour force participation and savings, increases health expenditures & demands social protection schemes for the elderly.
- The longevity revolution also raised the prevalence of chronic non-communicable diseases like cardiac problems, cancer, diabetes, etc, and reduced the quality of life among the elderly.
- Appropriate economic policies, social protection schemes, health insurance coverage, etc, are needed to protect the elderly from high economic dependency and financial catastrophe.
- According to National Sample Survey (NSS) 75th round (2017–18) ,The average age of the elderly population in India was 67.5 years. Of this, 66.1% are in the age group of 60–69 years, 25.9% in 70–79, and 8% are aged 80 years & above.
- Around 67.1% of India's elderly live in rural areas. The proportion of women is 50.9% & men constitute 49.1% of the elderly population.
- Further, 54.1% of them are illiterate, and 48.1% are self-employed.
- In terms of partners and family, 34.4% were widowed, & the majority, 95.7%, has at least one surviving child.
- As per the Report of the Technical Group on Population Projections for India and States 2011–36, an increase of nearly 34 million elderly persons was seen in 2021 and is further expected to increase by around 56 million in 2031.
- Since 1961, India has seen an increase in the graph of the old age population.
- In the last two decades (2001–11 & 2011–21), the elderly population grew by 35.8% and projected to be 40.5% in 2031.
- In 1981–91 onwards, general population growth showed a declining trend and projected to be about 8.4% in the 2021–31 period.
- The gap between the general & elderly population has increased significantly over time.
- In 1951–61, the difference between the general & elderly population growth was 2.3%, which rose to 23.4% in 2011–21 & is projected to be 32.1% for 2021–31
- In 1961, 5.6% of the population was in the age category of 60 years and above, 10.1% in 2021 and is further projected to increase to 13.1% in 2031
- In rural areas, the proportion of the elderly was 5.8% in 1961 and increased to 8.8% in 2011.
- Whereas in urban areas, it has increased from 4.7% to 8.1% during the 1961–2011 period.
- Decreasing fertility & increasing life expectancy lead to continued ageing of population and states across India are at different levels of fertility transition.
- Kerala has the maximum proportion of elderly people (16.5%), followed by Tamil Nadu (13.6%). Himachal Pradesh (13.1%), Punjab (12.6%), and Andhra Pradesh (12.4%) also show a high proportion of elderly population in 2021.
- Elderly population is comparatively less in Bihar (7.7%), Uttar Pradesh (8.1%) and Assam (8.2%), respectively.
- National-level projected population shows the aged proportion in Kerala to reach 20.8% by 2036, which means nearly one in four will be counted as the elderly in another 15 years.
- As the proportion of the elderly rises, the old-age dependency ratio is also rising.
- That ratio has increased from 14.2% in 2011 to 15.7% in 2021 as per projections.

- It is expected to rise to 20.1% by 2031.
- The NSS 75th round (2017–18) shows about 70% of the aged persons are economically dependent on others for their survival.
- The economic dependency ratio for both genders increased from 10.9% in 1961 to 14.8% in 2021 in males, and in females, it rose from 10.9% to 16.7%, during the 1961–2021 period.
- Economic dependency was reported high in rural areas, and it grew from 11.4% to 15.7% compared to 8.7% to 13.7% in urban areas in the period between 1961 & 2021.
- This may be due to the relatively higher proportion of the population working in rural agricultural and informal sectors.
- The economic dependency among the elderly women is also higher. Only 10% of the rural and 11% of the urban females were reported as economically independent compared to 48% of the rural and 75% of the urban male population, respectively.
- The dependency ratio was the highest in Kerala (19.6%) and Delhi (10.4%) in 2011. However, for 2021, it varied from 12.7% in Assam to 26.1% in Kerala.
- Gender-wise differences in economic dependency with respect to females & males were high in states like Kerala (27.8% and 24.3%), followed by Tamil Nadu (21.3% and 19.3%), Himachal Pradesh (21.2% and 18.1%) and Punjab (20.1% and 17.7%) for 2021.
- Odisha reported high economic dependency (18.4) among males. West Bengal, the economic dependency ratio shows similar trends among both genders
- Economic dependency among the aged have been divided into three categories: fully independent, partially dependent and fully dependent.
- Full economic dependency reported among rural male is the highest in Assam (42%) and the lowest in Nagaland (4%).
- Delhi reported the highest full economic dependency (100%) among rural females and the lowest in Manipur (24%).
- The highest percentage of economic independency of 82% was reported for the urban male population in Himachal Pradesh compared to the lowest, of 28%, for the rural male population in Arunachal Pradesh and Assam.
- Among females, the highest and the lowest economics independency was reported, in the same state, that is Meghalaya.

POLICY ANALYSIS

- Even though increasing life expectancy & ageing of the population are good indicators of the standard of living, almost all countries are facing two major phenomena: ageing of the age, resulting in a large increase of population with life expectancy of 80

years and above, and the feminisation of ageing, as women live longer than men.

- In India, the family still remains the mainstay for the elderly, and as they get older, their dependency on the families grows further.
- Economic independence of older population is the key indicator of their wellbeing.
- In India, the problems of old age economic dependency have not been given much consideration in the past. Research as well as public discourse on this area is limited.
- Awareness & concern about elderly issues & their economic dependence is a recent development in India – efforts still fall short due to 1) Changing nature of the family unit & 2) The lack of comprehensive social security programmes.
- The rapid changes in the socio-economic scenario, labour-related migration, and the emerging prevalence of nuclear family set-ups, older people are exposed to physical, social & financial insecurity
- So, our policy, action & popular discourse should be multipronged with strengthening of research in gerontology, financial support, medical, psychological and social support systems.
- There is no single best policy to respond to population ageing. but, ensuring income security & reducing the financial costs arising from a high old-age dependency ratio should be prioritised by the policymakers.
- A country's ability to address population ageing mainly depends on the fiscal space available to implement their tax and benefit programmes.
- India spends only about 1% of its GDP on pensions.
- The country's key policy interventions are the Indira Gandhi National Old Age Pension Scheme, Indira Gandhi National Widow Pension Scheme, and Atal Pension Yojana.
- Financial support for the elderly varies from state to state. The state pensions under various schemes are very low, and about 17 states are giving less than `1,000 per month as old age pension.
- The costs that are specific to the old age such as medical, psychological and difficulties in financial management and transactions need to be addressed
- The elderly population suffers from various health problems, due to poor nutrition and inadequate healthcare facilities.
- So, free healthcare services – which includes home healthcare, free provision of medicines, nutritional supplements, healthcare awareness programmes, counselling and other specific needs
- This can be done through collaborative efforts of the govt & civil society.
- There is also a need to build more affordable old age homes, palliative care centres or shelters.
- Most Indian elderly lack adequate social security or old-age pension. The country needs to addresses

decisive ageing challenges such as decent living arrangements, economic independence, and social support to ensure active ageing.

- Older people also need financial literacy and awareness about all available financial avenues, schemes and financial management.
- Many of the elderly who can contribute to paid/unpaid work can be considered for alternate employment opportunities, leading to financial security and psychosocial benefits
- Updated data regarding labour force participation among the elderly are also missing.
- Self-help groups among the elderly can be encouraged and promoted to empower more senior people
- India needs to facilitate interstate convergence in old-age pensions under social security schemes for the elderly population.
- Creation of awareness about the changing needs & rights of the elderly, and to educate and regularly sensitise the society about these issues.
- Elderly care training should be promoted not only as a professional practice but also among the younger caregiving population.
- A comprehensive geriatric financing policy is required in order to protect people from old-age economic dependency
- As India becomes increasingly urbanised and families break up into smaller units, homes for the elderly have sprung up.
- The care of elderly people is managed by a set of professionals or voluntary organisations interested in geriatric services.
- These homes are either paid for, or offer free or subsidised service. Typically, such homes are run by NGOs, religious or voluntary organisations with support from the govt, or by local philanthropists.
- They provide accommodation, timely care, and a sense of security for their residents. However, the quality of service varies as these homes lack regulatory oversight.
- Many homes lack clearly established standard operating procedures, and their referral paths to health care are informal.
- There is an urgent need to understand the quality of life at such institutions, including the impact of these homes on the mental health of their residents.
- The UN World Population Ageing Report notes that India's ageing population is projected to increase to nearly 20% by 2050 from about 8% now.
- By 2050, the percentage of elderly people will increase by 326%, with those aged 80 years and above set to increase by 700%, making them the fastest-growing age group in India.
- A recent set of research papers from Hyderabad focusing on the quality of health in homes for the elderly highlight, the fact that good intentions and

a sense of charity are often inadequate when it comes to addressing the basic health needs of their elderly residents.

- These papers are outcomes of the Hyderabad Ocular Morbidity in Elderly Study (HOMES) by the L.V. Prasad Eye Institute associated with the vision needs of elderly residents of such homes.
- About 30% of the residents (over 1,500 participants from 40 homes) had a vision impairment of some sort, but nearly 90% could be addressed by simple, relatively low-cost health interventions: issuing better eye glasses or cataract surgery.
- Those with both vision & hearing impairment had a rate of depression that was five times higher than those without.
- Our homes, buildings & social environment are not built keeping the elderly in mind. As people age, and their motor skills weaken, they are at a greater risk of falling down and hurting themselves. Having an impairment increases this risk.
- Instead of planning for accessible & elderly-friendly structures that allow them to operate safely, we reduce their mobility.
- People with functional skills are asked to stay away from daily tasks like cooking, sewing, cleaning, or washing up.
- We can build formal pathways for basic health screening between such homes and public health facilities like screenings for blood sugar, blood pressure, periodic vision and hearing screening, and a simple questionnaire to assess mental health.

PUBLIC POLICY SUPPORT

- Homes for the elderly must be guided, again by policy, to make their facilities, buildings and social environment elderly- and disabled-friendly.
- Design, architecture and civic facilities must be thought from the ground up — and these innovations must be available for all residents, not just those living in expensive ones.
- As per the first ever Longitudinal Ageing Study in India (LASI), 11% of the elderly suffer from at least one form of impairment (locomotor, mental, visual and hearing).
- It is estimated that 58 lakh Indians die from noncommunicable diseases (NCDs) in India annually, & cardiovascular disease (CVD) prevalence is estimated to be 34% amongst 60-74 year olds, rising to 37% in those above 75 years.
- When the growth rate of elders far exceeds that of the young, they require specialised medical services at home including tele or home consultations, physiotherapy and rehabilitation services, mental health counselling and treatment, as well as pharmaceutical and diagnostic services
- As per the 2016 Healthcare Access & Quality Index (HAQ), India improved its HAQ score from 24.7 in 1990 to 41.2 in 2016. However, we still are

significantly below the global average of 54 points, ranking at the spot of 145 out of 195 countries.

- Factors such as familial neglect, low education levels, socio-cultural beliefs and stigma, low trust on institutionalised health-care services and affordability exacerbate the situation for the elders.
- An overwhelming proportion of the elders are from the lower socio-economic strata
- Despite Ayushman Bharat, the Government's health insurance scheme for the deprived, and private health insurance, a NITI Aayog report indicates that 400 million Indians do not have any financial cover for health expenses.
- One can be sure that a very large number of elders are among the uncovered.
- Both the Centre & States have pension schemes for the elders, but these provide as low as ₹350 to ₹400 a month in some States. Even this is not universal.
- A 2007 law requires States to ensure earmarked facilities for elders in every district hospital, headed by a doctor with experience in geriatric care.
- Yet, a status report filed by the Government in the Supreme Court of India in 2019 stated that 16 States & Union Territories did not have a single ward/bed dedicated to elders.
- Presently, India has a major deficit in infrastructure & skilled medical resources, with 1.3 hospital beds, 0.65 physicians, and 1.3 nurses for every 1,000 people.
- Over the next decade, we have the potential to add more than 3 million beds, 1.54 million doctors & 2.4 million nurses.
- There is need to implement the programmes such as the National Programme for Health Care of the Elderly (NPHCE).
- The Ayushman Bharat & PM-JAY ecosystems need to be further expanded and similar, special health-care coverage schemes and services need to be created for senior citizens from the lower economic strata.
- National Digital Health Mission has tremendous potential to expand medical consultations into the interiors of the country.
- However, this requires a digital literacy campaign for senior citizens
- India is among the nations with the lowest share of the elderly receiving pension and the highest share of out-of-pocket expenditure on health.
- In 2036, the southern States will have a relatively high share of senior citizens

CHALLENGES

- Changing Values for Elderly : – Society, particularly in urban areas, is heading towards a self-centric society – A number of elderly persons are gradually deprived of family care – The value attach to the elderly is changing fast among the younger generation – The decaying bondage towards elderly

has resulted in problems for elderly such as economic insecurity, financing for health care, psychological caring, etc.

- Growing Scarcity of Caregivers : – because of increased mobility and migration of the young population to cities. Changing roles & expectations of women, their concepts of privacy, career, ambition and employment outside home implies considerably reduced time for caregiving.
- Scarcity of Space & Needs : – The limited space in the house has given rise to new need patterns amongst the aged – These needs can be classified into six categories – nutrition needs, psychological needs, social needs, needs of special groups, economic needs, health needs, safety and security needs and spiritual needs.
- Old age planning : – Proper education is required on planning for the requirements of old age – Old age planning, scientific care & empirical literature has to be developed to advocate the concept of old age planning.
- Institutional Support for the Elderly : – Regardless of economic status, people from all walks of life need institutional support, in case their caregivers have migrated and settled elsewhere, and fail to provide the required support.
- Planning for Productivity in Old Age: – The aged people who are not gainfully engaged are considered as unproductive.

MEASURES TO PROMOTE CARE TO ELDERLY

- Children's awareness of old age care : – They need to be sensitized to the needs of old people and their contribution to family, society, and community – They need to develop positive mind set of ageing – Two types of awareness breeds to cultivate : – 1) To grow with positive mind set of old age planning during the prime age of youth 2) To develop positive attitude towards older parents.
- Youth's preparation for old age care: - They need to be explained that genuine denial to the basic needs of elderly can put them under punishable circumstances legally as well as socially. It may deprive them from natural inheritance of parental property.
- Empowerment : – Generating knowledge to empower elderly is crucial cost-effective approach of managing the needs of elderly. It refers to building capacity amongst them and enabling them to use this capacity to negotiate and procure their needs.
- Public Private Partnership : - Incorporation of will & efforts of private sector corporations, NGOs, Civil societies
- Special Focus on Vulnerable Elderly People : – In this respect special attention need to be given on elderly belonging to the marginalised section of the society and also single women elderly.

- Senior Citizen's Association : – They are emerging on their own, based on the general needs felt by groups of elderly people. Officials of such organizations are working to some extent as a pressure group - They are making their route to the political parties and government
- Capacity Building of Non Government Organisations (NGOs) : – They need to be sensitized about the

commitments that the nation has made to respective ministries under National Policy on Older Person (NPOP) – Educating panchayati raj institution members on care of elderly will go a long way in creating a societal feeling towards care for elderly.



New Vision IAS Academy
....wings to aspirations