Ageing in India-Challenges and Issues

Dr.P.Devi
Assistant Professor in Sociology
School of Social Sciences and Humanities
B.S. Abdur Rahman Crescent Institute of Science and Technology
Chennai – 48

Abstract

Ageing which is a natural process brings a lot of challenges for elderly people, where over time an individual not only experiences a decline in performance but also in productivity and health. Population ageing is an inevitable and irreversible process and along with it brings many economic, health and psychological problems and issues. With increasing age, the process of aging is often associated with declining health, loss of independence, shrinking of social roles, isolation and feeling of loneliness, economic hardship, being labelled or stigmatized as a burden on the family and society, intergenerational conflicts, ill-treatment and abuse, desertion and need of shelter through institutionalized arrangements. If old is not nurtured and given adequate care and support, then it is very difficult to redeem them from their miserable plight. Urbanisation, industrialisation and the ongoing phenomenon of globalisation have cast their shadow on traditional values and norms within society.

Introduction:

Ageing of the global is one of the biggest challenges facing the world in the **21st** century. Ageing is a natural, inevitable biological phenomenon. Community must learn to respect their grand elderly, understand them and treat them with honour, dignity and abundant love .From a demographic point of view; population ageing is a result of both mortality and fertility. Fewer children are born and more people reach old age.

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. With the rise in elderly population, the demand for holistic care tends to grow. By 2025, the geriatric population is expected to be 840 million in the developing countries [WHO,2002]. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025 [2]. In 2010, India had more than 91.6 million elderly and the number of elderly in India is projected to reach 158.7 million in 2025 [2]. An aging population puts an increased burden on the resources of a country and has raised concerns at many levels for the government in India. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states. This has been attributed to the different levels of socio-economic development, cultural norms, and political contexts. Hence it will be a herculean task for policy makers to address the geriatric care that will take into account all these determinants. Care for the elderly is fast emerging as a critical element of both the public and private concern. A few important characteristics of the elderly population in India are noteworthy. Of the 7.5% of the population who are elderly, two-thirds live in villages and nearly half are of poor socioeconomic status (SES) (Lena et al., 2009). Half of the Indian elderly are dependents, often due to widowhood, divorce, or separation, and a majority of the elderly are women (70%) (Rajan, 2001). Of the minority (2.4%) of the elderly living alone, more are women (3.49%) than men (1.42%) (Rajan and Kumar, 2003). Thus, the majority of elderly reside in rural areas, belong to low SES, and are dependent upon their families.

Issues of Old Age:

The elderly tend to be cared for in a variety of settings: home, nursing home, day-care centre, geriatric out-patient department, medical units or intensive care unit depending on the nature of the clinical problem. Care of elderly necessitates addressing several social issues. The needs and problems of the elderly vary significantly according to their age, socioeconomic status, health, living status and other such background characteristics. Their social rights are neglected and they are profusely abused which goes unreported.

Lack of Infrastructure:

With increasing longevity and debilitating chronic diseases, many elder citizens will need better access to physical infrastructure in the coming years. Lack of physical infrastructure is a major deterrent to providing comfort to the aged. Many elder citizens need better access to physical infrastructure, both in their own homes and in public spaces. Unattended chronic disease, unaffordable medicines and treatment and malnutrition are part of old age life in India as there is no system of affordable health care. Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. The other issues of the public health system are lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities due to insufficient focus on elderly care [FICCI –Deloitte2014].

Changing Family Structure

The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. There is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006 [Kumar2011]. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization.

Lack of Social Support

The elderly in India are much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation and loneliness has increased [Rajan2006]. Insurance cover that is elderly sensitive is virtually non- existent in India. In addition, the pre existing illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry.

Problem of Elder Abuse

Elder abuse is defined as any ill treatment to an older person. Each year thousands of elders silently face abuse. Sadly, in most cases, the abuse begins at home by a person who is the part of family or closed to the person. As elderly are relatively weak, they are prone to physical abuse. They are abused financially, emotionally, and mentally as well for various reasons and in various ways. There are various types of abuse, which are faced by elderly people. In 2013, Disrespect (79%) was the most common type of abuse faced by elderly followed by verbal abuse (76%) and neglect (69%). Economic exploitation (53%), beating (39%) and unwelcome sexual contact (3.01%) were also prevailing abuse in the society. In 2015, according to the youth abusive language or talking rudely (72.4%) is the most common type of abuse faced by elderly followed by "being isolated/silent treatment/ emotional abuse" (43.1%) and "denial of

basics/medicines/material abuse" (30.1%). Physical abuse or beating (29.1%), financial abuse (24.7%) and unwelcome sexual contact (1.8%) are also prevailing abuse in the society. (Govil Punita and Gupta Swati, 2016).

Social Protection for Elderly in India

If we are serious about wanting to address the health of vulnerable populations, we need to recognise that many of the most important interventions will need to take place outside of what we regard as the health sector. Though the importance of universal social security is being increasingly recognized as an integral part of progressive public policy, only a fraction of population have been covered under the safety-net of social security. Social protection is a major arena of government activity aimed at ensuring that vulnerable population groups receive appropriate and effective public support to ensure their financial security and to safeguard their health. However, despite the growth and extent of social protection programs in both developed and developing countries, most emerging economies have nascent systems and only a small portion of all such efforts address the specific vulnerabilities and needs of older people. There are several compelling rationales for closing the gaps faced by older people: a moral imperative, the importance of respecting basic human rights, and the efficiency gains and impetus to economic growth that can be achieved through social insurance and welfare assistance. Countries on their own may not be able to meet the full range of needs of older people, but they can take some steps to assess these needs and design programs, often in conjunction with international partners, that make a start in doing so.

Schemes and Policies for Older Persons in India

With ever rising numbers and lifespan of Older People, not only their needs have increased remarkably, their rights also started taking centre stage. Over the years, like a few other developing countries, the Government of India has launched various schemes and policies for older persons. These schemes and policies are meant to promote the health, well-being and independence of senior citizens around the country. Some of these programmes have been enumerated below.

Overview of Current Programs Aimed At Older Adult Welfare in India

Sector	Schemes/ Programs	Objectives	Year of implementation
Health	National Policy for Older Persons	This policy aims to encourage individuals to make provision for their own as well as their spouse's old age. It also strives to encourage families to take care of their older family members. The main objective of this policy is to make older people fully independent citizens.	1999
	Rashtriya Swasthya Bima Yojana or RSBY	RSBY has been launched by Ministry of Labour and Employment ,Government of India to provide health insurance coverage for Below Poverty Line (BPL) families.	2008.
	National Program for Health Care of Elderly (NPHCE)	Community-based primary healthcare - Strengthening of geriatric health services at district hospitals/CHC/PHC/sub-centers .	2010–2011
	Rashtriya Swasthya Bima Yojana (RSBY)	This scheme provides health insurance coverage up to Rs. 30,000 for BPL families, including the elderly.	2008
Finance and Revenue	Incentives under Income Tax Act, 1961	A senior citizen is liable to pay income tax for income above Rs.3 lakh per annum and Rs.5 lakh for people 80 years and older; limits are periodically revised.	1961
	Concessions	Senior citizen concessions in railways—40% for men and 50% for women

Air India offers 50% discount to senior citizens (to above 63 years old) Discounted tickets for public road transport. | Varies |
Legal/Law	Senior Citizen Savings Scheme	Senior citizens are eligible for tax deduction under section 80C of the Income Tax Act as well as higher interest rates for savings accounts at national banks.	2004
Social Justice and Empowerment	The Maintenance of Parents and Senior Citizens Bill -	This bill facilitates care for the maintenance of aged parents, establishment of old homes, provision of medical care and protection of life and property of senior citizens.	2007
	Integrated Program for Older Persons (IPOP)	Providing basic amenities like shelter, food, medical care, and entertainment for maintenance of old-age homes.	1992
	National Initiative on Care for Elderly (NICE)	Conducts various courses to prepare skilled and committed professionals to provide services to the elderly	2000
	Old-age pension under Indira	Central government assistance of Rs.200 per month to people in 60–79 year age	2007

	Gandhi National Old Age Pension Scheme (IGNOPS)	group and Rs.500 to people above 80 years of age belonging to BPL households.	
	The Indira Gandhi National Widow Pension Scheme (IGNWPS)	Provides BPL widows in the age group 40-64 (later revised as 40-59) with a monthly pension of Rs. 200/- per beneficiary.	2009
	Annapurna Scheme	Senior citizens 65 years of age or older who, though eligible for old-age pension under the National Old Age Pension Scheme (NOAPS), are not getting the pension are covered and 10 kg of food grains per person per month are supplied free of cost under the scheme.	2000–2001
Rural Development	Indira Gandhi National Widow Pension Scheme (IGNWPS)	Pension of Rs.200 per month to widows in 40– 64 year age group belonging to BPL category	2009
	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	The Act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work.	2006
Retirement/ Pension.	National Pension System (NPS)	The objective is providing retirement income to all citizens for government employees including unorganized sector workers on a voluntary basis	2004
	Swavalamban Scheme	Implemented especially for unorganized workers, under this program, the government will contribute a sum of Rs.1,000 to each eligible NPS subscriber who contributes a minimum of Rs.1,000 and maximum Rs.12,000 per annum.	2010–2011

Source: (Government of India 2015)

Although the Indian government has proposed several schemes and resolutions to support an aging population, most of these have thus far met with limited success. Since 1992, multiple government ministries across various sectors have implemented initiatives that attempt to provide benefits and security to older adults in India. However, most of these schemes have not yet been implemented nationwide; many state-level governments have failed due to lack of resources and competing priorities. Moreover, in the states where these programs have been implemented, such as Himachal Pradesh, Punjab, West Bengal, Odisha, and Tamil Nadu, the utilization rate remains very low due to lack of public awareness (Alam, James et al. 2012). Considering the fact that it is an inevitable stage in everyone's life, this gap is a glaring one.

Conclusion:

The growth of the elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality across the country. As we have outlined, key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socioeconomic status, stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system.

The components of the old age care strategy could be the process of policy and strategy formulation, focus on primary health care, age friendly social systems, strong participation of the older population in society, development of human resources to quality care, creation and maintenance of multi-disciplinary networks to facilitate care of the elderly, research, surveys and studies for establishment of evidence based care and raising the awareness of the population to active ageing. There is a need to work with the in-school and out of-school children and young people to develop better intergenerational bonding with a focus on reciprocity. Contributions and achievements of the elderly should be publicly recognized in the community.

References

1. FICCI-Deloitte (2014) Ensuring care for the golden years – Way forward for India.7th Annual Health Insurance Conference: Health Insurance 2.0: Leapfrogging beyond Hospitalization.
2. Govil Punita and Gupta Swati (2016), "Domestic Violence against Elderly People: A Case Study of India", Advances in Aging Research, Vol.05 No.05 (2016), Article ID: 70351, 12 pages.
3. Kumar S, Sathyanarayana KM, Omer A (2011) Living Arrangements of Elderly inIndia: Trends and Differentials. International Conference on Challenges of PopulationAging in Asia, UNFPA, New Delhi, India.
4. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: A cross-sectional study in Udupi Taluk, Karnataka. Indian Journal of Community Medicine. 2009;34:131–134. [PMC free article] [PubMed]
5. Rajan SI (2006) 'Population Ageing and Health in India', Centre for Enquiry into Health and Allied Themes, Mumbai.
6. United Nations Department of Economic and Social Affairs, Population Division (2008) World Population Prospects (2008 Revision).
7. WHO (2002) Tufts University School of Nutrition and Policy. Keep fit for life: Meeting the nutritional needs of older persons. WHO, Geneva, Switzerland.