

Ageing in India

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Received date: Dec 16, 2015, Accepted date: Jan 22, 2016, Published date: Feb 05, 2016

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Introduction

The previous two decades have shown rapid changes in the social structure in India with a rapid fall in mortality rates which have not been associated with similar decline in birth rates. As a result, we have an increasing share of an older population in India and the base of the population pyramid has been rapidly shrinking. People are living longer because of better nutrition, health care, education and financial stability. With successful control of infectious diseases and preventive vaccination, people are living longer than ever before. The term population ageing is becoming increasingly popular and fashionable among Indian social scientists and epidemiologists.

Population ageing is actually the process by which older individuals come to form a proportionately larger share of the total population and is one of the most distinctive demographic events of the contemporary world. There are two notable aspects of the ageing process which are being recognized globally, one is progressive demographic ageing of the older people and other is the feminization of ageing. The twentieth century and the beginning of this one have seen an unprecedented demographic transition in the form of population ageing. This century has seen explosive increase in ageing population specially women. This prevailing pace of demographic transition is inevitable. Although there is no specific definition for an aged individual, yet an age more than 60 years is contemporarily accepted as a demarcating point indicating transition to an old age. An ageing world poses social economic challenges and not only the family but also the entire society has to rise up to meet these challenges.

The Present Situation

Globally life expectancy at birth has risen up to 67 years in 2008 from 47 years in 1950s. Life expectancy at birth is over 80 now in over 33 countries whereas just five years ago it was only so in 19 countries. According to UNFPA people aged 60 years and older make around 11% of world population and by 2050 they will contribute to approximately 22%. It is estimated that one in five persons would be older than 60 years by the year 2050. Growth of ageing population has witnessed a landmark increase in 21st century so it gains special attention by media, public policy maker and medical and health sector. In 1950, there were 205 million persons aged 60 years or more in the world. By 2012, the number of older persons had increased to almost 810 million and is projected to rise to one billion in less than 10 years and to two billion by the year 2050.

The annual growth of the population aged 60 and above in India is higher than rate of growth of total population. The proportion of the population aged 60 and above is projected to touch 19.1 percent in 2051 from the present share of 8.1%. In terms of absolute number, the increase would be from 86.5 to 298.2 million during 2011-2051 [1,2]. In 2011 there were 98 million of senior citizens in India and number is

expected to swell up to 143 million by 2021 with 51% being women with rural ratio of 985 females per 1000 male and urban 1046 females for every 1000 males.

In the 2011 census the dependency ratio in India has been recorded at 12.5 in rural and 10.3 in urban areas. It is believed that almost 6.7% of the older persons in India are bed ridden.

In 2008 India had 90 million older people second largest in the world after china increase to 298 million in 2051 and 505 million in 2101. And individuals older than 70 yrs are expected to rise from 29 million in 2001 to 131 million in 2051. On an average an older person is expected to live 18-20 years upon reaching 60 of age globally. In India gain has been 21 years [3] that make India home to the largest segment of older persons in the world. And making it ranked second after china.

It is interesting to consider if longevity translates into longer work participation and to study the further prospects of old age dependency.

Nearly 40% of aged more than 60 years and above (60% of men and 19% of women) were working. In rural areas 66% of elderly men and above 23% of aged women are economically active while in urban only 39% of elderly men and about 7% of elderly women are economically active. Till 2001 census 33.07 percent of the elderly were widows (50.06)/widowers (14.98) [4].

There is increased concern for ageing population in developed countries like Japanese nearly nine in ten, eight in ten in South Koreans and seven in ten in Chinese. Europeans also show high concern with ageing, more than half of population in Germany and Spain are facing major problem. The U.S. population is also expected to get older but at comparatively slower rate. Rather few countries are expected to be relatively young in future such as in Nigeria, Kenya South Africa and Pakistan.

About 64 per thousand elderly persons in rural areas and 55 per thousand elderly persons in urban area suffer from one or more disabilities. More than 75% of elderly males and less than 40% of elderly females live with their spouse. Less than 20% of aged men and about half of the aged women live with their children.

Dependency ratio is defined as number of people aged more than 65 years per 100 number of working individuals in age 15 to 64 years this is most strong in Germany, Italy, Spain, and Japan for India it is eight percent at present and expected to rise to 19% till 2050. The transition towards ageing society is even more dominant for the age group 80 years an older with an increase of 57% for Europe and 70% for Switzerland and surprisingly for Norway is 57.5%.

Needs of an Ageing Population

Empowering the senior individuals enables them to make informed and independent choices, more compliant to health care, enhances their contribution in financial and social fronts.

Engaging in work predicts better self health, functionality, life satisfaction and independent in decision making

1. Financial security: Employment and gainful activities, insurance policies, income and retirement benefits, pension plans enhance self esteem and respect in society.

2. Ease of access to healthcare helps in decreasing the gap between the health care services and the elderly. Special out-patient departments in hospitals are crucial to address their basic problems and requirements.

3. Independence and Autonomy is crucial to enable the elderly for decision making and leading a life of self esteem.

4. End of life care issues need to be addressed appropriately and a care taker has to be identified who may be actively involved in decision making.

Older women seem to be more insecure financial and emotionally, have poor health deprived of shelter space and independence. Frailty and resultant disability in the elderly may further cripple their lifestyle.

Problems Faced by Ageing Individuals in India

The multifarious dimensions of ageing in India are a transition from one set of social roles to another. Age and ageing are equally related to role taking, value orientations and mode of behaviour. Some advocates it's a state of decay of role in society, financial and social decline.

The function of family as primary care giver to the aged has undergone change due to structural changes both internal and external most important is nuclearization. Shift of caring responsibility of aged to either family, society or government make them more vulnerable to neglected population.

Quality of life in them is multidimensional. A micro analytic study identified the needs depending on age and sex economic status, social and financial wellbeing.

1. Chronic morbidities and disabilities among elderly individual's leads to economic shock, lack of autonomy, reduced social contact and increased loneliness.

2. Physical work participation of older persons 40.3% (60.2% in men and 20.9% for women). They require an elderly welfare scheme which may help in easing their daily struggles to earn a living.

3. Crumbling system of joint families leading to an increase in nuclear families has resulted in difficulty in maintaining long term care for older people. Tradition of caring for the older individual is changing as families are turning nuclear from joint families.

4. Migration of children/family bread earners are now seen drifting to cities or to foreign lands with a reluctance or inability of older parents to move with the children. This creates unique problems in long term care with no care taker left for their everyday problems.

5. Whereas there are numerous day care systems for children, there are hardly any for the elderly.

6. For those who are chronically ill, the home care facilities are very scant; if available they may pose a huge financial burden on the care taker.

7. India has unique social structure where female has always been dependent on her male counterpart in the family for social and financial security situation which makes the situation grimmer for widows.

8. There has been a dependence traditionally on the son and Indian parents find it several times more difficult to approach son-in-law or daughter for financial or social help.

9. Loneliness and psychiatric problems are very common especially in those with no care takers.

Bridging the Demand and Supply Gap

One is national population policy and second is national policy on older persons. There is limited information regarding employment, safety and financial and health concerns. Specific sectors require special attention are older workers, productivity skill improvement contribution to family economy and society The National Old Age Pension scheme should be made universal for all formal workers irrespective of their economic status. Universal health insurance should also be introduced to allow all older persons to maintain health and participate actively in the labour market. It is important to offer choices for older workers to join and withdraw from different schemes. In strengthening social protection schemes for older persons, particular attention needs to be drawn to vulnerable older persons, such as those in poverty, older women and especially widows

National policy on older person reaffirms the commitment to ensure the well being of the older persons. This policy envisages state support to ensure financial and food security, health care, shelter and other needs of elderly.

The Indira Gandhi national old age pension scheme has been started in August 1995 which assists the elderly in fulfilling their basic needs by providing them with a monthly pension.

Association between age and productivity counts when it comes to work participation at old age.

Investment in human resource development can enhance the knowledge and skills of later cohorts of the elderly, to make opportunities in emerging industries and a service based economy available to them.

Investment in health with a focus on geriatric care will need to be increased from the present level of around 1.1 percent of GDP to at least 6 percent.

Rather only four countries – South Korea, Germany, Britain and the United States spend more than one third of GDP for well being of old age population.

Help age India initiative towards better preparedness for old age and sound coping mechanism. They have launched two approaches like; elders self help group (ESHG) which not only encourages savings but also inter loaning but also serves social inclusion and protection from abuse and other is community social responsibility.

There is urgent need to recognise the inevitability of ageing and need to prepare all stake holders like government civil bodies, society, private sector, community and family. It should be done through

enhancing understanding, strengthening national and local capacities .it is recommended to ensure the safety and implementation of national social protection. There should be a support meshwork at national and international level to develop comprehensive research on ageing. This should also consider having a separate geriatric department in every medical college.

The ministry of social justice and empowerment focuses on the policies and programmes for the senior citizens with state governments, non government organizations along with civil societies. There are several constitutional provisions for securing the rights of elderly individuals in India regarding education, social and financial security, sickness and disability.

Bridging the Gap

Among the myriad of social problems, ageing has become an endemic problem in India. Ageing is also socially constructed responsible for loss of the erstwhile family and social roles of a person usually accompanying physical and financial decline. The

socioeconomic changes in India gradually broke down the family structure as the main institution which makes aged people more vulnerable to social insecurity, frustration and loneliness. Youth migration, poverty, hardship lack of family and social sensitivity towards aged has made them vulnerable to this insecurity.

Engagement of elderly in physical exercise constructed as leisure activity shows a rising trend with possible social attachment.

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