

ELDERLY IN INDIA: STATUS AND CONCERNS

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ABSTRACT

Ageing is inevitable, irreversible and progressive, and it's always accompanied with changes in the functions of most organs and leads to development of various chronic diseases. Advances in medicine have increased life expectancy, leading to an increase in geriatric population worldwide, and their proportion will only continue to rise in the coming years. The ageing of population is expected to become the next major problem for public health. Elderly people are an integral component of every nation that, like any other section, owes respect and attention. However, due to a changing family structure and modernisation, the elderly face the inevitable challenges of living their lives in a respectful manner. The most dangerous situations for older people include depression, loneliness, neglect, age-related diseases and inadequate treatment. Sadly, the abusers are members of their families on whom they depend upon the maximum. This paper focuses primarily on elderly people's problems and quality of life in India. It should be remembered that improving the quality of life of the elderly requires a holistic approach and a concerted effort on the part of the various stakeholders, such as government and health sectors, family and care givers etc.

KEYWORDS: Geriatric care, India, elderly, ageing, challenges.

INTRODUCTION

Ageing of the population is an inevitable and irreversible demographic reality associated with health and health care improvement. Three major demographic changes i.e. decreasing fertility, decreasing mortality and increasing survival in older ages lead to population ageing, reflected in a change in age composition from young to old. Demographers worldwide predict that it will only take another 25-30 years for the age group of 65 years and older to double the number of children under the age of five. According to the United Nations population study division, the worldwide share of elderly individuals (age 60 or more) increased from 9.2% in 1990 to 11.7% in 2013 and will continue to expand to an estimated 21.1% by 2050. Ageing population have brought about many socio-economic and medical problems, which have become a one of the main concerns of governments all over the world. Development alone cannot bring peace and prosperity unless social justice and equality of older people are ensured. Therefore, preparations must start decades in advance.^[1, 2]

WHO (2013-2018) focused on healthy ageing in order to support the care of elderly people. The aim is not only to prolong the lives of elderly individuals but also to enhance their life quality by optimizing physical, social

and mental health possibilities. The WHO recently proposed a multisectoral approach to healthy ageing at the World Health Assembly and proposed a global strategy and action plan for ageing and health.^[3, 4]

The demographic transition in India is underway and the proportion of older people has grown at an alarming pace in India over the last few years and is likely to persist over the coming decades. The proportion of elderly people is rising sharply and the age group has shifted significantly by 80 years and older. The proportion of the population aged over 60 is expected to rise to 19% in 2050, and by the end of the decade, the elderly will represent nearly 34% of the country's total population (Figure 1).^[5]

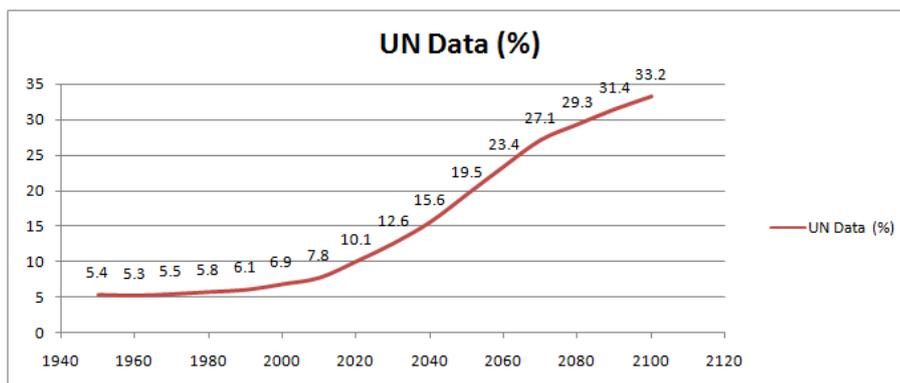


Figure 1: Percentage of the total population of 60-plus people in India, (1950-2100).

(Citation: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, custom data acquired via website.).

India's health program and policies have focused on issues such as stabilization of population, maternal and child health and disease control over the last decades. Current literature indicates that unsupportive attitudes and limited awareness, lack of knowledge and failure to accept geriatrics as an established discipline lead to inaccessible and poor quality care for the old Indian population. This could lead to a new set of medical, social and economic problems that could occur if program managers and policymakers do not take a timely initiative in this direction. Ageing is a challenge which cannot be tackled in isolation by the government or private organizations; it needs common methods and strategies. In January 1999, the Government of India introduced India's first national ageing policy 'National Policy on Older Persons' identifying senior citizen or elderly as people of 60 years or older and ensuring the well-being of this community.^[6]

DEMOGRAPHY OF THE ELDERLY IN INDIA

Population ageing, which until recently was seen as a challenge for the developed world, has become an emerging issue for developing countries and for India as well. India is in a demographic transition phase and statistics indicates that the population of the elderly is growing more rapidly than the general population. The proportion of Indians over the age of 60 years is expected to increase from 7.5% in 2010 to 11.1% in 2025. India had more than 91.6 million elderly people in 2010 and is projected to reach 158.7 million by 2025.^[7]

India's fertility rate of 2.5 live births is expected to continue to decrease with an average life expectancy of 69.8 years, resulting in an increase in the old-age dependency ratio from 10.9% in 1961 to 14.2% in 2011.^[5]

According to census of India 2011, up to 71% of the elderly live in rural areas.^[8] Rural/urban disparities are significant for the analysis of elderly employment, care and health issue.

A big problem in old age is financial distress, as over two-thirds of elderly live below the poverty line and it would rise gradually across the country with age.

Recent statistics show that 41.6% of the elderly population are engaged in economic activities as the main or marginal worker and 56% are illiterate and reliant on physical labour. About 90% of the elderly come from non-organized areas, meaning they have no regular sources of income.^[6] The worst affected are those who do not have savings or pension benefits and are not cared for by their children.

The NSSO 2006 study does not provide morbidity information, however in the 1996 study^[9], arthritis was reported in 34% of the elderly, vision problems by 26%, high blood pressure by 10%, diabetes by 9%, heart disease by 3% and other conditions by 2%. Within elderly people, the older ones (above 80 years) are rising at a fast pace and these very elderly people are usually weaker, more vulnerable, dependent and more often suffer from age related illness. Approximately 3.5% of the total population is over 80 years of age, with the majority of women.^[5]

The increased life expectancy and poor health care contribute to the degree of disability among the elderly and add to the challenges of caregivers. It is therefore clear that today, relatively young India will transform into a rapidly ageing society in the coming decades. A distinctive feature of ageing in India is the substantial inter-state divergence in both levels and growth of the elderly population, depending on the rate of demographic transition in these states.^[5]

CHALLENGES TO GERIATRIC CARE

Medical problems

Ageing is proposed as a consequence of a number of intrinsic processes, leading to deterioration in the function of most organs, such as renal, pulmonary, brain and cardiovascular. It also affects immune and endocrine functions. The ageing process, however, is not an illness itself but increases disease susceptibility.^[10, 11, 12] The most common disabilities among the aged, according to the 2011 censuses, were locomotive and visual. Nearly half of the elderly populations with these two forms of

disabilities have been reported.^[6] The prevalence of acute and chronic diseases increases with advancing age. As shown in figure 2, the prevalence of acute morbidity in 2014, increased from 30% for the 60-69 years olds to 37% for the 80 plus age group.

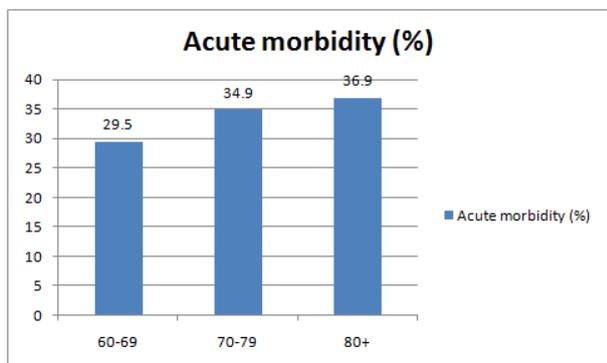


Figure 2: Prevalence of acute morbidity among elderly (India).

(Source: NSSO (2015), Key Indicators of Social Consumption in India, Health (January–June 2014). 71st Round, National Sample Survey Office, Ministry of Statistics & Programme Implementation, Government of India).

The NSSO 71st Round 2014 report indicates that hospitalization among elderly people is much higher than the general population.^[13] According to Indian Government statistics, one-third of elderly deaths are due to cardiovascular disorders. Respiratory diseases represent 10% mortality, while infections including tuberculosis represent another 10%. Neoplasm constitutes 6% and metabolic disorders, gastrointestinal and genito-urinary diseases, injuries, poisoning and abuse constitute less than 4% of elderly mortality.^[14] However, the effects of the morbidity trend are varied in various studies. A chronic morbidity profile study by the Indian Council of Medical Research (ICMR) states that hearing impairment is the most common disease followed by visual impairment in the elderly.^[15] A study in the rural area of Pondicherry reported decreased visual acuity in 57% of the elderly due to cataract and refractive error, followed by joint pain in 43.4%, dental complaints in 42% and hearing problems in 15.4%. Hypertension (14%), diarrhoea (12%), chronic cough (12%), skin disease (12%), heart disease (9%), diabetes (8.1%), asthma (6%) and urinary problems (5.6%) were other morbidities.^[16] A similar study carried out in Chandigarh in Haryana among 200 elders found that as many as 87.5% had moderate to severe disabilities. Anaemia was the most common morbidity, accompanied by dental problems, diabetes, chronic obstructive airway disorder (COAD), cataract and osteoarthritis.^[17] A study in Delhi, conducted among 10,000 elderly, found that vision and hearing problems top the lists with back pain and arthritis closely followed.^[18] A geriatric person has been reported to be taking six prescription medicines concurrently and often has adverse reactions.^[19]

Geriatrics or geriatric medicine is a specialty that focuses on the health care of the elderly. It aims to promote health in older adults by preventing and treating illness and disabilities. Geriatric medicine has progressed rapidly in the west, but even among Indian experts this term is hardly common. Limited knowledge and lack of recognition as a valid profession resulted in the poor treatment of elderly individuals.

Economic problems

Financial dependence with retirement is one of the major challenges facing the elderly. A loss of constant source of income leads to a sense of financial insecurity, dependence and loneliness.^[20, 21] Most elderly people have no economic security protection, as pension and social security in most developing countries are limited to those who have worked in the public sector or in the organized industry (Figure 3).^[22]

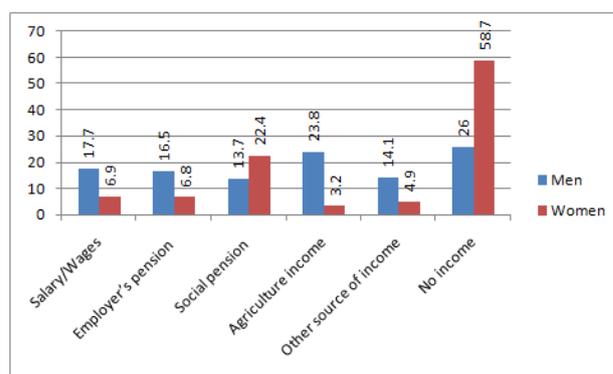


Figure 3: Sources of the Elderly Personal Income.

(Source: Alam, et al (2012), “Report on the Status of Elderly in Select States of India 2011”, Building a Knowledge-base on Population Ageing in India, United Nations Population Fund, New Delhi).

Informal support and family support systems are declining rapidly and formal structure have not sufficiently replaced them. About 85% of the elderly had to rely on others for day to day maintenance. With elderly women, the condition was even worse.^[23] The health care costs in old age seem very high and this, in turn, is increasing out of pocket healthcare expenditure, especially when private facilities are used. When elderly people are economically dependent, increased health spending increases the economic burden of families.

Social problems

Socially, ageing marks a transition from one set of social roles to another and such roles are changing. Elderly suffer significant social losses with age. The loss of employment, death of relatives, friends, spouse and a poor health limit their involvement in social activity minimize their social life. The dilemma faced by the elderly because of the loss of employment prospects and the lack of family or friends is referred to as social exclusion. Urban migration of younger working persons can have both positive and negative impacts on the

elderly. Older people prefer to live in their own homes and family, so ageing in place is often a preferred option. In addition, this puts some funds in the hands of elderly people at the moment when they need medical support and household tasks.

Psychological problems

The elderly are highly susceptible to mental disorders due to brain ageing, physical health problems, neurological dysfunction, socioeconomic factors such as loss of family support systems and a reduction in economic independence. The common mental disorders include depression and mood disorders. Neurotic personality, drug and alcohol dependency, delirium and psychological illness are also other disorders.^[24] Older people who live on their own are more likely to become vulnerable than those who live with their families, especially with older women, because informal social support systems are diminishing. While most elderly people still live in India with their children, about one-fifth live either alone or only with partner and therefore have to handle their material and physical needs alone. As a result of rapid urbanization and social upgrade, loss of family values and the support, economic insecurity, loneliness and elderly abuse led to psychological illness. Widows are also subject to social stigma and ostracism.^[25]

Factors such as lack of social security, inadequate medical facilities, treatment and entertainment exacerbate the psychological problems of the elderly. The common psychological issues faced by elderly are feeling of powerlessness, inferiority, depression, anxiety, inefficiency and less competence. Older citizens will experience different physical and emotional changes as they get older. Loss of partner in old age adds significant vulnerability in later years. The 2011 Census reveals that nearly 66% of those over 60 years of age are currently married, 32% are widowed and nearly 3% are unmarried or divorced.^[5]

Ruralization of the elderly

71% of elderly people live in rural India according to the 2011 census. A higher proportion of the elderly live in rural areas than in urban areas in all states, except Goa and Mizoram. It is also noted that a greater proportion of rural elderly lives in poorer states like Odisha, Bihar and Uttar Pradesh.^[5] Most rural areas still have limited access to roads and transport. Income insecurity, lack of adequate access to healthcare and loneliness are more acute for rural elderly than their urban counterparts.

Feminization of ageing

In view of a marginally fall in mortality among women during both youth and elderly years, the sex ratio of the elderly increased from 938 women to 1,000 men in 1971 to 1,033 in 2011 and is projected to increase to 1,060 by 2026. Feminization of ageing frequently results in discrimination and neglect experienced by women as

they age, often compounded by widowhood and total dependence on others.^[5]

More 80 plus

Projections indicate that total Indian population will grow by 56% during 2000-2050, while the population of 60 plus will grow by 326 million. The 80-plus population will grow 700% over the same time frame with the majority of widows and very older women who are highly dependent. Policy and programs would need a major focus on the particular needs of such elderly women.^[26]

Housing problems

It is found that the majority of housing for the elderly is not appropriate and is not suitable for their needs. The accommodation for senior citizens need to be ideal for optimum living conditions, but also for conditions of poor health and disease, commonly associated with later years of life such as vision deficiencies, hearing loss, declining strength and more severe disabilities such as blindness, forgetfulness, etc. In addition, with age, the sense of isolation and loneliness is a common complaint for many elders.

The growing trend of nuclear families in India has inadvertently reduced the structure of families as support systems. Children slowly withdraw from extended family life and start up their own nuclear families with growing urbanization and dependency on jobs availability.^[27] The aged people prefer to stay within their own homes. They either live by themselves or with their family members. Psychosocially, adjustment to a new place after having lived in a locality for 60 years is a difficult adjustment to make for the elderly.^[17, 28-29]

Crime against the aged people

According to the WHO, elder abuse is defined as a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.^[30] Elder abuse can be categorized as physical, psychological or emotional, financial, neglect or sexual, and is a violation of human rights. Prevention of elder abuse and protection of elder people should, therefore, be key priorities. The prevalence of crime is serious among them, and it is because they are frail, weak and cannot protect themselves against violence.

PREVENTION AND MANAGEMENT OF GERIATRIC PROBLEMS

With a brief overview of ageing, age related changes and quality of life in India; the following strategies may be explored to bring improvement in the quality of life of geriatric population.

Improving the health conditions of the elderly

The primary challenge of geriatric care is not only the protection of basic health, but also the treatment of old-age diseases and disorders. Most of the geriatric

outpatient services are currently available in tertiary hospitals. A study conducted in geriatric population of rural Meerut observed that as many as 46.3% participants did not know that any geriatric service is available near to their home and 96% had never used any geriatric welfare service.^[21] Since two-third of the elderly live in rural areas, geriatric health services must be a part of primary health care, which includes specialist training in geriatrics for medical officers. Factors such as lack of transport facilities also prevent them from accessing healthcare services, therefore community health staff should also be qualified to provide support to elderly patients. This approach was successful in the area of the primary health center in the vicinity of Madurai as part of a ICMR project known as 'Health Care of the Rural Aged'.^[31] For areas that are difficult to access, screening camps and mobile clinics may play a significant role for reaching out to the elderly. In this regard, NGO, charitable organizations and religious organizations can play a significant role. The 60th NSSO Round reveals that 77 per 1000 in urban areas to 84 per 1000 in rural areas are elder citizens who cannot travel and are restricted to their own bed or home.^[32]

The core component of primary care is awareness of age-related changes and prevention steps. Try to promote physical activity, such as walking, aerobic activities on a regular basis. It also improves the quality of sleep, increases stamina, and can reduce anxiety. Early detection and treatment is a key step in disease prevention and disability. Major disease screening helps identify modifiable risk factors early and effectively manage them.

Role of the Education

Professional education and research in geriatrics and gerontology must be practiced in both undergraduate and paramedical schools.^[33, 34] Proper training is important for understanding pharmacotherapy in older patients, as well as reducing adverse drug reactions to prescribed medicines.^[35] Patient and caregivers should be well informed about the proper treatment plan and the side effects of prescription drugs. Education and information on various aspects enable elderly people to live productive lives. If they are well-educated, they will be able to take care of their healthcare needs, diet and nutrition, have knowledge on how to enforce their safety, communicate well with others and work effectively for the welfare of the community.

Financial issues

The changing socio-economic and growth dynamics have made financial security a key determinant of the well-being of older people. A large percentage (30%) of the elderly are below poverty.^[36] Their primary source of income is child remittances, as reported in a 49% city-wide NSS survey.^[37] This is particularly relevant to women who rely entirely on the goodwill of their children. An NSS survey showed that 12% of older adults aged 80 and over continues to be involved in

economic activities in order to meet daily needs. For lack of money, elderly people are denied adequate healthcare. Consequently, the quality of life of geriatric people is influenced greatly by financial dependence.^[38, 39]

Economic insecurity has already been tackled by central and state governments by introducing policies like the National Older Persons Policy, the National old-age Pension Plan, the Annapurna program etc. Nonetheless, the advantages of these programs have often been questioned in terms of low allocation, insufficient user identification, lengthy procedures and inconsistent payment.^[40]

Full or part-time employment opportunities should be given to address the economic and financial challenges of the elderly. This would help them generate income, increasing their economic and social wellbeing and reduce dependency on others. The pension system also supports people in need.

Psychosocial needs and rehabilitation facilities for the elderly

The social and psychological needs of this population deserve special attention. Rapid urbanization and social change introduced a host of psychological illness with deterioration in family values and family support network, economic insecurity, and social isolation. Elderly people tend to suffer from psychological stress as found in a New Delhi survey for a middle-class area.^[41] Retirement gives the senior citizen a sense of dependence and loss of authority that is not very pleasant. The individual has no job to do, and also observes low self-esteem and self-confidence.^[42, 43] Most elderly lose their independent living capacity due to limited mobility, chronic pain, depression or other physical or mental problems.^[44]

Rehabilitation is a problem-solving focused on patient functionality. It is about recovery of the patients and support for caregivers. It includes supplementing visual aids, hearing aids, and mobility aids such as walker, physiotherapy and providing education to stay healthy and activated. Homes for the aged are suitable for disabled people with health problems, depression and loneliness.^[45]

Social interaction is the key to good mental health, so older people need to have regular contact with friends and family.

The elderly are encouraged to participate in cultural or religious activities. Participation in these events and functions helps to ease their isolation and enhance thoughts.^[46] Religion and spirituality are still significant social and psychological factors among older adults, and in various studies older people with higher religiosity were more likely to report good health status.^[47, 48]

Countries like India should establish suitable training programs for the most available chunk of caregivers in the service of the elderly. Supporting, training and counselling family caregivers is a cost-effective strategy for developing countries.^[49] Since most elderly people live in rural areas, geriatric mental health services should be part of primary health services. There should be specialised training in geriatric medicine for all primary physicians.

Housing issues

Older people face many housing problems, including accessibility, physical flexibility and access to indoor and outdoor health and other services. Older citizens' house should not only be suitable for their lives in optional health but should also be adapted for their compromised health and disease.

The scope of housing upgrades can be accomplished if necessary, including the construction of an escalator lift, a staircase, a wider gate and special bathrooms. Accidents and falls can be prevented by maintaining clean and dry floors, holding bars in toilets and low-level switches. Age friendly and barrier-free access will be created in buses and bus stations, railway and railway stations, airports, banks, parks and other public places. In addition, development of housing complexes for single elderly men and women and for those in need of specialised care.

Elder abuse

The neglect of older people is seen as a global public health problem with devastating consequences such as poor quality of life, psychological distress, and loss of security and property. It is also associated with increased mortality and morbidity.^[50,51] Elderly people in households are also susceptible to abuse. This includes physical, mental, emotional and sexual abuse. This is a poorly studied area in India since most abuse is reported by close family members, who are the only caregivers. A study investigating the elderly violence among 400 residents of aged 65 and older in Chennai found that the prevalence of maltreatment was 14%. The most common was chronic verbal abuse followed by financial and physical abuse. Significantly higher numbers of women were subjected to violence than men and the leading perpetrators were children, daughters in law, spouse and sons in law.^[52] Help age India's survey^[53] and a cross-sectional study in a geriatric a medical college hospital in Bangalore^[54] reported abuse in 23% and 16% of elderly respectively. Elder abuse can lead to physical injuries as well as severe, often long-lasting psychological effects, including depression and anxiety. Current evidence has shown that 1 out of 10 elderly people were victimized.^[55]

The provision of ethical education in schools to sensitize younger generation to the dignity of their elderly. Community police is another major change that we can bring to deter elder abuse. The Indian Government has adopted various policies and has initiated specific elderly

services and events. There are various legislation to protect the interests of the elderly.

The most recent is the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, which protects the fundamental rights of senior citizens aged 60 or over. The Act requires that children take care of parents and lead them to criminal action in the event of a breach. The police are directed to maintain a friendly surveillance system for senior citizens living alone or as couples. This would also encourage the participation of older people in neighbourhood associations.^[6]

End of life care and cancer in the elderly

End of life care (EOLC), including dementia in India, lacked awareness for people with chronic, severe, gradual and advanced life-limiting disease.^[56] EOLC includes good interaction, professional decision-making, collaboration with medical teams and families through evaluation, specialised patient services, and their caregivers' physical, emotional, spiritual and social needs.^[57] Cancer is a major public health concern worldwide, and its prevalence is growing. A geriatric psycho-oncology is still developing and must be developed in India.^[58, 59]

National policies and programmes for the welfare of the elderly

It is important to remember that the engagement and cooperation of family, community and government is a medium of quality care for the elderly. Therefore, an integrated and adaptive system is needed to address elderly people's care requirements and challenges.

Following detailed consultations with ageing experts, the Government of India introduced India's first National Policy on Older Persons (NPOP) in 1999. NPOP includes economic, cultural, medical, housing, education and information, welfare and care, protection of life and property, old-age care planning and advocacy. Some of the key initiatives of NPOP are; National Social Assistance Programme and the National Old Age Pension Scheme, concessions in travel and income tax, higher bank interest rate, and easy insurance premiums for senior citizens. Financial support is also given for the creation and maintenance of day care centers, mobile medical units and old-age homes.

Parliament passed the Maintenance and Welfare of Parents and Senior Citizens Act (MWPSCA), in December 2007^[6] to provide legal back-up to old age care and ensure that family members took care of their elderly parents or relatives.

The Indian government initiated a National Programme for Health Care of the Elderly (NPHCE) in 2011, incorporating India's international commitments to the United Nations Convention on the Rights of People with Disabilities and the National Policy on Older Persons as well as its national commitments to the Parents' Welfare

and Senior Citizens 'Act, 2007.^[60,61] This policy aims to provide reliable and affordable long-term care for the elderly by creating an environment to encourage active and healthy ageing in society. The main goal of NPHCE is to provide convenient access to educational, preventive, curative and rehabilitative resources through community-based primary healthcare approaches.^[62] The Government's strategy is to integrate health services with rural health-oriented schemes and social welfare programs in order to improve the country's elderly standard of living. To ensure geriatric treatment at all levels of the health system, including a bedridden elderly, the Ministry of Social Justice and Empowerment launched the ' National Initiative on Care for Elderly (NICE)' in 2012, including a training program for managers of old age care institutions.

India currently spends only 1.2% of its GDP on healthcare, and plans to increase it to 2.5% by 2025. In its latest budget, the Government announced the Ayushman Bharat National Health Program which offers an annual health coverage of up to Rs 5 lakh per family per year. Several NGOs and civil society are now significantly involved in providing care and support to the country's elderly population.

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