

**ENSURING HEALTHY AGEING FOR INDIAN COMMUNITIES- WHAT IS THERE?  
AND WHAT NEEDS TO BE DONE?****\*<sup>1</sup>Dr. Minakshi Dhar and <sup>2</sup>Dr. Vartika Saxena**<sup>1</sup>MD- Medicine, PGD Geriatric Medicine, Associate Professor & HOD, Dept. of Medicine, All India Institute Medical Science (AIIMS) India.<sup>2</sup>Professor, Department of Community and Family Medicine, AIIMS Rishikesh.**\*Corresponding Author: Dr. Minakshi Dhar**

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Article Received on 13/05/2018

Article Revised on 03/06/2018

Article Accepted on 23/06/2018

**INTRODUCTION**

Ageing is normal and relates to the maturing of an organism. Aging results eventually in a person's death. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous. United Nations agreed cutoff is 60+ years to refer to the older population.<sup>[1]</sup> Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above.

India is second most populous country of world. The huge young population is considered as its strength and it enhances its potential for faster growth. Greater the proportion of young persons in the population of a country, larger is workforce, and, thus, more is the economic potential. However, global demographic trends, tell us that, with the passage of time, several countries have experienced ageing of population, due to economic well-being, better health care system, good medicines, etc. there is substantial reduction in mortality in society. Reduced mortality has led to reduction in fertility too. These factors together have resulted in increasing number of elderly persons in the population. This phenomenon, called population ageing, is a dynamic demographic trend all over the world. By 2050, 33% of developed world's population and almost 20% of less developed world's population will be over 60 years old.<sup>[3]</sup>

India, by no means, is an exception to this phenomenon. Over the years, the structure of population has changed and will further change in the time to come. The proportion of older persons in the population will increase. According to Population Census 2011, there are nearly 104 million elderly persons in India; 53 million females and 51 million males. It is interesting to note that up to Population Census 1991, the number of elderly males exceeded the number of females. In the last two decades, however, the trend has been reversed and the elderly females outnumbered the elderly males. This is also a major concern for policy makers as elderly women are more vulnerable on all fronts compared to elderly men.

Following are the highlights of statistics for Elderly in India- 2016, as per data published by Ministry of Statistics and Programme Implementation, Government of India:

**1. Demographic Transition:** In the last one decade, that is between 2001 and 2011, the growth in elderly population has shot up to 36 per cent while the same was 25 per cent in the earlier decade. Percentage share of elderly persons in the population of India is ever increasing since 1961. While in 1961, 5.6 per cent population was in the age bracket of 60 years or more, the proportion has increased to 8.6 per cent in 2011 is 8.6 per cent in 2011.

**2. Life expectancy:** Life expectancy in the country has increased in rural as well as urban areas. At birth, in rural areas, it has increased from 48 years in 1970-75 to 66.3 years in 2009-13, while in urban areas it has increased from 58.9 years to 71.2 years. At the age of 60 years, during the same period, it has increased from 13.5 to 17.5 years in rural areas and from 15.7 to 19.1 years in urban areas.

**3. Old age dependency ratio:** The Old age dependency ratio shows an increasing trend and the ratio has risen from 10.9% in 1961 to 14.2% in 2011. According to 2011 census the old-age dependency ratios are 15.1 and 12.4 for rural and urban areas respectively. The situation for elderly females is worse with about only 14% and 17% being economically independent in rural and urban areas respectively while the remaining are dependent on others - either partially or fully.

**4. Economic productivity:** As per the population census 2011 data, 66% of elderly men and 28% of elderly women in rural areas participate in economic activity in the capacity of main or marginal worker. In urban areas however it was only 46% among elderly men and about

11% of elderly women who were economically active. This proportions has increased for women as compared to 2001 population census data in both rural and urban areas.

**5. Physical mobility:** The proportion of physically mobile elderly men has declined from 95 per cent among those in the age group 60 – 64 years to 72 per cent for men of age 80 and more and for women it had declined from 95 per cent among those in the age group 60 – 64 years to 63 to 65 per cent for women of age 80 or more.

**6. Widowhood:** The population Census 2011 data tell that the percentage of currently married elderly women was markedly lower than the percentage of currently married elderly men. After the age of 70 years, more than 60% of women become widows.

**7. Social support:** More than 56% of elderly persons live with their spouse and 32% of aged persons live with their children. About 5% of elderly persons live alone while another 4% live with other relations and non-relations.

**8. Prevalance of Diseases:** The elderly most frequently suffer from cardiovascular illness, circulatory diseases, and cancers.<sup>[6]</sup> The National Sample Survey of 2004 (60th Round) provides a comprehensive status report on older persons. According to it, the prevalence and incidence of diseases as well as hospitalization rates are much higher in older people than the total population. It also reported that about 8% of older Indians were confined to their home or bed. The proportion of such immobile or home bound people rose with age to 27% after the age of 80 years. Women were more frequently affected than males in both villages and cities.

**Need for Dedicated Health care for elderly:** Population ageing has profound social, economic and political implications for a country. In case of large number of elderly persons in the population, the country needs more and more health and medical services, facilities and resources. More and more number of hospitals, doctors, nurses are required who are skilled in geriatric care. Addressing geriatric issues in comprehensive way can help the elderly maintain function and independence.

**Healthy ageing can be ensured by focussing on following strategies**

- 1. Multidisciplinary health care team for geriatric care-** Older patients may have multiple problems, that *interact*. We have to looks at *these interactions* (i.e. whole patient). Many disorders are multifactorial in origin and are best managed by multifactorial interventions. Another very important aspect of geriatric health is that diseases are often present atypically. While dealing with the health issues of elderly one thing needs be kept in mind is that not all abnormalities require evaluation and treatment. Geriatric care is best provided by an interdisciplinary team.
- 2. Basic geriatric care skills for all Medical functionaries-** The pool of geriatric specialists in all

disciplines is insufficient to meet current needs and is not expected to increase significantly despite increasing demands over the next quarter century. All health care professionals, paramedics, Nurses thus, need to learn the basic principles of geriatrics and acquire core clinical skills in the care of the older patient.

- 3. Ensuring Policies to address current needs of elderly people in India:** The demographic transition process has been accompanied by industrialisation, urbanisation, migration and modernisation, resulting in changing values and lifestyles, which contest the traditional values regarding accommodation of the elderly within households. National Policy on Older Persons (NPOP) was announced eighteen years back in January 1999 to reaffirm the commitment of the state to ensure the well-being of the older persons. Policy envisages state support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. It is important to ensure that changing needs of the elderly in the current scenario of 21<sup>st</sup> century are duly incorporated and appropriately addressed by the policy.

#### Issues in NPOP Design and Implementation

The aim of NPOP is to provide a broad framework for inter-sectoral collaboration and cooperation both within the government as well as between government and non-governmental organizations. In addition of promoting the need for productive ageing, the policy must thrusts on the importance of providing vital non-formal social security for older persons by their families. In order to implement the policy, the Panchayati Raj Institutions, State Governments and different Departments of the Government of India participate and coordinate with each other and ultimate responsibility lies with the Ministry of Social Justice & Empowerment. Following are the key issues which need to be addressed in NPOP.

- 1. Inter-departmental Coordination:** NPOP is a multi-sectoral effort. There is a need of clearer accountability for every stakeholder in terms of measurable and time-bound outcomes and results of their respective roles and responsibilities. The policy document needs to identify and sequence various actions and match the plans and commitments with needed resources. Without such details, the plan can remain only a statement of intention. The policy very well identifies the priorities issues for older people and recommendations to improve them, but implementation of all these things at multi-level and multi-dimensional level is a big challenge. With regard to monitoring, each ministry is expected to decide on targets, time schedules, responsibilities, action points and report on progress in the annual reports. All this calls for a high order of horizontal

coordination between different government agencies.

2. **Financial issues:** The policy does not mention of financial implications and how different sectors will provide such resources. It is important to know how much the government can afford to spend on new schemes for older persons or to upgrade, improve, train, reorient, and modify existing programmes and human resources to more effectively reach the older persons. Ministry of Social Justice and Empowerment should have adequate authority on other ministries in issues relating to older persons in their respective programmes. At present only a fraction of elderly are taking pension benefit because of unawareness. Moreover the pension which has been decided for older person below poverty line is very miniscule.
3. **Social issues:** Landless agricultural workers, small and marginal farmers, artisans in the informal sector, unskilled labourers on daily, casual or contract basis, informal self-employed, etc. are the most vulnerable group of older adults. They have little or no job security and nor do they have any form of social security. Even though some state governments have provided assistance to these groups through special pension schemes and unemployment relief, their coverage is extremely low. The concept of the age of retirement is not applicable to them and saving in youth for old age does not carry much meaning. It is rather doubtful whether the new pension scheme recommended by the Project 'Old Age Social and Income Security' (OASIS) expert committee would address the particular situation and context of the older persons who belong to these most vulnerable groups.
4. **Older Women issues:** The policy very well recognizes the vulnerability of older women, but there is no specific recommendation which addresses their particular circumstances on account of gender and age. Abuse of older persons has been mentioned in the policy but no special reference to violence against older women finds a place in it. Deprivation that is faced by elderly women in particular is a construct of patriarchy that creates its own subordination. Without addressing the fundamentals behind the unequal status of women in law, only cosmetic changes such as an increase in widow pension or adding to the support services will not be sufficient.
5. **Targeting Healthy ageing:** Even the policy mentions about healthy ageing and disease prevention, but not much seems to be done practically done by the government regarding this. Even though government is giving various prizes and recognitions to the individuals and organizations involved in geriatric care. Government should advertise more for voluntary programmes and facilitate their function on priority basis.
6. **Day care centers for Elderly:** Government should promote and open day care centers for elderly

people. These day care centers will be used as recreational homes where all old people will come and spend some quality time together. The centers should be able to indulge in activities and services for physical, mental, social and spiritual well being of its inmates. These centers should be run by the inmates of that center on rotation basis. This will ensure the self-sustainability of each center.

In the present scenario, elderly care is still in infancy stage. The most important reason is the people have not still recognized the problem. The other reason is that people don't find it exciting. Probably the most important reason is that it is difficult to implement with the limited organisational, financial and management resources. Even though the government is promising provision in the areas of health, welfare and shelter, but at the same time it is distancing itself from direct funding of social welfare programmes and schemes. Another very important limitation of the NPOP is that measurable time-based targets are also not specified. The policy does not mention about how resources from different ministries will be harmonised in order to produce expected results. NPOP also does not mention as to how different ministries will be held accountable for their respective contributions to the larger picture. Because of all these reasons, the existing policy seems just like a comprehensive well prepared document of problem statement and not its solution.

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