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ELDERLY IN INDIA: FACTS AND ISSUES

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ABSTRACT

India is witnessing unprecedented growth in the share of elderly population in its total population which has been projected to increase further in the near future due to declining fertility and mortality as well as increasing life expectancy. Increasing health concerns, advanced medical facilities, improved educational status and standard of living have expanded average life span of individuals. Increasing life expectancy results in increasing number and proportion of elderly in total population which implies rising pressure of elderly care on available resources. In view of the multidimensional nature of the wellbeing of elderly and limited available resources to tackle increasing demand for elderly care, India is confronted with the challenge of providing care to fast increasing elderly population. Demographic transition, fast changing socio-economic scenario and paucity of macro and micro level empirical studies on elderly make geriatric issues a matter of serious concern that need to be addressed at familial, community and governmental level. The paper presents an overview of these issues with respect to changing family structure and living arrangements, work participation, income security, health and disability and feminization of ageing in order to generate healthy discussion and response by policy makers, scholars and civil society.

KEYWORDS: Ageing, elderly care, issues, challenges

INTRODUCTION

Population ageing has become a global concern in view of its profound social, economic and political implications for both developed and developing countries. The proportion of elderly in the total population is increasing at a faster rate all over the world. At global level, the elderly population constitute about 12 per cent of the total population of 7.3 billion. By 2050, the number of elderly will be double, reaching 2 billion and accounting for 22 per cent of the global population. In India, the size and percentage of elderly population have been increasing very fast in recent years and this trend is likely to continue in the coming decades. The elderly population in India has increased from 77 million in 2001 to 104 million in 2011 and it is expected to increase by three times to reach around 300 million accounting for 20 per cent population of the country by 2050 (UNFPA, 2017).

Increased longevity due to advanced medical facilities, improved sanitation and nutrition has significant implications

for population ageing. At present, India is second to China only in terms of the absolute numbers of 60+ population. Life expectancy at birth in India has increased from 36.2 years in 1950 to 67.5 years in 2015 and it is likely to increase to 75.9 years by 2050. Moreover, there is significant increase in life expectancy at the age of 60 years. It has increased from about 12 years in 1950 to 18 years in 2015 and is projected to increase to more than 21 years by 2050 (Agarwal, et al., 2016). These projections indicate that rapidly growing population of elderly in India is likely to pose serious challenges with regard to economic and social security and health care of the elderly in the decades to come.

Ageing of population is a multifaceted and complex process, involving biological, economic, psychological and cultural dimensions, that affects the wellbeing of elderly in significant ways. Elderly in India today are confronted with many issues which deprive them of adequate care and attention. Geriatric issues need urgent attention in both public

and private domain in India as these geriatric issues concern not only the elderly but all other sections of the society as well. Based on secondary sources, the paper tries to highlight the issues and facts concerning elderly in India in relation to family structure and living arrangements, income insecurity and disparities, elder abuse, feminization of ageing, health and disability and awareness about government programmes for elderly.

CHANGING FAMILY STRUCTURE AND LIVING ARRANGEMENTS

Care and wellbeing of elderly constitute a major social issue in contemporary society taking in to account the influence of the processes of urbanisation, industrialisation and modernisation. Modernisation theorists (Goode, 1963, Cowgill and Holmes, 1972) discussed some important aspects of modernization which influence family and wellbeing of elderly. Industrialization gives younger generation the opportunity to get them free from control of elderly authority by encouraging migration. It also generates value system which values achievement more than ascription leading to intergenerational conflict. These forces of social change are likely to reduce the level of commitment and ability of the families to take care of the elderly (Bali, 1999).

The joint family system in India was a social as well as economic unit. The oldest male member exercised authority in all social and economic affairs. While the oldest female member exercised authority in household and general matters. The joint family represented micro social security system for all its members. However, under the impact of changing socio-economic and cultural environment, joint families are being replaced by nuclear families characterized by individuality, independence, desire for privacy and lesser regard for age and authority (Bhat and Dhruvarajan, 2009).

The processes of industrialisation, urbanisation and migration negatively influenced the competence of joint family to provide care and social security to all its members particularly elderly. As a result of ongoing demographic and socio-economic changes, the notion that the elderly are given adequate care during their old age by their family members has lost its meaning. Respect for elderly is no longer adhered as a cherished norm. The care of the elderly is emerging as an important familial issue in contemporary society due to fast changing moral values. The elderly find themselves at the crossroads of life where neither institutional nor family resources are available to take care of them. (Nasreen, 2010)

Traditional living arrangements in India have been undergoing major transformation with disintegration of the joint family system and emergence of nuclear families. Most of the Indians used to live in joint families which was the most common pattern of living arrangements. Studies by Irudaya Rajan and Kumar (2003), Panigrahi (2009) and Anand (2016) indicate that living with children and families is still the most dominant and preferred living arrangement among elderly. According to NSSO 60th Round Report (2004), 12 per cent of elderly live with their spouses only. 44 per cent of them live with their spouse and other family members and 32 per cent live with their children. About 4 per cent elderly live with other relations and non relations and 5 per cent live alone (NSSO, 2004). The number and percentage of elderly living alone has increased from 2.4 per cent in 1992/93 to 5 per cent in 2004/05 (UNFPA, 2017). With

increasing number of elderly living alone and decreasing support and care by family members, providing social security and health care to the elderly who are living alone is likely to emerge a major challenge in the near future.

Strong preference for nuclear families among young generation has adversely affected the status of elderly. Due to materialistic values, competitive environment and busy schedule, the younger generation is unable to fulfil the expectations of the older generation. Under the changed context, the younger generation does not get enough time to take care of elderly and fulfil their expectations. This results in intergenerational conflict, abuse and neglect of elderly (Shekher, 2010). Women are generally considered primary caregivers in Indian society but the emergence of dual career families and involvement of women in outdoor activities with strong career ambitions is increasingly becoming problem for the elderly, particularly those elderly who need care due to their poor health. High cost of living and increased expenditure make it difficult for the children to have parents live with them both in urban and rural settings (Bhat and Dhruvarajan, 2009). The elderly feel neglected and isolated in their families. Due to internal and international migration, the traditional support base for elderly through family and kinship is gradually shrinking. The process of globalisation has also increased intergenerational gap due to which younger generation wants to live independently (Mujahid, 2006). Thus, while the younger generation has strong desire and preference for independent living, the elderly are forced to live alone without children due to fast changing socio-economic and cultural environment.

ECONOMIC INSECURITY AND DISPARITIES

With changing structure of family and changing value system, the financial insecurity of the elderly has become an important reason for vulnerability among them. Most of the elderly live or want to live with their families and their economic security depends largely on the economic status of their families or their own income. In India, 90 per cent of total work force is employed in unorganised sector. Therefore, they do not get pension or other benefits after retirement. In comparison to men, women are more likely to depend on others due to their poor educational status and widowhood (Siva Raju, 2011). Significant gender gap can be observed among the elderly in terms of literacy rates, work participation and dependency ratio. Literacy rate among females is much lower than males both in rural and urban areas. Only 28 per cent women are literates and the literacy rate among elderly men is 59 per cent. About 18 per cent elderly women and 51 per cent elderly men in rural areas are literates whereas about 53 per cent elderly women and 80 per cent elderly men in urban areas are literates. According to Census 2011, 66 per cent of elderly men and 28 per cent of elderly women in rural areas are engaged in economic activities in the capacity of main or marginal workers, while only 11 per cent of elderly women and 46 per cent elderly men in urban areas are actively involved in economic activities (www.mospi.gov.in).

National Sample Survey Report (2004) indicates that 65 per cent of the elderly are dependent on others for their livelihood. The elderly males were in a better position than elderly females as 51 per cent of them in rural areas and 56

per cent in urban areas did not depend on others. On the other hand, only 14 per cent and 17 per cent elderly females in rural and urban areas respectively did not depend on others (NSSO, 2004). This shows that the number and percentage of elderly women who are dependent on others is significantly higher in comparison to elderly men. Low level of literacy among women, low work participation in organised sector, non-ownership of assets and patriarchal value system make them financially dependent on others. In the absence of adequate social security or no security at all, those elderly who live alone or with spouse only are compelled to work during old age for their livelihood. Finding themselves in financially insecure situation, they utterly work in unorganised sectors.

Work participation in old age has different connotation depending upon the reasons to work. Working out of personal choice or interest has positive connotation but working out of financial pressure shows vulnerability of the elderly (UNFPA, 2017). As per NSSO Report (2013), 34 per cent elderly were found to be engaged in gainful economic activities. Around 66 per cent elderly men and 17 per cent elderly women work in the age group of 60-69 years, while the percentage of elderly men and elderly women who work in the age group of 70-79 years is about 40 per cent and 7 per cent respectively. About 18 per cent of elderly men and 3 per cent of elderly women work beyond 80 years of age. Thus, it would be interesting to examine the nature and conditions of work of 80+ elderly.

ELDER ABUSE

Elder abuse, particularly by family members, has an adverse impact on health and well being of elderly. A survey on elder abuse conducted by Help Age India indicates that almost half of the elderly in India suffer some form of abuse (Help Age India, 2015). The number of crimes against elderly is much higher in urban than rural areas. Elderly females are more vulnerable as more crimes are committed against elderly females than males. Surprisingly, about one-fourth of the crimes were committed by their family members (Patel, 2010)

Studies concerning elderly abuse by Anand (2016), Kumar and Bhargawa (2014), Skirbekk and James (2014) reveal that the elderly are victims of different types of abuse including physical, verbal and economic abuse and in most of the cases the abusers are their family members. Skirbekk and James (2014) found that the most common culprit of elderly abuse against 41 per cent elderly males and 43 per cent of elderly females was son. The study also highlighted that education lowers down elderly abuse and those with more than eight years of education are less likely to suffer elder abuse in comparison to those with no education. Due to misbehaviour and ill-treatment by children and lack of moral and financial support the elderly are forced to move to old age homes. Most of these sufferers are females (Akbar., et al., 2014).

FEMINIZATION OF AGEING

Demographic data in India shows that women live longer than men, leading to feminization of ageing. In India the number of women, both among 60+ and 80+ elderly, is higher than men. According to census 2011, there are 1,022 elderly women to 1,000 elderly men at age 60. There are 1,310, 1,590, 1,758 and 1,980 elderly women per 1,000 thousand men at the age of 65, 70, 75 and 80 years

respectively. This data points towards specific challenges of ageing from gender perspective (Shankardass, 2015).

The women among elderly constitute one of the most vulnerable groups characterised by low educational attainment, low work participation and low financial security and more care giving responsibilities than men. Gender related differences in terms of demographic, cultural and economic factors pose greater challenges for women. Discrimination and lack of opportunities during their young age have far reaching implications which make them dependent on others not only during their young age but, more importantly, during their old age (Siva Raju, 2011). The influence of gender inequality on women's lives becomes more prominent during old age. As women get older, they become more vulnerable to neglect, exploitation and abuse and are considered burden on their families. Widowhood and lack of care givers add to their problems (Paltasingh and Tyagi, 2015). Due to increased life expectancy women live longer than men but due to longer life span they are likely to suffer more health problems. They are often overburdened with household work and care giving responsibilities which lead to faster ageing and disabilities among elderly women.

Ageing of women have some other implications which are different from that of men. The physical and psychological changes women pass through after menopause become a problem for low socio-culturally exposed and less empowered women. Social and financial insecurity add to this physiological process (Das and Vemuri, 2009). Single elderly women, including divorcees and never married women have to face financial problems due to which they are forced to work. They have to face social stigma for being single which leads them towards social isolation (Shankardass, 2015). Single elderly women are more likely to be the victims of crimes against elderly as compared to single elderly men. Their physical weakness and absence of male protector make them soft target of crimes.

HEALTH AND DISABILITY

Health status of individuals is one of the major determinant of their wellbeing and quality of life. The process of ageing is associated with declining functional ability and increasing risk of health disorders and disabilities. The need for health care as well as expenditure on health care increases with old age. Old age is also accompanied by different type of disabilities which demand care and assistance from others for performing daily activities. The elderly increasingly become physically and psychologically dependent on others. This makes providing health care to fast increasing population of the elderly a major concern. Therefore, health as an important component of quality of life needs to be addressed along with other issues concerning elderly.

NSSO Report (2006) reveals that, among 30 per cent of the elderly in India who suffer from different health problems, 40 per cent elderly are suffering from visual, locomotive, auditory or vocal disability. About 20 per cent of them are suffering from cardiovascular diseases, 15 per cent with cough related disease and 9 per cent with diabetes (Rao, et al., 2015). The problem of multiple disabilities increases with advancement in old age. According to 2011 census, 25 per cent of 90+ elderly suffer from multiple disabilities, whereas 8 per cent, 13 per cent and 19 per cent elderly have

multiple disabilities in the age group 60-69, 70-79, 80-89 respectively (www.mospi.gov.in).

Marital status, educational status, economic status, perception, anxieties and worries and type of health centre visited significantly affect perceived and actual health status of the elderly which varies according to class and sex of the elderly (Siva Raju, 2002). Quite significant number of elderly suffers from physical disabilities and face difficulty in performing day to day activities like eating, bathing and walking. They also have vision and hearing problems. Elderly belonging to low income group and elderly women face more problem than their counterparts (Alam, 2006). Illiterate rural elderly with low income background suffer more from nutritional, physiological and other problems. The literate and financially independent elderly males face less physiological, nutritional and other problems as compared to financially dependent and illiterate females (Vasanth Devi and Premakumar, 2000). As per NSSO 60th round (2006), the proportion of the elderly having problem of physical immobility was found to increase with the age for all categories particularly for the 80+ elderly. Interestingly, more rural elderly women than urban elderly women and more urban elderly men than rural elderly men suffer physical immobility (Rao, et al., 2015).

AWARENESS ABOUT GOVERNMENT SCHEMES FOR ELDERLY

In order to promote health and wellbeing of the elderly, the government of India has launched various policies and schemes. Schemes like Integrated Programmes for Older Persons, National Programme for the Health Care of the Elderly, National Old Age Pension Scheme and Annapurna Scheme are implemented by The Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare and Ministry of Rural Development. Ministry of Finance and Ministry of Railways also provide special concessions for the elderly. The BKPAI (2011) survey shows that about 70 per cent of the elderly are aware of National Old Age Pension Scheme and Widow Pension Scheme. The level of awareness is higher in rural areas, among non-BPL elderly and elderly males. But, in reality, only about 18 per cent elderly have access to old age pension and 25 per cent elderly widows are getting the benefit of widow pension scheme. The awareness and use of Annapurna scheme and railway concessions for elderly is also low. Comparatively better utilization of schemes was found in rural than in urban areas (UNFPA, 2017).

CONCLUSION

The foregoing discussion highlights that the issues and challenges concerning elderly call for urgent attention in view of alarming rate of population ageing and its multidimensional nature and deep rooted implications. These issues need to be addressed by promoting need based research on elderly to develop long term and short term policies for the wellbeing of elderly. Taking in to account diverse needs of the elderly belonging to different social categories, effective government policies need to be developed with focus on ensuring quality and dignified life to the elderly. In order to facilitate better utilization, the government schemes must be made accessible to elderly by creating awareness through media, voluntary agencies and government functionaries.

As it is becoming increasingly challenging for the families to provide expected care to the elderly due to nuclearisation of families; work pressure in a competitive environment; financial constraints; changing values and perception towards elderly; emergence of dual career families and involvement of women in outdoor activities, the families of elderly need to be provided with enough support both financial as well infrastructural, to mitigate and reduce burden of elderly care on them. However, no care giving support system can replace the type of the care provided by the family. Taking care of the economic, health and emotional needs of the elderly is essential on the part of the families. Younger generation must be made aware of the importance and necessity of providing adequate care to the elderly to make them feel psychologically satisfied. As emotional satisfaction is the most important need of the elderly across all sections of elderly to ensure them good quality of life.

In view of the comparatively less attention paid to geriatric health care, specialized geriatric health care services must be developed in a planned manner by taking in to account existing health care needs of the elderly. To reduce the pressure of providing health care on families as well as to share the responsibility of providing health care to the elderly, the families, particularly belonging to low income group, need to be assisted by providing subsidized health care facilities for the elderly by the government. These facilities must be made accessible to both urban and rural areas.

Promotion of women's education and employment, inheritance rights and change in discriminatory attitudes towards women will have a long term positive effect on the status and well being of women particularly during their old age. Promotion of education in general, too, will improve intergenerational relationship and facilitate better understanding towards elderly. Policies promoting education may help in reducing elder abuse in India. Education may help the elderly in better access and utilisation of economic opportunities and empower them to react against elderly abuse.

There is an urgent need to develop strategies to provide assistance, support and motivation to the elderly for their involvement in productive activities. On account of their wisdom and experience, they need to be identified as assets and they must be encouraged to contribute to developmental processes rather than being dependent on others. Positive ageing would not only enhance the ability of the elderly to cope up with problems related to ageing but it will also have positive impact on their families and society. Elderly care and their overall wellbeing must be the joint responsibilities of the families, government and larger society to improve quality of life of the elderly people and to ensure them dignified life.

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