



CHALLENGES BEFORE AGEING POPULATION IN INDIA

Garima Kumari

Ph. D. (Social Work), Department of Sociology, Banaras Hindu University, Varanasi-221005

Abstract

Population ageing is the ultimate result of demographic transition which means the era is moving towards low fertility and low mortality phase. Although the older population is growing in all parts of the world, most of the increase is taking place in the developing world. The demographic change in any country brings certain other influences like influence on health, social condition and economic activity of people. The demographic transition brings various challenges before a developing country like India.

Present paper is aimed to identify the challenges arising out of increasing share of elderly population with respect to total population. The study is based on secondary data obtained from several literature. The researcher reviewed these literature and tried to conceptualise the findings.

An ageing population poses several challenges with respect to physical and mental health, economic security, living arrangement, declining social status etc. The challenge is more critical for females because of their low literacy, Low participation in workforce, high dependency ratio, low financial security, customary ownership of property by men etc. This demographic shift is a matter of great concern regarding how we address the challenge and maximize the opportunities.

Keywords: *population ageing, health, elderly*



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Introduction:

The most emerging demographic phenomenon today is population ageing. Population ageing is a process in which the share of elderly people to the total population becomes proportionately high. According to UN a country is considered to be “ageing” or “greying” when the 60+ population reaches 7 percent of the total population. In India by 2001 census, population of 60+ is 7.47 percent. The median age that is the age that divides the population into equal parts of younger and older people, numerically is a measure to denote population ageing because the median age is also increasing. Hence the population of India is ageing and by 2025 the proportion is expected to reach to 12.6 percent.

In 1980, there were 378 million people in the world aged 60 or above. In 2010 that figure has doubled to 759 million and it is projected to become more than double again in the next 40 years rising to 2 billion by 2050 (United Nations 2009. World population prospects, 2008 revision). The largest population of older people in the developed world is in US with 45 million people aged 60+ followed by Japan with nearly 30 million and Germany around 19 million people aged 60+.

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million elderly people. The oldest old (80+) is the fastest growing group in the world whose annual growth rate is 3.8 percent.

The overall death rate and the mortality rate of elderly in India started declining in 1961 which started the process of population ageing but it started accelerating when in 1971 the fertility rate also started declining. Low fertility leads to a reduction in the number of young population and low mortality increases the life expectancy which leads to large elderly population. In 1947 when India became independent, the life expectancy was 32 years. With the advancement in medical world various infectious diseases were under control which reduced the mortality rate and improvement in public health facilities and medical services increased the life expectancy to 60 years in 1990. Family planning measures were accepted especially in urban areas which reduced the fertility rate. Total fertility rate reduced to 5.97 in 1950 to 3.56 in 1990.

According to 2001 census, the percentage of elderly (60 years and above) to the total population accounts for 7.4 percent and it is expected to reach to 9.87 percent in 2021. It was marginally lower at 7.1 percent for males while 7.8 percent for females. In 1901, the number of elderly population was 12.1 million which increased to 26 million in 1961. The population grew up to 56.7 million in 1991 and by 2001 the number rose to 77 million (Table 1). According to 2011 census, 60-99 years age group population constitute 103.2 million and 100+ constitute 0.6 million. The percentage of elderly (60+ age group) has increased to 8.6 percent in 2011 (excluding maomaram, paomata and purul sub divisions of senapati district of Manipur).

**Table 1: Number and Proportion of Elderly in the Indian Population
Age Groups, 1961-2001**

	Number(in millions)					Percent of elderly to the total population				
	1961	1971	1981	1991	2001	1961	1971	1981	1991	2001
60+	26	33	43	56.7	77	5.6	6	6.49	6.76	7.4
70+	9	11	15	21	29	2	2.1	2.33	2.51	2.9
80+	2	3	4	6	8	0.6	0.6	0.62	0.76	0.8
90+	0.5	0.7	0.7	1	n.a	0.1	0.1	0.1	0.2	n.a
100+	0.01	0.01	0.01	0.01	n.a	0.02	0.02	0.02	0.02	n.a

Source: census of India

According to census 2011, the highest percentage of elderly is in Kerala that is 12.6 percent. Goa comes the next with 11.2 percent and then Tamil Nadu with 10.4 percent elderly population. The least percentage of elderly to total population is in Dadar and Nagar Haveli with 4 percent elderly population (Table 2). Data from census 2011 states that on comparing the data of different states in 2001 and 2011, it resulted that aged persons have increased in all the states and UTs except in Daman and Diu.

Table 2 : Percentage of elderly (60 years or more) to total population

Name of the state	% elderly	Name of the state	% elderly
Top 5		Bottom 5	
Kerala	12.6	Dadar & Nagar Haveli	4.0
Goa	11.2	Arunachal Pradesh	4.6
Tamil Nadu	10.4	Meghalaya	4.7
Punjab	10.3	Daman & Diu	4.7
Himachal Pradesh	10.2	Nagaland	5.2

Source: census 2011

Ageing can be defined as the changes that occur in a living organism with the passage of time which ultimately leads to death. Ageing brings every person in a situation called old age after middle age and later maturity. The boundary of old age cannot be defined exactly because it has different meaning in different societies. Govt. of India adopted 'National policy on older persons' in January 1999. The policy defines 'senior citizens' or 'elderly' as a person who belongs to age 60 years or above.

Old age is a challenge to everyone who reaches it irrespective of occupation, skill and learning. Individual take birth, become mature and then grow old in every society. Aged people become physically weak and they have lack of income resources which leads to various psychological problems. Ageing has its own set of challenges. These challenges are being faced by the elderly in the form of physical, economic, social and socio-psychological problems.

Improvement in public health, medical advances in the prevention of many deadly epidemic diseases and low fertility have made the elderly the fastest growing section of the society. According to UNFPA report (dated on 17-11-2012), with the number of elderly progressively increasing globally, young India is also gradually moving towards an ageing India. Starting from 2010, there has been a steady increase in old age dependency. In 2010, there were over

90 million elderly people in the country. By 2050 this figure is expected to soar over 315 million. Between 2000 and 2050 the overall population of India is anticipated to grow by 60 percent whereas population of people in their 60 years and above would shoot up by 360 percent. As per 2001 census, in India the population of older persons constituted 7.44 percent of the total population and in the year 2011, it is projected to 8.3 percent of the total population and increase to 12.4 percent in the year 2016 (Helpage India report, 2012).

The transitional norms and values of Indian society laid stress on respect and care for the elderly. The family fulfilled the social, psychological and economic needs of older people. In turn the older people contributed their acquired wisdom, experience, accumulated wealth and maintained family harmony. In other words, the relationship was symbiotic, both benefitted each other. But today due to modernization and due to the trend of nuclear family, this mutual support is lagging behind in our society. Many experts apprehend that the plight of elderly is going to be worse due to transition of society from agrarian to urban. This trend arises many problems in front of the elderly to adjust, in varying degrees. These problems range from declining physical and emotional health, absence of income (economic) to physical dependence and loss of social recognition and social role.

Physical and Mental health

The cardiovascular disease is the leading cause of death in India. The hearing loss, eye impairment and blindness lead to a miserable life for elderly. Hypertension, coronary heart diseases, cancer, stroke are the prevalent diseases in elderly. Various diseases occur due to poor dietary intake. As the country is moving from young old to old old, senile dementia of Alzheimer's type (SDAT) can become a major challenge for next century (Venkoba Rao, 1997). From NSSO survey on disability 2002, we get idea that about 64 per thousand elderly persons in rural areas and 55 per thousand in urban areas suffer from one or more disabilities. Most common disability among the aged persons was locomotor disability as 3 percent of them suffer from it next only to hearing disability (for about 0.5 percent) and blindness (1.7 percent in rural areas and 1 percent in urban areas. The proportion of elderly men and women physically mobile decline from about 94 percent in the age group 60-64 years to about 72 percent for men and to 65 percent for women of age 80 or more. Urinary problems were more common among aged men while more aged women reported to suffer from problem of joints. Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts. (NSSO survey, 2004).

Physical problems accompany psycho-social problems also. Physical health problems, low economic condition and depression lead to suicide among elderly. Medical interventions have improved but they treat only physical problems. The treatment of these physical and mental problems is very much expensive so only a portion of elderly can afford it. Psychosocial problems like emotional upsets, behavioral changes, adjustment problem, stress and strain are still to be taken as a great concern. A peaceful mind and soul can keep a person healthy and happy. So not only physical body treatment but soul and mind treatment can lead to active ageing.

Economic condition and Social security

Economic independency is a major area of concern. At this age, government should cover the economic need of elderly but the situation is worse in India. Unorganized sector constitute 90 percent of the workforce and most of the elderly belong to poor class. Those who work in unorganized sector have no benefits of pension and retirement plans as against those who work in organized sector. Both population census 2001 and NSSO survey on employment – unemployment (2007-08) states that the working population of elderly 60 years and above was 40 percent (60 percent of men and 19 percent of women). The proportion was higher in rural areas as 66 percent of rural elderly men and above 23 percent rural elderly women still work. 39 percent elderly men and 7 percent elderly women in urban areas were economically active even after 60 years of their age. The data reveals about the lack of social security measures and high range of poverty. The rest elderly population depends on family or relatives for their living.

Old age dependency ratio rose from 10.9 percent in 1961 to 13.1 percent in 2001. The dependency of females is 13.8 percent as compared to males that is 12.5 percent in 2001. It clearly indicates that old age dependency ratio is increasing.

With the deprivation of work life, aged people experience economic stringency. They do not have significant saving or property with them. In some cases, if they have the property, they are prone to financial abuse i.e there is illegal or improper exploitation of older person's material property or savings by the abuser. Material abuse includes fraud, theft or use of money or property without the consent of the elderly. So elderly seek support from family members and most of them become dependent over their children for fulfilment of their needs. Elderly persons residing in rural as well as urban areas feel this problem. It is quite acute in urban areas; it becomes very difficult for a retired person to find satisfying and vital

substitute activities for their discontinued occupational role. In rural communities there is no set pattern of retirement and old people continue to work as long as their physique allows them. Yet problem arises here also when they do not have anything to do. Thus economic status becomes a major challenge for elderly. Social security measures are not optimum for increasing number of dependent citizens. Government of India provide pension but the amount of pension is meagre and not distributed evenly to needy persons.

Socio-psychological problems

Elderly face various socio-psychological problems like loneliness, isolation, alienation, boredom, powerlessness, dependency, lack of emotional response from family members etc. Death of spouse is a major cause of loneliness. Information on marital status of elderly persons as obtained through population census 2001, it is found that in all the age groups, the percentage of elderly women married was markedly lower than the percentage of men married. For ex-in the age group 60-64 years 88 percent of males and only 58 percent females reported to be married and 40 percent of women were widowed.

There is negligence from family mostly if elderly are economically dependent on family. Their advice is not taken important in several family matters like education of grandchildren, purchase of new property or adoption of new occupation. Majority of them not consider themselves as important. They feel family members avoid talking with them. There is loss of authority, loss of status and loss of previously played roles. In other words there is loss of power, prestige and privileges. It causes feeling of uselessness and the onset of mental disorders. There is reduction in memory, mental rigidity, and calmness or over talkativeness, feeling of guilt, irritation, and inability to adjust to changed conditions and decreased social contacts and participation. There develops fear of isolation, fear of dependence and fear of illness among elderly.

Living arrangement

Traditionally joint family was the caretaker of the elderly. But in the era of industrialization and urbanization, there is migration of youths resulting in the nuclearization of joint family and changes in value system. Living arrangement in later life largely determines the quality of life of elderly. It decides whether the elderly will be cared or not in disabilities and in emergency. Absence of spouse creates loneliness in their life. According to 2001 census, the elderly in India, without their life partners are 33.07 percent. The widows among women are 50.06 percent while the widowers among men are 14.98 percent.

In NSSO survey on condition of aged (2004), information on living arrangements for above 60 years elderly was found that more than 75 percent of elderly males and less than 40 percent of elderly females live with their spouse, which again reflect the differences in their marital status. Less than 20 percent of aged men and about half of aged women live with their children. About 2-3 percent of elderly men live alone while another 3 percent live with other relations and non-relations. Among elderly women, 7-8 percent lives alone and another 6-7 percent reported to live with other relations and non-relations.

Social status

According to social scientists there is deterioration in the social status of the elderly in India. Elderly are now considered as a burden. Traditionally they were the decision maker and a source of knowledge and experience for the family but now individualistic approach has taken place. Elderly women are more vulnerable group. They have low dietary intake, multiple pregnancies, early marriage and poor attention to health by them and by their family members also. It is felt increasingly that not only the health care system and state but the society and community should make efforts to find the solution of these problems (Satyanarayana & Medappa, 1997).

The percentage of women is increasing with the advancement of age. This is the reason why feminization of ageing has become a noticeable phenomenon today. In urban India male elderly constituted 3.30 percent of total population while female counterparts constituted 3.42 percent in 2001. In rural India also female elderly constituted 3.93 percent against male elderly with 3.83 percent in 1991. Extension of life causes many challenges especially for females if they are widow. They have to face prolonged widowhood which often lowers their socio-economic status. The dependency of women increases at this stage.

Conclusion

The data obtained from different census alarm us about the increasing share and size of elderly population in India. Population ageing presents various socio-economic and cultural challenges at individual, family, society and at global level. The second world Assembly on ageing adopted “Madrid International plan of Action on Ageing” convened in Madrid, Spain 2002. The assembly focused on three priority areas, older persons and development, improving health and well being into the old age and to ensure supportive and enabling environment to the elderly.

The needs and problems of elderly vary individually and from time to time. They vary significantly with respect to their age, socio-economic status, health, living condition and other many background characteristics (Siva Raju, 2002). In Indian states Kerala is being compared with developed world on account of health, literacy and standard of living but the welfare measures and social security still lack behind. Kerala is the only state where sex ratio favors females and the ageing in Kerala is disproportionate and skewed to females. Living arrangement has changed from joint families to “skipped generation”.

Since there is a greater need of intervention in the area of old age welfare, various policies have been adopted like Integrated programme for older persons 1992, National policy on Older persons 1999, the maintenance and welfare of family and senior citizens act ,2007, national programme for the health care for the elderly,2010-11. These policies ensure the welfare only when they are operationalised at grass root level.

Old age pension schemes and others has been framed for the welfare and security of the elderly. These schemes have supported elderly in some way but they are not successful completely in their motive due to several reasons like unawareness among rural elderly about these policies, ignorance about the old age welfare schemes. So the authorities, the local bodies and the non formal institutions should come forward to educate these people about various programmes. There is an urgent need to implement Adult literacy Mission effectively so that awareness could be enhanced as well as the elderly could become self sufficient in decision making process regarding property and financial managements. They will be less prone to various kind of exploitation inside as well as outside home. Since health care centres are not elderly friendly, they do not offer geriatric services in sufficient manner therefore state has the responsibility to offer better health care provisions and make them involve in light economic activities. Family at first and then the entire community should come forward to support them. Thus multidimensional and multifaceted approaches are required to help them in order to lead a happy and dignified life.

Family is the most important source of care. So members must be sensitized to change their mindset and negative attitude towards older persons from welfare recipients and inactive beneficiaries to active and important part of society who can also contribute to the development process. Social security measures, health care system must be improved to make them financially secure and healthy, and then only the elderly can live a dignified and respectful life. These measures should be made available to all not only for organized sector.

India is a home for one senior citizen out of 10 in the world. There is a need to strengthen the understanding of society about this changing demographic shift and it is inevitable so everyone must be prepared to make it an opportunity, not a burden. The youth can also learn from the treasure of experience, expertise and wisdom.

“Viewed as a whole, the problem of ageing is no problem at all. It is only the pessimistic way of looking at a great triumph of civilization”-Notestein, 1954.

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