

Facets of Challenges Experienced By Geriatric Population in India: A Critical Study

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Abstract:

The objective of this article is to enumerate in details about the problems and challenges faced by geriatric population in India. Data collection is obtained from the secondary sources from journals, textbooks and web sources. These data are used for analysing and interpreting the situation of elderly and their living conditions in India. This research is descriptive in nature. This article claims that geriatric population is an emerging challenge in India which demands an immediate response from the government sectors in terms of medical care and social security. This study substantiates the statistics which reports the helplessness, unaffordability, economic dependency and social negligence experienced by the elderly cohorts due to the changes in the biorhythm of Indian society. Furthermore, it highlights the challenges experienced by the elderly in acquiring the benefits offered by the government. The new findings are that Geriatric population rises due to the various emerging trends which promote longevity of lifespan. On the other side, it experiences malnutrition and insecurity by not being taken proper care due to various socio-economic reasons. Therefore, the government is expected to take new measures that would ensure affordable medical services and social security to the elderly.

Keywords: *Emerging Challenges, Geriatric Population, Medical Care, Social Security, Helplessness, Economic Dependency, Social Negligence, Lifespan, Malnutrition*

1. INTRODUCTION

Geriatric population in India is increasing rapidly due to the emergence of socio-economic and health trends promoting increased life expectancy. The demand for holistic health care has a tendency to grow as the geriatric population increases in the scale. In developing countries, it is estimated that the geriatric population is risen to 840 million. Also, it is clearly projected that the Indian population aged above 60 will have risen to 11.1% by 2025. Statistical reports claim that in 2010, there were 91.6 million elderly people in India; and undoubtedly, it would reach 158.7 million in 2025.

In every country, geriatric population puts a huge demand on its resources. Especially, in India, it has frequently raised some major concerns in medical and social conditions which demand a massive spending budget from the national resources. It is primarily due to infectious diseases, the geriatric population in India is suffering high rates of morbidity and mortality. The demographic transition within different states in India shows unevenness and complexities and this leads to the different levels of socio-economic development, cultural norms, and political contexts. Therefore, it has become a staggering challenge for policy makers to address the geriatric care. Moreover, care for the elderly is fast emerging as a critical element of both the public and private concern (Ingle, 2008).

The fast growth and technology development in medical sciences in India helps to address several social, economic and psychological problems in older persons and many such problems require lifelong drug therapy, physical therapy and long-term rehabilitation. Depending on the nature of the clinical problem, the elderly people need to be much cared for in variety of settings such as home, nursing home, day-care centre, geriatric out-patient department, medical units or intensive care units.

Geriatric care demands the need to address several social issues. The research shows clearly that the needs and problems of the elderly totally vary according to their age, socioeconomic status, health, living status and other such

background characteristics. The grievances of the elderly are that their social rights are gradually neglected and at times, profusely abused, which is never documented or reported at all.

2. LACK OF INFRASTRUCTURE

Debilitating chronic diseases are one of the serious notable sufferings which geriatric population undergo. In order to address such serious health problems, India needs to possess better access to physical infrastructure in the coming years and decades. By doing so, increasing longevity will be ensured for the suffering elders. As of now, what India is facing is predominantly lack of physical infrastructure which stands as a major deterrent to provide comfort to the aged. If this needs to happen, many senior citizens would need better access to physical infrastructure not only in their own homes, but also in public spaces.

Due to lack of money and social support in their families, many elders suffer unattended chronic diseases and as the days pass by, this is becoming severe and increasing at a huge speed.

Geriatric health status is a quite challenging concern where treatable medicines are so expensive; and therefore, they remain unaffordable for some aged people. Malnutrition is part of old age life in India. All these things show us clearly that there is no system of affordable health care.

Emphasis on geriatrics in the public health system is limited with few dedicated geriatric services. With respect to public health system focusing on elderly care, what India faces at present is lack of infrastructure, limited manpower, poor quality of care and overcrowding of facilities.

3. CHANGES IN FAMILY STRUCTURE

It is good to notice till the recent past that traditionally India had the age-old joint family system at practice, which was instrumental in safeguarding the social and economic security of the elderly people. The traditional norms, good values, ethics and moral principles of Indian society also laid good emphasis on showing good amount respect without expecting in return and also provided care for the elderly with so much love and concern. It is evident for the last two decades that nuclear family set-ups has been much prevalent in India and this has led to the process of exposing the elders to emotional, physical and financial insecurity. It is going to be manifold in the years to come.

It was 9% in 1992 that showed the living arrangements pattern of elderly staying alone or with spouse. After that there is a rising trend of the elders' living arrangement pattern from 9% to 18.7% in 2006. With the advent of economic development of the nation and modernization, elders are not cared sufficiently in their families and family care of the elderly is likely to be decreasing in the future (Kumar et al. (2011)

4. SOCIAL INSECURITY

Government is spending very less on social security system and therefore, the elders are very susceptible and vulnerable in India. The elderly rich who are living in urban area solely dependent upon hired domestic help to meet their very basic needs. As an upshot of this, elders are facing social isolation and loneliness in an increasingly-chaotic and crowded city. Insurance cover is not of a great help to elders as it is elderly sensitive. The preexisting illnesses are rarely covered by the health insurance policies of both the private and government insurance limited. Star health insurance limited in India has introduced health policies for elderly for the preexisting illness with a waiting period of 3 to 5 years to be covered, but it is mostly unviable for the elders. The elders who have worked in the public sector or the formal organized sector of industry do have pension and social security schemes; it is also restricted to some extent.

In a study by Lena et al. (2009) reveals that half of the elders felt neglected and also their family members had an indifferent attitude towards them and 47 per cent of the elders felt unhappy in their life and about 37 per cent felt they were a burden to the family.

5. SOCIAL DISPARITY

Elderly are a heterogeneous section with an urban and rural divide. It is due to the family values, thick bonding and of the joint family system; the elders in the rural areas are less vulnerable than their urban counterparts. This is not

purely understood and considered by the government for providing social security to elderly irrespective of their caste, religion and other important factors. Government always classifies the elders for the coverage of social security schemes primarily based on caste, education and socio-cultural dimensions and so, most of the needs and problems of elders are rejected to a vast extent.

It was found from a case study that good proportions of the elderly women were very poorer and received the lowest income per person. A vast majority of them had the primary level education and recorded the highest negative affective psychological conditions and these elderly women were the least likely to have health insurance coverage and therefore, they recorded the lowest consumption expenditure.

6. CHALLENGES IN HEALTH CARE

It is due to the huge mushrooming of nuclear families after the millennium years (2000), elder care management is getting tough and more difficult in India. This is especially true with the working adult children who are supposed to be responsible for their parents' well-being. Providing and managing home care to the elderly persons is an enormous challenge as multiple service providers are small and at the same time they are said to be the unorganized players, extend sub-optimal care.

In India, health insurance coverage to elders is essentially limited to hospitalizations and this reflects that geriatric care stands as a neglected area of medicine in the country.

In spite of an aging population, providing geriatric care is comparatively new in many developing countries like India with many practicing physicians who possess a meagre knowledge of the clinical and functional implications of aging. A very few institutes offer the geriatrics course, and even the takers are few in India. It is alarming to note that the care to elderly offered by government through day care centres, old age residential homes, counselling and recreational facilities are situated in urban areas (Rajan, 2006).

The geriatric outpatient department services are mostly available at tertiary care hospitals. How then one fourth of the elders (75%) residing in rural areas will get health care? It is a real challenging for them to avail tertiary care. Dhar (2005) has pointed out clearly that the facilities provided to the outpatient care is the relative neglect in India. As pointed by Dey et al. [2012], the key challenges to access and affordability for elderly population include reduced mobility, social and structural barriers, wage loss, familial dependencies, and declining social engagement.

7. ECONOMIC DEPENDENCY

52nd round of National Sample Survey Organization reveals that about half of the elderly are entirely dependent on others, while 20 per cent are partially dependent for their economic needs. It is appalling to note that 85% of the aged had to depend on others for their day to day maintenance. Of this, the situation for elderly females was even worse.

The elders, who are living along with their families, are largely depended on the economic capacity of the family unit for their economic security and wellbeing. Elderly in India often do not have sufficient pension to protect and care themselves. The predominant challenge to the welfare of elderly is poverty. As the elders are mostly having economic dependency on their family members, they do not speak immediately to attend their health needs to their family members. As a result of it, elders are most vulnerable to infections and also they pay less priority to their health issues and problems. It is of vital importance to fully understand the social aspects of the elders in the country as they go through the process of ageing.

Increased life expectancy, rapid urbanization and lifestyle changes bring forth wide-ranging problems to elders in India. It must be kept in mind that elders will have comprehensive health care if there is an involvement and collaboration of family, community and the Government. India should be ready to meet rising challenges of caring the elderly population. It is a must that all social service institutions in the country, without fail, should address the social challenges to elderly care in order to improve their quality of life. The need has risen to initiate appropriate social welfare programmes to elders at the national level with a view to ensuring a dignified life.

REFERENCES

- [1] DESA, U. (2010). United Nations Department of Economic and Social Affairs/Population Division (2009b): World Population Prospects: The 2008 Revision. Internet: <http://esa.un.org/unpp> (gelesen am 16).
- [2] Dey S, Nambiar D, Lakshmi JK, Sheikh K, Reddy KS (2012) Health of the Elderly in India: Challenges of Access and Affordability. In: National Research Council (US) Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia; Smith JP, Majmundar M, editors. Aging in Asia: Findings From New and Emerging Data Initiatives. Washington (DC): National Academies Press (US).
- [3] Dhar HL (2005) Emerging geriatric challenge. J Assoc Physic India 53:867-872.
- [4] FICCI-Deloitte (2014) Ensuring care for the golden years – Way forward for India.7th Annual Health Insurance Conference: Health Insurance 2.0: Leapfrogging beyond Hospitalization.
- [5] Gangadharan KR (2003) Geriatric hospitals in India, today and in the future. J Aging Soc Policy 15:143-158.
- [6] GOI (2011) Situation Analysis of the Elderly in India. Central Statistics Office Ministry of Statistics & Programme Implementation, Government of India.
- [7] Hiremath SS (2012) The Health Status of Rural Elderly Women in India: A Case Study. International Journal of Criminology and Sociological Theory 5: 960-963.
- [8] Ingle G, Nath A (2008) Geriatric health in India: concerns and solutions. Indian J Community Med 33:214-218.
- [9] Krishnaswamy B, Sein U, Munodawafa D, Varghese C, Venkataraman K, et al. (2008) Ageing in India. Ageing International 32:258-268.
- [10] Kumar S, Sathyanarayana KM, Omer A (2011) Living Arrangements of Elderly in India: Trends and Differentials. International Conference on Challenges of Population Aging in Asia, UNFPA, New Delhi, India.
- [11] Lena A, Ashok K , Padma M , Kamath V, Kamath A (2009) Health and Socio Problems of the Elderly : A Cross Sectional Study in Udupi taluk, Karnataka. Indian J Community Med 34:131-134.
- [12] Mane AB, Khandekar SV, Fernandez K (2014) India's Ageing Population: Geriatric Care Still in Infancy. J GerontolGeriatr Res 3:186.
- [13] National Sample Survey Organisation (1998) Morbidity and Treatment of Ailments July, 1995- June, 1996 (NSS 52nd Round) Report No. 441, New Delhi, Government of India
- [14] Rajan SI (2006) 'Population Ageing and Health in India', Centre for Enquiry into Health and Allied Themes, Mumbai.
- [15] Shenoy AS (2014) Social protection and social welfare of elders. South Asia Regional Co-operation Newsletter 1-8.
- [16] Yeolekar ME (2005) Elderly in India — Needs and Issues. JAPI.