

6. Silver Society: Analyzing the Societal Impact of India's Aging Population

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Abstract:

India's aging population is growing exponentially as a result of the society's remarkable advancements in terms of longer life expectancies. Many senior citizens will require better access to physical infrastructure in the coming years due to rising life expectancy and incapacitating chronic conditions. The elderly's social and financial security has been greatly aided by the traditional Indian society, which has a long-standing joint family structure. The less money the government spends on the social security system, the more vulnerable the elderly are in India. The elderly population is diverse and divided between urban and rural areas. Due to the continued importance of the joint family system, they are less at risk in rural areas than in metropolitan ones. As the elderly in the nation age, it is crucial to comprehend the societal elements that affect them. Rising life expectancy, increased urbanization, and lifestyle changes have caused a variety of issues for India's older population.

Keywords:

Ageing, geriatric, social support, social inequality, etc.

6.1 Introduction:

India's ageing population is growing exponentially as a result of the society's remarkable advancements in terms of longer life expectancies. The need for holistic care seems to increase as the older population increases. In emerging nations, there are projected to be 840 million elderly people by 2025 [1]. According to projections [2,] the percentage of Indians 60 and older will increase from 7.5% in 2010 to 11.1% in 2025. India had about 91.6 million senior people in 2010, and it is anticipated that number will increase to 158.7 million by 2025 [2]. India's demographic change reveals disparities and difficulties within several states. This has been explained by the disparities in political environments, cultural norms, and socioeconomic levels. Therefore, addressing geriatric care that will take into consideration all these characteristics will be a mammoth undertaking for policymakers. Elderly care is quickly becoming a vital aspect of both public and private concern. The seeming success of medical science is typically followed in older people by a number of social, economic, and psychological issues in addition to the medical issues. It is important to remember that many of these issues necessitate ongoing medication treatment, ongoing physical therapy, and ongoing rehabilitation [3].

Depending on the clinical problem, aged people may get care in a variety of locations, including their homes, nursing homes, daycare centers, medical units, critical care units, or geriatric outpatient departments. Addressing a number of societal concerns is necessary for aged care. The requirements and issues that older people face can differ significantly depending on their age, socioeconomic level, health, living situation, and other background factors. Social rights are ignored, and they are frequently violated without being reported.

6.2 Limited infrastructure for senior citizens:

In the approaching years, many senior folks will require better access to physical infrastructure due to rising life expectancy and incapacitating chronic conditions. Physical infrastructure is a major barrier to providing elderly people with comfort. Both in their own homes and in public areas, many senior individuals require easier access to physical infrastructure. In India, where there is no system of affordable health care, untreated chronic disease, unaffordable drugs and treatments, and starvation are commonplace. The public health system places a small amount of emphasis on geriatrics and offers few specialized geriatric care. The public health system's other problems include a lack of facilities, a labour shortage, poor care quality, and facility overpopulation as a result of the current emphasis on caring for the elderly [4].

6.3 Shifting Family Composition:

The elderly has been protected from social and economic insecurity, thanks to the traditional Indian society and its long-standing joint family arrangement. The traditional beliefs and customs of Indian society also placed a strong emphasis on caring for the elderly and demonstrating respect for them. However, as nuclear families have become more common in recent years, elderly people are more likely to experience mental, physical, and financial insecurity in the years to come. The percentage of elderly people living alone or exclusively with their spouses has increased from 9.0% in 1992 to 18.7% in 2006 [5]. As the country's economy grows and modernizes, it appears that the amount of family care for the elderly will decline.

6.4 Inadequate Social assistance:

The government in India spends less on the social security system, making the elderly far more vulnerable. In an increasingly hectic and busy metropolis, the elderly in metropolitan areas rely mostly on hired domestic help to meet their basic needs. Loneliness and social isolation are on the rise [6].

In India, elderly-specific insurance coverage is essentially nonexistent. Furthermore, preexisting conditions are frequently not covered, making insurance coverage unprofitable for elderly people. Pensions and social security are also only available to people who have worked in organized business or the public sector. Nearly half of the respondents to a research by Lena et al. [7] felt abandoned and depressed and thought that people had a different attitude towards the elderly. Additionally, it was discovered that 36.2% of respondents believed they were a burden to their families and 47.5% felt unhappy about their lives.

6.5 Social Inequality:

The elderly are a diverse group, divided between urban and rural areas. Due to the continued importance of the joint family system, they are less at risk in rural areas than in metropolitan ones. As the government categorizes these people based on caste and other socio-cultural factors, not all the old are viewed from the same perspective, and their needs and concerns are disregarded to a significant degree. In a case study, it was discovered that a significant portion of elderly women were poorer, had the lowest income per person, had the highest percentage of only having completed kindergarten, had the highest levels of negative affective psychological conditions, were the least likely to have health insurance coverage, and had the lowest consumption expenditures[8].

6.6 Availability, Accessibility and Affordability of Health Care:

Elder care management is becoming increasingly challenging due to the tendency towards nuclear households, particularly for working adult children who feel responsible for their parents' well-being. Nursing agencies, physiotherapists, and medical suppliers are just a few of the small, unorganized players that offer subpar care, making managing home care for the elderly a huge challenge. In India, hospitalization is essentially the extent of health insurance coverage. Geriatric care has continued to be a medical specialty that is underutilized in the nation. Even though the population is ageing, geriatric care is still a relatively new concept in many developing nations, such as India, and many practicing doctors are unaware of the clinical and functional effects of ageing [9–11].

The geriatrics course is not offered by many institutions, and those who do enrol are few. The majority of government institutions, including nursery centers, senior living communities, counselling services, and recreation centers, are located in urban areas. The majority of tertiary care facilities offer geriatric outpatient department services [12]. Providing geriatric care to the 75% of elderly people who live in rural areas would be difficult. Dhar [13] has drawn attention to the relative neglect in the Indian context when it comes to the provision of facilities for patient care as well as training and development in geriatrics. According to Dey et al. [14], the main obstacles to senior population access and affordability include limited mobility, social and structural impediments, wage loss, familial dependency, and declining social involvement. Along with the physiological and social issues that the aged frequently deal with, such as dementia, depression, incontinence, and widowhood, the stigma of ageing is another social obstacle to accessing health care [15].

6.7 Economic Dependency:

According to the 52nd round of the National Sample Survey Organization, 20% of the elderly are partially dependent on others for their financial requirements, while nearly 50% are completely dependent on others [16]. Approximately 85% of the elderly required daily care from others. For older ladies, the situation was substantially worse [17]. Elderly people who live with their relatives rely heavily on the financial strength of the family to ensure their financial security and well-being. In India, elderly people lack adequate pension protection and other forms of social security. Poverty, which increases the danger of abuse, is the single biggest obstacle to the welfare of older people [18].

Elderly people have a low priority for their own health even though they are most susceptible to illnesses due to their financial dependence. Even in the Indian setting, the need for old age homes seems more pressing due to migration of the younger generation, inadequate family care, rented housing, economic difficulties, and dissolution of joint families [19].

As the elderly in the nation age, it is crucial to comprehend the societal elements that affect them. Rising life expectancy, increased urbanization, and lifestyle changes have caused a variety of issues for India's older population. It must be kept in mind that only with the participation and cooperation of family, community, and the government is comprehensive care for the elderly possible. India needs to get ready to handle the increasing burden of caring for its ageing population. In order to enhance the quality of life for the elderly, all social service organizations across the nation must address the social issues surrounding their care. In order to ensure that the elderly can live with dignity, it is necessary to launch the necessary and more suitable social assistance services. To address the care requirements and issues faced by the elderly in India, it is also necessary to establish an integrated and responsive system.

6.8 Conclusion:

India is facing significant challenges in providing adequate care for its ageing population. The country's remarkable advancements in healthcare have resulted in longer life expectancies, leading to a growing number of elderly individuals in need of holistic care. However, several societal factors hinder the provision of comprehensive care for the elderly.

One major challenge is the lack of physical infrastructure that caters to the specific needs of older people. Both in their own homes and public areas, elderly individuals require improved accessibility and facilities. The public health system's limited emphasis on geriatrics exacerbates this issue, with a shortage of specialized care and poor-quality services. The changing family structure, characterized by the shift from joint families to nuclear ones, has also contributed to the elderly's social, physical, and financial insecurities. Traditional values of caring for the elderly and strong family support are gradually eroding, leaving them vulnerable to neglect and isolation. Moreover, the lack of social support, including social security, insurance coverage, and pensions, further adds to their vulnerability and loneliness. Social inequality is another significant concern, as the elderly population in rural areas generally face fewer risks compared to those in metropolitan areas. Categorization based on caste and socio-cultural factors leads to neglect of certain groups, and their needs and concerns are often disregarded. This creates disparities in income, education, healthcare access, and overall well-being among the elderly.

The availability, accessibility, and affordability of healthcare services specifically tailored to the elderly are inadequate in India. Home care management for the elderly is challenging, with unorganized and subpar services. Geriatric care remains underutilized and underdeveloped as a medical specialty, and there is a lack of awareness and training among healthcare professionals regarding the unique needs of older adults. Moreover, the majority of geriatric care facilities are concentrated in urban areas, posing difficulties for rural elderly populations to access appropriate care.

Economic dependency is a pressing issue, with a significant portion of the elderly relying on others for their financial needs. Limited pension protection and social security systems contribute to their financial insecurity and dependence on family support. Poverty among the elderly increases the risk of abuse and neglect, and their own health often takes a back seat due to financial constraints.

To address these challenges and ensure a higher quality of life for the elderly, a comprehensive approach involving the participation and cooperation of families, communities, and the government is necessary. Social service organizations must prioritize and address the social issues surrounding elderly care, launching suitable assistance services that promote dignity and well-being. Additionally, an integrated and responsive care system, considering the unique needs and circumstances of the elderly, should be established to provide comprehensive support across the nation.

India must proactively prepare to manage the increasing burden of caring for its ageing population. By acknowledging and addressing the societal factors discussed in this paper, India can work towards creating a society that values and supports its elderly citizens, enabling them to age with dignity and a higher quality of life.

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