

AGING POPULATION AND RISING INEQUALITY: THE ROLE OF GOVERNANCE AT GRASSROOTS IN INDIA

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Introduction:

The World Health Organization and the United Nations have declared 2021-2030 as the 'Decade of Healthy Ageing' in response to the rising share of elderly people around the globe due to longer life expectancy, lower fertility levels and larger generations growing old. This initiative focuses on gathering data and engaging with the public to better understand and meet the needs of the elderly population in terms of health.

Population ageing is a natural process and irreversible demographic reality. It is also associated with health and medical care; economic dependence; and population dividend left unutilized. With longevity and declining fertility rates, the population of older persons (60 years and above) is globally growing faster than the general population. When populations age rapidly, governments are often caught unprepared to face and mitigate the consequences; this has implications for the socio-economic and health status of the elderly which lead them to attain unequal status in the society. This paper focuses on the inequality faced by aging population in India and how the local grassroots governance and solve those problems.

Aging Population in India:

Three key demographic changes—declining fertility, reduction in mortality and increasing survival at older ages—contribute to population ageing, reflected in a shift in the age structure from young to old. The shift from a period of high mortality, short lives, and large families to one with a longer life, far and fewer children is the hallmark of demographic transition. A top-heavy age structure means that the elderly have to depend upon incomes and revenues generated by a dwindling number of younger workers.

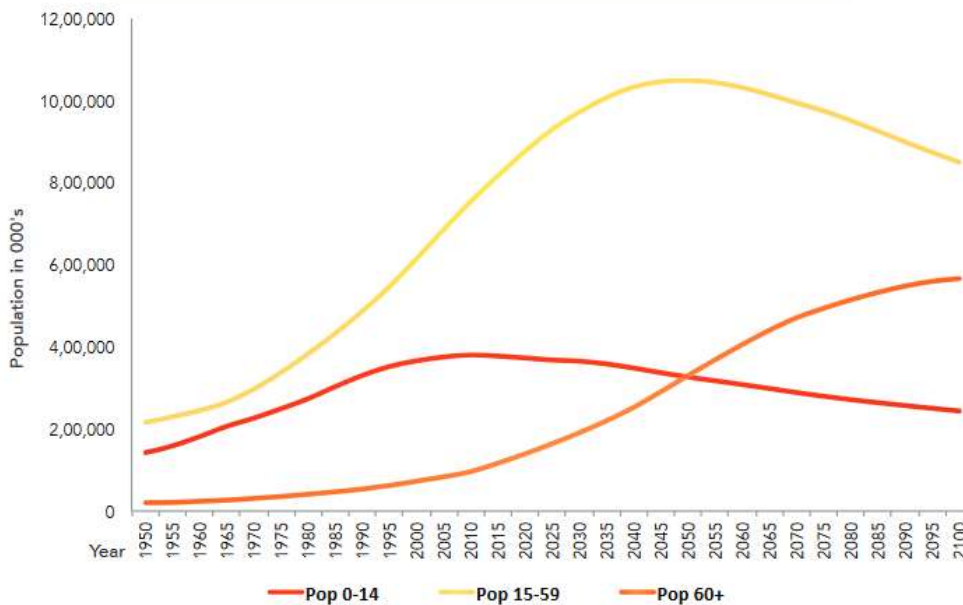
Sl.No	Aging Population in India	2019	2930
1	Population aged 65 years or over (thousands)	87149	128877
2	Percentage aged 65 years or over	6.4	8.6
3	Old-age dependency ratio (65+ /20-64)	11.0	14.1
4	Prospective old-age dependency ratio	11.5	13.5

5	Economic old-age dependency ratio	14.1	17.8
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Source: UN Department of Economic and Social Affairs, World Population Aging 2019

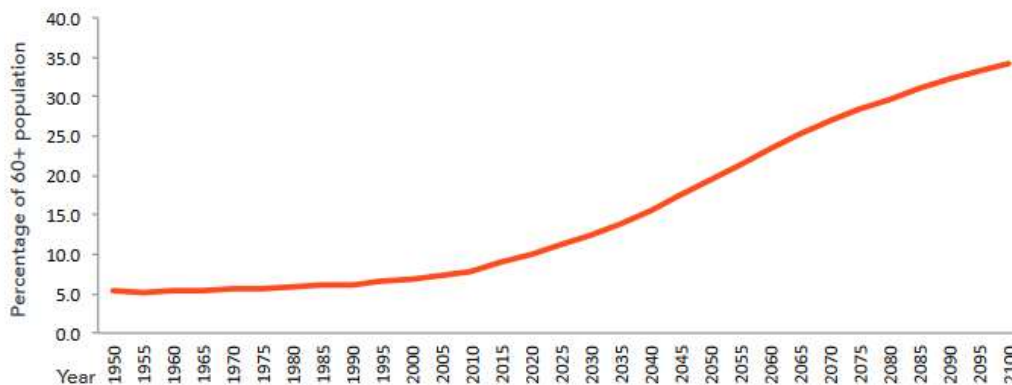
Globally, the 60-plus population constitutes about 11.5 percent of the total population of 7 billion. By 2050, this proportion is projected to increase to about 22 percent when the elderly will out number children (below 15 years of age). The elderly constitute the fastest growing age segment while the children and working age segments reduce gradually.

Figure 1.1: World Population by Age Category, 1950-2100



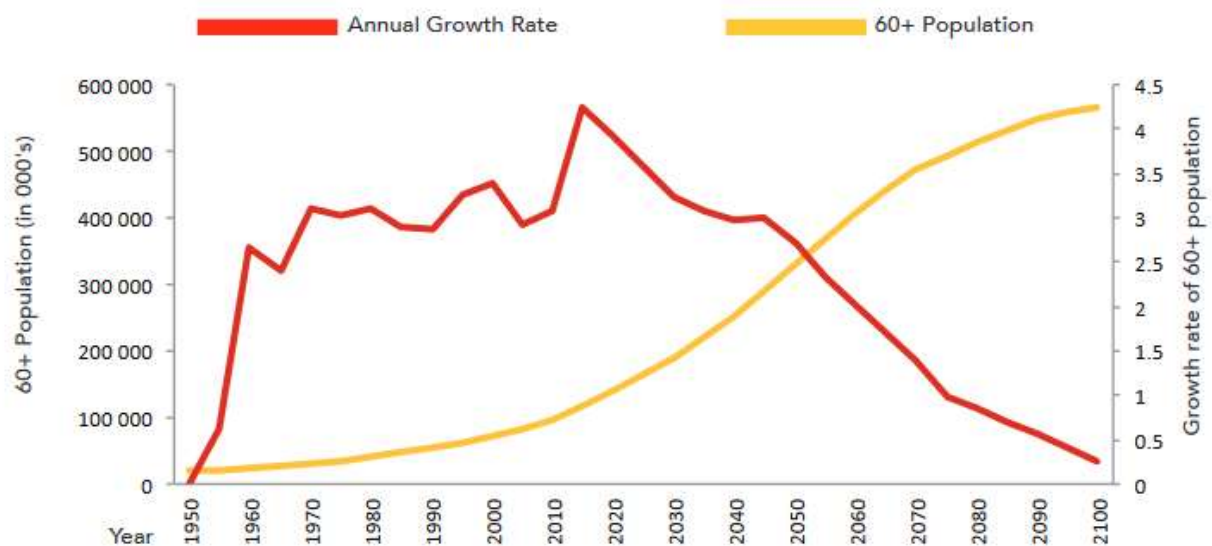
Source: United Nations (2015), World Population Prospects, 2015 Revision, Dept. of Economics and Social Affairs, United Nations

Figure 1.2: Percentage of 60-plus Persons in Total Population, India, 1950-2100



Source: United Nations (2015), World Population Prospects, 2015 Revision, Dept. of

Figure 1.3: Size and Growth Rate of the Elderly Population in India, 1950–2100



Source: United Nations (2015), World Population Prospects, 2015 Revision, Dept. of Economics and Social Affairs, United Nations

Challenges of an Ageing Population

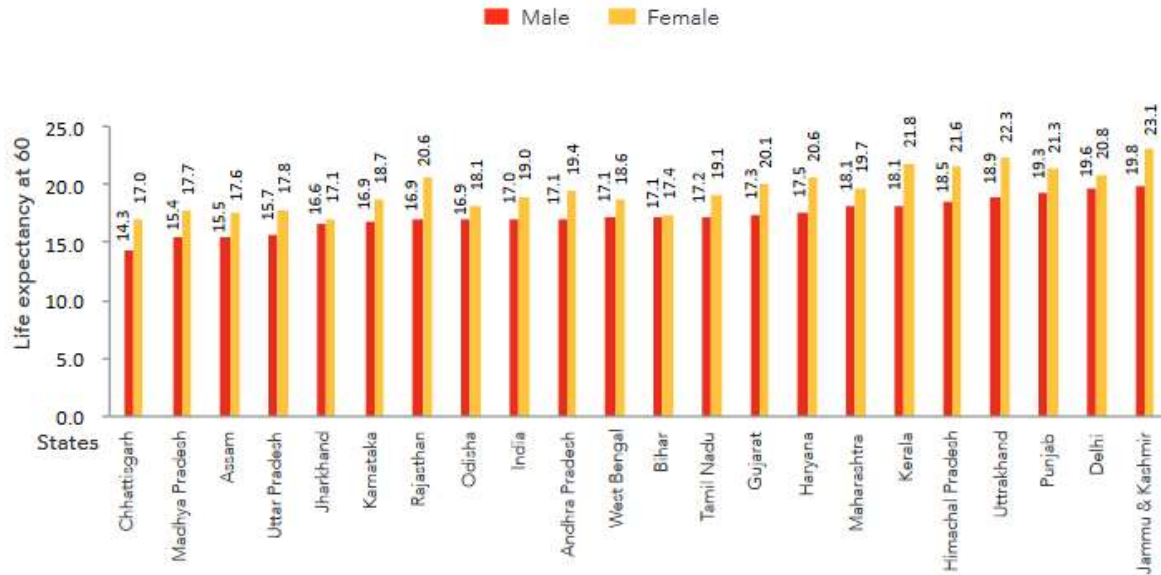
- Feminization of Ageing

The mortality experience among general population as against the elderly population contributes to the faster growth of the latter group. According to data from the Sample Registration System (SRS), life expectancy at the age of 60 has increased from 14 years in 1970–1975 to 18 years in 2010–2014 with women living about two years longer than men (Figure 1.5). All the Indian states show a life expectancy at 60 of over 15 years currently except males in Chhattisgarh. Thus life expectancy improvement has been substantial in most states of India. Currently all the states have higher life expectancies at old ages for women than for men.

The sex ratio of the elderly has increased from 938 women to 1,000 men in 1971 to 1,033 in 2011 and is projected to increase to 1,060 by 2026 (with some variations across states) given the insignificant decline in mortality among males particularly during adult and older years. The life expectancy improvement has been substantial in most states of India. Currently all the states have higher life expectancies at old ages for women than for men. Frequent outcome of feminization of ageing is the discrimination and neglect experienced by older women often related to their life course experiences. Income insecurity is a significant source of vulnerability among older women. More than four out of five women have either no personal income at all

or very little income; income insecurity increases with advancing age. Only a small percentage of older women reporting no income actually receive a social pension.

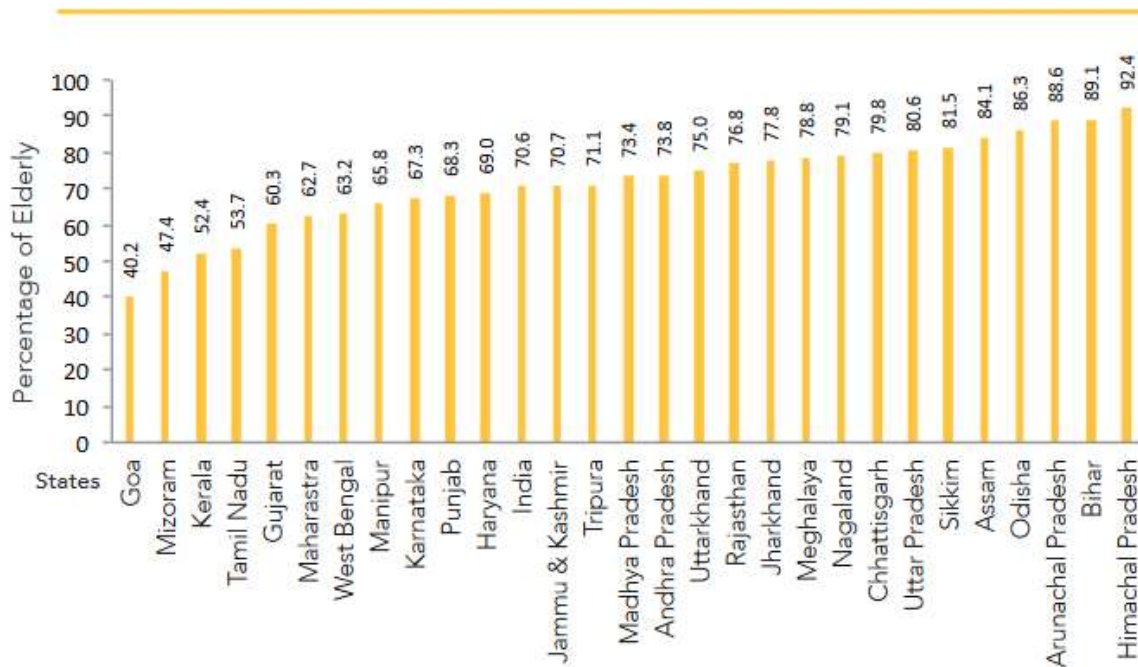
Figure 1.5: State-wise Life Expectancy at Age 60 by Gender, 2010–2014



- Ruralization of Elderly

According to 2011 Census, 71 percent of the elderly live in rural India. In all the states, except the two smaller states, Goa and Mizoram, a higher proportion of the elderly lives in rural areas than in urban areas (Figure 1.7). Many rural areas are still remote with poor road and transport access. Income insecurity, lack of adequate access to quality health care and isolation are more acute for the rural elderly than their urban counterparts. It is also noted that poorer states such as Odisha, Bihar and Uttar Pradesh have a larger percentage of the rural elderly.

Figure 1.7: Percent Population Aged 60 and above Living in Rural India, 2011



Source: Computed from ORGI (2011), Census of India, 2011, Office of the Registrar General and the Census Commissioner of India, Ministry of Home Affairs, Government of India. www.censusindia.gov.in.

- **More 80-plus Women**

Projections indicate that during 2000–2050, the overall population of India will grow by 56 percent while the population 60-plus will grow by 326 percent. During the same period, the population 80-plus will grow 700 percent with a predominance of widowed and highly dependent very old women. The number of older women compared to the number of older men will progressively increase with advancing ages from 60 through 80 years. The special needs of such oldest old women would need significant focus of policy and programmes.

- **Migration and its Impact on the Elderly**

Migration of younger working age persons from rural areas can have both positive and negative impact on the elderly. Living alone or with only the spouse is usually discussed in terms of social isolation, poverty and distress. However, older people prefer to live in their own homes and community, which is why ageing in place is often a preferred option⁹. Further, this puts some funds in the hands of older persons at a time when they need physical support for health care and to manage household chores. It is also recognized that new technologies are helping the rural elderly stay in touch with their children who can even reach home more easily than in the past.

- **Work Participation**

While majority of the elderly are still living with their children in India, about one fifth either live alone or only with the spouse and hence have to manage their material and physical needs on their own.

Elderly people in India not only work to support themselves but also make economic contributions to their households. The elderly work participation rate also varies across the states of India with highest work participation rate in Meghalaya with nearly 60 percent of the older persons are in labour force and lowest in Goa with only 8 percent of the older persons in labour force. Among the major states, elderly work participation rate is above 40 percent in Himachal Pradesh (48.8), Andhra Pradesh (40.3), Chhattisgarh (41.1) and Uttar Pradesh (41.2), whereas in Assam, Kerala, Haryana and West Bengal the work participation rate hovers around 25 percent.

- Health Status of the Elderly

In 2014, the prevalence of acute morbidity increased from 30 percent in the age group 60–69 years to 37 percent for the 80-plus group. Further, it was marginally higher among women than men. Severe morbidities require hospitalization; not surprisingly, the estimates of NSSO 71st Round, 2014 indicate that the rate of hospitalization amongst elderly is much higher than the general population.¹⁸ Furthermore, while the morbidity prevalence rate is higher among elderly women, their hospitalization rate is lower than the men indicating gender differentials in health care. The cost of the health care during old age appears to be very high and this in turn increases the out of pocket expenditure on health care particularly when private facilities are availed of. Out of the total expenditure, nearly half of the expenditure was towards medicines. Treatment cost for chronic morbidities is also quite high.

Chronic diseases are a leading cause of death among elderly in India, increasingly so over the past 25 years. The percentage of elderly with any chronic condition as estimated by SAGE, Wave 1 was 41.8 percent in 2007. The same figure as per the estimates of BKPAI was 64.8 percent in 2011. Chronic ailments are more prevalent among elderly women (674 per 1,000) than elderly men (619 per 1,000) as also higher in rural areas (658 out of 1,000) than urban (621 out of 1,000). Common chronic ailments such as arthritis, hypertension, cataract and diabetes are more prevalent among women whereas ailments like asthma and heart disease are more prevalent in men. There are also variations in the prevalence of various chronic diseases across states of India.

According to WHO, mental health disorders account for 13 percent of the global burden of diseases and is particularly common among older adults. With the increase in age, disability becomes a major concern, seriously limiting functioning in daily life and hence increasing the care-giving burden. The cost of the health care during old age appears to be very high and this in turn increases the out of pocket expenditure on health care particularly when private facilities are availed of. When older persons are economically dependent, increasing health expenditure adds to the economic burden on the family. Vulnerability among older persons increases with the declining functional abilities. Activities of Daily Living (ADL) are the basic tasks of everyday life such as feeding, bathing, dressing, mobility, use of the toilet and continence and when older persons are not able to perform these activities, they require assistance. ADL

limitations are indicative of the care burden in any society.

Elder abuse refers to any intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Abuse of older persons is considered a global public health problem, seriously impairing the well-being of the elderly. Old, vulnerable and frail persons, dependent on others for their daily needs, are routinely abused, neglected, and exploited worldwide and India is no exception. The perpetrators are generally family members, relatives, friends, or trusted caregivers. Pan-India information on elder abuse is limited.

Policy Response to Ageing in India:

The Indian government's commitment to population ageing concerns is evident in two important ways: (a) being a signatory to all the global conferences, initiatives on ageing as well as the Regional Plans of Action; and (b) formulation of the National Policy on Older Persons (NPOP) in 1999, well ahead of Madrid International Plan of Action on Ageing (MIPAA), the United Nation (UN) sponsored International Plan of Action. The National Social Assistance Programme for the poor is also an outcome of the Directive Principles of our Constitution (Articles 41–42) recognizing concurrent responsibility of the central and state governments in this regard.

India also shared with other countries and international NGOs the serious lack of attention to ageing in the Millennium Development Goals (MDGs). The post-2015 development goals called the Sustainable Development Goals (SDGs) in general and SDG-3 in particular has given attention to ageing. In the most recent 2016 UN General Assembly, India further ratified its commitment to SDGs and reported streamlining them into national development indicators. Indian policy response to ageing has also gained from the work of the World Health Organization (WHO) on Active Ageing, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) resolution of January 2010 on older women, the United Nations Population Fund (UNFPA) work on social-economic implications of ageing through the initiative Building a Knowledge-base on Population Ageing in India (BKPAI)¹⁰, the work of the International Labour Organisation (ILO) on income security and social pensions as well as the large data collection efforts under Longitudinal Ageing Study in India (LASI) and Study of Global Ageing and Adult Health (SAGE).

Role of Local Governance:

The age friendly panchayat implemented by Social Justice Department in Kerala is a new initiative associated with State Old Age Policy, 2013. Converting all the panchayats in the State into age-friendly panchayats for ensuring good health, participation and assuring quality of life to the Senior Citizens is the objective of the programme. Manickal Panhayat is situated in Vamanapuram NES Block in the Thiruvnanthapuram Zilla Panchayat. It has an area of around 32.59 sq Km and is surrounded by Pullumpara Panchayat on the East, Vembayam Panchayat on the South East, Pothencode Panchayat on the South, Mangalapuram Panchayat on the West, Mudrakal Panchayat on the North West and Nellanad Panchayat on the North. The MC Road

runs across the Panchayat, dividing it into two unequal halves. As per the 2001 census (latest available with the Panchayat administration) the Panchayat had a population of 36,264 persons of whom 18,711 were women and 17,553 were men. There were 4852 SC and 57 ST population. Literacy was men 84.74 and women 88.8 percent. Population density was 1088 per sq km. The distribution of the 60+ was 5317 of whom women were 2699 and men 2618. Survey of the 60+ in the Panchayat Soon after the commencement of the Project in December, 2014, the survey of the 60+ began under the leadership of the ICDS Supervisor who commissioned the entire ICDS staff and ASHA workers to do the data collection work. Interview schedules were supplied by CGS and the field work was supervised by the CGS Field Supervisor. Data collection was completed by the end of February 2015 and analysis of data was completed by the end of March. The findings of the study are given in the Appendix. 2. Sensitisation of the implementing and related agencies Another critical element in the programme was sensitisation of all individuals and groups directly or indirectly connected with the implementation of the scheme in the Panchayat area. Sensitisation had two objectives – first to explain the what/why/how of the scheme and second to impress upon the members the vital role of the significant actors and to get their support in the successful implementation of the scheme. The following were the personnel involved in the implementation of the scheme and who were brought to the sensitisation network. They were brought to the meetings at the Panchayat headquarters in different groups for the sensitisation programme.

Roping of the 60+ into the network. The third major step was to bring the old in the area within the programme. To bring the elderly population of the Panchayat into the fold, each Ward Member of the Panchayat was requested to convene meetings (Ward Sabhas) of the 60+ in his/her ward and to elect an executive committee of not more than 11 members, with due representation for women, from the Ward Sabha. The committee was to nominate two members from among itself to represent it at the central committee, the Vayojana Council. This work was completed by the end of March 2015. Actually, the Vayojana Sabhas function on Anganwadi basis, i.e. each Anganwadi had a Vayojana Sabha which means that some Panchayat Wards had more than one Sabha as they had more than one Anganwadi. This was necessitated by the fact that the Sabhas were formed and activated by Anganwadi Teachers. The Ward Member who has been the Chairperson of the Sabhas did not have adequate time to form and operate the Sabhas. Also, in many places the Sabhas functioned from the Anganwadi premises. The monthly meetings of the Vayojana sabhas were handled by the Anganwadi teachers as initiative from the Sabha Members had been passive at least in the early stages. Some of the Sabhas had also organised Day Care Centres, again operating from the Anganwadis. In fact they were not day care centres in the strict sense of the term. They were places where the old met together at irregular intervals and discussed common problems in an informal atmosphere. Sabha members were to visit senior citizens' houses and ensure their welfare by appropriate steps. They were to pay special attention to ensure that the houses and toilets with senior citizens are fitted with non slip flooring and European toilets and ramps with side rails or steps with rails.

The Vayojana Council had around 45 members –two from each Vayojana Sabha. The Panchayat President was the Chairperson and ICDS Supervisor was the Convener of this Council. The council at Mankckal Panchayat met only thrice in the course of one year. It may be pointed out that some of the major demands of the Council were accepted by the Panchayat administration as the Council President was also the Panchayat President. Our Field Supervisor (FS) who acted as the facilitator-cum-animator of the project had responsibility for the establishment and day-to-day working of both the Sabha and the Council. He was behind the organisation of the Sabhas, organisation of meetings, overseeing the elections and handling the resolutions of the different Sabhas and finally taking initiative in getting the meetings of the Council arranged. In fact he played several roles in the formation of these bodies and organisation of their activities and played the role of guide, philosopher and friend to them.

The Field Supervisor had other duties to perform in the implementation of the Age friendly programme. He organised the different sensitisation meetings and prepared the programme and outcome of the meetings. A list of the agencies and individuals who had to be sensitised is given earlier. More over, he had to follow up the decisions of the various sensitisation meetings and see that they were implemented even though in the last case he could not be as effective as could be. This was found to be due to the heterogeneity of the audiences and the varying degrees of their potential and actual involvement in the programmes. A pensioners' association will be different from a gathering of the members of an arts and sports council. While it is easy to prevail upon the members of the former, it is not so easy with the latter. In such cases, the FS held more than one sitting with such groups until he was convinced that the members have appreciated his mission and accepted its ideas. On the persuasion of the FS, at the Panchayat level, the administration put forward the following action programmes for implementation.

- Survey old persons
- Gatherings of old persons
- Evaluate and help to solve the health, social, economic and emotional problems of the old
- Create awareness among the population about aging
- Help older persons to enjoy active and healthy aging
- Make available to old persons nutritive food, pure water and age friendly toilets
- Build community centres for providing services to the elderly. These centres are to function as single windows for delivery of all the needs of the old.
- Ensure old age pension and other government assistance programmes to all needy old
- Ensure the services to which the old are entitled by coordinating the different departments which are to render them.
- Help the old and their care givers in all possible ways.

The Grassroots Governance is pursuing the following activities:

- Organise the old in each ward into a Vayojana Sabhas and through the sabhas propagate the aims and objectives of the age friendly grama panchayat. Spread the message of the project through the members of the vayojana sabhas
- Call meetings of the different offices/departments and propagate the message of the project among them
- Call the implementing officers in the different departments and equip them to carry out the programmes for the elderly
- Organise students, teachers and PTA members into forums for taking the message of age friendliness to their homes
- Through the Anganwadi teachers, spread the message among the mothers of children coming to Anganwadi schools.
- Spread the message of respect and protection of the old through leaflets, posters and short skits
- Install flex boards carrying this message.
- Observe International Day of Older Persons (Oct. 1) and World Elder Abuse Awareness Day (June 15) in a suitable manner.
- Organise value based classes through Anganwadis, Senior citizens clubs and associations, Kudumbasree workers, ASHA Workers, Residents' Associations and voluntary groups

Above all, take the message of age friendliness to all officials, public workers, leaders of political parties and NGO office bearers and activate them for sharing the gospel of age friendliness.

The Ayurveda Wing of the PHC has evolved the following programme for implementing the project.

- Convert the offices of the Vayojana Sabhas into day care centres. The 11 office bearers of the Sabha were given the responsibility for the supervision and working of the Centre by turn.
- Inculcate in the minds of the young the need for respecting the old.
- Help to erase the feeling of loneliness and isolation among the old.
- Make the Anganwadi Teachers and Helpers the protectors of the old. By giving short courses in geriatric care and treatment equip them to come to the aid of the old.
- Make arrangement for taking palliative care patients to the nearest palliative care centre
- Improvised daycare centres were to function in anganwadis; also, in primary health centres and sub centres and Ayurvedic dispensaries, Ward Members' office and where some space could be found.
- Anganwadi teachers and ASHA Workers were to be trained in certain Ayurvedic treatments like different exercises, Yoga, relaxation, meditation and massage under the leadership of Ayurveda Medical Officers.

- Items required by older persons like walking stick, blankets, walkers should be made available through this centre. Equipment required by bedridden patients should be distributed through this (day care) centre.

Roads and sidewalks were to be made age friendly by marking zebra lines. All bus stops should have shelters and zebra lines Existing buildings and those being planned should be made elder friendly. Places and offices frequented by senior citizens should be made elder friendly. General Respect the senior citizen who happens to be before you and enquire about their needs patiently and consider them sympathetically. Receive them with a smile. Engage in conversation with them in a loving and friendly manner Construct ramps in buildings for easy access to the senior citizens

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