

# ELDERLY HEALTH IN INDIA: A DISCUSSION<sup>#</sup>

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*[The elderly population (ageing 60 above) in India is increasing and is projected to climb by 11% point between 2010 to 2050 (UNPD, 2011). Due to better living condition and improved well-being, better health care system, availability of medicines, awareness among the people the mortality rate has reduced substantially. This demography brings a new economic and social concerns afloat. The present work tries to investigate the health perception, nature and status of ailment and treatment availed by this part of population in India along with their demographic profile. The database used in the study is the 71<sup>st</sup> round dataset of National Sample Survey Organisation (NSSO). The work gives a brief review of the recent policies and initiatives taken to end the health challenges faced by the ageing population. Probable policy recommendations have been made that can potentially address the health concerns of the elderly in the country.]*

*Keywords: Elderly, population aging, economic demography, health perception, JEL Classification: J11, J14]*

## Introduction

The phenomenon of increasing population of elderly is becoming a challenge for the policy makers worldwide. India is no exception to that. All countries are facing this challenge in economic, political, and social fields. Improved medical condition leading to less mortality is one of the factors responsible for this increased number. In addition, less fertility, and increasing life expectancy are few other factors contributing to this spike in the trend of elderly groups compared to the younger counterparts. The longer life of population should be celebrated but the health complications, physical dependency (needing

help to move), financial dependency, abuse are to be seriously taken up.

This paper mainly reports and analyses the facts and issues related to the elderly population in India with special attention to their health. The increasing number of older populations is a common trend worldwide and India also is experiencing the same. The major threat is the physical as well as psychological morbidity of the elderly population. This challenge needs to be addressed by relevant policies, programs and schemes. Abuse towards elderly people is very much common because

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they are not able to participate in the income earning activities for their reduced physical capability so must depend on others. This problem is acute and needs to be addressed through better policy and schemes. The first section of this paper provides an account of increasing trend of growth rate of elder population in India. Also, it shows the growth trend in comparison to other age groups. The second section tries to analyse the health perceptions, nature and status of ailment and other related issues. In the concluding remarks the paper provides with some overview on relevant policy initiatives. Some possible recommendations have been made, Database used for the entire analysis is Population Census of various years (1951-2011) and NSSO 60<sup>th</sup>

and 71<sup>st</sup> round data (2004 and 2014 respectively). Cross tabulation and data analysis are the main methods used in the study here.

#### Demographic details of the Elderly

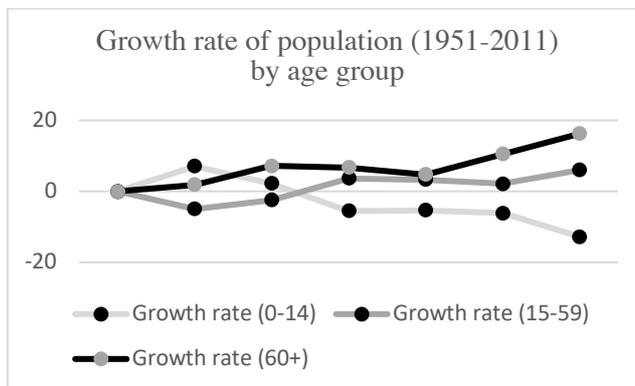
Among 104 million elderly population (60 and above), male and female shares are almost same (51 million and 53 million respectively) (Census 2011). More than 70% of the elderly reside in the rural areas. The percentage share of male and female elderly are almost same across rural and urban areas. Aged population grew at a phenomenal rate in the last two decades, other age cohorts did not show such change. This is shown in Table 1 and in the following figure (Figure 1).

**Table 1: Growth rate of population by Broad Age Groups, India**

Year	Growth rate (0-14)	Growth rate (15-59)	Growth rate (60+)
1951	0	0	0
1961	7.03	-4.99	1.82
1971	2.19	-2.44	7.14
1981	-5.48	3.65	6.67
1991	-5.29	3.34	4.69
2001	-6.12	2.15	10.45
2011	-12.75	5.98	16.22

*Source: Population Census, various years*

**Figure: 1**

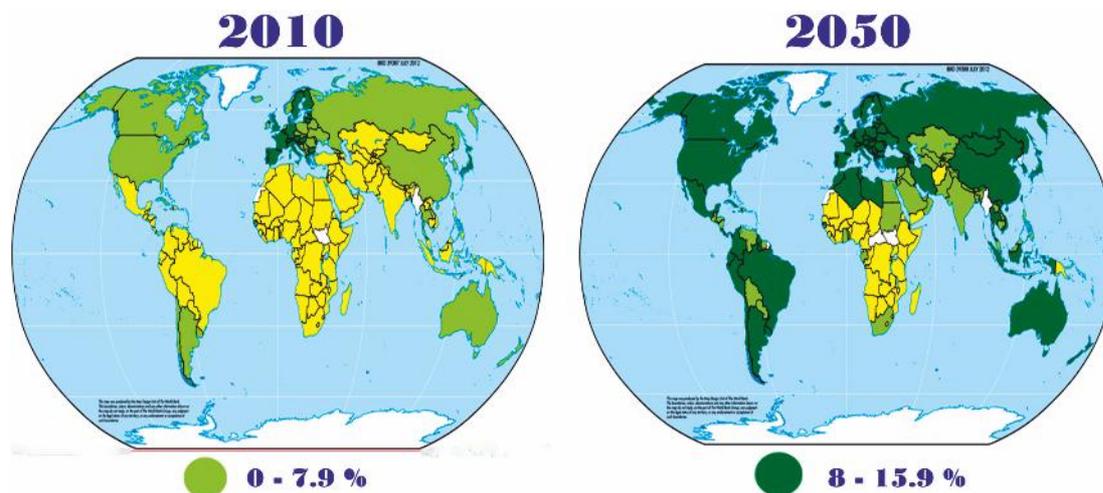


Source: Population Census, various years

The growth rate and size of 60+ age group has always been increasing. This has, in fact, increased drastically in post 2000 period. This trend is unique for this section of age group only. According to the World Bank population

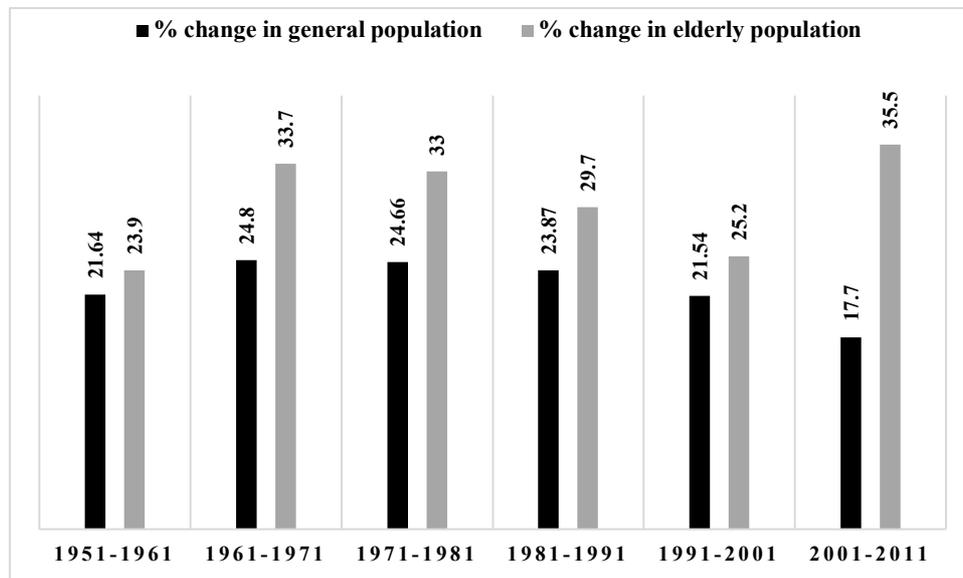
projection countries having population share of 0-7.9% with age 65 and more in 2010 will have shifted to a group of countries with a population share of 8-15.9% with age 65 and more by 2050.

**Figure 2: Population projection for age group 65 and over by World Bank: 2010 & 2050**



% of population over 65 years old

**Figure 3: decadal growth in elderly population vis-à-vis general population in India over 1951-2001**



*Source: Population Census Data of Various Years*

The changing demographic feature of the population in the developing countries leads to the ageing of the population. The reason mainly lies in the downward trend in the crude birth, crude death and the total fertility rates. Considerable improvement in the life expectancy due to medical advancements also contributed to this changed age structure. But the quality of life in this longer span is an area worth to gain attention of the policy makers. Appropriate policy should address the health concerns of elderly along with related issues so that they can lead a healthy and happy years at the old age. This will let the elderly lead a quality life with less dependency and less physical and mental abuse. Appropriate policy will also ensure a better future with less uncertainty for the would-be older population.

### Health Conditions of Elderly

Quality of life determines the Health conditions directly and related to it. Poor health and illness hamper the well-being of the elderly and increases the sense of vulnerability and the psychological misery among elderly. Immunity deteriorates with the advancement of age and the body becomes more vulnerable to different diseases. There is a general belief that ailment is natural in old age. This belief aggravates the feeling of suffering at the old age. As a result, physical distress and poor health outcomes are considered as unavoidable even though they are very much within curable limit. The Age Watch Index (constructed by HelpAge International, 2015) which is constructed based on four indicators namely health, income security,

capability and enabling environment, ranked India 71 in a row of 96 countries which was below the other neighbouring countries like Bangladesh, Sri Lanka and Nepal. For health, the rank of India is as low as 87 out of 96 countries which was the lowest in South Asia barring Afghanistan. This section examines health conditions of the elderly in general using NSSO 71<sup>st</sup> round data (2014).

### Perception about own health

For elderly generation, perception about own health carries much importance as it provides the mental strength leading to wellness of the

physical health greatly and it also influences the mental health conditions. The own health perception of the elderly in 2014 is depicted in table 2. Around 68% elderly perceive their health to be in an excellent/good condition in 2014. It may be that the complications that arise this time are accepted as natural for old age and not treated as any serious physical problem. A comparison with the previous survey shows that the percentage of older people considering their health as poor has marginally increased over the periods. Same condition of health was reported by most of the elderly over the survey periods, though the extent has declined in 2014.

**Table 2: Perception about own health of the Elderly in 2014**

Perception about own health	2014
	%
<b>Excellent/Very good</b>	6.34
<b>Good/Fair</b>	67.63
<b>Poor</b>	26.04
<b>Total</b>	100
<b>Perception about change in state of health as compared to the previous year of survey, 2014</b>	
<b>Much better</b>	4.8
<b>somewhat better</b>	14.12
<b>Nearly the same</b>	53.01
<b>Somewhat worse</b>	22.79
<b>Worse</b>	5.28

*Source: NSSO 71<sup>st</sup> Round*

### State of Physical Mobility & Functional Ability

Table 3 describes the extent to which elderly people could move physically. Around 90% of the elderly does not require help while moving. Approximately 2% and 7.3% of this group are

confined to bed and home respectively. Almost the entire population aged between 60-65 are physically mobile on their own. The mobility falls with age which is an expected fact. Around 9% and 21% of the over 80 age group are confined to bed and home respectively.

**Table 3: State of Physical Mobility across ages in 2014**

Mobility	All Ages	Age Group			
	Total	60-65	65-70	70-80	80 & above
Confined to bed	2.23	0.79	1.23	2.8	8.65
Confined to home	7.3	3.06	5.11	10.08	21.09
Move with wheelchair	0.52	0.3	0.4	0.65	1.28
Mobile	89.96	95.85	93.26	86.47	68.97

Source: NSSO 71<sup>st</sup> Round

Declining functional ability at the old age makes the older population more vulnerable. The basic task of feeding, bathing, dressing, mobility, use of toilet and continence constitute the Activity of Daily Living (ADL). Older persons need assistance when they are unable to perform these activities. ADL limitations are more serious and prominent among women than males. Lack of mobility along with economic dependence result in abuse. A study by HelpAge India that was conducted in 2014, in selected urban centres on the older abuse found that abuse in some form is faced by half of the elderly population of the country, and women falls in the most vulnerable section.

### Nature of illness

In table 4 the nature of the ailment among the elderly is described. The nature has been shown for 2004 and 2014. The first six major illnesses have been considered. In 2004, the most prevalent disease was bone/joint disorders that became the third important disease in 2014. Elderly in 2014 suffered mostly from the diseases like hypertension and diabetes. The older people suffered from hypertension rises from 10.88% in 2004 to 18.89% in 2014. The proportion of elderly who suffer from diabetes increased by around 2.5 times between the two periods considered. The major diseases also include heart diseases and bronchial asthma in both periods.

**Table 4: Nature of ailment among the elderly during the last 15 days before survey (only spell 1 of the ailment considered, hospitalisation included)**

2004		2014	
Nature of ailment	%	Nature of ailment	%
Disorders of joints & bones	11.16	Hypertension	18.89
Hypertension	10.88	Diabetes	17.31
Other diagnosed ailments	10.12	Joint/Bone disease	10.96
Bronchial asthma	8.12	Bronchial asthma	8.19
Heart disease	6.84	Heart disease	7.89
Diabetes	6.80	Malaria/Typhoid/fevers of unknown origin	4.47

Source: NSSO 60<sup>th</sup> and 71<sup>st</sup> Round

### Status of ailment

Status of ailment in terms of duration of the illness with reference to 15-days timeframe indicates the health condition of the person. It is shown in Table 5. In both the periods of survey, most of the aged population suffer from diseases for more than 15 days and they were continuing at the time of survey. Though 15 days is not chronic, suffering at this age for such a long duration makes them enough for a disease to be

declared as health more vulnerable. The percentage of older people suffering from such diseases has increased over the 10 years. A little portion of the elderly people report that they had recovered from the diseases at the time of survey. In most of the cases diseases have been reported to be in a continuing status. In fact, NSS 71<sup>st</sup> round survey reports that 79.13% of the elderly were suffering from chronic diseases<sup>1</sup>.

**Table 5: Status of Ailment among the Elderly during the last 15 days before survey (only spell 1 of the ailment considered, hospitalisation included, 2004 & 2014)**

	2004	2014
Ailment Status	Percentage of elderly	Percentage of elderly
started more than 15 days ago and is continuing	74.55	85.22
started more than 15 days ago and has ended	4.48	2.71
started within 15 days and is continuing	11.23	4.43
started within 15 days and has ended	9.75	7.64

Source: NSSO 60<sup>th</sup> and 71<sup>st</sup> Round

<sup>1</sup>A chronic disease is one lasting for 3 months and more, according to the definition given by US National Centre for Health Statistics

### Treatment of illness

More than 83% of the elderly population avail treatment on medical advice in 2004 as reported by the NSSO 60<sup>th</sup> round data. The figure rose up to approximately 94% in 2014. The medical advice sought from Government facilities remains almost same in two periods under consideration. 44.03% of those who have not availed any medical treatment did not consider their ailment as serious. The proportion has increased over the decade. The abstention from treatment for financial reasons has gone down from 2004 to 2014. Around 7.5%-8% of the elderly in both of the survey period do not access the medical treatment because of the non-availability of the medical facility in the neighbourhood. The proportion of elderly who have not gone for any

treatment due to lack of faith has increased over time, though the percentage is low.

The percentage of elderly who have utilised government facility for their treatment has remained around 30% with a slight decline in 2014. Major proportion of the elderly, in both of the survey periods, are not satisfied with the quality of the treatment provided by the government health facilities. However, the surveys reveal that more people among the elderly are getting access to the public facilities as the proportion of older population not utilising those for far distance has reduced from 2004 to 2014. The proportion of long waiting and non-availability of specific services have increased as reasons for not using public services.

**Table 6: Source of treatment of ailment and reasons for no treatment and for not using government facilities among the elderly during the last 15 days before survey (only spell 1 of the ailment considered, hospitalisation included)**

		2004		2014	
Treatment taken on medical advice		83.48		93.86	
Received medical advice from Govt. sources		30.71		30.13	
Reasons for not availing Govt. facilities			Reasons for no treatment		
	2004	2014		2004	2014
Govt. doctor/facility too far	15.08	8.55	No medical facility available in the neighbourhood	7.70	7.46
Not satisfied with medical treatment by Govt. doctor/facility	48.08	45.99	Lack of faith/not satisfactory	4.61	5.97
Long waiting	12.45	27.13	Long waiting	0.87	3.73
Required specific services not available	6.74	11.48	Financial reasons/satisfactory facility too expensive	31.22	10.20
Financial reasons	Data not available	0.51	Ailment not considered serious	35.74	44.03
Others	17.64	6.33	Others	19.86	28.61

Source: Author's calculation, NSSO 60<sup>th</sup> & 71<sup>st</sup> Round

## Conclusion

It is evident from the above analysis that the elderly people are the vulnerable section of the society in terms of health, financial status, physical disability, need for assistance and abuse. The most urgent need is appropriate policy that can provide them independence and security. During the years Government of India has taken various initiatives to address the health issue of older section of the population. Different Ministries have introduced various schemes like Integrated Programme for Older Persons (IPOP), National Programme for the Health Care of the Elderly (NPHCE), Annapurna Yojana Scheme, National Old Age Pension Scheme, Senior Citizen Savings Scheme, Old-age pension under Indira Gandhi National Old Age Pension Scheme (IGNOPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), National Family Benefit Scheme (NFBS), Mahatma Gandhi National Employment Guarantee Act (MGNREGA) etc. The elderly are covered under the Rashtriya Sasthya Bima Yojana (RSBY), a national level health insurance scheme under Ministry of Labour and Employment. Elders do get some special tax relief from the Ministry of Finance, special concessions from the Ministry of Railway and many more. But the problem lies in the fact that older people are not aware of the schemes introduced exclusively for them. As compared to the rest of the world Indian elderly and widows use very less of the pension-scheme introduced by the Government (World Bank). The percentage of elderly and widow from non-BPL category benefited from old-age pension scheme and the widow pension scheme remained

very low. Creation and promotion of enhanced awareness program and coverage through utilisation of the government schemes is the need of the hour.

India should take policies and initiatives to reduce the incidence of non-communicable disease. Prevention, detection and treatment are important both for present aged as well as for those who are ageing in near future. One such initiative has been taken namely the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS), a government-sponsored screening and prevention program launched as a 2008 pilot program in Karnataka. Elderly people often suffer from multi-morbidity and frequent illness. A comprehensive and inclusive health policy is needed to take care of the older generation who in the past took care of us. The lack of availing the medical facility due to financial stringency should be considered with serious concern and relevant policy should be in place so that elderly people do not suffer from illness due to financial crisis. Illness of the elderly should be handled with empathy and that should be considered with serious concern. High technology health devices should be made available along with adaptive innovations should be made readily available. Programmes and initiatives are of extreme necessity that can provide adequate life support to the elderly population ensuring greater health solutions and psychological assistance, accessible and affordable medical facility. Indian cities should realise the importance of an elderly friendly environment with better health infrastructure, transport and customer services.

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