

Making India 'Most Old Age Friendly'

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Unprecedented demographic changes are transforming our world. By 2050, 1 of every 5 persons will be aged 60+ as compared to the current 1 of every 10 persons. In India the population of senior citizens is 100 million – which is greater than the population of UK, and will become 324 million by 2050 – greater than the population of USA. These mind boggling figures will have extensive repercussions on all of our lives and not just the policy makers and academia.

Situation Analysis Quantitative

A study by the National Commission on Population projects that senior

citizens will comprise 9.3 per cent by 2016, 10.7 per cent by 2021 and 12.40 per cent by 2026.

Increasing life expectancy, lower mortality and an overall enhancement of the standard of living has contributed to people living longer. The life expectancy at birth during 2002-06 was 64.2 for females as against 62.6 years for males. At age 60 average remaining length of life was found to be about 18 years (16.7 for males, 18.9 for females) and that at age 70 was less than 12 years (10.9 for males and 12.4 for females).

About 65 per cent of the aged have to depend on others for their day-to-day maintenance. Less than 20 per cent of elderly women but majority

of elderly men are economically independent.

The proportion of elderly men and women who are physically mobile declines from about 94 per cent in the age-group 60 – 64 years to about 72 per cent for men and 63 to 65 per cent for women of age 80 or more.

About 55 per thousand elderly persons in urban areas suffer from one or more disabilities. Most common disability among the aged persons tends to be loco-motor disability. Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts.

By 2050, India will be home to one out of every six of the world's older



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persons, and only China will have a larger number of elderly people, according to estimates released by the United Nations Population Fund.

Qualitative

With fast changing socio-economic scenario, rapid urbanization, higher aspirations among the youth and the increasing participation of women in the workforce, roots of traditional joint family system have been eroding very fast. In urban areas of the country traditional joint family system is becoming non-existent. Increase in lifespan results in chronic functional disabilities leading to a need for assistance by elders in simple activities of daily

living whereas smaller families means fewer care givers. Add to those issues like lack of special attention to diet, health-related complexity not comprehended by the elders and no one to talk to and get counsel. Thus, emergence of nuclear families has exposed elders to emotional, physical and financial insecurity. Among other less exploitative issues are problems such as place to stay (especially when children and their families have a claim for privacy in a family flat), health insurance and cost of medical care. Moreover, with the significant migration of the younger population to foreign countries for employment opportunities, a substantial number of elders are left to live on their own.

Stake Holder Analysis

There has been a steady rise in the share of elderly population (aged 60 years or above) in the total population over the decades. Among the states the proportion of elderly in total population vary from around 4 per cent in small states like Dadra & Nagar Haveli, Nagaland, Arunachal Pradesh, Meghalaya to more than 8 per cent in Maharashtra, Tamil Nadu, Punjab, Himachal Pradesh and 10.5 per cent in Kerala in Census 2001.

Family has traditionally been the primary source of support for the elderly in India. The elderly depend primarily on their families for economic and material support.

Largest urban agglomerations in India by population (2011 census)

Rank	City Name	State/Territory	Population	Rank	City Name	State/Territory	Population
1	Mumbai	Maharashtra	18,414,288	11	Kanpur	Uttar Pradesh	2,920,067
2	Delhi	Delhi	16,314,838	12	Lucknow	Uttar Pradesh	2,901,474
3	Kolkata	West Bengal	14,112,536	13	Nagpur	Maharashtra	2,497,777
4	Chennai	Tamil Nadu	8,696,010	14	Ghaziabad	Uttar Pradesh	2,358,525
5	Bangalore	Karnataka	8,499,399	15	Indore	Madhya Pradesh	2,167,447
6	Hyderabad	Andhra Pradesh	7,749,334	16	Coimbatore	Tamil Nadu	2,151,466
7	Ahmedabad	Gujarat	6,240,201	17	Kochi	Kerala	2,117,990
8	Pune	Maharashtra	5,049,968	18	Patna	Bihar	2,046,652
9	Surat	Gujarat	4,585,367	19	Kozhikode	Kerala	2,030,519
10	Jaipur	Rajasthan	3,073,350	20	Bhopal	Madhya Pradesh	1,883,381

Among economically dependent elderly men 6-7 per cent were financially supported by their spouses, almost 85 per cent by their own children, 2 per cent by grand children and 6 per cent by others. Of elderly women, less than 20 per cent depended on their spouses, more than 70 per cent on their children, 3 per cent on grand children and 6 per cent or more on others including the non-relations.

The occupational structure of currently working elderly shows significant numbers are employed in unskilled and low paid jobs. Pension or retirement benefits are not available to the majority (90 per cent) of the elderly. Women living alone have higher incidence of work participation compared to those living with spouse or others. In addition, a negligible number of women receive retirement benefits (3 per cent) as compared to 15 per cent among men. This is despite the fact that a large majority of the elderly women are widows.

Apart from the various other solutions the Government and various NGOs are providing for elderly beneficiaries. What is called for in this scenario is preparation of Quality of Life Index for the Elderly.

Quality of Life Index for the Elderly

The Four Pillars of this index are: When we develop the Index specifically for the Elderly, we may use the four vital domains of elderly living: Physical, Intellectual, Social connectedness and Spiritual. Ease of living will be proportional to avenues available for the development of the four domains of life after 60.

The indicators could be collected in Municipal ward-wise manner, based on factors that are extremely relevant to senior citizens and their lives – such as crime rates, availability of side-walks for walking, availability of medical facilities, bus stops having benches to sit while waiting, ramps



in railway stations, bus stations, airports, old age homes of reasonable standards for the various socio-economic categories, easy access to public transportation, humanly relating banking systems in the place of automated FAQs in banking (a Relationship Manager in some banks woos the senior citizens for deposits), vehicular comfort for walking long distances in airport terminals, wheel chair assistance in airports and aircrafts. These indicators can be aggregated and analysed, and the municipal wards of cities can be ranked from best to worst. This index will form our Quality of Life for Senior Citizens.

The short term objective of having such an index is:

1. To publish a white paper documenting areas where it is more conducive for the elderly to reside in and enjoy a decent quality of life. This white paper will contain information about the odds stacked against senior citizens as they go about their day to day lives.
2. We can use such information to kick-start a discussion about the lives of senior citizens.
3. To obtain a better insight into the demographics of senior citizens that can be utilized for future projects planned by the Ministries, their departments and other organisations interested in the elderly.

The long term objective of having such an index is:

1. Pioneer an unusual, niche index – while such an index already exists¹, it does not exist for the micro-level that we are attempting to focus on, specific to the elderly.
2. Perform similar analyses for all the 20 cities and come out with a comprehensive report about the ease of living for the elderly.
3. Much like CRISIL evaluates the credit worthiness of companies, we can evaluate the elderly-worthiness of neighbourhoods. Then we can “rate” neighbourhoods from “friendly” to “unfriendly”, and possibly turn it into a revenue stream for services that can be delivered. As we are solely targeting entire wards and not individual neighbourhoods for now, this is an **incredibly ambitious** goal that would require fine tuned research.

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Footnote

- 1 https://www.ageinternational.org.uk/Documents/Global_Age_Watch_Index_2015_Help_Age.pdf □

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