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Health and Indian Elderly: Socio-Cultural and Economic aspects

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Indian Elderly: Demographic data

- Proportion of elderly persons 8.04% in 2011
- In absolute numbers - 98.2 million in 2011
- Gender projection for the elderly: male - 48 million, female - 50.2 million
- Rural and urban comparison: Rural - 74.97%, Urban - 25.02%
- The expectation of life at birth for males is 67.3 and for females is 69.6 for the period 2011-15
- Some of the significant issues that emerge - pertains to - health care, state legislation for care of the elderly, living arrangement and intergenerational relationship

Health and Economy: Implication for the elderly

- Country like India - major asset - human body
- Defence against illness linked to productivity and economic growth
- Allows people to invest in cleaner drinking water, proper sewage and sanitation, clean fuel and better nutrition
- A wealthy country overcomes water borne diseases, chest infections caused by exposure to biomass fuels and malnutrition
- Consequent improvement in health reinforces economic growth – grounding for active, productive and healthy ageing
- Good health - productive working adults & higher income
- Proper nutrition to children - improved cognitive and physical ability - economic productivity in adulthood and old age
- Open free trade facilitates direct health benefits
- Competition – availability and lower cost of antibiotics and vaccines

Health and Economy: Implications for the elderly

- Example: cancer treatment drug Nexavar to be available at $168 (current price $5680)
- Greater integration of India with global economy – better health standards
- Provinces with high per capita income and high HDI and higher health expenditure - have lower IMR, TFR and high life expectancy at birth
- Inefficient public health system – Reasons- Direct and indirect effect on the elderly
- The private sector - significant role - 90% of total number of hospitals available and more than 70% of all hospital beds
- Private Sector- unregulated – Reasons - Direct and indirect effect on the elderly
- Effective policy to limit excesses of private health care but not over regulate it
- Private-public partnership – imperative
- Preventive care by the state to the deprived population and services to richer groups by the private sector

India and other Asian countries – Health and Development

Countries	*Economic freedom index*	*Per capita income 2001*	*Human development index 2002*	*Population 2002 (millions)*	*Infant mortality rate 2001*	*Total fertility rate 2002*	*Life expectancy at birth both sexes 2002*
Singapore	8.5	21500	0.902	4.1	3	1.4	79.6
Japan	7.1	35610	0.938	127.4	3	1.3	81.9
South Korea	7.1	9460	0.888	47.4	5	1.4	75.5
Thailand	6.7	1940	0.768	62.1	24	1.9	69.3
Philippines	6.7	1030	0.753	78.5	29	3.2	68.3
Malaysia	6.4	3330	0.793	23.9	.8	2.9	72.0
Sri Lanka	6.1	880	0.74	18.9	17	2.0	70.3
India	6.1	460	0.595	1049.5	67	3.1	61
Indonesia	5.6	690	0.692	217.1	33	2.4	66.4
China	5.5	890	0.745	1302.3	31	1.8	71.1
Pakistan	5.4	420	0.497	149.9	84	5.1	61.4
Bangladesh	5.4	360	0.509	143.8	51	3.5	62.6
Myanmar	4.1		0.551	48.8	77	2.9	58.9
Vietnam		410	0.691	80.2	30	2.3	69.6

Source: Human Development Report 2004, World Health Report 2003 and World Health Development Indicators 2003

A Comparative Analysis – India

States	*Human development index 2001*	*Per capita income index 1997-98*	*Expectation of life at birth 1992-1996*	*Infant mortality rate 2001*	*Total fertility rate 1998*
Kerala	0.638	0.237	73.1	16	1.8
Punjab	0.537	0.436	67.4	54	2.6
Tamil Nadu	0.531	0.285	63.7	53	2.0
Maharashtra	0.523	0.474	65.2	49	2.7
Gujarat	0.479	0.391	61.4	64	3.0
Karnataka	0.478	0.257	62.9	58	2.4
West Bengal	0.472	0.293	62.4	53	2.4
Himachal Pradesh	0.433	0.244	64.5	64	2.14
Andhra Pradesh	0.416	0.234	62.0	66	2.4
Uttar Pradesh	0.388	0.167	57.2	85	4.6
Bihar	0.367	0.098	59.4	67	4.5

Source: Tenth Five Year Plan 2002-2007, Volume 3 and Himachal Pradesh Development Report, 2002

Observations on Health Care for the Elderly

1. Primary health care system in rural India - three tier system
   - No geriatric specialists posted in any of these layers of healthcare hierarchy
2. Rise in non-communicable diseases such as cardiovascular disease, heart stroke and cancer accounts
   - More number of overweight and obese retired elderly - Needs attention
3. Most of the Female elderly to spend their advanced age as widows with or without children (15. 6% widower to 58% widows in 60+ category)
4. Social factors (education, literacy, economic condition and cultural ethos) - definite correlation with the health of the elderly
5. Healthcare programmes compete with numerous other priorities such as education, infrastructure, defence, food, agriculture, etc.

Cultural Expectation, Social Care and Legislation

- Traditional cultural expectation - Elderly should be taken care of by adult children
- Positive notion attached to old age dependency
- Living arrangement of elderly (National Family Health Survey) 2005-06 - 78% were living in at least two generation family set-up with children especially son
- Series of change – the rise of old age homes (Homes)
- Not much choice in terms of Homes for Elderly
- Two alternatives:
  - Plan a course of life independent from the adult children
  - Continue to fall back on culturally prescribed care

Cultural Expectation, Social Care and Legislation

Social Legislation

- Cultural norm and Religious tradition - shaped the social legislation in India
- Himachal Pradesh Maintenance of Parents and Dependants Act 2001, legislated in 1996 and operational since 2002
- Maintenance and Welfare of Parents and Senior Citizens Act 2007, the most recent all-India legislation
- Legal recourse not accepted by the elderly

1. Forcing children to look after - invites social disapproval and further alienates the children
2. Ageing parents hesitant to impose themselves on children
3. Social shame and embarrassment involved in moving the court against the children
4. Long drawn-out court cases and the economic cost involved in lawsuits
5. Not an option for the majority who live below or close to the poverty line

Cultural Expectation, Social Care and Legislation

State Intervention

- Financial assistance to poor elderly - National Old Age Pension Scheme (NOAPS) from 15 August 1995
- The Central Government contributes Rs.200/- per month (4 dollars) per beneficiary & matching amount by provincial governments
- Food scheme: The Annapurna Scheme covers all the other elderly below poverty line who are not covered under the NOAPS. A provision of 10 kilo of rice or wheat is provided to the needy elderly
- These schemes widely acknowledged to be inadequate
- Nearly 90% of the total workforce in India engaged in the unorganized sector and 40% of them are wage earners
- State does not have adequate provisions for the social security of the elderly in the informal sector

Cultural Expectation, Social Care and Legislation

- State can not shoulder the entire responsibility
- Each individual as a member of family or community or stakeholder on nation state need to chip in
- Series of institutions must be strengthened.: Religious organizations, civil society organizations, hospitals, old age homes and various institutions funded or run by philanthropic organizations
- A multi-pronged, long-term strategy needed that would respect the cultural ethos
- Must have a choice of option for a life of dignity
- Will truly promote human happiness

Thank You