Social, Economic and Demographic Changes Among The Elderly

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Abstract

India's favourable demographics have placed it in an enviable position in an aging world, largely due to the potential macroeconomic dividends that accrue to the young: while an increase in working age population is found generally to increase per capita GDP growth, an increase in the share of elderly/dependents is found to lower per capita GDP growth. Demography, however, is not destiny; automation and technological advances have mitigated the adverse impact of population aging in advanced economies. Even favourable demographics by themselves can only be a necessary condition for greater prosperity. Harnessing their potential is the key sufficient condition. India's current population of 1.3 billion is projected to rise to 1.4 billion by 2025, 1.5 billion by 2030 and 1.6 billion by 2050, accompanied by major demographic changes in terms of age profile of the people resulting from rising life expectancy and falling fertility. Will these projected demographics influence future macroeconomic outcomes? Motivated by this existential question, this article undertakes an exploration of how demographic factors have moved over time and in particular, how they have co-moved with key macroeconomic variables and what associations they portend for the decades not too far ahead.

Keywords:Social, Economic, Demographic Changes, Population, GenderIssues, Income, SecurityIssues

Introduction

The population of the India is growing older, a phenomenon widely noted and described, with significant implications for the nation's health, social, and economic institutions. It is necessary to understand the past demographic and socioeconomic trends to better estimate the future size and characteristics of the older population as well as to forecast their demand for services and the extent to which those demands can be met. Analysis of the demographic and socioeconomic trends of the elderly population will also help identify data needed to make informed policy decisions related to the health of the future elderly population. India, one of the world's two population superpowers, is undergoing unprecedented demographic changes. Increasing longevity and falling fertility have resulted in a dramatic increase in the population of adults aged 60 and up, in both absolute and relative terms. This change presents wide-ranging and complex health, social, and economic challenges, both current and future, to which this diverse and heterogeneous country must rapidly adapt. This chapter first lays out the context, scope, and magnitude of India's demographic changes. It then details the major challenges these shifts pose in the interconnected areas of health, especially the massive challenges of a growing burden of noncommunicable diseases;gender, particularly the needs and vulnerabilities of an increasingly female older adult population; and income security.

This chapter also presents an overview of India's recent and ongoing initiatives to adapt to population aging and provide support to older adults and their families. It concludes with policy recommendations that may serve as a productive next step forward, keeping in mind the need for urgent and timely action on the part of government, private companies, researchers, and general population.

Demography: India's Changing PopulationLandscape

India's population of 1.31 billion, the second largest globally, comprises 17% of the world's total (UnitedNations 2015), and the United Nations Population Division estimates that India's population will in fact overtake China's by 2028. As India's population grows, its expanding share of older adults is particularly notable. Currently, the growth rate of the number of older individuals (age 60 and older) is three times higher than that of the population as a whole.

Three dominant demographic processes drive the growing share of older Indians: declining fertility rates due to improved access to contraceptives, increasing age at marriage, particularly among women, and declining infant mortality; increasing longevity because of advances in medicine, public health, nutrition, and sanitation; and large cohorts advancing to older ages .India's total fertility rate has decreased from 5.9 in 1950 to 2.3 in 2013 and is projected to drop further to 1.88 by 2050, which is below the replacement level. Life expectancy at birth has improved vastly over the last few decades, increasing from 36.2 years in 1950 to 67.5 years in 2015 and projected to rise to 75.9 years by 2050 (see Figure) (United Nations 2015). Even more significant in its implications for population aging, life expectancy at age 60 has also increased dramatically, rising from about 12 years in 1950 to 18 years in 2015 and projected to rise further to more than 21 years by 2050 (see Figure). Average Indian life expectancy at age 80 has likewise increased significantly, from about 5 years in 1950 to more than 7 years at the present time. By the middle of this century, it is predicted to rise to 8.5 years

Countries with the greatest absolute number of adults 60+, 2015 and 2050

2015		2050	
Country	Adults 60+ (thousands)	Country	Adults 60+ (thousands)
1. China	209,240	1. China	491,533
2. India	**116,553**	**2. India**	**330,043**
3. United States	66,545	3. United States	108,326
4. Japan	41,873	4. Brazil	69,882
5. Russian Federation	28,730	5. Indonesia	61,896

Source: (United Nations 2015); medium-fertility scenario

Health: the Challenges of the Noncommunicable Disease Burden andMultimorbidity

As India's population structure changes, so does its health profile. This is especially true for noncommunicable diseases (NCDs). NCDs include cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and eyesight conditions, the prevalence of which all increase with age. While infectious, nutritional, maternal, and perinatal conditions have traditionally represented the greatest health threats in India, the country now faces a "triple burden of disease" comprising both infectious and chronic conditions and violence and injury—particularly violence against women and girls. The chronic disease corner of this triangle has been growing increasinglysubstantial; in the past three decades, NCDs have surpassed infectious, nutritional, maternal, and perinatal conditions as a cause of death, both in absolute numbers and percentages. Noncommunicable diseases, mainly cardiovascular illnesses, cancers, and chronic respiratory diseases, have likewise surpassed these other conditions in the number of annual DALYs

Table India's growing NCD burden

	1990			**2013**		
Disease category	**Number of deaths**	**Percentage of all deaths**	**Number of DALYs (thousands)**	**Number of deaths**	**Percentage of all deaths**	**Number of DALYs (thousands)**
Noncommunicable diseases	3,702,920	40	173,999	5,312,560	53	253,629
Cardiovascular diseases	1,215,810	13	31,813	2,095,930	21	48,794
Cancers	433,134	5	13,193	663,032	7	19,094
Chronic respiratory diseases	1,115,340	12	33,322	1,176,740	12	35,880
Infectious, nutritional, maternal, and perinatal conditions	4,807,890	52	350,464	3,483,130	35	221,818

Source: (Institute for Health Metrics and Evaluation 2014)

Population Aging and GenderIssues

Accompanying the aging of the Indian population is increasing feminization in older age groups, which brings its own unique issues and challenges. Although average life expectancy has increased dramatically in India, it has not risen equally for males and females. Although women's life expectancy at birth has long exceeded men's, as in most countries globally, the life expectancy gender gap has been widening in India. In 1950–1955, Indian women's life expectancy at age 60 exceeded men's by 0.07 years; by 2010– 2015, this gap had doubled, and by 2050–2055 it is projected to reach 2 years (Table). Meanwhile, although the male-female gap in life expectancy at age 80 fell between 1950 and the present, it is expected to rise again over the next 40 years ,

Table . Trends in male-female differences in life expectancy at ages 60 and 80 in India, 1950-2055

Year	Male life expectancy, age 60	Female life expectancy, age 60	Life expectancy sex gap, age 60	Male life expectancy, age 80	Female life expectancy, age 80	Life expectancy sex gap, age 80
1950–1955	11.7	12.4	-0.07	4.2	5.2	-1.0
1980–1985	14.1	15.5	-1.4	5.3	6.2	-0.9
2010–2015	17.0	18.4	-1.4	6.8	7.2	-0.4
2030–2035	18.5	20.1	-1.6	7.5	7.9	-0.4
2050–2055	20.4	22.4	-2.0	8.0	8.9	-0.9

Source: (United Nations 2015); 2030–2055 figures are projections based on a medium-fertility scenario

This growing longevity gap between the sexes implies that India's older adult population is growing increasingly female. In 1950, India's population of female adults 60 and up was 50.8%. In 2015, despite a high overall male/female sex ratio throughout the latter half of the twentieth century (about 106– 107 males per 100 females), this proportion has grown to approximately 52.5% and is projected to reach about 53% by 2050 under a medium-fertility scenario. In the oldest old segment of adults 80 and up, the proportion of females is projected to increase from the current 55% to 56% by 2050. Although the change in percentage points is somewhat small, in absolute terms it represents hundreds of thousands of individuals. In comparison, about 51% of 60+ adults in China, the only country more populous than India, are currently female; by 2050, this proportion will actually decline by about 0.02%. The proportion of female 60+ adults in Brazil and the United States are also projected to decline, rather than increase, in the next 35 years (Brazil: from 56% to 55%; United States: from 54% to 53%) .

This national trend obscures a great deal of heterogeneity across Indian states. Different male and female life expectancies and life expectancy gaps in different states and

regions of the country imply that states will have dramatically dissimilar sex divisions among their older adult populations. Table 4 shows this inter-state spread, comparing state-level sex differences in life expectancy at age 60 in India's 17 most populous states. The somewhat large range between the half-year difference in Bihar to the more than four-year gap in Rajasthan suggests that different states may see highly different gender profiles in their populations of older adults in the years to come, which will necessitate state and local governments to tailor their policies and programsappropriately.

Table . Differences in years between male and female life expectancy at age 60 in 2011 in the 17 most populous states of India, 2011

State	Male	Female	**Difference**
Rajasthan	16.9	21.0	**-4.1**
Kerala	18.0	21.6	**-3.6**
Jammu and Kashmir	19.1	22.3	**-3.2**
Haryana	17.6	20.5	**-2.9**
Gujarat	17.1	19.8	**-2.7**
Assam	15.4	17.9	**-2.5**
Andhra Pradesh	16.8	19.2	**-2.4**
Madhya Pradesh	15.4	17.6	**-2.2**
Himachal Pradesh	18.3	21.0	**-2.7**
Karnataka	16.8	19.0	**-2.2**
Uttar Pradesh	15.8	18.0	**-2.2**
National Average	***17.0***	***18.4***	***-1.4***
West Bengal	16.9	18.7	**-1.8**
Punjab	19.3	21.0	**-1.7**
Tamil Nadu	17.2	18.9	**-1.7**
Maharashtra	17.9	19.5	**-1.6**
Odisha	16.8	17.6	**-0.8**
Bihar	17.0	17.5	**-0.5**

Sources: (United Nations 2015) (National Average); (Government of India 2013), (Government of India 2015) (State estimates); authors' computation fromdata

One of the most important implications of an increasingly female older adult population in India—including variations in the extent of this trend across states—will be the prevalence of widowhood among women. Higher female life expectancies and higher average male age at first marriage are sharply increasing India's population of widowed females. Women whose husbands have died may also spend more years of their lives as widows. In 2012, for example, only 8% of Indian males aged 60 to 64 were widowed, compared with 35% of females in this age group. Among adults 80 and older, a majority of females, more than 60%, had been widowed, compared with just 27% of males. This is highly significant because in many Indian communities, and particularly under traditional Hindu law, widowed women have historically suffered from social stigmatization and discrimination, although evidence

exists for improvement in the treatment of widows in the country as a whole (Kadoyaand Yin 2012). Most notably, widowed females may suffer from income insecurity due to inheritance traditions that favor sons over daughters and insecurity in their living arrangements.Evidence also indicates that Indian female widows aged 60 and up suffer from morbidity due to communicable and noncommunicable diseases at a significantly higher rate—13% more—than do male widowers in the same age group. Despite this, however, older female widows are also significantly less likely to engage in health care seeking behavior .

In addition to the perils of widowhood, older women in India are significantly disadvantaged in terms of education and literacy relative to both their male contemporaries and to women and men in younger age groups. According to the IHDS-II, as of 2012, only about 22% of Indian women aged 65 or over were literate, compared with 55% of men in this age group. This disparity is especially striking compared with literacy rates for adolescents and adults aged 15 to 64: a nearly equal 63% for females and 64% for males, which reflects more recent improvements in educational access and opportunity. The education gap in older age groups also bears out in years of schooling. While men and women aged 15– 64 have nearly identical average years of schooling -- with females' years of education actually slightly higher than males' (females averaged 2.8 and males 2.7) – a pronounced disparity exists among those aged 65 and up. Among older Indian adults, women average only one year of education compared with four for their male counterparts. Because of these disparities in education, older Indian women may be less able to learn about issues such as health risk factors and government benefits and less able to advocate for themselveseffectively.

Overview of current programs aimed at older adult welfare in India

Sector	**Schemes/ Programs**	**Objectives**	**Year of implement ation**
Health	National Program for Health Care of Elderly (NPHCE)	- Community-based primary healthcare - Strengthening of geriatric health services at district hospitals/CHC/PHC/sub-centers - Dedicated facilities at 100 district hospitals with 10- bedded ward for the elderly -Establishing 8 regional medical institutions for tertiary-level medical care	2010–2011
	Rashtriya SwasthyaBi maYojana(RSBY)	This scheme provides health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalization coverage uptoRs.30,000formostdiseasesthatrequire hospitalization.	2008
	Private Insurance	Special health insurance schemes for senior citizens over 60 years by various private insurance providers have been initiated	Varies

Finance and Revenue	Incentives under Income Tax Act,1961	A senior citizen is liable to pay income tax for income above Rs.3 lakh per annum and Rs.5 lakh for people 80 years and older; limits are periodically revised.	1961
	Concessions	Senior citizen concessions in railways—40% for men and 50% for women Air India offers 50% discount to senior citizens (to above 63 years old) Discounted tickets for public road transport.	Varies
Legal/Law	Senior Citizen Savings Scheme	Senior citizens are eligible for tax deduction under section 80C of the Income Tax Act as well as higher interest rates for savings accounts at national banks.	2004
Social Justice and Empowerment	Maintenance and Welfare of Parents and Senior Citizens	Legally obligates children and heirs to provide maintenance to senior citizens and parents, by monthlyallowance,inadditiontocaringforelderly parents.	2007
	Integrated Program for Older Persons (IPOP)	Providing basic amenities like shelter, food, medical care, and entertainment. Financial assistance is provided to NGOs for maintenance of old-age homes, respite-care homes, and continuous-care home; mobile medical units; daycare centers for Alzheimer's patients; etc.	1992
	Old-age pension under Indira Gandhi National Old Age Pension Scheme (IGNOPS)	Central government assistance of Rs.200 per month to people in 60–79 year age group and Rs.500 to people above 80 years of age belonging to BPL households; supplemented by state governments in varying amounts.	2007
	Annapurna Scheme	Senior citizens 65 years of age or older who, though eligible for old-age pension under the National Old Age Pension Scheme (NOAPS), are not getting the pension are covered and 10 kg of food grains per person per month are supplied free of cost under the scheme.	2000–2001
Rural Development	Indira Gandhi National Widow Pension Scheme (IGNWPS)	Pension of Rs.200 per month to widows in 40– 64 year age group belonging to BPLcategory	2009
	National Family Benefit Scheme (NFBS)	Central assistance of Rs.20,000 provided to a BPL household on the death of the primary bread earner of the family who was in the age group of 18–59years	1998
	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	The Act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work.	2006

Retirement/ Pension	National Pension System(NPS)	The objective is providing retirement income to all citizens. Initially, NPS was introduced for government employees. Taking effect 1st May 2009, NPS has been provided for all citizens of the country,including unorganized sector workers on a voluntary basis.	2004
	Swavalamban Scheme	Implemented especially for unorganized workers, under this program, the government will contribute a sum of Rs.1,000 to each eligible NPS subscriber who contributes a minimum of Rs.1,000 and maximum Rs.12,000 per annum.	2010–2011

Women's and GenderIssues

With an increasingly female and disproportionately vulnerable aging population, India must also implement programs and policies that ensure gender equity for older adults and healthy and secure aging for women and men. As discussed previously, technology has the potential to be a key asset in improving health care access for older adults and adult women. Call center and m-health services could also be expanded to cater specifically to the needs of older adult women, whose specialized health concerns may include female cancers, incontinence, and health issues associated with menopause.

While all older-adult health services must take women's needs into account, special attention must also be paid to India's growing population of older widowed women, who may suffer from greater rates of morbidity and engage less frequently in health-seeking behaviors than their male counterparts. While India has made strides toward ensuring the overall rights and dignity of widowed females, the government must continue to combat discrimination against widows, while expanding and ensuring the smooth administration of programs that help to ensure their financialsecurity.

Finally, to ensure the financial security and independence of older women, regardless of their marital status, India must also make sure that laws ensuring women's property and inheritance rights are upheld and enforced. The country must also continue its progress in promoting the education of women and girls and encouraging female workforce participation, so that future generations of older adult women can become more politically empowered and depend less on husbands or families for their income.

Income SecurityIssues

To improve income security for all its aging individuals, India needs to revise its retirement and pension policy to accommodate the country's changing demography. A recently announced amendment to the national pension policy that extends the opportunity to receive pension benefits to all age-eligible adults regardless of employment or sector status is a first step toward an inclusive retirement and pension policy. As of the end of 2015, however, the Atal Pension Yojana Scheme—the portion of the plan that is specifically targeted to

unorganized-sector workers—had only one million subscribers in the country, far short of the program's December goal of 200 million enrollments. it remains difficult to convince to lower-income and low-financial- literacy households of the importance of investing for retirement when day-to-day needs are much more pressing. New or innovative schemes may be necessary to incentivize higher levels of retirement savings; much ground remains uncovered in restructuring social policies for the elderly in India.

Conclusion

India faces unprecedented population aging due to lengthening lifespans and dropping fertility. This demographic shift poses massive and complex challenges to Indian society in the form of a rising burden of noncommunicable diseases, a vulnerable female-heavy older adult population, a changing family structure, and a lack of a social safety net. Successfully addressing these challenges, while certainly far from impossible, will require equally complex and ambitious changes and innovations in health, fiscal, and social policies. It is important to understand the social aspects concerning aged inthe country as they go through the process of ageing. Increased lifeexpectancy, rapid urbanization and lifestyle changes have led to anemergence of varied problems for the elderly in India. It must beremembered that comprehensive care to the elderly is possible onlywith the involvement and collaboration of family, community and theGovernment. India should prepare to meet the growing challenge ofcaring for its elderly population. All social service institutions in thecountry need to address the social challenges to elderly care in order toimprove their quality of life. There is a need to initiate requisite and more appropriate social welfare programmes to ensure life with dignityfor the elderly. In addition, there is also a need to develop an integratedand responsive system to meet the care needs and challenges of elderlyin India.

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