



The Indian elder: factors affecting geriatric care in India

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The Problem of Elder Care

As of 2011, India is a population of 1.21 billion people. It is the second most populous country in the world, only to China¹. In 1997, the number of people aged 60 years and above, was 63.64 million. As of March 1, 2012, the projected number stands at 98.5 million². The number of "elder" people in India (60+ years) has increased by 54.77% in the last 15 years. In comparison, the working population (15-59 years of age) grew from 532.6 million to 758.61 million during the same time period², increasing by 42.34% in the last 15 years. As of March 1, 2012, the old age dependency ratio, which measures the number of elderly people as a portion of those of working age, stands at 0.13². By 2050, India's old age dependency ratio is projected to cross over 0.20. This editorial aims to put in perspective the plight of the Indian elder with respect to the changing demographics, the changing social structure and the near absence of specialized geriatric care.

The Contextual Factors Affecting Elder Care

The second largest population of the world¹ and the largest democracy of the world is undergoing demographic transition. The total fertility rate in overall India was 3.5 in 1994⁴. It has declined to 2.6 in 2011⁷. The life expectancy at birth in India as per the 2011 census is 65 years of age². In 1991, it was 58.6 years for males and 59 years for females⁸. As a result of declining fertility rates and increasing life expectancy, the population of India has undergone a major demographic change. With both the under 15 and the 60+ population increasing more rapidly than the 15-60 population⁴, the population pyramid has assumed a 'pear shape'. The adverse effect of such a transition is on the working population of the country. The overall age dependency ratio now stands at 0.58⁴.

A paper published for the WHO titled 'Ageing in India', states that "The UN defines a country as 'ageing' where the proportion of people over 60 reaches 7 per cent. By 2000 India will have exceeded that proportion (7.7%) and is expected to reach 12.6% in 2025."⁹ By that definition alone, India qualifies as an 'Ageing' country. An aging population puts an increased burden on the resources of a country. With more mouths to feed and less hands to earn, the productivity of a country goes down. "Nearly 60-75% of all elderly are economically dependent on others, usually their children. Even those with pensions find their economic status lowered after retirement"⁹. With such a large old aged dependent population, India faces an unprecedented problem.

One important socio-demographic factor is the rural-urban divide. The national census 2011 states that 833 million people currently live in rural areas³. Only 31.99% of India's population stays in urban areas⁴. Although the percentage population staying in rural areas has gone down from 2001 (72.19%) to 2011 (68.84%)³, the sizable majority of India still resides in rural India. A significant majority of them are elders. The 60th National Sample Survey (January-June 2004) collected data on the old age dependency ratio. At 125, it was found to be higher in rural areas than in urban areas, which had the ratio at 103⁵.

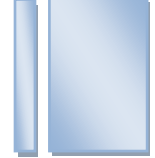
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With an overwhelming majority of geriatric care being offered in tertiary hospitals in urban areas, the rural elders face medical indifference. Not only hospital care, but elder nursing homes, recreation facilities and old age centers are overwhelmingly present in urban areas. With such a huge mismatch in the urban-rural population and health care system, geriatric medicine in India faces an uphill task.

Another important social issue concerning elders and geriatric care in India is the changing family structure. A rapid transition to urban areas in recent areas⁵ has led to breakdown of the joint family structure and emergence of the nuclear family. With no social security structure in place and with inadequate facilities in health care, rehabilitation and recreation, the Indian elder is staring at a bleak present and future.

The basic social structure in India has historically been the 'joint family, where extended family, including brothers with their spouses and children stay under one roof. This family structure has been the socio-economic backbone of the average Indian²⁰. In times of disease or emergency, members of the family have pooled in resources to help each other out. The family has also looked after it's elders in their old age by giving them socio-economic and emotional support. It is believed that since the elders raise children, it is the duty of the children to support and take care of them in their time of need. The elder is looked up to for counsel and advice and is respected accordingly. As a result, the idea of an elder going to an old age home/ nursing home for is traditionally considered 'sacrilegious'.

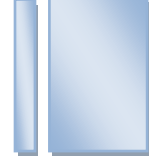
However, this common family structure is changing at a rapid pace. With an increase in mobility from rural areas to urban areas in recent times, the 'joint family' is breaking down into several scattered nuclear families²⁰. This breakdown of the social 'backbone' has a significant effect on the finances of the family as well. There is less pooling of resources. With a decrease in finances, elder care takes a hit. The priority in a house is often given to the child and the spouse. Since Geriatric care is expensive and not easily accessible, it is often neglected. This is reflected in the recent increase in the incidence of reported abuse of elders¹³.

There are other issues with influence elder care. With an entire generation of females working, the traditional concept of the 'housewife' caring for the house and the adult has changed significantly. A large number of couples now opt to have kids late into their marriage or not to have them at all, citing professional commitments. Absence of grandchildren, with the presence of a working son and spouse perhaps deprive them of an emotional support that was taken for granted just a couple of decades ago. It only gets worse for the elder whose spouse has passed away. In India, staying with your daughter while she's staying with her 'in-law's' is considered taboo. Hence for elders with a lone daughter and no other family, it is more difficult. The elder is now left to fend for himself.

The unconditional respect, power and authority that elder people used to enjoy in extended traditional families is being gradually eroded in India in recent years⁷. Social and psychological factors play a major role in determining the health status of the Indian elder. They influence not only the physical health, but also largely, his mental health. In spite of strong family bonds and cultural practices that revere the aged, depression still ranks as the most prevalent psychiatric illness of the aged¹⁰. Although the Indian elder is more under stress today than ever before, the percentage of elders in India committing suicide is less than 1.5%¹⁴. Though this may be due to various familial, ethical and/or religious reasons, it may be widely under reported due to social norms.

The Gap in Geriatric Care

As of now, almost all geriatric care health care centers are based in tertiary hospitals in urban areas. Old age residential homes, day care centers, recreational facilities for the aged and all associated government facilities, too, are urban based. A study conducted in the rural area of Meerut in the state of Uttar Pradesh found that 46.3% of the study participants were unaware of the availability of any geriatric services near their residence and 96% had never used any geriatric welfare service. About 59% of them stated that the nearest government facility was 3 kilometers from their homes⁶.



Gerontology in India is very much in a nascent stage. Gerontology includes a set of conditions specifically associated with old age. The incidence of such conditions, such as falls, cognitive impairment, vision impairment, hearing impairment, delirium, dizziness and frailty, is increasing. The average Indian doctor does not get exposed to the required education to manage such conditions. Barring a handful of institutes, gerontology and geriatric medicine fellowships are scarcely offered. Geriatric medicine is not encouraged as a practice. As a result of this, except for a few private hospitals, geriatric patients are attended to in the internal medicine department of most government owned public hospitals. Internists, without being specially qualified to assess and treat geriatric conditions attend to such patients. Therefore, the average geriatric medical condition goes under/untreated and the total burden in the population of such conditions is always underestimated. With increasing life spans, elders in India are commonly facing conditions which were considered rare two generations back.

Only sporadic data has been collected on various health conditions on the elderly in India. The most common geriatric condition associated with old age in India is hearing impairment followed by vision impairment¹⁰. However, the depth and range of data regarding prevalence of such disorders in the varied Indian population are far from satisfactory. Additionally, data on other common conditions such as Dementia and Alzheimer's disease are scarce. There is an imminent need to set up a database of such conditions so as to initiate intervention strategies and to fix priorities for planning health care services regarding the elderly¹¹.

Apart from geriatric conditions seen specifically in these populations, the average elder in India suffers from dual set of conditions: communicable/infectious and non-communicable conditions. Physiological changes with age as well as a decrease in immunity lead to an increase in communicable diseases. A large number of infectious cases seen in the public hospitals in India are in the geriatric age group. Risk for cardiovascular disease is also known to increase with age¹². Diabetes, hypertension and heart disease are fairly common conditions seen in

India. With increasing life spans, more and more elders find themselves to be suffering from these chronic debilitating disorders. An aging Indian population ailing from chronic illness puts an incredible amount of burden on the already stretched health care system. In 2005, India lost an estimated 9 billion dollars to heart disease, stroke and diabetes. It is also expected to lose between 23 billion dollars to 53 billion dollars annually, in foregone national income over 10 years between 2005 and 2015 due to deaths from these conditions¹¹.

The Way Forward for Elder Care

With no system of social security, an incompetent system of pensions, and rapidly changing social norms, the average elder in India is left to the mercy of his own aging self. India accounts for 21% of the global burden of disease. The current public expenditure on health care is just 1.1% of the GDP. As per WHO reports in 2009, India's per capita health spending was a mere \$45. India remains among the five countries with the lowest public health spending in the world¹.

With communicable and lifestyle conditions taking up an overwhelming majority of India's public health spending, geriatric care is far from being a priority. It needs to be taken far more seriously as a public health issue. For a country so highly populated, secondary and tertiary care are priorities. In such a scenario, an important step the Indian government needs to take is to pump in money and resources into public health care delivery.

Ancient Indian scriptures extol service to elders. "One who always serves and respects elderly is blessed with four things: Long Life, Wisdom, Fame and Power"¹⁵. However, with nuclear families springing up and the focus more on the individual than the family, elder care is taking a beating. The culture of a family staying together to take care of the elder should be encouraged. There is also a need to promote NGOs and agencies such as HelpAge India¹⁶ which work towards healthy aging at the grassroots level. For working families, innovative organizations like Epoch Elder Care¹⁹, can send a trained caregiver to provide in home care and companionship.

Simultaneously, specialized geriatric care centers should be opened in the rural areas of the country, where the majority of the elder population of India resides. The Indian Gerontological Association, which was formed in 1968, can be used as a tool to promote knowledge among healthcare professionals about geriatric medicine. Seminars can be held showcasing skilled geriatric nursing care. Further investment in geriatric research needs to be promoted.

One practical approach could be to integrate geriatric care at the primary care level. India has a vast primary care system already in place across a majority of the country. All it needs is skilled manpower in geriatric care¹⁷The issues and needs of the geriatric population of India are indigenous, often varying at the state

level. A network of social security and pensions needs to be worked out at the national level so that no elder in India is left out. On World Health Day in 2012, The WHO India country office dedicated theme to the health care of the elderly¹⁸. Freedom from disease and promotion of health go hand in hand. India faces a tall order in protecting its elders, and it is one duty that India should do without fail.

DISCLAIMER

Statements and opinions expressed in the review herein are those of the author alone. While every care has been taken in the compilation of this information and every attempt made to present up-to-date and accurate information, we cannot guarantee that inaccuracies will not occur.

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