

Editorial Commentary

Old India and Its Older Adults: Still in Misery!

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INTRODUCTION

India being the second most populated country in the world, is under demographic transition phase (U.S. Census Bureau, n.d.). It has been predicted that the elderly population is going to rise from 7.4% in 2001 to 12% of the total population by 2025 in India (Ministry of Statistics and Programme Implementation, Government of India document (2011)). The demographic projections depict that by 2050, the overall population in India will grow by 55%, whereas the population of people who are 60 years and above will increase by 326% and those in the age group of 80 years or more by 700% (Ministry of Health). According to 60th National Sample Survey of the older adults, the morbidity, as well as hospitalisation rates are much higher among older adults than the rest of the population. It added, around 8% of the elderly in India are confined to bed or home (Ingle, Gopal, & Anita Nath, 2008). Moreover, around 65% of the people in this age group lives in a rural area; over 73% elderly are illiterate, and 90% of them carry no social/health security (Ingle & Nath, 2008; Government of India, 2006; Lena, Ashok, Padma, Kamath, & Kamath, 2009). Therefore, undoubtedly, India requires a separate branch of healthcare for older adults which in medical terms we call *Geriatrics* to promote healthy ageing. Unfortunately, the system is still at a young stage to provide optimal health care to geriatric patients, and the multifactorial challenges in the country and system are making the change more difficult.

CHALLENGES

Lack of Knowledge

Geriatrics is one of the fresh concepts came in last few decades in developed countries. In developing and underdeveloped countries, the idea of special care to older adults is still emerging. Personally, we have experienced healthcare professionals including nurses and pharmacists who are working for decades, have no idea about the term “geriatrics” both in eastern and western countries. In India, the situation is quite worrisome; we have found even old physicians who do not agree that the older adults should get particular attention for their health benefit. Therefore, just an apparent health education and knowledge about this particular care would take longer than it might think of; and that is why India is still lagging behind in this sector even after a couple of initiatives.

Lack of Use Facilities/Opportunities

The elderly population in India are experiencing disparities in terms of gender, location, religion, culture, and socioeconomic status due to its diversity in the population (Verma, Ramesh, & Khanna, 2013). These differences are also contributing to underutilization of health care facilities for the elderly (Brinda et al., 2015). On top of it, the old age dependency ratio has increased from 10.9% in 1961 to 14.2% in 2011 which is conversely affecting the economy of the country (Jeyalakshmi, Chakrabarti, & Gupta, 2011).

Lack of Hospital Care

Geriatric care in India is still a budding speciality which is not included in medical, nursing and paramedical curriculum (Ministry of Health, 2011). There are only eight institutes in India which are providing Geriatric Medicine speciality as of now. Only selected institutes and corporate hospitals have a dedicated geriatric unit, and most of them are concentrated in urban areas which are highly expensive (Ingle, Gopal, & Anita Nath, 2008). Moreover, even though there are hundreds of nursing homes, daycare centres and mobile care centres for elderly in India which are maintained by NGOs or partially funded by the government, most of them are urban based, highly expensive and more focused on tertiary care (Economic times, n. d.). Therefore, maximum of the geriatric population is still far away from getting the benefit out of these projects.

Tragic Situation

According to 60th National Sample Survey of the elderly, the prevalence of morbidity, as well as hospitalisation rates, are much higher in older people than the total population (Lipman, 2015). It also reported that around 8% of the elderly in India are confined to bed or home. The proportion of elderly confined to bed or home rose with age to 27% after the age of 80 years (Ingle & Nath, 2008; Biswas, Leshabari, & Gebuis, 2015).

GOVERNMENT INITIATIVES

In 2007, the Indian parliament passed a bill known as *Maintenance and Welfare of Parents and Senior Citizens Act*. It proposed that it is the responsibility of children and relatives which are obligatory and justifiable to take care of their parents and are liable to be penalised under the law if they failed to do so (Jeyalakshmi, Chakrabarti, & Gupta, 2011). In 2011, Government of India formulated the National program for the health care of elderly. The program emphasised on providing easy access to preventive, promotive, curative and rehabilitative services to the elderly across all the levels of the health care delivery system along with short and long-term care training to health professionals to address the growing health demands of the elderly (Ministry of Health, n.d.). Also in 2011, National policy for senior citizens came into existence, which recognises senior citizen as valuable resources of the country and ensures their full participation in society (Jeyalakshmi, Chakrabarti, & Gupta, 2011).

In April 2015, in order to address the needs of the elderly population in the country, the Union Health Ministry had planned to set up two highly specialised '*National Centre for Ageing*' at All India Institute of Medical Sciences (AIIMS) New Delhi and Madras Medical College in Chennai. The two centres would have 200 beds and also have 15 seats for a post-graduate course in geriatric medicine. As part of the government's focus on providing quality medical care to the ageing, 12 regional geriatric centres would also be established in medical colleges across the country in addition to the existing eight (Hindustan times, n. d.).

RECOMMENDATIONS

Despite the initiatives by the government of India, the geriatric care and empowerment for the elderly are still not optimal across the country. Geriatric speciality needs to be upheld, and geriatric care

units should be established in each and every medical colleges and hospital. Geriatric care should be inculcated in medical, nursing and paramedical curriculum. In India, 65% of the older adults live in rural areas where family plays a major role in giving primary care. Therefore, it is important to integrate community-based care and rehabilitation services for the elderly in order to achieve optimum coverage, and also to upgrade the standards of the existing primary health care services.

Public financing of health in India is only 1.04% of GDP out of which only 0.032% is used for the geriatric care. Therefore, government funding towards geriatric care needs to be increased, in order to strengthen and combat the health issues concerned with elderly (DNA News, n. d.). There should also be a separate budget for geriatric research which should be focused on the comprehensive health care delivery system including alternative medicine, aetiopathogenesis of ageing and age-related disorders, cost-effective subsidised schemes including insurance and innovative models based on cultural and traditional backgrounds.

The NGO's dealing with nursing home, daycare centre and mobile care units for the elderly should be encouraged by the government through providing financial assistance schemes with a particular focus on rural areas of India. Social security systems like old age pension should increase the financial aid to elderly. Elderly friendly cities and environment should be developed and encouraged. A toll-free helpline number should be drawn up for elderly, where comprehensive assistance on social security, justice, health and other grievances could be addressed.

CONCLUSION

In India, geriatrics is still a budding speciality which is need of the hour for combating the increase in elderly demand for care. Despite few encouraging initiatives from the Government of India, there are still many bottlenecks in elderly care which have to be comprehensively dealt accordingly. There is also need for an increase in the budget allocation to health sector with particular emphasis on elderly care. All the National health programs should be encouraged to address issues related to elderly care separately and rationally. Moreover, the NGO's dealing with elderly care should be promoted, and more assistance should be given for setting up geriatric care units and conducting research in rural areas of India.

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