



Ageing and Health in India: A Conceptual Study

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DESCRIPTION

Over the past three centuries, world has experienced significant changes in the population size as well as age structure. The size of global population has increased from 1.6 billion in 1900 to 2.5 billion in 1950 and is projected to touch 9.7 billion by the end of 2050. The inevitable change in fertility and mortality driven by the socioeconomic development determines the pattern of demographic changes of the country. Every society is poised to move from the state of high fertility and high mortality to low fertility and low mortality regime, the phenomenon commonly termed as demographic transition. The changes in trend of fertility and mortality have significant impacts on the age structure of population during various stages of transition. The last stage of first demographic transition is mainly characterized by low level of fertility and mortality, near zero population growth and increased life expectancy, which ultimately push the society towards ageing. According to recent studies, India in current decade is enjoying larger share of younger cohort accompanied by declining fertility and increased Life Expectancy. This clearly shows that country will soon enter the fourth stage of transition, as share of elderly has already started accelerating. The share of old age population in India (60 years and above) has been increased from 6.8% in 1991 to 8.8% in 2011 (Census of India, 2011). Additionally, Census 2011 report shows that decadal growth rate of old age population during 2001-2011 was 34% as compared to 25% in the earlier decade. Although, no formal cut off for ageing has been determined yet, but few researches have defined ageing as the phase when share of elderly in total population exceeds 10%. As India accounts for second highest population, current 9% of elderly share will also have significant impacts at present. Further, going by projections, it will accelerate in future thereby alarming the need for future preparedness. When the share of old age population increases, it simultaneously accumulates the concerns for future requirements of income security, health security and social security. In case of LDCs like India, one of the most prominent challenges that follows ageing is increase in demand for health and healthcare. Greater longevity and thus reduced immunity implies more years of suffering from diseases

and medical treatment, this is why, health care is a necessity for elderly rather than just being a merit good. Ageing can also be attributed to the pattern of shifts in CD (Communicable Diseases) and NCDs (Non-communicable Diseases) composition. The high prevalence of chronic NCDs among elderly population is not hidden, given the fact that these are the major causes of deaths in this age bracket. Although researches argue that prevalence of NCDs is mainly associated with life style, but it is fairly observed that burden of chronic NCDs (Cardiovascular, Diabetes, Heart strokes, and Respiratory diseases) rises with increase in the proportion of elderly. Additionally, few studies have also argued that India will have a substantial burden of NCDs with increase in the population ageing alone. Given the low coverage of public healthcare in India, increase in old-age population will have serious implications on catastrophic healthcare expenses and distressed financing as well. Studies have found that, households with elderly are more likely to be confronted with catastrophic health spending than others (WHO, 2005). This is important, especially for the country like India where incidence of chronic poverty is already very high among rural households. The income and social security provisions for elderly in India are already negligible in terms of size as well as coverage (10% of organised sector); hence an additional burden of healthcare for promoting 'healthy ageing' could be a matter of grave concern. According to World Health Organisation, 'Healthy Ageing' is the process of developing and maintaining the functional ability that enables well-being in older age. This is most likely to be achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize burden of diseases. In India, healthcare access is largely affected by financial exclusion. Additionally, the prime focus of Indian health policies has been mostly inclined towards primary and maternal healthcare, communicable diseases, etc. The arguments by many studies are based on productivity perspective that, expenditure on maternal and child healthcare perceived as productive for future prospects whereas health expenditure on the elderly is conceived to be unproductive. Besides, it is important to identify whether health is a commodity to be supplied by the market and bought by

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these elders or the state will play a role in meeting their health needs. The answer to these concerns requires a thorough observation and analyses.

CONCLUSION

There is dearth of studies on systematic analyses of identifying the temporal pattern of ageing at state level. This is important because the varying regimes of fertility and mortality indicators will consequently lead to varying patterns of ageing across Indian states. This can also be linked to the speed at which life expectancy across states will converge or diverge. If there is convergence in life expectancy at higher age across states, it indicates that ageing will be much rapid. Therefore, the policies for elderly healthcare should be framed on systematic, robust and analytical research. In addition to this, existing studies have overlooked the relevance of discerning the magnitude of challenges attributable to ageing particularly related to shifts in disease pattern (i.e. towards NCDs) as well as household level financing for elderly healthcare. To put it in a different way, healthcare concerns for elderly mainly includes; increase in the burden of chronic diseases; quality of life at old age; financial arrangements at household level for elderly healthcare; and overall household well-being. At policy level, quality of healthcare system in country is largely dominated by private

sector and it is therefore crucial to examine the differentials in elderly healthcare utilization between public and private sector. In simple words, it is crucial at household level to examine the level and magnitude of financial burden attributable to elderly care. Against these backdrops, this study aims to examine the elderly health and healthcare concerns for India, by considering the state level variations. It attempts to highlight the current status, and expected scenario of ageing across Indian states and issues regarding healthcare utilization and financing. The study is divided into four major sections. The first section examines the pattern of ageing across Indian states as well as its policy implications. The second section attempts to identify the factors that drive elderly survival in India at macro and household level. In addition, it also aims to unravel equity phenomenon associated with longevity in India. The third section analyses the shifts in burden of diseases across states which can be attributed to shifts in the share of elderly and also the health care utilization. On the basis of above analyses, the household level financing for elderly healthcare is estimated in next section using state level variations. The final section presents policy implications of inpatient elderly healthcare in India both at central and state level will. The overall study is an attempt to present a comprehensive analysis of population ageing and health related concerns in India.