

Problems of Elderly in India: Challenges of Access and Affordability, special reference to Bangalore Age old Homes

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Abstract - India the second most populous country. A dramatic demographic transition in the past 50 years. The age of 60 years almost a tripling of the population. The number of elderly in India is projected to reach 158.7 million in 2025. In developed countries advancing through demographic transition. There have been emerging epidemics of chronic non communicable diseases. Most of which are lifestyle-based diseases and disabilities. Implementation future health policy making in India. A study on the socio-economic and health dimension of the elderly in old age homes of Bangalore has been undertaken. To study socio-economic and health dimension. The study covers 50 respondents both male and female. Failing and economic insecurity. Health care is becoming most expensive it has to make very affordable for the elderly population. Free periodical by the government. The growth of the elderly population in the coming decades will bring with it un precedence burdens of morbidity and mortality across the country.

Index Terms - Elder, Population, Health dimension, Old age homes.

INTRODUCTION

India, the world's second most populous country, has experienced a dramatic demographic transition in the past 50 years, entailing almost a tripling of the population over the age of 60 years (i.e., the elderly) (Government of India, 2011). This pattern is poised to continue. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025 (United Nations Department of Economic and Social Affairs [UNDESA], 2008). This is a small percentage point increase, but a remarkable figure in absolute terms. According to UNDESA data on projected age structure of the population (2008), India had more than 91.6 million elderly in 2010 with an annual addition of 2.5 million elderly between 2005

and 2010. The number of elderly in India is projected to reach 158.7 million in 2025 (United Nations Department of Economic and Social Affairs, 2008), and is expected, by 2050, to surpass the population of children below 14 years (Raju, 2006). While the southern states (Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu) may be considered the biggest drivers of aging in India, other Indian states (notably Haryana, Himachal Pradesh, Maharashtra, Orissa, and Punjab) are also experiencing an elderly population boom, largely in rural areas (Alam and Karan, 2010).

SCOPE OF THE STUDY

In developed countries advancing through demographic transition, there have been emerging epidemics of chronic non-communicable diseases (NCDs), most of which are lifestyle-based diseases and disabilities (Gruenberg, 1977; Waite, 2004). There is a rise in NCDs, particularly cardiovascular, metabolic, and degenerative disorders, as well as communicable diseases (Ingle and Nath, 2008). While cardiovascular disease is the leading cause of death among the elderly (Jha et al., 2006), multiple chronic diseases afflict them: chronic bronchitis, anaemia, high blood pressure, chest pain, kidney problems, digestive disorders, vision problems, diabetes, rheumatism, depression (Angra et al., 1997; Kumari, 2001; Raju, 2000; Roy, 1994; Shah and Prabhakar, 1997

AIM OF THE PAPER

The aim of this paper, therefore, is to characterize and describe specific challenges in the domains of access and affordability, and the likely determinants of such challenges that must be addressed in the design and implementation of future health policymaking in

India. Throughout, we aim to reveal areas where data gaps remain.

THE STUDY

A study on the Socio Economic and the Health Dimensions of the Elderly in old age homes of Bangalore has been undertaken in the year 2018-19 In the light on the analysis of the facts and figures an attempt has been made to discuss the results of the study conducted and made some practical suggestions have been offered.

OBJECTIVE OF THE STUDY

The main objective of the study was to know and understand the socio-economic and health dimensions of the elderly persons staying in the old age homes in Bangalore.

METHODOLOGY

The Study covers 50 respondents both male and female, who have been staying in the old age homes in Bangalore North District. Out of 07 old age homes in Bangalore North District, 03 were selected using random sampling method. From 250 respondents 50 were selected with the help of simple random sampling method. Primary data has been collected after visiting old age homes and secondary data has been collected after visiting library, referred books.

STUDY REGION

Studies have indicated that Bangalore, the IT capital city of Karnataka, is the most advanced city with consideration to the technology and as well as in the education. But as the sophistication increases, it seems children are not caring their parents leaving them into the old age homes. This kind of irresponsible behaviour is increasing the agony of the aged. Under these circumstances a small study is undertaken to highlight the pathetic conditions of the aged and rehabilitation program for the same. So, the researcher has visited old age homes in Magadi Road, Gollarahatti, Yeswanthapur and Nagarabhavi area.

Major Problems of the India's Elderly Population: India's demographic dividend of being a 'young' country, will soon turn into a demographic nightmare if infrastructure and services are not developed fast

enough for our ageing population. Private companies will play an increasingly important role in bridging the massive gap between the investments and expertise needed and what is available from public and NGO sources.

1. Failing Health: It has been said that "we start dying the day we are born". The aging process is synonymous with failing health. While death in young people in countries such as India is mainly due to infectious diseases, older people are mostly vulnerable to non-communicable diseases. Failing health due to advancing age is complicated by non-availability to good quality, age-sensitive, health care for a large proportion of older persons in the country.
2. Economic Insecurity: The problem of economic insecurity is faced by the elderly when they are unable to sustain themselves financially. Many older persons either lack the opportunity and/or the capacity to be as productive as they were. Increasing competition from younger people, individual, family and societal mind sets, chronic malnutrition and slowing physical and mental faculties, limited access to resources and lack of awareness of their rights and entitlements play significant roles in reducing the ability of the elderly to remain financially productive, and thereby, independent.
3. Isolation: Isolation, or a deep sense of loneliness, is a common complaint of many elderly is the feeling of being isolated. While there are a few who impose it on themselves, isolation is most often imposed purposefully or inadvertently by the families and/or communities where the elderly live. Isolation is a terrible feeling that, if not addressed, leads to tragic deterioration of the quality of life.
4. Neglect: The elderly, especially those who are weak and/or dependent, require physical, mental, and emotional care and support. When this is not provided, they suffer from neglect, a problem that occurs when a person is left uncared for and that is often linked with isolation.
5. Abuse: The elderly is highly vulnerable to abuse, where a person is willfully or inadvertently harmed, usually by someone who is part of the family or otherwise close to the victim. It is very important that steps be taken, whenever and wherever possible, to protect people from abuse.

Being relatively weak, elderly is vulnerable to physical abuse.

6. **Fear:** Many older persons live in fear. Whether rational or irrational, this is a relevant problem face by the elderly that needs to be carefully and effectively addressed. Elderly who suffers from fear need to be reassured.
7. **Boredom:** Boredom is a result of being poorly motivated to be useful or productive and occurs when a person is unwilling or unable to do something meaningful with his/her time. The problem occurs due to forced inactivity, withdrawal from responsibilities and lack of personal goals.
8. **Lowered-Self-esteem:** Lowered self-esteem among older persons has a complex etiology that includes isolation, neglect, reduced responsibilities and decrease in value or worth by one-self, family and/or the society.
9. **Loss-of-Control:** This problem of older persons has many facets. While self-realization and the reality of the situation is acceptable to some, there are others for whom life becomes insecure when they begin to lose control of their resources – physical strength, body systems, finances (income), social or designated status and decision-making powers.
10. **Lack of Preparedness for Old Age:** A large number of people enter 'old age' with little, or no, awareness of what this entails. While demographically, we acknowledge that a person is considered to be old when (s)he attains the age of 60 years, there is no such clear indicator available to the individual. For each person, there is a turning point after which (s)he feels physiologically or functionally 'old'. This event could take place at any age before or after the age of 60.

PHYSICAL DETERMINANTS OF ACCESS

A key physical barrier to access is that many elderly require home-based care, a need arising from illness-related confinement following an age gradient. Elderly confinement to the home is consistent in both rural and urban areas (Aliyar and Rajan, 2008). Sample survey data suggest that as many as 64 per 1,000 population in rural areas and 67 per 1,000 population in urban areas are confined to the home. For those aged 80 and

older, as many as one in five are confined. Reduced mobility hinders health-seeking.

Suggestions to improve the lives of the Aged:

The study revealed that most of the inmates of the old age homes were economically dependent and less educated. The widowed and never married elderly constituted a large per cent of the study. Also the health condition of the inmates was not satisfactory. For these following suggestions have given for the welfare of the lives of aged:

1. The elderly should be encouraged to become the members of social organisations and thus they can take a active part in the social life.
2. Income generation programmes for the elderly has to be introduced who are fit to work at the old age homes.
3. Health care is becoming most expensive; hence it has to make very affordable for the elderly population.
4. Free periodical health checkup needs to be organised by the government.
5. For emergency health care facilities, vehicles, doctors etc should be made available. Voluntary service of medical professional should be promoted and encouraged.

CONCLUSION

The growth of the elderly population in the coming decades will bring with it unprecedented burdens of morbidity and mortality across the country. As we have outlined, key challenges to access to health for the Indian elderly include social barriers shaped by gender and other axes of social inequality (religion, caste, socioeconomic status, stigma). Physical barriers include reduced mobility, declining social engagement, and the limited reach of the health system. Health affordability constraints include limitations in income, employment, and assets, as well as the limitations of financial protection offered for health expenditures in the Indian health system. Economic security is as relevant for the elderly as it is for those of any other age group. Those who are unable to generate an adequate income should be facilitated to do so. As far as possible, elderly who are capable, should be encouraged, and if necessary, supported to be engaged in some economically productive manner. Others who are incapable of supporting themselves

should be provided with partial or full social welfare grants that at least provide for their basic needs. Families and communities may be encouraged to support the elderly living with them through counseling and local self-governance. Among the most significant findings that emerged in developing this review was the incompleteness of data on the burdens of access and affordability among elderly populations in India.

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