



India's Elderly at the Crossroads

This editorial is based on “[The other side of demographic dividend: Can we take care of our elderly?](#)” which was published in The Indian Express on 31/07/2024. The article highlights the rapid ageing of populations in South and East Asia, emphasizing the inadequacies in India's social protection, health care, and pension systems for the elderly, compared to more developed East Asian countries. It calls for policy planning to address the gaps in financial security, health, and social care for older persons in India.

For Prelims: [Atal Vayo Abhyudaya Yojana](#), [National Social Assistance Programme](#), [National Programme for the Health Care of Elderly](#), [Atal Pension Yojana](#), [Model Building Bye Laws, 2016](#), [Insurance Regulatory and Development Authority of India](#), [Pradhan Mantri Awas Yojana](#), [DAY-NULM](#), [Non-communicable diseases](#)

For Mains: Major Challenges Faced by Elderly in India, Measures to be Adopted to Enhance Elderly Care in India

India is experiencing a [demographic shift](#) that demands urgent attention. While much of the public discourse focuses on the country's **youth bulge** and demographic dividend, the rapidly [aging population](#) needs equal attention. By **2050**, it's estimated that the **proportion of older persons in India will rise to 20.8% from 8.6% in 2011**. This rapid aging, occurring in just 20-30 years compared to a century in Western countries, is outpacing the development of adequate social protection systems for the elderly.

The needs of India's older population are not **receiving sufficient visibility or policy priority**. Unlike some East and Southeast Asian countries, India lacks **a universal public pension scheme**, comprehensive health insurance, or robust social-care provisions for the elderly. Available data highlights significant inequalities in the **availability, accessibility, affordability, and acceptability of services** needed by older persons. These disparities are influenced by factors such as **geographical location, class, caste, gender, and access to formal employment**. As India transitions into an aging society, addressing these gaps in financial security, health services, and social care for the elderly has become a critical imperative.

What are the Major Challenges Faced by Elderly in India?

- **The Pension Predicament:** India's pension system is woefully inadequate for its aging population.
 - Only about **12% of the workforce is covered by formal pension schemes** ([World Bank](#)), leaving the vast majority without financial security in old age.
 - The **National Social Assistance Programme (NSAP)** provides a meager Rs. 200-500 per month to the elderly poor, barely enough for subsistence.
- **Healthcare Hurdles:** The burden of [non-communicable diseases \(NCDs\)](#) weighs heavily on India's elderly.
 - According to the **Longitudinal Ageing Survey in India (LASI)**, the majority of those above 60 suffer from NCDs like **diabetes, hypertension, and cardiovascular**

conditions.

- High expenditure on health is impoverishing **55 million Indians annually, says WHO**, with the elderly particularly vulnerable.
- The **lack of geriatric care facilities** and specialists further compounds this issue, leaving many seniors struggling to manage their health needs.
 - India is home to **1/4th of the world's elderly but gets only 20 geriatricians/year**.
- **The Loneliness Epidemic:** Rapid [urbanization](#) and changing family structures have left many elderly Indians socially isolated.
 - The **traditional joint family system**, once a source of support and companionship for the elderly, is giving way to nuclear families.
 - This isolation has **severe mental health implications**, with **depression rates among the elderly estimated at 10-20%**.
 - The Covid-19 pandemic exacerbated this issue, highlighting the need for community-based support systems and social engagement programs for seniors.
- **Left Behind in a Tech-Driven World:** As India rapidly digitizes, many elderly citizens find themselves on the wrong side of the digital divide.
 - From **banking services to healthcare appointments**, essential services are increasingly moving online.
 - About **86% of senior citizens** do not know how to use digital technology or computers
 - This **digital illiteracy** not only limits their access to services but also **hampers their ability to stay connected with family and friends**, further deepening their isolation and dependency on others.
- **Elder Abuse:** Elder abuse is a growing concern in India, often hidden from public view. The data provided by **Elders Helpline 1090 and Elderline 14567** has revealed that elder abuse increased by **251% post lockdown**
 - **Financial exploitation, neglect, and even physical abuse** are also prevalent.
 - Despite the **Maintenance and Welfare of Parents and Senior Citizens Act, 2007**, enforcement remains weak.
 - Many cases go unreported due to dependency on abusers, fear of retaliation, or societal stigma, underscoring the need for stronger protective measures and awareness campaigns.
- **Housing Havoc:** Adequate and affordable housing for the elderly is a significant challenge in India.
 - While retirement communities are emerging for the affluent, options for middle and lower-income seniors are limited.
 - Lack of age-appropriate design features, such as **ramps, grab bars, and emergency response systems**, in existing housing stock poses safety risks.
 - The shortage of affordable assisted living facilities further complicates housing options for those requiring regular care.

What are the Major Elderly Care Schemes in India?

- **Department of Social Justice and Empowerment:**
 - [Atal Vayo Abhyudaya Yojana](#) (umbrella scheme)
 - **Integrated Programme for Senior Citizens (IPSRc):** Establishing homes to improve quality of life for senior citizens by providing shelter, food, medical care, and entertainment.
 - **State Action Plan for Senior Citizens (SAPSRc):** Encouraging states/UTs to create their own action plans for senior citizen welfare.
 - [Rashtriya Vayoshri Yojana \(RVY\)](#): Providing physical aids and assisted-living devices to senior citizens.
 - **Livelihood and Skilling Initiatives:** Includes **Senior Able Citizens for Re-Employment in Dignity (SACRED)** and Action Groups Aimed at Social Reconstruction (AGRASR Groups).
 - **Awareness Generation and Capacity Building:** Training, sensitization, and National Helpline for Senior Citizens (Elderline: 14567).
- **Ministry of Rural Development:**

- [National Social Assistance Programme \(NSAP\)](#): Financial assistance to elderly, widows, and disabled persons.
 - **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**: Monthly pension for elderly BPL individuals.
- **Ministry of Health and Family Welfare:**
 - [National Programme for the Health Care of Elderly \(NPHCE\)](#): Comprehensive healthcare for elderly at primary, secondary, and tertiary levels.
 - **Primary & Secondary Care**: Geriatric OPD, IPD, physiotherapy, and lab services in **713 districts**.
 - **Tertiary Care**: **Regional Geriatric Centres (RGCs)** and 2 National Centres for Ageing.
- **Ministry of Finance:**
 - [Atal Pension Yojana \(APY\)](#): Pension scheme for individuals aged 18-40, offering guaranteed pension at age 60.
- **Ministry of Housing and Urban Affairs:**
 - [Model Building Bye Laws, 2016](#): Standards for elder-friendly environments in buildings and transport.
 - **Urban Bus Specification-II (2013)**: Low floor buses for easy access for elderly and disabled.
 - [Pradhan Mantri Awas Yojana](#): Priority housing allocation for families with senior citizens on ground or lower floors.
 - [DAY-NULM](#): Shelters for urban homeless, including senior citizens.

What is the Recent Development in Health Insurance for the Elderly in India?

The [Insurance Regulatory and Development Authority of India \(IRDAI\)](#) has recently lifted the age ceiling for purchasing medical insurance policies, significantly benefiting senior citizens.

IRDAI's New Directions:

- **Removal of Age Barrier**: Individuals above **65 years** can now purchase health insurance policies, removing the previous age restriction.
- **Specialized Products**: Insurers are instructed to develop products catering to specific demographics such as senior citizens, students, children, and maternity.
- **Coverage for Pre-existing Conditions**: Insurers must provide coverage for all pre-existing medical conditions, including cancer and heart failure, as per the Government of India Gazette provisions.
- **Insurance Density and Penetration**: These measures are expected to increase insurance density and penetration in India.
- **Premium Payment Options**: Insurers are required to offer installment payment options for premiums.
- **Travel Policies**: Only general and health insurers are permitted to offer travel insurance policies.
- **AYUSH Treatments**: No cap on coverage for treatments under AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy).

What Additional Measures Should be Adopted to Enhance Elderly Care in India?

- **Silver Economy Boost**: Implement a **national "Silver Skills" program** to retrain and employ seniors in sectors like **childcare, traditional crafts, and mentorship roles**.
 - Create **tax incentives for companies hiring workers over 60**, and establish a **government-backed microfinance scheme** specifically for elderly entrepreneurs.
 - For example, **Singapore's successful "WorkPro" scheme**, which provides grants to companies that implement **age-friendly practices**, could be adapted for India. This approach not only provides income for the elderly but also utilizes their vast experience.
- **Tech-Empowered Eldercare**: Launch a nationwide **"Digital Dada-Dadi"** initiative to improve

digital literacy among the elderly (considering all measures for digital penetration is taken to the last mile).

- Partner with **tech companies to develop user-friendly apps and devices tailored for seniors**, focusing on health monitoring, social connectivity, and essential services.
- Implement a **subsidized smartphone program** for low-income elderly.
- Additionally, **create a network of "Digital Sahayaks"** - young volunteers who can provide tech support to the elderly in their communities.
- **Community Care Hubs:** Establish formalized "**Varishtha Seva Kendras**" (**Senior Service Centers**) in every urban ward and rural panchayat.
 - These centers would serve as **one-stop shops for elderly needs**, offering links for health check-ups, legal aid, pension services, and social activities.
 - Modeled after **Japan's successful community-based integrated care system**, these hubs would also coordinate home care services and provide respite care for family caregivers.
 - Involve **local NGOs** in managing these centers to ensure community participation.
- **Geriatric Health Corps:** Create a cadre of "**Geriatric Health Workers**" within the existing **ASHA (Accredited Social Health Activist)** framework.
 - Provide specialized training in elderly care to these workers and equip them with **digital health toolkits** for remote monitoring and basic geriatric assessments.
 - Establish **mobile geriatric clinics** to reach remote areas, and integrate geriatric care modules into medical and nursing curricula to address the specialist shortage.
 - Additionally, the Indian Institute of Science (IISc) Bengaluru has launched '**Longevity India**' to study aging-related health issues and develop interventions for improved elderly care, a significant step.
- **Improving Financial Security Net:** Introduce a "**Senior Citizen Savings Bond**" with higher interest rates to encourage financial planning for old age.
 - Create **specialized health insurance products** for the elderly with lower premiums and wider coverage, including mental health and home care services.
 - For example, **Japan's Long-Term Care Insurance system**, which covers a range of elderly care services, could be adapted to the Indian context.
- **Elder Rights Protection:** Establish dedicated "**Elder Protection Units**" in police stations to handle cases of elder abuse and exploitation.
 - Implement a **mandatory reporting system for healthcare providers and bank officials** to flag potential cases of elder abuse.
 - Strengthen the **implementation of the Maintenance and Welfare of Parents and Senior Citizens Act** by setting up fast-track courts for elder-related cases and increasing penalties for non-compliance.
- **Age-Friendly Cities:** Develop a national "Age-Friendly City" certification program with guidelines for **accessible public spaces, transportation, and services**.
 - Incentivize cities to implement these guidelines through additional funding and recognition.
 - Key features could include **accessible public toilets, priority seating in public transport, and elderly-friendly parks** with exercise equipment.
- **Elderly Nutrition Mission:** Launch a "**Poshan for Elders**" scheme, extending the principles of the successful child nutrition program to the elderly.
 - This would include **providing fortified meals through community kitchens, nutrition education for caregivers**, and regular health check-ups focusing on nutritional status.
- **Silver Volunteers:** Create a national "**Senior Volunteer Corps**" to engage healthy elderly individuals in community service roles.
 - Provide incentives like health insurance coverage or travel allowances for active volunteers.
 - This approach not only benefits the community but also promotes **active aging and a sense of purpose among the elderly**, as demonstrated by successful programs like the Senior Corps in the US.

Drishti Mains Question:

Examine the implications of India's rapidly aging population on its social and economic systems. What measures can be implemented to ensure comprehensive support for the elderly, considering the current gaps in health care, pensions, and social care?

UPSC Civil Services Examination Previous Year Question

Prelims:

Q. Consider the following statements with reference to Indira Gandhi National Old Age Pension Scheme (IGNOAPS): (2008)

1. All persons of 60 years or above belonging to the households below poverty line in rural areas are eligible.
2. The Central Assistance under this Scheme is at the rate of `300 per month per beneficiary. Under the Scheme, States have been urged to give matching amounts.

Which of the statements given above is/are correct?

- (a) 1 only
- (b) 2 only
- (c) Both 1 and 2
- (d) Neither 1 nor 2

Ans: D

Mains:

Q. Performance of welfare schemes that are implemented for vulnerable sections is not so effective due to the absence of their awareness and active involvement at all stages of the policy process. Discuss. (2019)

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