

# INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE & MANAGEMENT

International  
Journal  
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**INDIA IS AGEING: ARE WE PREPARED?**

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**ABSTRACT**

*India's population is ageing sooner than expected, and by the middle of the next decade, the country's demography will see a significant shift, according to a report by a United Nations (UN) body. The shift, when it happens, will have significant implications for policymakers as well as businesses in a country that touts its ability to reap a so-called demographic dividend of a young population as one of its competitive strengths. This shift necessitates special attention towards health care of the elderly population and also the provision of affordable and reliable medical insurance to them. Though some proportion of them, who are a part of formal workforce are covered by pension, almost 90% of the elderly, who are informal workforce do not have any medical insurance. Increasing health hazards, inflation and continued forceful employment of the elderly have created an urgent need to look into the possible solutions for the same.*

**KEYWORDS**

Elderly, Indian Demography, Medical Insurance, Pension, Social Security.

**INTRODUCTION**

The report by the United Nations Population Fund (UNFPA) has projected a rapid increase in India's median age to 31 years in 2026 (it was 20 in the 1980s). It has also projected a 326% increase in the number of people aged between 60 and 80 by the year 2050 (from the year 2000); a 700% increase in the number of people older than 80; and a 55% increase in the country's overall population. UN projections suggest that India is "gradually but surely transitioning away from a young age structure with the elderly population soon outnumbering children in India".

The increase in numbers of elderly people also demands the attention towards the socio-economic implication it holds for the society. Clear need arises for their social security, pension plans and medical security policies. India faces substantial challenges with respect to elderly care. Though a limited section of elderly population is able to reap the benefits of existing policies, the majority are still deprived of the same. Substantial programmes are already in place for the formal workforces who contribute to only 10% of the population where as remaining 90% is still far from reach. Moreover, around 75% of the population resides in the rural areas and around 1/3<sup>rd</sup> of the population live below poverty line. This paper aims at throwing light on the demographic structure of India and analyzes the necessity of a universal medical insurance policy for the elderly of India.

**LITERATURE REVIEW**

Charan Singh (2013) defines the characteristics of the elderly population in India. The number of elderly in India is rising rapidly. India's elderly population is estimated at 10 crore in 2011, and is projected to reach 20 crore by 2030. The proportion of elderly persons in the total population is expected to increase from 8.3 percent in 2011 to 12.4 percent in 2026. In this context, a few important characteristics need to be considered. In 2010, about two-third of the elderly lived in villages and nearly half were of poor socio-economic status (Lela et al, 2009). Half of the elderly are dependents mainly due to widowhood; divorce or separation and a large number of these are females (Rajan, 2001). About 60 per cent of the elderly depend on others for their day-to-day maintenance while less than 20 per cent elderly women and majority of elderly males, were economically independent. Amongst the economically dependent, 85 percent of men and 70 percent of women were supported by their children. Of the economically independent elderly, more than 90 percent supported one or more dependents. Nearly 40 per cent of elderly with 60 per cent being males were working and the proportion was higher in rural areas as 66 per cent of rural men were working compared to 39 per cent of urban men.

There is a close link between work participation, and poverty and illiteracy. Almost 60 per cent of the elderly are heads of the households that they are living in and as expected, the ratio is substantially higher amongst elderly men as compared to elderly women. On economic issues, about 27 per cent of the elderly had an outstanding loan and 13 per cent reported that the loan was taken for meeting the medical expenditure of the elderly (NSSO, 2007-08).

J Anita gives an overview on Emerging Health Insurance in India Health care has always been a problem area for India, a nation with a large population and larger percentage of this population living in urban slums and in rural area, below the poverty line. The government and people have started exploring various health financing options to manage problem arising out of increasing cost of care and changing epidemiological pattern of diseases.

The control of government expenditure to manage fiscal deficits in early 1990s has led to severe resource constraints in the health sector. Under this situation, one of the ways for the government to reduce under funding and augment the resources in the health sector was to encourage the development of health insurance. In the light of escalating health care costs, coupled with demand for health care services, lack of easy access of people from low income group to quality health care, health insurance is emerging as an alternative mechanism for financing health care.

Indian health financing scene raises number of challenges, which are:

- Increase in health care costs
- High financial burden on poor eroding their incomes
- Need for long term and nursing care for senior citizens because of increasing nuclear family system
- Increasing burden of new diseases and health risks
- Due to low funding of government health care, preventive and primary care and public health functions have been neglected

**DEMOGRAPHIC SCENARIO IN INDIA**

S I Rajan (2006) says that the size of India's elderly population aged 60 and above is expected to increase from 77 million in 2001 to 179 million in 2031 and further to 301 million in 2051. The proportion is likely to reach 12 per cent in 2031 and 17 per cent in 2051. However, the sex ratio among the elderly favours males, which is contrary to the experience of other developing nations. The number of elderly persons above 70 years of age (old-old) is likely to increase more sharply than those 60 years and above. The old-old are projected to increase five-fold between 2001-2051 (from 29 million in 2001 to 132 million in 2051). Their proportion is expected to rise from 2.9 to 7.6 per cent. Although we have found excess males in the age group 60 and above, the old-old sex ratio is favourable to females. The oldest old (80+) among the elderly in India is expected to grow faster than any other age group in the population. In absolute terms, it is likely to increase four-fold from 8 million in 2001 to 32 million in 2051.

The estimated demographic structure of the elderly in India is shown below in the table No.1.

**TABLE 1: NUMBER, PROPORTION AND SEX RATIO OF THE ELDERLY, 2001-2051**

	2001	2011	2021	2031	2041	2051
60 and Above						
Number (in millions)	77	96	133	179	236	301
Percentage to the total population	7.5	8.2	9.9	11.9	14.5	17.3
Sex ratio (Males per 1000 Females)	1028	1034	1004	964	1008	1007
70 and above						
Number (in millions)	29	36	51	73	98	132
Percentage to the total population	2.9	3.1	3.8	4.8	6	7.6
Sex ratio (Males per 1000 Females)	991	966	970	930	891	954
80 and Above						
Number (in millions)	8	9	11	16	23	32
Percentage to the total population	0.5	0.7	0.8	1	1.4	1.8
Sex ratio (Males per 1000 Females)	1051	884	866	843	774	732

Source: S I Rajan (2006): Population Ageing and Health in India

**EMPLOYMENT STATUS OF THE ELDERLY POPULATION**

The need for health care increases with age as people above 65 years spend on average 1.5 times on healthcare compared to those in the 60-64 age category (Mahal et al, 2002). Financial protection for health spending is in the form of savings and insurance. Savings are meager for the elderly and insurance is also limited because of its low coverage of conditions and population. The elderly in India suffer from cardio-vascular illnesses, circulatory diseases, cancer, arthritis, hyper tension, osteoporosis, communicable diseases, high blood pressure, kidney problems, vision problems, diabetes, rheumatism and digestive disorders (Kumari, 2001; Jha et al., 2006).

In 2010, about 60 per cent of the elderly depend on others for their day-to-day maintenance while less than 20 per cent elderly women and majority of elderly males, were economically independent. Table 2 shows that nearly 40 per cent of elderly with 60 per cent being males were working and the proportion was higher in rural areas as 66 per cent of rural men were working compared to 39 per cent of urban men. The work force participation of the oldest elderly (80 years and above) also is relatively high with 13 per cent among men and 3 per cent among women. It was reported that a majority of the elderly work due to economic necessity and not by chance or choice. India does not have a population - wide mechanism of providing social security because of which people work as long as possible to support themselves (Mathew and Rajan, 2008). The impact of rising inflation lowers the income that may be allocated to health. Therefore, a large population of the elderly continues to participate in the work force.

**TABLE 2: PERCENT OF ELDERLY POPULATION WORKING**

Place of Residence	Gender	Population Census 2001	NSSO Survey (2007-08)
Rural	Male	66	66
	Female	25	23
	Person	45	45
Urban	Male	44	39
	Female	09	07
	Person	26	23
Rural + Urban	Male	60	59
	Female	21	19
	Person	40	39

Source: Population Census 2001 and NSSO Survey 2007-08

**CONCLUSION**

Statistics clearly show increasing elderly population in India which raises a question on our preparedness on the same. As we move towards being an older country, the need of the hour is to pay attention to the current situation and introspect our competence and readiness for handling the same. Weak economic status of the elderly, increasing health hazards alarming increase in inflation rate, which is a major concern, also complements these concerns.

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