



Sustainable Living: The Indian Landscape

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Abstract

With the drastic demographic shift towards an increasingly older population, ageism (or age-based discrimination) is a significant challenge that can impede sustainable development. Given this, it is imperative to take measures towards including this previously ignored segment. The present article delves into the demographic shifts, economic challenges, healthcare needs and changes in the psycho-social support system that can influence the elderly. Factoring in the unique cultural context of India as the backdrop, we highlight areas of concern that need to be addressed through policy changes and mindset shifts to ensure the inclusion and wellbeing of ageing adults.

Sustainable Living: The Indian Landscape

The 2030 agenda for sustainable development by United Nations seeks to realise human rights of all by setting up a plan of action towards a more balanced sustainable development. If sustainable development goals (SDGs) are to include all segments of the society and “leave no one behind” (United Nations Sustainable Development Group, 2022), it is essential to not only focus on vulnerable segments but more importantly to move away from treating certain sections as vulnerable. Achieving an integrated 2030 agenda hence must address exclusion of and discrimination against key population groups such as older persons on the basis of gender, disability and other characteristics. The issue of ageism notably cuts across several crucial and concurrent sustainable goals of reducing inequalities,

eradicating poverty, promoting dignity of labour, health, wellbeing and so on, necessitating urgent policy reform and action.

Over the past several decades global population trends have undergone significant changes with recent projections indicating an enhanced life expectancy of 74.5 years and 79.1 years for males and females respectively by the year 2050 (United Nations, 2019). Subsequently, the global share of elderly persons is expected to rise from the current 13.4% to 21.3% by 2050, flagging concerns on deficient policies and infrastructure for the inclusion of a rapidly growing elderly population (United Nations, 2017). While an ageing population paints an optimistic picture of enhanced longevity, at the same time it also presents unprecedented challenges with profound implications for society, health, and the economy.

Concerns on inclusion of the elderly are even more pronounced in India (LASI, 2018). With the baby boom demographic cohort reaching old age, apprehensions are intensifying about how the country will plan for and manage the changing population structure. As India is ageing much faster than previously believed, the care needs of its rising elder population are also escalating. While familial care has been foundational in care for the elderly in India, the sharp demographic shift of a rapidly ageing population coupled with the changes in living arrangement casts reservations on continued reliance on familial care and informal arrangements. With India witnessing a fast-ageing demographic ahead of its institutional readiness to address the evolving needs of elderly, the current system and infrastructure may be overwhelmed with disproportionate load on economic, health and social services. While a few civic bodies like BrihanMumbai and Kolkata Municipal Corporation (BMC and KMC) are beginning to plan for the well-being of ageing societies (Hindustan Times, 2012; The Indian Express, 2020), there is much to be desired, especially in raising awareness about the potential implications of drastic demographic shifts. In this pursuit, robust and synchronised scientific data may prove pivotal for planning and preparation in medical, social, and financial arenas for the rapidly ageing population of India. Moreover, potent data could play an essential role in relevant and evidence-based action plans for older adults and elderly care, serving as a key resource for policymakers and researchers across a wide range of disciplines. Thus, the scant ageing research and complex issues of the aged in India form the rationale

for the present brief's focus on calling measures beyond legislative frameworks towards acknowledging diversity in ageing, equity, and more importantly, a social inclusion model for enhancing the quality of life. Social inclusion is of paramount importance for the elderly as social isolation can prove critical for morbidities and consequently mortality. Social participation can alleviate risk of isolation through partaking in community activities like volunteering, educating the underprivileged, group hobbies, and other leisure activities. For people to age in an active and healthy fashion, social participation becomes crucial (Raymond et al., 2013).

Accordingly, the present brief lays out the context of India's demographic changes, detailing some of the significant challenges the demographic shift is posing in the interconnected aspects of socio-economic wellbeing and healthcare for the aged. The crucial elements discussed are demographic shifts that compound issues for the elderly, financial insecurity, changing healthcare needs, and structural shifts in the living arrangement of an ageing population. We conclude with a few pertinent measures to address issues plaguing the diverse aged population in India by highlighting emerging areas requiring systematic study and policy recommendations for protecting and promoting the rights of older persons. This may aid in timely action on the part of some of the key stakeholders, including government, private companies, researchers, and the general population.

Demographic shifts

India, the second-most populous country, is evidencing a unique demographic and health-related transition. The census accounted for people aged 60 and above as comprising 8.6% of the total population (Census of India, 2011). However, by 2050 this is expected to rise to 19.5% reaching 319 million, whereas the proportion of children is expected to decline to 18.5 % (United Nations, 2019). Present trends highlight an increasingly ageing population that will continue to steadily rise in the future. Rapidly declining fertility, high contraceptive use, delayed marriages and childbearing, improved health and lifestyle, and increasing life expectancy indicate growing vulnerabilities for the population now and in the future. However,

there is sparse awareness of potential public health needs, disease burden, as well as economic and social implications of an ageing population, presenting potential challenges in the present and future.

With an increase in ageing members, the old-age dependency ratio is also rising rapidly. The old-age dependency ratio indicates the proportion of people who are 60+ years per 100 people in the segment of 15 to 59 years and is expected to go up to 31.5 by 2050. Moreover, the nation must adapt rapidly, especially as ageing process and its pace are not the same across the country. There is disproportionate demographic transition across India's states, owing to demographic intersections posing challenges for socio-economic development across strata, cultural norms, and political contexts. As the single demographic component of age cannot fully determine how people are perceived, multiple demographic categories of gender and cultural background can interact with age to influence how people are perceived (Hall et al., 2019). Thus, elderly women may be more susceptible to economic instability, changing family structures, waning support for older members, and an overall lack of social as well as health safety net. Though the life expectancy has gone up, it has risen differently for males and females. The growing gap in life expectancy between the genders insinuates that the Indian elderly population will largely comprise of females. Gender differences are also apparent in employment status of elderly: "70% of older adult men and 35% of older adult women age 45 and above are currently working; among elderly age 60 and above, 50% of men compared with 22% of women are currently working" (LASI, 2018). Studies highlight that more elderly women live by themselves when compared to men, and that living alone in a susceptible state of health increases their vulnerability manifold.

Besides the elderly population is hardly a homogenous group, more so in diverse countries like India. The challenges of the younger-old when compared to the oldest-old can contrast considerably with respect to economic and social well-being, social and work participation, and perceptions of self-worth. This marked multiplicity calls for a wide-ranging understanding of several age cohorts within the ageing members so that suitable policies can be framed in a timely fashion. Hence, it is crucial for policymakers to contemplate various interacting demographic categories to address changing care needs of the elderly.

Financial insecurity

Several older adults are negotiating with the challenges of staying healthy and productive, attempting to break the shackles of stereotypical metaphors associated with the elderly. However, despite a certain degree of structural support, older workers in the labour force continue to face incidental or systemic ageism among other barriers at the workplace. Many firms endorse the early retirement of experienced workers and refuse to hire people above a certain age despite the increasing lifespan and corresponding surge in productive years. Prolonged lack of employment and want of income over a growing number of years, can adversely impact older adults' sense of purpose, belonging, and engagement (Abramowska-Kmon & Łątkowski, 2021). Besides the personal ill effects of retirement felt by the elderly, even organizations stand to lose out on experienced talent. Instead of releasing organizational members that are still productive, businesses can leverage older employees by upskilling them to cope with the rapid technological changes. Consequently, further research and deliberation are necessitated on optimal retirement age to facilitate contemporary organizations in formulating revised policies to accommodate changing demographics.

Much of the burden of elderly healthcare costs fall squarely on the households, where health expenditure by families with elderly members is often disproportionately high. With the government's limited social security mechanism, diverse elderly cohorts continue to remain a vulnerable segment. As much of the social security and pension coverage is limited to organised industry sectors and the public sector, many elderly are not beneficiaries under pension or gratuity schemes. Health care expenses remain a burden even for insured elderly, as insurance coverage for outpatient care or medical and drug needs is close to non-existent. This inevitably results in a double whammy with heavy out-of-pocket expenditure for the already financially unstable elderly. Overburdened households often tend to rely on extended family, relatives and friends for health spending, and some even resort to alternate medicine with short-term informal domestic help and care. Hence, a lack of stable income and lack of access to health insurance or other benefits render the elderly, financially dependent. Thus, administrations may be compelled to rethink their priorities to deal with rising

healthcare costs and provide for health insurance. Likewise, organizations may also need to take a long hard look at their present meagre health benefits and overhaul outdated policies to support and enable the ageing workforce.

Changing health care needs

Morbidity associated with non-communicable diseases (NCDs) among the aged accounts for a high proportion of loss in healthy and productive life years, often with a high incidence of rheumatism, vision challenges, diabetes, kidney problems, high blood pressure, digestive disorders, loneliness and so on. As morbidities increase with age, the elderly often bear the brunt of a higher rate of cardiovascular illness, bronchitis, and cancer. These acute conditions often require long-term treatment and care adding to the escalating burden of healthcare costs.

While about 68% of India's elderly live in rural areas, older adults who live in urban areas report illnesses at a higher rate than those who reside in rural areas, 34% compared to 27% (LASI, 2018). This may be owing to a lack of access to medical services, which may explain why rural areas have higher morbidity rates with more than 80% of the elderly who lack access to healthcare residing in rural areas (LASI, 2018).

Besides such medical conditions, the elderly often have to face other implications of ageing, which aren't necessarily related to medical treatment or care but have a profound impact on overall health and quality of living. These may often take the form of psycho-social concerns such as social isolation, loneliness or lack of companionship and other physical disabilities or constraints that usually accompany ageing. The prevalent stigma of ageing has become a psycho-social barrier coupled with health, financial and other living challenges. It is thus imperative for policymakers to ensure that the elderly have access to quality healthcare services across geographies notwithstanding the socio-economic conditions.

Changing family structure and psycho-social support

Besides health and economic challenges, the issues pertaining to elderly care also must be viewed from a sociological stance. India, a collectivist nation, is traditionally known to revere family as a micro-social unit meeting the needs of older or senior members. Likewise, global literature on ageing also notes the importance of families and family caregiving as the traditional backbone for elderly care (Spillman & Pezzin, 2000). However, modern-day families have gradually taken on a different nature, structure, and size without much deliberation on serving needs of the elderly. While the traditional joint family system and values of *sneh-shraddha* in India seem to have safeguarded the health and wellbeing of elderly in the past, the emerging modern-day nuclear family set-ups are posing emotional, social, physical and financial insecurity amongst the elderly. With economic and technological advancements, familial care for the elderly is witnessing a decline and the living arrangement pattern of elderly staying alone or with partner/spouse is on the rise.

Considering the heterogeneity in ageing across diverse demographics of the aged, the living arrangement of older persons can be seen as associated considerably with health, functional status, disability and, more importantly, caregiving patterns. Demographic shift, rural-urban migration, a decline in the support extended by younger family members and several other macro socio, political and economic factors have dwindled familial sources of care and support for older members (Krishnaswamy et al., 2008; Rajan & Kumar, 2003). There is a rising trend of children switching cities or countries resulting in diminished care and consequent adverse impact on the lives of older family members. This is usually the case with the Indian middle class, where children leave parental homes for higher education and/or better prospects of job and quality of life in other geographical locations. Therefore, increased mobility spanning regions and nations can also play a critical role in decreasing the role of family in care provision of elderly.

Moreover, the shifting societal trends towards deferred childbearing and increased participation of women in the workforce along with assumption of demanding roles will only further impact the availability, willingness and ability of potential

active family caregivers for the elderly. This, in turn, can affect the physical and mental well-being of the elderly. Hence, while several studies reinforce home-based care as the primary source of care for older adults (Prakash, 1999; Prasad & Rani, 2007), the current drifts suggest that elderly care may be more nuanced than previously thought and fraught with challenges.

Elderly respondents of LASI (2018) indicated a relatively low rate of satisfaction with current living arrangements, but seemed less likely to alter their living arrangement when compared with younger counterparts. Elderly in India cite living with spouse/partner and children as the preferred living arrangement. Despite this preference, 6% elderly and close to 9% of aged women live by themselves in India. Therefore, while co-residence with family, spouse, partner, children and or others may perhaps sound beneficial and familiar to several Indian elderly for expected and assured care especially in situations of disability, morbidity or hospitalisation needs, the current trend of elderly living alone or with partner/spouse is compelling elderly to rely on non-familial caregivers. However, just as in the case of familial caregivers, equally challenging is the availability of non-familial care. This is because there are considerable challenges in terms of scant caregiver workforce, overworked and underpaid current caregivers, quality of care issues, lack of formal and or sufficient knowledge and skills in caregiving, opining elderly care jobs as menial or less attractive and so on. Further, the extant scant ageing literature focuses heavily on medical and health-related needs overlooking the nuanced role of caregivers, especially on aspects related to caregiver type, capacity, and patterns for varied living arrangements, the limitations and requirements of elderly (Agrawal, 2012; Prakash, 1999; Prasad & Rani, 2007; Sudha et al., 2006). Beyond anecdotal evidence, functional needs, mental well-being, other care needs or patterns and living arrangements for older adults remain unclear.

Implications and future directions

Elderly population in India is estimated to expand to 319 million by 2050 (LASI, 2018). As India increasingly evidences enhanced life expectancy of older individuals, there is an amplified need for elder care, support and assistance to manage

their day to day living activities. Given the diverse challenges discussed above, several regions, especially less-developed settings, are functioning under a massive resource crunch. With the projected increase in the ageing population, it is clear that the changing needs and care for older adults will only surge, inevitably putting strain on the already overstretched system. This will have significant ramifications both at the micro and macro level. In this context, while capability and capacity building across varied arenas would help cater to an ageing population's current needs effectively, it is imperative to understand heterogeneity in aged-cohorts to strengthen the mechanisms and provision across social, health and economic support and care, from the future stand. If public policy, socio-economic structures and health sector priorities continue to remain ill-prepared to face the demographic shift, the dependency ratio of older adults on the population aged 15 to 59 will only surge in the coming years. As the elderly often face multifaceted challenges of availability, accessibility, and affordability of care provisions, ageism and consequent exclusion of older adults from mainstream public welfare initiatives will prove highly detrimental to Indian society. This necessitates timely intervention to avoid the unpleasant struggle over scarce and finite resources for the elderly.

As implications of the rapidly ageing demographic are far from avoidable, it is pertinent to formulate corresponding adaptive changes and innovations in health and socio-economic strategies towards addressing some of these challenges. This necessitates some pointers for the way forward, to help delineate a road map for better mechanisms covering the social, health and financial provisions.

With the nation being diverse & populous while relying on privatised resources, extant public welfare systems often prove inadequate. While familiar with its critical role in facilitating policy making and strengthening the present mechanisms of care provision, the government must focus on augmenting collaborative approaches involving multi-stakeholders which can help expedite the adaptation and change process towards transforming the elderly care landscape. Analysing the global context of care and comparative studies will also help draw some of the learnings along with implications from global care models paving the way forward. Further, with higher life expectancy, both government and private firms must consider retaining a mature workforce as it becomes

essential for the sustainability of the current pension system in India. The fast-changing demographic landscape is bound to be reflected in the workforce as well making it crucial to stimulate and nurture the careers of older workers as organizations face a not-so-distant future of an ageing workforce. Staying active and increasing working capabilities is known to yield better health outcomes. Blending experience that is gained through age with young talent would help benefit India's inter-generational workforce and organisations towards economic inclusion. This helps thwart a high dependency ratio and expectation of financial support from children with employers assisting in health insurance.

Among the elderly, 60+ in age, 62% of those who reported facing discrimination on a daily basis perceived age as the main cause of biased behaviour followed by socio-economic status. Furthermore, 14% of those who experienced discrimination indicated caste or religious affiliation as the cause with such instances being higher in rural areas (LASI, 2018). While policy and law can perhaps address discrimination and inequality based on age, it is more important to dispel stereotypes and misconceptions about the aged. Promoting generational diversity and enhancing the knowledge or educational activities will bring much needed awareness and innovative solutions. We call for measures that will restore and rebuild creative exchanges and collaborations across generations. These inter-generational ties will develop potentialities and address the diversity of late-life care needs beyond health and security of income. Policymaker's investment and attention shift to non-medical health and well-being of elderly, and subsequent formalising of support systems, can prove promising for social inclusion.

The older members often are provisioned in a variety of settings. With significant variations in needs and problems of elderly, especially according to their age, socio-economic status, health, living status and other such background characteristics, knowledge appropriate to elderly living arrangements, care requirements will prove relevant in aiding corresponding conversations, policy and action. Besides, it may necessitate an overhaul in living and caregiving systems and infrastructure towards long-term quality of life. Decentralised, bottom-up, evidence-based, inclusive, and informed policy instruments alone would allow for adaptive and dynamic governance mechanisms. Towards this,

investigating the future demographic structure and composition of the ageing population may help develop viable strategies for the welfare of senior citizens. Coordinated developmental programs can be designed across diverse states of India enabling need mapping, situational analysis of elderly, prioritization and development of actionable models which are gerontology inclusive. This aids in the development of a taxonomy of goals to be served for an ageing population. Moreover, as mentioned earlier, education permeates greater awareness and assists in rebuilding systems to cope with the unforeseen challenges posed by the demographic shift. This supports in proactive interventions and prevention focus for several non-communicable diseases, with lifestyle improvements subsequently reducing individual, institutional, and government health costs.

Technology is a potential game-changer for the elderly care system in India. While in the past, the family has been the primary source of support in later life, it is widely accepted that the use of technology by the elderly population has a beneficial effect on their quality-of-life sans adaptation stress. Technology is one of the vital priority areas for the Indian government, realising it will only aid in digital inclusion and tech-based solutions for challenges of several older adults. Providing technology solutions to enhance the quality of life for older adults in India is gradually ramping up owing to socio-economic transitions besides demographics. Technology solutions considering costs, usability, gender, and ease of adoption can prove promising for aged life course. For faster adaptation to changing needs of the elderly, assisted living solutions and remote care in terms of robotics, Internet of Things (IoT) integrative platforms are known to aid substantially, in monitoring health and well-being. Social robots as emancipatory technology for emotional support and as instruments of combatting loneliness can enable independence for the elderly. Thus, aiding older adults in access to technology can significantly improve their quality of life.

Conclusion

The growing ageing population poses significant ramifications for both the individual and the society at large. We outlined some of the current and future challenges of the aged population in India along with key prospects for promoting

equity and inclusion of the elderly towards an instituted coordination for effective governance models.

Taken together, the role of planners and policymakers of local government in India becomes pivotal in fostering the wellbeing of diverse aged populations to ensure their engagement with society. While local governments have a critical role especially in tailoring solutions to address the diverse needs of the elderly, participation of all members of society is also imperative. Therefore, engagement with diverse stakeholders in inclusive governance of elder care systems will aid in older adults serving as active agents of societal development towards sustainable development outcomes.

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