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IN PERSPECTIVE

Seeking care in sunset years

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As a demographic and epidemiological transition sweeps across India, we see that the share of senior citizens as a percentage of the total population stands at 8.57% (Census 2011) while the current life expectancy hovers around 69.96 years. It is, hence, rather difficult to fathom that cumulative improvements in health and life expectancy for a country that spends less than 1.2% of its GDP on health are now being viewed as a strain as the proportion of elderly becomes more visible. While there are glimpses of specialised geriatric care facilities in urban areas discounting the low insurance coverage of this segment, the only recourse to the rural elderly is through the public health infrastructure. And the programme in focus is the National Programme for the Health Care of the Elderly (NPHCE) that envisaged a geriatric unit and beds to be made available for patients at government primary health centres and sub-district facilities.

Disconcertingly, much of the geriatric healthcare available at the peripheries is only through isolated non-governmental organisations and charitable institutions. Rural-urban disparities, socio-economic divide and the old-age dependency ratio being comparatively higher for rural India probably indicate the higher limitations that the rural elderly are likely to face.

The average Indian older adult is overly dependent on his/her family, having no recourse to formal occupation-linked pension schemes, and finds themselves in a changed social milieu that is largely indifferent and uncertain. With public healthcare spending as a proportion to the GDP remaining low and flat, geriatric care is still a far cry from being a prioritised focus. Interestingly, the discourse around care for older persons in India can be traced back to the global gerontological discourse that pathologises ageing and attempts to set it right through the provision of universal, medical and technical solutions. This argument tends to ignore the subjective articulation of needs by older adults in different socio-cultural contexts and the capacity or inherent willingness of family members and children to respond to these needs. As the lifespan of the elderly increases, they are more likely to experience difficulties that are age and lifestyle-related. The commonly seen impairments include difficulties in activities of daily living (ADL), instrumental activities of daily living (IADL), hearing impairment, vision impairment, edentulousness, memory issues, mental health, locomotor issues, etc. Much of these can be locally addressed through the provision of specialised comprehensive geriatric care services at the remote peripheries.

While the nation's focus no doubt still rests on effective maternal and child health services and without discounting its inherent value proposition, there is an emergent need for an equal and concerted focus for our ageing citizens. While the National Policy for Older Persons (NPOP) encourages ageing in place through the family provision of care to the elderly, there is a growing undercurrent that highlights that modern-day children and family caregivers are often unable to carry out caregiver duties effectively and are under stress managing the work-family balance. There is a need to provide caregiver support and aid primary caregivers in managing eldercare within the family environment. Preparing a cadre of trained geriatric caregivers, home nurses and home health aides, who can provide home-based care and support to this growing population segment, is a possible solution. If the notion of 'ageing in place' is to be carried forward, policy provisions that support caregivers and recognise their contribution are vital.

The national policy framework for older persons needs to be monitored in line with the changing demographic and social fabric inputs to maintain the relevancy of the policy. Eliciting interest from the burgeoning private as well as non-governmental sector can bring in disruptive innovations. It is also primordially relevant to have caregivers included as key stakeholders in the planning process as they are recognised as a primary source of care for the geriatric population in India. Creating supportive awareness about ageing, supporting the formation of social support network groups, capacity building of family caregivers as well as home health aides/caregivers, and understanding the needs of the elderly through a bottom-top approach will help address local complexities and provide solutions relevant to both urban and rural India. Understanding and documenting societal understanding of ageing, addressing care needs of the geriatric population and developing empathetic solutions for older people that aim to reduce ageism, abuse and neglect and bring about the inclusivity of older persons into the community at large are hence the immediate aspirations of senior citizens that India needs to respond to.

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