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SPECIAL EDITORIAL

Greying Population and Growing Disparities
Challenges and Opportunities for Gerontological Social Work in India

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Population ageing is a global phenomenon and it is expected that between 2017 and 2050, virtually every country in the world will experience a significant increase in the proportion of the population aged 60 years or over. Global life expectancy which reached to about 47 years by 1950, has reached to age 67 years today, and is projected to rise to 75 years by 2050 (Dugarova, 2017). According to data from the *World Population Prospects: The 2019 Revision*, one in six people in the world will be over age 65 (16 percent) by 2050, up from one in 11 in 2019 (9 percent). With the rising proportion of older persons in the global population, there is an urgent need to acknowledge the importance of ageing and to recognise the needs and rights of older persons. The rise in numbers of the elderly also raises some important concerns that demand social transformation, with implications for nearly all sectors of society. Despite various initiatives undertaken for the welfare of the elderly; they are unable to address the diverse needs of older adults in the contemporary context. Moreover, as older persons tend to be overlooked by development policy and discourse, their needs and rights are often not sufficiently addressed (UNDP, 2016).

In many national settings, particularly those where the number of older persons is growing fast, population ageing has raised concerns about the ability of countries to provide adequate social protection for older persons (ILO, 2014).

Ageing in India

The percentage of the elderly in India has been increasing at a rapid rate in recent years and the trend is likely to continue in the coming decades. The share of population over the age of 60 years is projected to increase from 8 percent in 2015 to 19 percent in 2050. By the end of the century, the elderly will constitute nearly 34 percent of the total population in the country. There is a significant interregional and interstate demographic diversity based on the stage of demographic transition and variations in the onset and pace of fertility transition. Consequently, there are considerable variations in the age structure of the population, including the ageing experience. For instance, the southern states are the front runners in population ageing along with Himachal Pradesh, Maharashtra, Odisha and Punjab. The central and northern states such as Uttar Pradesh, Rajasthan, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh and Uttarakhand have much lower proportions of aged population. Based on the 2011 Census, the overall old-age dependency ratio shows that there are over 14 elderly per 100 working age population, with significant variations across states. In Kerala, Goa, Punjab, Himachal Pradesh, Tamil Nadu, Maharashtra, Odisha and Andhra Pradesh, the old age dependency ratio is higher than 15 (nearly 20 percent in Kerala) whereas it is less than 10 in Arunachal Pradesh, Meghalaya, Nagaland and Chandigarh (UNFPA, 2017).

A few important characteristics of the elderly population in India are noteworthy. Of the 7.5 percent of the population who are elderly, two-thirds live in villages and nearly half are of poor socioeconomic status (SES) (Lena and others, 2009). Half of the Indian elderly are dependents, often due to widowhood, divorce, or separation; and a majority (70 percent) of the elderly are women (Rajan, 2001). Amongst the elderly (2.4 percent) living alone, women comprise 3.49 percent and men 1.42 percent (Rajan and Kumar, 2003). A vast majority of the elderly residing in rural areas are from low SES and are depenent on thier families (Dey and others, 2012).

Higher levels of dependency in old age reflects a higher level of demand for care from the immediate family. Though we witness alarming projections and the dependency ratio, the discourses regarding ageing and the challenges associated with the same, have not gained considerable

space in the academia, research and policy domains in India. In India, the research emphasis has always been on understanding how people interpret the issues within familial contexts; but now it is crucial to explore how these personal issues can become public, thereby generating a societal response. There is an urgent need to elucidate the underlying political and economic processes that produce inequality in old age on the basis of caste, class and gender. In India, very few institutes offer courses on Gerontology; most institutes offer post graduate diploma and certificate courses. At the masters' level or in professional courses, 'ageing' may be added as an additional paper; but, it is yet to evolve as a full-fledged degree or discipline. In the absence of highly professionalised human resources in the country, there is an urgent need for evolving protocols for assessment, training and sensitisation of professionals (Soletti and Bhatia, 2018) in diverse sectors. This editorial highlights the emerging concerns of population ageing, documented and undocumented in the Indian context, and also highlights the urgent need for evolving a gerontological social work domain to respond to these challenges.

Ageing Indian Population and Emerging Concerns

Ageing and the ever increasing proportion of the elderly has raised several challenges for the government, society, families and older persons themselves in the Indian context. The challenges and emerging concerns also raise important social and intergenerational justice questions. It is important to identify and address these emerging concerns through dialogue with various stakeholders to build knowledge, evolve interventions, and support structures.

Diversity and Heterogeneity amongst the Elderly

The older adults are highly diverse and so are the concerns. The elderly today differ from older adults of the past in three important ways. First, the public discussion of the old-age population refers to this age group as the "elderly" or as "seniors", as though this is a homogenous category. These terms mask considerable diversity in the characteristics and experiences of those in this chronological age group. Each person brings a history of his or her experiences from early life and midlife into old age. Their histories are shaped by whether they are male or female, how much schooling and income they have, their race-ethnicity, and their nativity. These characteristics and the life histories shaped by them continue to affect the individual's experiences in later life (Seltzer and Yahirun, 2013).

The experiences further get diverse because of the significant interstate and interregional variation within the country. The variations are in terms of the proportion and percentage of elderly in each state, the provisions in terms of old age pension by the state, and other forms of support by state and non-state players. It may also be noted that the age of retirement of older adults from formal work spaces also differ from state to state. In some southern states, people are expected to retire when they complete their 58th birthday. Even within the state, the rural-urban differentials add to the diversity element. The older adults thus do not form a homogenous group, but are heterogeneous in terms of the psychological and physiological dimensions, their social location, income security, support mechanisms and life-style. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible (Gorman, 2000).

Second, the potential for the long reach of early and midlife experiences into later life is greater now than in the past. Increased longevity among older adults today provides opportunities for longer and more meaningful interactions with children and grandchildren and the potential for exchanges across multiple generations (Bengtson, 2001; Uhlenberg, 2005). However, these opportunities are increasingly becoming challenges with weakening intergenerational bonds influenced by many social, economic and cultural transitions. The longevity of life also brings with it a range of parameters for 'quality of life', health related concerns and associated care-giving and economic constraints. Population ageing together with the epidemiological transition and related lifestyle changes are among the major factors for the rising incidence and prevalence of non-communicable diseases. The rising life expectancy within the older population itself is increasing the number and proportion of people at very old ages. The "oldest old" (people aged 85 or older) constitute 12 percent in more developed countries and 6 percent in less developed countries. In many countries, the oldest old are now the fastest growing part of the total population. This increases the pressure on public health systems to adapt to meet the growing demand for age-appropriate care, including long-term care services and

technologies for prevention, detection and treatment of diseases (WHO, 2015).

Macro-level changes in family life mark a third difference in the experience of ageing (Seltzer and Yahirun, 2013). This is true in the Indian context, as we see a massive transition in what constituted family a few years before. Gradually, the Indian society is moving away from the joint family to the nuclear family system. These changes have profound implications for the support and care of the elderly (Rajan and Kumar, 2003).

In addition, older persons themselves face multiple challenges that severely restrict their human rights and their contribution to society. Poverty—that is characterised by income insecurity, malnutrition, poor health and lack of access to clean water and sanitation, as well as adequate housing—is a major threat to the well-being of older persons (Dugarova, 2017). In later life, people reduce their working hours or stop working because of retirement options, health issues or family responsibilities. Reliance on pensions alone in old age is usually not sufficient to meet basic needs, particularly in developing countries where the benefits that older persons receive are very low or non-existent (ILO, 2014). Furthermore, while older persons are especially affected by displacement caused by conflict and natural hazards due to reduced physical ability and limited mobility, they are often ignored in humanitarian interventions, placing great risk on their ability to survive and recover (HelpAge International and the Internal Displacement Monitoring Centre, 2012).

Changing Family Structure and its Implications on Elder Care

To date, the family has been the main source of support for meeting the needs of dependent elderly people (WHO, 2011), and more so in India. Across India, the family remains the primary source of care for older adults and assumes a central place as the mode of old age security in India (Lamb, 2013). However, we witness a remarkable change in the structure and function of the family. Changes in the structure and composition of older persons' families test the strength of the ties between ageing parents and adult children (Seltzer and Yahirun, 2013).

The transition from a high-mortality/high-fertility society to a low-mortality/low-fertility society has resulted in an increase in the number of living generations, and a decrease in the number of living relatives within these generations. This has resulted in "beanpole families" characterised by a lack of support between members, because of the scarcity of people in each

generation available for mutual help. Changes in the population pyramid, increasing nuclearisation of families with rapid urbanisation, and large-scale mobility of young adults have led to concerns regarding care for left-behind older adults (Bloom, Mahal, Rosenberg and Sevilla, 2010). Although the joint family system is still prevalent in India—with migration to urban areas in search of jobs by the younger generation—the elderly are left behind in their homes all alone (Goswami and Deshmukh, 2018).

Transregional and transnational motilities lead to dislocation and disruption of family life. The absence of different family members has phenomenally affected the quality of life of the elderly in India. With increasing mobility and globalised lives, present-day family life is carried out across multiple places, with multiple actors and in different time zones. The concept of family and the notion of belonging get constantly (re) negotiated to sustain relationships across large distances (Bailey, Hallad and James, 2018). In a field action project of the Tata Institute of Social Sciences 'Integrated Rural Health and Development' (IRHDP) located in Aghai, we see seasonal migration of adult men to nearby peri-urban spaces, leaving behind women and elderly to care for themselves. Women are expected to perform multiple roles including childcare and older adult care while still continuing to deal with the feeling of being 'left-behind' by their men (Desai and Banerji, 2008). In the absence of alternative mechanisms to support family caregivers in emigrant households, women caregivers primarily feel largely unsupported in their caregiving roles.

The resource distribution mechanisms and socio-cultural values of present-day families differ increasingly from traditional values. On the one hand, we see families struggling with limited resources catering to multiple generations, and on the other hand we witness the abandonment of older adults. There are not much studies in India that have been conducted to understand the dynamics and challenges of the sandwich generation. Sandwich generation caregiving takes place when one is raising a child or children, while caring for an elder during a short-term period of time, or over a long period of years. This often poses considerable family strain on caregivers in the middle (Cohen, Colantonio and Vernich, 2002: 184). The notion of kinship ties has always been central to everyday life in India. It has been considered as the duty of the child, particularly the male child to provide the support in old age, ideally through co-residence. The demographic shifts have substantially impacted the Indian family and ties (moving away from the joint family to the nuclear family system and solo dwelling) (Krishnaswamy and others, 2008; Rajan and Kumar, 2003). A

country that took pride in its strong family system, now sees the need to enact laws for the care and protection of its elderly. This needs reflection on the magnitude of the problem and its implications on the lives of the elderly. At this time in India, particularly where traditional family-based care is becoming a thing of the past (Arokiasamy and others, 2012) along with insufficient social security systems and changing household structures, planning for the ageing population becomes important. While the Maintenance and Welfare of Parents and Senior Citizens (amendment bill), 2019 puts the emphasis of older persons' care on family, it lacks clarity on the support mechanisms that would be provided to the family when caring for older adults.

Parents receive support for child care. There are operational structures to envisage the rights of the child as well as provision of maternity and child care leave in the formal work sector for mothers. Child care mechanisms are in place in the form of day-care facilities and kindergartens. There are no such support provisions for adult children when it comes to taking care of their ageing parents. There are families where the young-old are taking care of their old-old. Social trends in caring for older people reveals more emphasis on informal family care which conflicts with policies that encourage women to work; thus putting stress on family based care for the elderly (Petrie, 2006). Also policies encouraging private retirement savings that conflict with policies encouraging young adults to rely on families financially for a period, and policies requiring families to assist their elderly to 'age in place'. Customs and practices that used to promote intergenerational bonding are not followed or adopted by families. Disappearance of practices and customs that facilitated intergenerational bonding like the *Sahasra Purna Chandrodayam* (the celebration of a person's 1000th full moon during his or her life as a special occasion) is one such informal mechanism which brings the families together to connect and celebrate the older adult's milestone. The absence of formal support mechanisms to help the families in caring for older adults, and the disintegrating informal mechanisms has huge implications on elder care. Social transformation and disintegrating traditional family structures have resulted in a host of new social problems, which the social welfare services are unable to meet.

Ageism, Abuse and Increasing Crime against the Elderly

Another persistent challenge is ageism—prejudice and discrimination towards older persons at individual and institutional levels—that

undermines older persons' status as rights holders including their right to autonomy, participation, access to education and training, health and social care, security and decent employment. Moreover, old age aggravates existing disadvantages that individuals struggle with throughout their lives on the basis of gender, race, ethnicity, disability, religion or other factors. Several attempts have been made to understand abuse, but often, they are limited to understanding abuse within a familial context and fail to see the structural issues resulting in abuse. There is evidence on the elderly being abused by their own children; however, it is essential to conduct studies to understand the context in which abuse occurs, and initiating interventions to prevent abuse at the family level. Elder abuse and separation lead to either the elderly living alone or in old age homes or attending day care centres (Panigrahi, 2010). On the other hand, there are no elder care institutions in rural settings, and hence, they are left alone to take care of themselves till they die (Goswami and Deshmukh, 2018). Abuse of older women and men—physical, emotional or financial—has now been acknowledged as a growing concern for all countries, regardless of their level of development (UNFPA and HelpAge International, 2012). Every year, the National Crime Records Bureau documents an alarming increase in the rate of crimes against the elderly in metropolitan cities. In spite of this recognition, old age has received modest attention in policies and research on violence. There are also existing traditions that are abusive towards older men and women, including belief in witchcraft and the practice of abandoning widows. Tamil Nadu has documented one such practice called "Thalaikoothal", where older people living in villages are killed.

Scope for Social Work Practice

Population ageing and the associated concerns require urgent action. The current scenario in India indicates a tremendous scope for social work practitioners to engage and evolve intervention models. There are existing intervention models, which provide health care, day care facilities, residential facilities and assisted living options. However, these are scattered and not evenly distributed. The existing policies and programmes need to be updated to meet the diverse needs of older adults across contexts. Most of the policy documents and interventions consider the elderly as a dependent entity. However, through continual engagement, it is essential to recognise and build agency of older persons and acknowledge their human rights. It should incorporate factors that support productive ageing as well as interventions that promote greater longevity and health outcomes.

Demographers and policy makers focus on national population statistics, in which, ageing is narrowly defined as a birthday that divides the young from the old. Social workers use a person-in-environment approach to ageing as a complex life course experience. This includes how people become frail, dependent and vulnerable over time as part of contextual rather than individual factors of life opportunities and challenges. Social workers should continue to use this knowledge to advocate against the conflation of chronological age with total dependency (Sullivan and Crampton, 2011). The Global Alliance for the Rights of Older People (GAROP) was established in 2011, to highlight how ageing brings with it particular vulnerabilities to discrimination and rights violations and, why the existing human rights instruments are not enough to provide the necessary protection for older people, both in law and practice. GAROP is working towards the creation of international and regional human rights instruments as powerful tools for strengthening the rights of older people.

While social work researchers and practitioners enhance the knowledge base and suggest innovative interventions in policy discourse for older adults, they are in a position to critique existing policies that do not address the heterogeneity and diverse needs of the elderly. Social workers must challenge, eliminate or change ageist attitudes through advocacy and education, by acting as conscious raisers of elderly rights and potentials (Kirst-Ashman and Hull, 2006). Knowledge is essential to assist policymakers to define, formulate and evaluate goals and programmes, and to raise public awareness and support for required policy changes (Dugarova, 2017). There is, therefore, an urgent need to bolster the collection, analysis and use of good quality data on age and ageing. In order to achieve this, there should be focussed engagement on research, advocacy and capacity building. While the social work profession in India has expanded over the years and addressed the needs of the vulnerable and marginalised, it has failed to engage adequately on the concerns around ageing. It is high time that the social work fraternity evolve curriculum and create a cadre of highly skilled practitioners in the field of gerontology. Until then, the social work fraternity should work towards mainstreaming ageing issues in their area of work, to ensure the rights of older persons, income security, health care, education, safety and participation. According to Schofield (2005) social workers will need to be innovative, resourceful and creative to meet the needs of this elderly demographic transition. For example, source funds and resources to meet the needs of older people, as acquiring resources for a socially devalued group is not easy.

In conclusion, an ageing population throws challenges and also offers opportunities for social work practitioners, nationally and globally to campaign for a society where older people and their concerns are acknowledged, addressed, and that, the older adults are valued as active and contributing members of society.

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