Research Paper

Volume : 5 | Issue : 2 | February 2016 • ISSN No 2277 - 8179

Population Ageing in India with Reference to Assam : an Over view

Economics

KEYWORDS : Ageing population, demographic transformation, fertility, mortality, life expectancy, dependency ratio, Living arrangement.

MRS. PLABIKA NEOG Assistant Professor Department of Economics Kampur College, Nagaon, Assam

ABSTRACT

Population aging is a shift in the distribution of a country's population towards older ages. The population of India is currently moving towards an old age structure and it is certain that there will be rapid growth in the elderly population in the near future. The quantum of population aging has important implications for government policies such as pension schemes, old age homes, health care and economic growth. This paper tries to analyse various socio-economic aspects of population ageing in India with special reference to Assam.

Introduction :

Population ageing is widely accepted as an important and inevitable demographic change to happen in the transition of all societies. Population ageing refers to a situation when number of elderly people increases much more rapidly than the rest of the population. Generally ageing can be described as the process of growing old and is an intricate part of the life cycle. Ageing of population is basically the result of a two-dimensional demographic transformation; on the one hand the decline in overall mortality results in longer life-expectancy; and on the other, decline in fertility results in decreasing the proportion of children and young adults in the population. The relative strength of these two forces act together to determine the proportion of elderly in the population.

Population ageing is a dynamic process which was first observed in post-industrial European societies in the 19th century. The United Nation conference of Ageing Populations in the context of the family held in Japan in 1994 observed that in all developed countries at least one demographic issue is common i.e., population ageing which was the inevitable consequence of fertility decline and decline in mortality. Projected increases in both the absolute and relative size of the elderly population in many third world countries is a subject of growing concern for public policy (Kinsella and Velkoff 2001; World Bank 2001, United Nations 2002; Bordia and Bhardwaj 2003, Liebig and Rajan 2003). The number of elderly in the developing countries has been growing at a phenomenal rate, in 1990 the population of 60- years and above in the developing countries exceeded that in the developed countries Hence the world's population of older persons will increasingly be concentrated in developing countries. The proportion of the aged (60 years and above) in the world population is expected to increase from 10 per cent in 2000 to 15 per cent in 2025 and to 21 per cent in 2050 (United Nations, 2002). According to UN Population Division, there will be two elderly persons for every child in the world by 2050.

The Indian elderly population is currently the second largest in the world after China. It is projected that by 2050, India's elderly will be more than four times i.e. 77 million to 324 million. According to census figures, the proportion of elderly persons in India has risen from 5.6 per cent in 1961 to 7.4 per cent in 2001 and is expected to be 8.9 per cent in 2016 (Population projection of India and States, 1996-2016, RG, India). It is estimated that by the middle of this century India will have 21 per cent older persons of the total elderly persons (Population Ageing, 1999, UN Division, Department of Economic and Social Affairs).

Population ageing has major socio-economic implications in the society. Population ageing affects economic growth, savings, investment and consumption, labour markets, pensions and the transfer of wealth, property and care from one generation to another and old age dependency ratio. Ageing of population will also continue to affect health and health-care, family composition, living arrangements, housing and sanitation. The social and economic impacts of such population dynamics provide interesting scope of research to gather knowledge, so as to cope up with problems resulting from the advancement of science and technology, by designing appropriate and effective social and economic policies (Pethe, 1990).

1.2 Aims and Objectives :

This paper is an attempt to study the demographic aspects of aging population of India over the last decade. It also tries to analyse the socio-economic aspects of population aging in India. This paper is based on census data and various research studies, reports of government and non-governmental organization etc.

2.1 Demographic trend of Aging in India

The increase in the proportion of aging population is one of the most important demographic changes in the Indian context. The elderly population in India was about 25 million in 1961, which increased to 76 million in 2001 (Table – 1).

Table 1. Number and proportion of Elderly by Age groups in India. 1961 – 2011.

Age	No. (in millions)						% of elderly population to total population					
	1961	71	81	91	2001	2011	1961	71	81	91	2001	2011
60+	25	33	43	57	77	64	5.6	6	6.49	6.76	7.5	5.3
70+	9	11	15	21	29	28	2	2.1	2.33	2.51	2.9	2.3
80+	2	3	4	6	8	11	0.6	0.6	0.62	0.76	0.8	0.93
90+	0.5	0.7	0.7	1	n.a.	n.a	0.1	0.1	0.1	0.2	n.a.	n.a
100+	0.01	0.01	0.01	0.01	n.a.	n.a	0.02	0.02	0.02	0.02	n.a.	n.a

Source : Census of India

The proportion of aged (60+ population) was 5.63 per cent in 1961 and went upto 7.5 per cent in 2001. As per 2011 census 75 per cent of the total aged in India lives in rural areas. 2011 census that the number of people in upper age bracket i.e. 80+ years of age has risen although there has been a decline in the number of elderly at 60+ & 70+ years of age.

The elderly population aged 70 and above which was only 8 million in 1961 rose to 29 million in 2001. The growth rate among different cohorts of elderly such as 60+, 70+ and 80+ during the decade 1991-2001 was much higher than the general population growth rate of 2 per cent per annum during the same period. The decadal growth of elderly is 38 per cent where as decadal growth of general population is only 21 per cent. The continuous increase in proportion of aged 60 and older implied the start of population aging in India. The absolute number of elderly population of age 60+ has increased three fold in last 40 years. (P.Swain & T.P Sherin Raj, 2005).

The proportion of elderly is higher in the southern states like Kerala, Tamilnadu, Karnataka, Andhra Pradesh etc. The highest proportion of elderly among states and union territories was located in Kerala (10.5%) and lowest proportion was found in Dadra and Nagar Haveli (4%) during 2001. The proportion of elderly has risen to 11.1% in Kerala where as Delhi records the lowest percentage 4.6 according to 2011 census. 2011 census shows that among the total elderly population(7.5%), proportion of elderly male is 7.1 percent and that of female is 7.8 percent. This shows the beginning of feminization of aging in India which adds to another dimension in the nature of protection of elderly, particularly widows.

The North Eastern region comprising of eight states accounts for 3.8 per cent of India's total population and it covers 8.05 per cent of the country's total geographical area.

These states differ to a large extent with respect to number and proportion of elderly persons in total population. The elderly population in these states together comprises of 5.6 percent of the total population of the region in 2001. Among these states Assam has the highest number of elderly population. Almost 70 per cent of the total elderly population of this region belonged to Assam in 2001. According 2001 census about 6 per cent of the total population were senior citizens (60 years or above) in Assam. Since 87 per cent of total population lives in rural areas, the proportion of elderly person is high in rural areas than in urban areas of Assam.

As a result of increase in overall population of Assam the elderly population also increases significantly. In 1961 the total elderly population was 5.09 lakhs while it rose to 20.7 lakhs in 2011 (Table No 2).

Table No. 2 : Trends of Ageing population in Assam (in absolute numbers)

Age	1961	1971	1981	1991	2001	2011
60-64	239837	286779	378255	484834	577084	775698
65-69	89559	141740	180777	247335	382083	503642
70-74	87171	139643	175511	219649	296029	385277
75-79	33092	56756	73068	95001	135531	184352
80+	59495	80732	114060	147641	169639	229575
Total	509154	705650	973073	1194460	1560366	2078544

Source : Census of India : 1961-2011

The interesting feature of age group wise growth rate of population of Assam is its fluctuating nature at a high level over the decades implying that the problem of population ageing may turn out to be of serious nature in future in a small state like Assam.

The distribution of elderly population in other north eastern state shows that Tripura has 10 percent followed by Manipur has 7 percent and Meghalaya has 5 percent elderly population respectively. Sikkim has the lowest number of elderly people (only 1 percent) while Nagaland records 3 percent, Manipur and Mizoram have 2 percent aged population according to 2011.

The highest proportion of elderly among states and union territories are located in Kerala (10.5%) and lowest proportion was found in Dadra and Nagar Haveli (4%). The percentage is higher in the southern states like Kerala, Tamil Nadu, Karnataka, Andhra Pradesh etc.

Among the Indian states Kerala had the highest proportion of elderly among males and females in 2001. The sex ratio of the elderly population, which was 1,000 in 1961 and decreased to 950 in 1981. It slightly to 971 in 1991 and to 987 in 2001. According to 2011 census, 7.5 per cent are elderly population which shows that 7.1 per cent are elderly male and 7.8 per cent are elderly female. This shows sex ratio being favourable to females, indicating beginning of feminization of aging in India which adds to another dimension in the nature of protection of elderly, particularly windows.

2.2 Aging and Dependency

Population aging raises the number of older persons which in turn, imposes higher burden on the earning segment of the population. As a result of high old-age dependency ratio, social welfare of a country gets hampered.

The relatively faster increase in the elderly population will contribute to a higher dependency ratio of the population in the non-productive age group. The old age dependency ratio which was 10.6 in 1961 increased to 12.6 in 2001. The study by NSSO in its 52nd round on the dependency among elderly shows that in rural areas 58 per cent of females and 45 percent of males were fully dependent whereas in urban areas, these percentages were 64 and 46 respectively. Assessing the situation in the major states, the study shows that in rural areas, only 5 states (out of 15) reported a male dependency level above 50 per cent. All states except Himachal Pradesh have reported that more than half of their elderly women dependent on others for their livelihood. The study shows that Assam recorded highest elderly women dependency i.e., 69 per cent in rural areas. In Assam the old age dependency ratio (taking retirement age 60+) which increases steadily from 8.438 in 1961 to 10.336 in 2001 shows that society in Assam is aging very fast.

The situation of dependency is more vulnerable for elderly females in the urban areas. Their economic dependency ranges from 52 per cent in Himachal Pradesh to 72 per cent in Jammu-Kashmir. This may be one of the reasons that the elderly continue to work in old age in spite of their poor health. NSS data indicate that 63 per cent of the males and 58 per cent of females continued to work beyond 60. Lack of social safety measures and poverty levels forced them to work for their survival.

2.3 Marital Status of the elderly

The marital status of the elderly assumes special significance in the context of care in old age. The married persons tent to enjoy higher levels of survival, mental health, use of health services, social participation and life satisfaction as compared with those who widow or widower. Life of the elderly at this stage becomes pathetic as they are doubly affected due to combined effects of aging and being single (Chakravarty, 2001). According to 2001 census, 33.07 per cent of the elderly in India are without their life partners. The widowers among men form 14.98 per cent as against 50.06 per cent widows among women. Over the last decade the widowhood percentages have declined for both sexes. A gender wise analysis shows that 71.11 per cent of women were widows while only 28.89 per cent of males were widowers. Such individuals deserve suitable and adequate social safety nets irrespective of gender. (Rajan, 2006)

2.4 Living arrangements among elderly

The term 'living arrangement' is used to refer to one's household structure (Palloni, 2001). Irudaya Rajan, Mishra and Sharma (1995) explain living arrangements in terms of the type of family in which the elderly live, the headship they enjoy, the place they stay in and the people they stay with, the kind of relationship they maintain with their kith and kin, and the extent to which they adjust to the changing environment.

Living arrangement among the Indian elderly using NFHS-I was addressed by I. Rajan and Kumar (2003). The study shows that only 6 per cent of elderly in India live in a household where their

immediate relatives are not present. The study identified migration, resource change and life cycle events as significant factors that decided living structure during old age.

2.5 Health status of elderly persons

The elderly are more vulnerable to disease because of decreased physiological reserves and defence mechanisms. The first National Sample Survey (NSS) conducted during the second half of 1980s, focused on the elderly and indicated that 45 per cent of the elderly suffered from some chronic illness like pain in the joints and cough. Other diseases noted in the NSS survey included blood pressure, heart disease, urinary problems and diabetes. The major killers among the elderly consisted of respiratory disorders in rural areas and circulatory disorders in urban areas. Another rural survey reported that around 5 per cent of the elderly were bedridden and another 18.5 per cent had only limited mobility. Given the prevalence of ill health and disability among the elderly, it was found that dissatisfaction existed among the elderly with regard to the provision of medical aid. The author also referred to the fact that the sick elderly lacked proper familial care while public health services were insufficient to meet the health needs of the elderly. However, among the regions, the north-west reported the highest proportion of elderly with no disease, followed by west and south. The lowest proportion was reported by states in the east region. Similar patterns were observed among the elderly above 70 and also above 80. One out of two elderly in India suffers from at least one chronic disease which requires life-long medication. The proportion is slightly higher in urban areas compared to rural areas.

From the above observation, made on the health status of India's elderly, it can be concluded that some definite health intervention measures are necessary to cater to specific diseases associated with old age. This calls for the establishment of special geriatric wards within public sector health facilities and concessions in private hospitals through identity cards for the poor elderly. With the ongoing fertility transition, the demand for maternal and child health services are likely to fall sharply and therefore the Medical Council of India should have specially trained personnel to treat geriatric disorders.

Most of India's elderly being economically dependent, the cost of treatment is often a burden on the household. Therefore, many of the elderly ignore their ailments unless they become too acute. Thus, there is a great need for an appropriate, insurance scheme for enabling the elderly to meet their medical expenses.

3. Conclusion

Population ageing is an unavoidable biological effect. It becomes a matter of great concern for the economy when the number of elder population (age 65+) outnumbers the young population. The mounting figure of ageing population brings number challenges to the society and the policy makers. But it is accompanied by a number of positive effects. So the need is its effective utilization. Sincere actions must be taken by the concern authorities to reap the benefits. The problem they face is needed to be addressed with utmost care.

To tackle the problems of aging the government can provide various schemes, policies such as old-age pension (General Pension Fund/General Provident Fund and Public Provident Fund), health care and nutritional schemes to elders, food security and shelter, additional facilities / benefits to senior citizens etc. In addition, the government can undertake some legislative measures to provide for economic security to persons or their families in the event of retirement or even death before retirement.

REFERENCE

1. Anjali Radkar and Aarti Kaulagekar (2006) : Living conditions of Elderly in India : An overview based on nationwide data; Indian Journal of Gerontology, Vol. 20, No.3, PP 250-263. | 2. Bordia, Anand and Mala Kapur Shankardass, 2004, Growing Old in India : Voices Reveal and Statistics Speak. B.R Publishing corporation, New Delhi. | 3. Census of India website (http://www.censusindia.gov.in/vital_statistics /SRS_Report 2011, pdf, accessed on 7 may 2013. | 4. Dhar and Chakravorty (2004), The Graying of India, Population Ageing in the context of Asia, New Delhi, Sage Publications. | 5. Gavrilov L.A and Heuveline P. (2003), "Ageing population" in Paul Decency & Groffrey MC Nicoll (ed), The Encyclopedia of population, New York. | 6. Guha Ray, S. (1985) "Demography of Ageing, Indian Experience", Journal of Indian Authropological Society 20 : 258-283. | 7. Irudaya S. Rajan (2006) ; Population Ageing and Health in India, Centre for Enquiry into Health and Allied Themes, Survey No. 2804 & 2805, Mumbai. | 8. Irudaya Rajan S, Mishra US and Sharma PS. 1995. Living Arrangements among the Indian Elderly, Hongkong Journal of Gerontology, Vol. 9, No.2, PP. 20-28. | 9. Kinsella, Kevin and Velkoff, Victoria A. 2001. An Ageing World, US Census Bureau Series, P 95/01, Washington D.C. | 10. Palloni, A (2001) Living Arrangements of Older Persons, United Nations Population Bulletin, Special Issue Nos. 42/43, Department of Economic and Social Affairs, Population Division, New York. | 11. Saha Paramita (2006), Population Ageing in Tripura, an unpublished Ph.D. Thesis. | 12. Status paper (2002), "The population Ageing in India" presented by Union Minister for Social Jurteri & Empowerment, Govt. of India, in second world Assembly on Ageing at Madrid, Spain, April. | Source: http://www.un.org/ageing/ coverageindiaE.htm. | 13. Swain P, and T.P. Sherin Raj (2005) : Demography of Aging in India ; State and District level Analysis. |