



ISSN: 2456-0057

IJPNPE 2018; 3(2): 01-03

© 2018 IJPNPE

www.journalofsports.com

Received: 01-05-2018

Accepted: 02-06-2018

Veereshkumar B Vijapur
 Research Scholar Dept of
 Physical Education, Karnatak
 University, Dharwad,
 Karnataka, India

Population aging in India: Issues, and challenges

Veereshkumar B Vijapur

Abstract

India, one of the world's two population superpowers, is undergoing unprecedented demographic changes. Increasing longevity and falling fertility have resulted in a dramatic increase in the population of adults aged 60 and up, in both absolute and relative terms. This change presents wide-ranging and complex health, social, and economic challenges, both current and future, to which this diverse and heterogeneous country must rapidly adapt. This chapter first lays out the context, scope, and magnitude of India's demographic changes. The study is based on Secondary data. This paper focused on the Percentage of Workforce participation by age, gender, and place of residence in Rural male was highest above 15 to 59 age compared to the female age was continuously decreasing in Rural area. Rates of workforce participation among older adults were markedly higher in rural (47%) than in urban areas (29%); were much higher for males than for females (as is the case at all ages-see); and varied significantly across states, from 26.8% to 53.5%. As many Indian individuals experience longer lifespan and better health, an increasing number may choose to continue to work, full time or part time, beyond traditional retirement ages for reasons of enjoyment and intellectual stimulation, or to share their knowledge and experience with younger workers. This Paper also presents an overview of India's recent and ongoing initiatives to adapt to population aging and provide support to older adults and their families. It concludes with policy recommendations that may serve as a productive next step forward, keeping in mind the need for urgent and timely action on the part of government, private companies, researchers, and general population.

Keywords: Population, aging

1. Introduction

Aging is unavoidable and natural phenomenon of life. Modern gerontologists are realizing the fact that aging is a disease, which Ayurveda had accepted as natural disease since long. Rate of aging is determined by one's biological, social, lifestyle, and psychological conditions and adversity of which leads to accelerated form of aging (*Akalaja jara* or premature aging). The aim of this study is to identify potential factors that may accelerate aging in the context of dietary factors, lifestyle and mental makeup. Aging is a continuous process that affects all the systems and tissues without sparing single cell in the body. Some people live longer with a very good physical and mental health, while others live with mild to moderate or even severe cognitive and physical disorders by the age of 60 or even before. In the latter condition, one's aging process is accelerated than the expected nature of the chronological age.

It is a matter of fact to think why a person's biological age is more rapid than their chronological age. More researches are being carried out on the physiological and pathological aspects of aging and the means by which aging could be slowed. Aging has been defined as a progressive and generalized impairment of function resulting in a loss of adaptive response to stress and in a growing risk of age-associated disease. Aging does not take place simultaneously in all tissues. *Ashthanga Samgraha* was the first to mention how aging proceeds, whether it starts simultaneously in all tissues or from particular part of the body. According to this view, some qualities are being deteriorated in each decade of life beginning from, for instance at the end of first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, and tenth decade; the childhood, growth, complexion, intellect, skin luster, reproductive capacity, vision, hearing, mind, and functions of sense organs are lost, respectively, and the maximum life span is 100 years.

Correspondence

Veereshkumar B Vijapur
 Research Scholar Dept of
 Physical Education, Karnatak
 University, Dharwad,
 Karnataka, India

This study was carried out to evaluate the relationship of lifestyle, dietary pattern, occupational and social background, and mental makeup in individuals whose aging process is accelerated than expected, and signs and symptoms of aging are quite evident untimely.

India, one of the world’s two population superpowers, is undergoing unprecedented demographic changes. Increasing longevity and falling fertility have resulted in a dramatic increase in the population of adults aged 60 and up, in both absolute and relative terms. This change presents wide-ranging and complex health, social, and economic challenges, both current and future, to which this diverse and heterogeneous country must rapidly adapt. This chapter first lays out the context, scope, and magnitude of India’s demographic changes. It then details the major challenges these shifts pose in the interconnected areas of health, especially the massive challenges of a growing burden of non communicable diseases; gender, particularly the needs and vulnerabilities of an increasingly female older adult population; and income security. This Paper also presents an overview of India’s recent and ongoing initiatives to adapt to population aging and provide support to older adults and their families. It concludes with policy recommendations that may serve as a productive next step forward, keeping in mind the need for urgent and timely action on the part of government, private companies, researchers, and general population.

India, one of the world’s two population superpowers, is undergoing unprecedented demographic changes. Increasing longevity and falling fertility have resulted in a dramatic increase in the population of adults aged 60 and up, in both absolute and relative terms. This change presents wide-ranging and complex health, social, and economic challenges, both current and future, to which this diverse and heterogeneous country must rapidly adapt. This chapter first lays out the context, scope, and magnitude of India’s demographic changes. It then details the major challenges these shifts pose in the interconnected areas of health, especially the massive challenges of a growing burden of non communicable diseases; gender, particularly the needs and vulnerabilities of an increasingly female older adult population; and income security. This chapter also presents an overview of India’s recent and ongoing initiatives to adapt to population aging and provide support to older adults and their families. It concludes with policy recommendations that may serve as a productive next step forward, keeping in mind the need for urgent and timely action on the part of government, private companies, researchers, and general population.

2. Review of Literature

Ramamurti, Jamuna (1984) expresses one of the earliest

trends in Indian research was the study of the psychological characteristics and the problems of the elderly in adjusting to their later lives within the changing scenario. As age alone is not a factor for a satisfied later life, the several social, psychological and physical factors that influence the life of the elderly population have been researched as causes of better adjustment in old age. Economic, social and personal adjustments were found to be the important problems of adjustments in old age. Some of the other factors that influenced adjustment were identified as rigidity, flexibility, marital satisfaction, attitude towards retirement, satisfactory physical and mental health, type of family, social contacts and attitude towards death to name a few. Sharma, Dak (1987) have edited a book on the process of aging in India and the socio-psychological problems attached to this process. Their work is a product of joint ventureship of Help-age India and Department of Sociology, Haryana Agricultural University, Hissar. The edition contains a total number of 23 short research papers authored by 37 workers.

Seeman and Berkman (1988) investigate relationship between structural characteristics of two types of support (instrumental and emotional) in community dwelling individuals aged 65 years. For each type of support two dimensions were examined –availability of support and perceived adequacy of the support. It was seen that structural characteristics such as total network size, number of face to face contacts and number of proximal ties were associated with greater ability of both instrumental and emotional support. Perceived adequacy of both types of support was most strongly related to the number of monthly face to face contacts. Comparisons of specific types of ties show that neither once spouse nor children were primary sources of support. Rather the presence of a confident was strongly associated with both dimensions of instrumental and emotional support; the presence of spouse was not.

3. Objectives

1. To analyse the Percentage of Workforce participation by age, gender, and place of residence
2. To Population ageing in India’s Challenges and opportunities.

4. Methodology

The study is based on purely Secondary data. The data was collected from various Government reports like, Govt of India 2011 Census, and 2011 Population Report. The statistical tools used like, Percentage.

5. Result and Discussion

Table 1: Workforce participation by age, gender, and place of residence

Age Group	Total		Rural		Urban	
	Male	Female	Male	Female	Male	Female
15-59	78.4	37.4	79.8	45.4	75.7	21.4
60+	60.4	23.4	66.4	28.4	46.1	11.3
70+	45.1	14.5	50	17.5	33.1	7.6
80+	34.9	10.9	37.1	12.8	29.5	6.7

Source: (Government of India 2011)

In this table shows that the work force Participation by Age, Gender and Place of Residence in Rural male was highest above 15 to 59 age compared to the female age was continuously decreasing in Rural area. Rates of workforce participation among older adults were markedly higher in

rural (47%) than in urban areas (29%); were much higher for males than for females (as is the case at all ages-see Table 1); and varied significantly across states, from 26.8% to 53.5%. As many Indian individuals experience longer lifespan and better health, an increasing number may choose to

continue to work, full time or part time, beyond traditional retirement ages for reasons of enjoyment and intellectual stimulation, or to share their knowledge and experience with younger workers. At the present time, however, more than 70% of older Indian workers surveyed cited economic necessity, rather than personal preference, as their main reason for remaining in the workforce, indicating a high level of income insecurity.

6. Policy Options: Past Attempts, Future Prospects

Although the Indian government has proposed several schemes and resolutions to support an aging population, most of these have thus far met with limited success. At the 1991 United Nations General Assembly, member countries adopted the United Nations' Principles for Older Persons, which encourages governments to incorporate the principles of independence, dignity, care, participation, and self-fulfilment of the elderly in their national policies and programs (1991). Soon after the declaration, India's Ministry of Social Justice and Empowerment implemented an Integrated Programme for Older Persons (IPOP) in 1992 (Government of India 2015). Under this program, citizens aged 60 years and older are eligible to receive basic amenities such as food, shelter, health care, and other welfare services. The scheme also provides financial assistance to nongovernmental organizations (NGOs), voluntary organizations, and Panchayat Raj (local government) institutions to maintain old-age homes, continuous care homes, and clinics for older persons.

7. Conclusion

India faces unprecedented population aging due to lengthening lifespan and dropping fertility. This demographic shift poses massive and complex challenges to Indian society in the form of a rising burden of non-communicable diseases, a vulnerable female-heavy older adult population, a changing family structure, and a lack of a social safety net. Successfully addressing these challenges, while certainly far from impossible, will require equally complex and ambitious changes and innovations in health, fiscal, and social policies.

7. References

1. Agrawal G, Keshri K. Morbidity patterns and health care seeking behavior among older widows in India. *PLoS*. 2014; 9(4):e94295.
2. Alam M. Report on the Status of Elderly in Select States of India, 2011. New Delhi, India, UNFPA India, 2012.
3. Arokiasamy P. Longitudinal aging study in India: Vision, design, implementation, and preliminary findings. *Aging in Asia: findings from new and emerging data initiatives*.
4. J. P. Smith and M. Majmundar. Washington, D.C., The National Academies Press, 2012, 36-74.
5. Arokiasamy P, Yadav S. Changing age patterns of morbidity vis-a-vis mortality in India. *Journal of biosocial science*. 2014; 46(04):462-479.
6. Bloom DE. Economics of Non-Communicable Diseases in India: The Costs and Returns on Investment of Interventions to Promote Healthy Living and Prevent, Treat, and Manage NCDs. Geneva, World Economics Forum, Harvard T.H. Chan School of Public Health, 2014.
7. Bloom DE. Longitudinal Aging Study in India: Biomarker Data Documentation. Boston, Harvard University Program on the Global Demography of Aging, 2014.
8. Bloom DE. Economic security arrangements in the

context of population ageing in India. *International Social Security Review*. 2010; 63(3, 4):79-97.

9. Bloom DE, McKinnon R. The design and implementation of pension systems in developing countries: issues and options. *International Handbook on Ageing and Public Policy*, 2014.