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Improving the support for older adults in India: A multi-faceted approach for a better future

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Abstract

India is going through a significant demographic shift, and the percentage of older adults in the Indian population is increasing remarkably. This demographic shift presents unique public health challenges and requirements. This article underscores the multi-faceted and intricate challenges older adults face: non-communicable diseases, psychological disorders, cognitive decline, functional limitations, financial constraints, and social restrictions. In order to address these challenges, this article also critically evaluates the National Social Assistance Programme and other relevant schemes by the Government of India. In order to enhance the inclusiveness and effectiveness of the Government of India's existing schemes, this article proposes strategies such as revisiting the inclusion and exclusion criteria, simplifying the formalities, and reviewing/adjusting the financial assistance regularly. Moreover, this article encourages a whole system approach, which embraces collaborative practices, incorporates multidisciplinary alliances, facilitates evidence-based medicine/policymaking, and advocates the balance between salutogenesis and pathogenesis. Furthermore, in order to comprehensively enhance the health and well-being of older adults in India, this article underlines the significance of collaborative research, specialised workforce, age-friendly infrastructures, and community-based solid services.

Graphical abstract

Note: Please see Fig 1.

Keywords: Older adults in India, geriatric population, salutogenesis, collaborative solutions, government schemes

1. Introduction

Like most countries (Bongaarts, 2009) ^[2], India is undergoing an unprecedented demographic change (James & Goli, 2016) ^[6]. According to the United Nations' World Population Prospects (2022) ^[23], India is projected to surpass China as the world's most populous country in 2023. As per the "Youth in India 2022 Report" recently published by the Ministry of Statistics and Programme Implementation (MSPI), there will be a rise in the population percentage of older adults while the proportion of youngsters is likely to decline from 2021 to 2036 (MSPI, 2022) ^[12]. Between 1991 and 2016, the proportion of older adults in the overall population increased from 6.8% to 9.2%, and it is projected to rise to 14.9% by 2036 (MSPI, 2022) ^[12]. On the other hand, although the percentage of the younger population aged 15-29 was 27.2% in 2021, it is projected to decline to 22.7% by 2036 (MSPI, 2022) ^[12].

The above data implies that India is facing a remarkable growth in the percentage of older adults. Importantly, as the Legislative Department (2023) ^[9] mentioned, the Constitution of India has a dedicated provision - under Article 41 - to ensure effective support for older adults. Therefore, considering older adults' complex health issues, Indian healthcare should be prepared to address the unique public health challenges and necessities. This article emphasises the importance of improving the quality of support and care for older adults in India.

2. Complex and multi-faceted health challenges in light of older adults

Along with the expanding ageing population in India, the complexities in the associated healthcare challenges, as explained by Malik, Khanna, Jain, and Jain (2021) ^[11], are also increasing.

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The prevalence of non-communicable diseases, such as cardiovascular diseases, diabetes, hypertension, respiratory disorders, and mental health disorders, is also increasing among older adults in India (Sinha & Pati, 2017) [20]. For instance, one in five older adults in India suffers from chronic non-communicable diseases (Jana & Chattopadhyay, 2022) [7].

Moreover, older adults' care is not limited to non-communicable diseases. However, it includes numerous

other issues, such as psychological disorders, cognitive decline, functional limitations, financial constraints, and social restrictions (National Research Council, 2012; Singh & Misra, 2009) [13, 19]. This implies that older adults are likely to undergo multi-faceted physical, psychological, and social complications. These intricate health and well-being challenges, therefore, imply that India requires more comprehensive and specialised care to ensure the well-being and better life quality of older adults.



Fig 1: Graphical abstract

3. Comprehending the National Social Assistance Programme

The National Social Assistance Programme (NSAP), initially launched in 1995 (Kapur & Chowdhury, 2012) [8], is a scheme administered by the Ministry of Rural Development. The NSAP aims to provide financial assistance to older adults, disabled individuals, and widowed women through pensions. It is, however, imperative to identify and manage certain limitations within the NSAP. Firstly, the eligibility criterion for seeking NSAP benefits is restricted to families Below Poverty Line (BPL). However, the current BPL list may need to be updated (Alkire & Seth, 2008) [1]. Therefore, this approach of targeting BPL individuals may lead to exclusion errors, keeping deserving individuals away from the schemes' benefits.

Moreover, as reported by Officers' Pulse (2022) [14], the formalities in accessing the program are complex and, therefore, can pose potential challenges, acting as a barrier for those in need. Furthermore, one of the other noteworthy limitations is that the financial assistance provided through the scheme is relatively low and stagnated (Officers' Pulse, 2022) [14]. It is, however, essential to acknowledge that addressing public health issues is a complicated and multi-faceted endeavour; therefore, the limitations mentioned so far do not imply the failure of the NSAP. In fact, the purpose of this article behind highlighting the limitations in the existing schemes is to address them constructively so

that the NSAP can embrace more effectiveness and inclusiveness.

4. Other schemes by the Government of India in light of older adults

In light of older adults' health and well-being, the Government of India has initiated various schemes (Drishti The Vision Foundation, 2023) [4]. These schemes are as follows:

- Pradhan Mantri Vaya Vandana Yojana (PMVVY).
- Integrated Program for Older Persons (IPOP).
- Rashtriya Vayoshree Yojana (RVY).
- System for Accounting and Management of Pension (SAMPANN) Project.
- Senior Able Citizens for Re-Employment in Dignity (SACRED) Portal for Elderly.
- Elder Line.
- The Seniorcare Aging Growth Engine (SAGE) Initiative.

These schemes/initiatives collectively address some crucial aspects in light of older adults, such as healthcare, social engagement, disability aids, daily assistance, and pensions. These schemes undoubtedly depict commendable efforts and commitment by the Government of India towards the well-being of older adults.

However, it is crucial to consider the limitations of these initiatives and schemes. For instance, the PMVVY may only

be able to provide comprehensive support to some older adults due to limited coverage and financial constraints. Implementation challenges and varying accessibility may also affect the effectiveness of the IPOP in different regions. Additionally, to address awareness and outreach challenges, the RVY may need to expand its coverage and campaign. The SAMPANN Project and the SACRED Portal for Elderly may have narrower focuses and may face technological barriers that limit their effectiveness and reach.

Acknowledging the complexities of addressing public health issues is crucial (Rod *et al.*, 2023) [18]. It is essential to mention that the limitations outlined in this article should not be interpreted as a sign of failure of government initiatives. Instead, this article aims to address these limitations constructively so that the effectiveness and inclusiveness of government initiatives and schemes can be enhanced. By addressing these limitations, the government can expand the coverage and accessibility of the initiatives, creating a more comprehensive support system for older adults in India. The Government of India has a commendable dedication and commitment towards the health and well-being of older adults. With continued improvement and efforts, government schemes and initiatives can more comprehensively meet the ageing population's needs. This article, therefore, will now move towards discussing the way forward.

5. Strategies to enhance existing schemes: A path forward

5.1 Revisiting the eligibility criteria

To improve the effectiveness of government schemes, it is vital to enhance and enlarge them. In order to achieve this, it may help to review the inclusion/exclusion criteria and update the BPL list. This way, deserving older adults can benefit more appropriately from the government schemes. Regular surveys and evaluations can also help identify deserving older adults, irrespective of their BPL status. This would help in reducing the exclusion error.

5.2 Simplifying the formalities

Another way to improve the current schemes is to make it easier for older adults to participate by simplifying the formalities. This can be achieved by multi-faceted endeavours such as recruiting volunteers to assist older adults with the application processes, introducing user-friendly forms, and reducing the paperwork. By doing this, older adults would have more comfortable access to the schemes.

5.3 Regularly reviewing and adjusting the financial assistance

To ensure that government schemes provide sufficient financial assistance, it is essential to regularly review and adjust the support given. The review and adjustment should be in light of the contemporary living expenses, which likely increase over time. This will help older adults effectively manage living expenses and healthcare costs while keeping up with the inflation effect. One approach to maintaining adequate support is to link financial assistance amounts to inflation indices.

6. Strategies to create more comprehensive support for older adults: A path forward

6.1. The whole system approach: A balance between salutogenesis and pathogenesis

In public health, the whole system approach is

recommended because of its ability to unite different disciplines to achieve a shared objective (Pathare, 2021; Pathare & Chaudhary, 2022) [15, 17]. This approach can be applied to create an integrated care model for older adults by bringing together professionals from different fields, such as public health researchers, doctors, allied healthcare providers, and social and community health workers. By functioning collaboratively, more comprehensive, organised, and coordinated care can be provided to older adults through a multidisciplinary team. For example, a geriatric clinic staffed by a multidisciplinary team can be established in the local communities to address the various needs of older adults.

A multidisciplinary alliance, as explained by Pathare (2023) [16], may also encourage evidence-based medicine; this suggests that multidisciplinary alliances can offer more informed medical interventions for older adults. Most importantly, a whole system approach with multidisciplinary alliances and intersectoral cooperation is known to promote not only pathogenesis but also salutogenesis (Pathare, 2021) [15]. Where pathogenesis focuses on preventing diseases (Wister, 2005) [22], salutogenesis focuses on creating health (Levasseur & Naud, 2022) [10], i.e., salutogenesis focuses on the determinants of well-being rather than just preventing illness. This implies that a whole system approach can be helpful to establish a balance between salutogenesis and pathogenesis for achieving better health and well-being of older adults in India.

6.2. Other strategies for comprehensively enhancing the health and well-being of older adults

In order to comprehensively enhance the health and well-being of older adults, several other strategies can be valuable, such as, but not limited to, encouraging collaborative and interdisciplinary research (Young *et al.*, 2011) [24], developing age-friendly services and infrastructures (De Biasi, Wolfe, Carmody, Fulmer, & Auerbach, 2020) [3], forming a specialised workforce in light of older adults (Evashwick, 2022) [5], and strengthening community-based services (Srivarathan, Jensen, & Kristiansen, 2019) [21]. These strategies may collectively lead to improved social support, evidence-based policymaking, preventive assistance, home-based healthcare, and specialised geriatric training for healthcare professionals through their syllabi and continuing education activities. Therefore, by focusing on these strategies, more comprehensive and tailored care for older Indian adults can be shaped.

7. Conclusion

The population of older adults in India is increasing significantly. To address their complex healthcare needs and challenges, a comprehensive approach involving various strategies, schemes, and initiatives is necessary. It is essential to acknowledge that commendable multi-faceted initiatives and schemes have been implemented by the Government of India. This undoubtedly demonstrates the government's remarkable commitment towards comprehensively supporting older adults. However, there is still room for improvement in the existing schemes. By executing the following actions, the effectiveness, inclusiveness, and coverage of the government's existing schemes may be enhanced:

- Reassessing the eligibility criteria for the schemes.
- Simplifying the procedures.
- Adjusting the financial assistance in light of the rising cost of living.

In order to provide better care for older adults, it is crucial to adopt a whole system approach that involves collaboration between different healthcare professionals. This will allow them to address the diverse needs of older adults. Additionally, encouraging collaborative research, developing age-friendly services and infrastructures, and forming specialised teams may help provide comprehensive and personalised care to older adults in India. These approaches can lead to enhanced social support, preventive care, evidence-based policymaking, home-based healthcare, and specialised training for diverse healthcare professionals through their syllabi and continuing education activities. Valuing and prioritising the health and well-being of older adults can help India shape a better future. This is a responsibility that researchers, policymakers, healthcare providers, and society as a whole must commit to in a sustained manner. By working together, we can create an inclusive and supportive environment, empowering older adults to live fulfilling lives in their later years while cherishing their wisdom.

8. About the author

Abhinav V Pathare is a public health researcher from India. He obtained a Master of Science in Applied Public Health from the University of Central Lancashire (UCLan), England, in 2020 with a merit classification. Currently, Abhinav works as the Principal Investigator at Public Health India (PHI), an Indian research organisation.

Abhinav has written numerous scientific pieces on various topics related to public health. These include promoting protein and healthy fat intake in public health dietary guidelines, reducing population-level sugar and refined carbohydrate consumption, physical activity, and addressing obesity and associated disorders.

Abhinav is interested in advancing the health and well-being of older adults by concentrating on their eating behaviours. He aims to help create well-informed and optimised programs, interventions, policies, strategies, and communication techniques that positively impact the well-being of older adults.

9. Dedication statement

I, Abhinav V Pathare (the author of this article), dedicate this article to an esteemed *Professor* whose pioneering work and robust dedication to enhancing older adults' well-being has been a profound source of motivation for me to choose an older-adults-related topic for this article.

I must emphasise that any ideas or opinions presented in this article are solely my own and do not reflect those of any other individuals or organisations.

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12. Conflict of interest

The author declares no conflict of interest

13. References

1. Alkire S, Seth S. Measuring multidimensional poverty in India: A new proposal; c2008. <https://www.ophi.org.uk/wp-content/uploads/OPHI-wp15.pdf>
2. Bongaarts J. Human population growth and the demographic transition. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences.* 2009;364(1532):2985-2990. <https://doi.org/10.1098/rstb.2009.0137>
3. De Biasi A, Wolfe M, Carmody J, Fulmer T, Auerbach J. Creating an age-friendly public health system. *Innovation in Aging.* 2020; 4(1):igz044. <https://doi.org/10.1093/geroni/igz044>
4. Drishti The Vision Foundation. Ageing in India: State of the elderly; c2023. Retrieved from <https://www.drishtias.com/daily-updates/daily-news-editorials/ageing-in-india-state-of-the-elderly>
5. Evashwick CJ. Building the workforce to care for the aged: Can accreditation contribute?. *Frontiers in Public Health.* 2022;10:1062469. <https://doi.org/10.3389/fpubh.2022.1062469>
6. James KS, Goli S. Demographic changes in India: Is the country prepared for the challenge. *Brown J. World Aff.* 2016;23:169.
7. Jana A, Chattopadhyay A. Prevalence and potential determinants of chronic disease among elderly in India: Rural-urban perspectives. *PloS one.* 2022;17(3):e0264937. <https://doi.org/10.1371/journal.pone.0264937>
8. Kapur A, Chowdhury A. National Social Assistance Programme (NSAP) 2012-13. *Budget Briefs-NSAP;* c2012, 4(6). <https://ssrn.com/abstract=2032449>
9. Legislative Department. Constitution of India; c2023. Retrieved from <https://legislative.gov.in/constitution-of-india/>
10. Levasseur M, Naud D. The Application of Salutogenesis for Social Support and Participation: Toward Fostering Active and Engaged Aging at Home. In: Mittelmark, M.B., *et al.* *The Handbook of Salutogenesis.* Springer, Cham; c2022. https://doi.org/10.1007/978-3-030-79515-3_25
11. Malik C, Khanna S, Jain Y, Jain R. Geriatric population in India: Demography, vulnerabilities, and healthcare challenges. *Journal of family medicine and primary care.* 2021;10(1):72-76. https://doi.org/10.4103/jfmpc.jfmpc_1794_20
12. Ministry of Statistics and Programme Implementation. Youth in India 2022; c2022. Retrieved from <https://www.mospi.gov.in/publication/youth-india-2022>
13. National Research Council. Aging in Asia: Findings from New and Emerging Data Initiatives. J.P. Smith and M. Majmundar, Eds. Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Asia. Committee on Population, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press; c2012. <https://www.ncbi.nlm.nih.gov/books/NBK92618/>
14. Officers' Pulse. Current affairs monthly: The pulse of UPSC at your fingertips; c2022. Retrieved from <https://officerspulse.com/wp-content/uploads/bsk-pdf-manager/2022/10/September-In-Depth.pdf>
15. Pathare AV. Healthy Setting Approach: Origin, Evolution, and Development; Challenges and

- Opportunities in the University Setting. International Journal of Medical Science and Current Research (IJMSCR). 2021;4(5):1069-1080. <https://clok.uclan.ac.uk/39919/1/39919%20HealthySettingAbhinavArticle.pdf>
16. Pathare AV. Medical interventions and their poor scientific backup: A threat to Evidence-Based Medicine. International Journal of Advanced Research in Medicine. 2023;5(2):117-120. <https://doi.org/10.22271/27069567.2023.v5.i2b.488>
 17. Pathare AV, Chaudhary AB. War and public health: Relevancies and competencies explained by 'Public Health India'. International Journal of Advanced Community Medicine. 2022;5(3):05-07. <https://doi.org/10.33545/comed.2022.v5.i3a.240>
 18. Rod NH, Broadbent A, Rod MH, Russo F, Arah OA, Stronks K. Complexity in Epidemiology and Public Health. Addressing Complex health problems through a Mix of Epidemiologic Methods and Data. Epidemiology. 2023;34(4):505-514. DOI: 10.1097/EDE.0000000000001612
 19. Singh A, Misra N. Loneliness, depression and sociability in old age. Industrial psychiatry journal. 2009;18(1):51-55. <https://doi.org/10.4103/0972-6748.57861>
 20. Sinha R, Pati S. Addressing the escalating burden of chronic diseases in India: Need for strengthening primary care. Journal of family medicine and primary care. 2017;6(4):701-708. https://doi.org/10.4103/jfmpc.jfmpc_1_17
 21. Srivarathan A, Jensen AN, Kristiansen M. Community-based interventions to enhance healthy aging in disadvantaged areas: Perceptions of older adults and health care professionals. BMC health services research. 2019;19:1-9. <https://doi.org/10.1186/s12913-018-3855-6>
 22. Wister AV. The built environment, health, and longevity: Multi-level Salutogenic and pathogenic pathways. Journal of Housing for the Elderly. 2005;19(2):49-70. https://doi.org/10.1300/J081v19n02_04
 23. World Population Prospects. World population prospects: Summary of results; c2022. Retrieved from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/wpp2022_summary_of_results.pdf
 24. Young HM, Siegel EO, McCormick WC, Fulmer T, Harootyan LK, Dorr DA. Interdisciplinary collaboration in geriatrics: advancing health for older adults. Nursing outlook. 2011;59(4):243-250. <https://doi.org/10.1016/j.outlook.2011.05.006>

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