Old and Lonely: Healthcare

THE INCREASING SIZE of the elderly population is a growing concern in almost all the developing countries*. In developing countries the transition to an ageing population seems to outpace economic and infrastructure development. Due to insufficient support system, ageing in developing countries results into very poor health and low economic status.

Article 41 of the Constitution of India directs the State to provide public assistance to its citizens in case of unemployment, old age, sickness, disablement, etc. The coverage of existing schemes like the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) for senior citizens belonging to 'below poverty line' (BPL) household are very poor. Inadequacy of old age homes and special geriatric care units forces Indian elderly to depend almost entirely on their family and relatives for health and well-being.

The presence of the spouse has a significantly positive influence on treatment-seeking in old age.

Living with family members during the old age is a common practice in India. Usually, the younger family members take care of the economic, social, emotional and health needs of elderly members. Whereas, the elderly look after their grandchildren and help in household chores; they also transfer their life savings and property to their children and make themselves dependent on family members, especially on children.

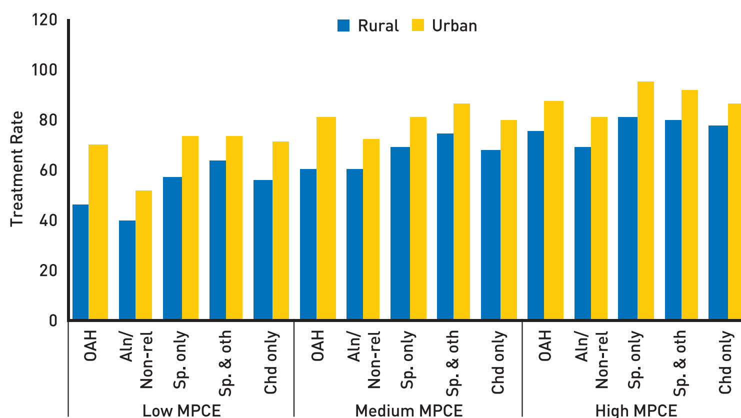
People suffer from numerous health problems in their old age, most of which are chronic in nature. The poor nutritional intake due to poverty among the elderly from BPL households makes them more vulnerable than their richer counterparts. Using National Sample Survey data (2004–05), an attempt has been made to understand if living arrangements make any difference in treatment-seeking among these elderly in rich and poor households.

The results suggest that treatment-seeking is the highest among the elderly who reside with a spouse and other members of the family and is the lowest among those who live alone or with other non-relatives in both rural and urban areas. Treatment-seeking is higher among the elderly living with only a spouse or in the family in the presence/absence of the spouse compared with their counterparts (Figure H.1).

The presence of the spouse has a significantly positive influence on treatment-seeking in old age. The elderly living alone or with non-relatives are neglected most in terms of treatment-seeking during an illness. Females are less likely to seek treatment than their male counterparts in poor households, but gender has no significant effect in middle and high 'monthly per capita expenditure' households. The elderly belonging to a scheduled tribe household are less likely to seek treatment during illness than their counterparts in every economic setting.

Living with a spouse and family in the later stage of life is advantageous in Indian society. However, the economically dependent and females continue to suffer without treatment in poor households. Though the existing IGNOAPS focuses on the elderly in poor households, its low coverage is an obstacle to the desired outcomes. Again, the significant rural-urban differential may be due to the limited availability of healthcare services. Policy needs to place greater emphasis on the well-being of females in these poor households.

Figure H.1: Treatment Rate among Elderly from Various Living Arrangements within Same Economic Status of the Household, 2004–05



Notes: 1. Treatment rate is defined as the percentage of ailing elderly (above 60 years) who seek treatment.
2. MPCE: Monthly per-capita expenditure.
3. OAH – Alone as an inmate of old age home/ with other relatives; Aln/Non-rel - Alone or with other non-relatives; Sp. Only – Spouse only; Sp. &oth – Spouse and other members; Chd. Only – Without spouse but with children.
Source: NSS 60th Round (25.0 Sub-round)

* This article is partially based on a paper presented at the 25th IUSSP population conference, Busan, South Korea by the author.