

Substantive inputs- Eight Session of the Open-ended Working Group on Ageing:

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Equality and Non-discrimination

India is blessed with 87.6 million people aged above 60 and it is a nation almost obsessed with its 'demographic dividend' to a crucial problem. India's elderly population has risen 36% over 10 years and the country is expected to be home to 300 million elderly people by 2050. It is time that India paid heed to the problems of the elderly. Else the country will be faced with a large incidence of degenerative diseases, accompanied with serious gaps in the geriatric medical ecosystem, a changing joint family structure, the lack of 'grey-friendliness' in public spaces, transport, housing, and a virtually non-existing policy framework to tackle these issues. With about 50 per cent of the elderly being financially dependent on others, India has struggled to respond with social security, the psychological and social manifestations of ageing, and dismal elderly care facilities.

The National Policy on Older Persons was announced by the Government of India in the year 1999. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. In view of increasing the financial security of the elderly, higher tax exemption has been provided for the elderly. Also, a new category called "very senior citizen" for elderly above 80 years of age has been introduced for greater tax exemption. Perhaps

the most relevant policy for the poorer sections amongst the elderly is the Ministry of Rural Development's Indira Gandhi Old Age Pension Scheme. This ensures for below poverty line households, a monthly pension is given for each person aged 60 years and above.

India's relatively unaccountable and inefficient public system of healthcare has led to the evolution of a highly varied, unregulated, and mostly expensive private sector that provides most healthcare, rendering Indians increasingly vulnerable to catastrophic health expenditures and poverty. Lack of employment and income affect elderly utilization of medical insurance, as these populations are often incapable of paying regular insurance premiums. Finally, insurance companies often explicitly exclude the elderly due to age limits or eligibility restrictions for those with pre-existing conditions. This results in heightening the estrangement of the aged from a healthcare system and policy environment that has historically lagged in supporting the financially weak. Efforts to develop a regime of health and social care that is attuned to the shifting needs of the population have been insufficient. While more mature economies have created multiple models for elder care, such as universal or widely accessible health insurance, networks of nursing homes, and palliative care specialisations, it is hard to find such systemic developments in India.

Older women are more prone to suffer abuse due to factors like gender discrimination, longer life span than older men, longer span of widowhood and no source of income as traditionally most of them are housewives. Most elderly women remain within the four walls of their homes and majority of them are abused by their own family members due to high illiteracy, lack of awareness about their rights, social norms and, above all, their higher level of patience and tolerance.

Decreasing the retirement age still remains one of the populist policies of young nations like India. The mythology of retirement, high expenditure and unproductive work force adds up to ageism. The declining health and energy of the elderly discourages employers from hiring them in the regular workforce, forcing the elderly to opt for self-

employment and casual labor, particularly in rural areas, where employment opportunities are generally low. Those who move from the world of active work to a retired life, often with dependencies upon family members, face numerous uncertainties and sometimes a harsh reality of deprivation. Among them, senior citizens fortunate enough to have worked in the organised sector receive pension and other retirement benefits after retiring at between 60 and 65 years of age, yet for the others the only succor is the nominal old-age pension coverage provided by the Government of India and State Governments.

India needs to take a serious look at the needs of the elderly in a more pragmatic and holistic manner. The one big issue that doesn't get enough attention today is that old people deserve dignity. Apart from ensuring appropriate medical help, there needs to be more awareness about common degenerative diseases like dementia so that family members, care-givers, and society at large are sensitised to the painful behavioural, physical, emotional and mental struggles of those who suffer from these diseases.