

Chapter 7

Sustainable Development Goals and Ageing: Status, Challenges, and Strategies for Policy Implications for India



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Abstract Like most countries around the world, India faces the challenge of an ageing population. According to the most recent report of the United Nations Population Fund (UNFPA), the share of India's population over 60 years of age is likely to increase from 8.5% in 2011 to 19% of the total population by 2050. This can be attributed to increased life expectancy and falling fertility rates. These changes in demographics present economic, social and health challenges which need urgent and timely interventions by government, business, and society as a whole. Given that the United Nations has laid down 17 Sustainable Development Goals (SDGs) that aim to achieve wellbeing and healthy living for all, the ageing population requires special attention as they are more vulnerable to poor health, unemployment, and financial insecurity. It becomes imperative to develop a robust framework of policies that addresses the challenges that are likely to arise due to the ageing population in different countries. This chapter presents the changing picture of India's demographics, and in the light of relevant SDGs discusses the extent, growth, trends and policy challenges of an ageing population in India.

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7.1 Introduction

Ageing is an inevitable phenomenon of one's life which we all face. It has been defined as the entry of an individual into a group that surpasses the average human lifespan; while some associate ageing with change in life pertaining to activities as well as social roles. It also earmarks a phase where the notion of social support available to individuals goes through a significant change, and it also often marks a significant change in economic resources (Buch 2015). As per Indian scriptures, this stage or phase has been described as '*Vanaprastha*', a phase when people retire from active life, relegate responsibilities to the next generation, and assume the role of someone who can advise the younger ones (Roy 2019). The simplest and the most common measure is based on chronological age that defines older persons as those aged 65 years or older globally. For India, the chronological age categorising 'older' is less as compared to the rest of the world, given that the retirement age in India is at 60.

Another important factor which is occasionally discussed while debating about ageing is the term 'life expectancy'. Life expectancy amounts to the average number of additional years of life a 65-year-old person would be able to live, subject to specific mortality risks he or she may face throughout the remainder of his or her life. Improvements in life expectancy at all ages will allow elder people to survive, thus intensifying the ageing process (UNDESA 2019). India has the second-largest over-65 population with approximately 10.8% of the world's over-65 populations (Mishra 2019). In the present scenario, the estimates suggest that a person who is attaining the age of 65 years old could expect to live an additional 17 years between 2015 and 2020, and this number is forecast to rise to 19 years between 2045 and 2050 (UN Population Division 2020).

Population ageing refers to an upward shift in the age distribution of a population due to an increased proportion of older people (UNDESA 2019). It is a global phenomenon that demands key attention from policymakers worldwide. Currently, every country in the world is witnessing a growth of the older population in both absolute and relative terms. Like most countries around the world, India faces the challenge of an ageing population. According to a recent report of the United Nations Population Fund (UNFPA 2012), the share of the population over 60 is likely to increase to 19% of the total population from 8.5% in India by 2050 (GOI 2019). The three significant reasons for an upward shift are – the increasing survival of the older generation and reducing mortality and fertility rates – that contribute to population ageing, reflected in a shift in the age structure from the young to the old (Sivaraju et al. 2017). In addition, the movement from high to low fertility

may result in narrowing the age structure at its base and at the same time broadening at the top, thus inducing an increase in old-age dependency in the population. These changes in demographics present economic, social and health challenges which need urgent and timely interventions by the Indian government, corporates, and society as a whole. Given that a rapidly ageing population may have significant implications for sustainable development, therefore strategies for preparation for the consequences associated with an ageing population becomes critical. The main issue that needs significant attention is how older people can sustain themselves by being healthy, an integral part of the society, and continue to enjoy a good quality of life, without having any negative impacts on the pace of sustainable economic development. One of the major challenges is also how to ensure that older people are active in the job market and social life so that they contribute to economic and social development.

In this chapter, we begin by explaining the details of the population size, growth trends, and challenges of the ageing population in India. The chapter first outlines the major United Nations Sustainable Development Goals (SDGs) and targets that have relevance to the ageing population in India, and initiatives taken by the Indian government to provide support to older adults and their families; and then concludes with policy recommendations that can serve as a step forward, bearing in mind the need for immediate and prompt action on the part of Indian government and by the society as a whole.

7.2 The Ageing Population in India: Size and Growth, Trends and Challenges

India, one of the world's most populated country, is undergoing unprecedented demographic changes that encompass increasing longevity and falling fertility rates that have resulted in a significant increase in the population of adults aged 60 and more (Agarwal et al. 2020). This change poses complex, health, social, and economic challenges, currently and into the future, for which this diverse and heterogeneous country must be prepared. India's population at the moment stands at a staggering 1.36 billion, the second-largest globally, which represents 17% of the global population, and these population numbers are projected to overtake China's by 2028 (UNFPA 2012). With these projected numbers in the population, the increase in the share of older adults will be particularly daunting. The growth proportion of the older adults (aged 60 and older) is three times higher than that of the population as a whole (Giridhar et al. 2014). Against this backdrop, this section highlights the size and growth of the ageing population and associated trends and challenges.

7.2.1 Size and Growth of India's Ageing Population

As evident from the census reports there has been a consistent increase in the number of people aged 60 or over in the last century (particularly after 1951), and this trend is likely to continue for the coming decades (MOSPI 2016). The proportion of the population aged 60 or over in India was about 5% in 1901, and the number increased marginally to 5.4% in 1951. This number has steeply risen to about 8.6% in 2011 (See Fig. 7.1), and is further expected to increase to more than 10% by the year 2025, and to 19% in 2050. It is estimated that by the end of the century 34% of the population will be classified as elderly (MOSPI 2016).

One of the distinguishing features of ageing in India is an interstate disparity in regard to the level and growth rate based on demographic transitions. The southern states (Tamil Nadu, Kerala and Karnataka) together with Himachal Pradesh, Maharashtra, Odisha and Punjab are ageing more rapidly than the northern states which have much lower proportions of aged populations. In today's context, the absolute number of individuals has experienced an almost six-fold increase, from 19.6 million in 1951 to more than 116 million today. This increase of 96.4 million people is more than the entire individual populations of all but 13 countries worldwide (Agarwal et al. 2020). Moreover, under a medium-fertility scenario, according to the UNDESA (2015) the ageing population will comprise 19% of India's total population by 2050 (324 million individuals), which is more than the current populations of many the world's nations (Agarwal et al. 2020). At present, Indian can boast of having the second largest absolute numbers of people 60 and older, only second to China. The coming decades are therefore characterised by the ageing of the aged. This will have a significant impact on the social, economic and financial aspects of the society as a whole.

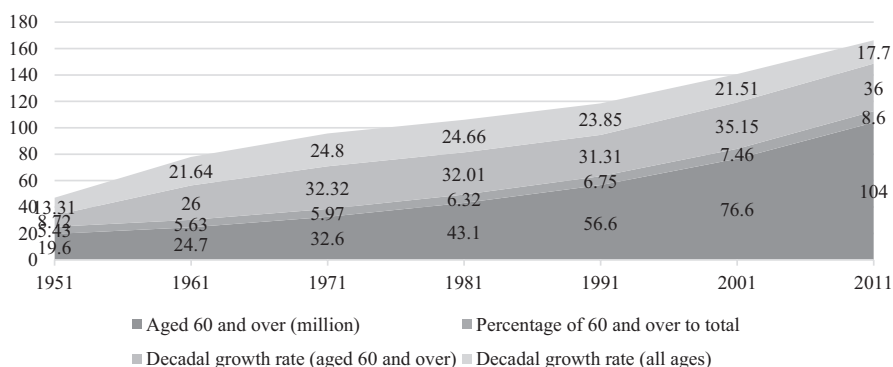


Fig. 7.1 Size and growth of ageing population. (Source: Ministry of Statistics and Programme Implementation (2016))

7.3 Trends in the Ageing Population in India

Some of the dominant demographic processes that drive the growing share of older Indians are *declining fertility rates* and *increasing longevity*. While the fertility rates have declined due to the continued imperatives by the Indian government to provide contraceptives to the population, an increase in marriage ages and a decrease in infant mortality, on the other hand there is an increase in the longevity of the general population due to advances in medicine, public health facilities, nutrition, and sanitation measures, and a disparity in gender ratios among adults (Bloom et al. 2010). India's fertility rate has observed a noticeable decrease from 5.9 in 1950 to 2.3 in 2013, and is further projected to drop to 1.88 by 2050, that is below the replacement level. This has resulted in a reduction in the growth rates of the youth population, while increased life expectancy is leading to a steady rise in the growth of the elderly population. More recent research has observed that longer lives and fertility have resulted in ratios far below the replacement level of 2.1 births per woman, which is also leading to rapid population ageing in many countries (Lee and Mason 2014).

This is partially due the laws that the Indian government has promulgated that have increased the legal age of marriage to 18 years for girls, and 21 years for boys. This is likely to lead to further decreases in fertility rates and a resultant ageing population, as the government of India is planning to further increase the minimum marriage age for girls to 21 years (Nair 2020).

Expectations of years of life provide a good indicator of the general health status of the population. At a particular age, the expectation of life is the number of years a person is expected to live, on average, after attaining a particular age (Government of India 2019). In the Indian context, there has been a noticeable increase in life expectancy at birth over the last few decades. From 36.2 years in 1950, the life expectancy number went up to 67.5 years in 2015, and more recently in year 2019, it was 69 years with a projected rise to 75.9 years by 2050 (UNFPA 2012). Similarly, life expectancy at age 60 has also increased significantly, that has observed a rise in numbers from about 12 years in 1950 to 18 years in 2015, and it is forecasted to rise to more than 21 years by 2050. Moreover, average Indian life expectancy at age 80 has also witnessed an increase from about 5 years in 1950 to more than 7 years at the present time. By 2050, it is further projected to rise to 8.5 years (United Nations 2015). However, with the prospects of increasing life expectancy comes the challenge of managing and supporting an older population. The progressive increase in the proportion of females to males in the ageing population is also evident in the trend in the gender ratio of the ageing population 60 years or over. In the last two decades, older females have outnumbered their male counterparts (See Table 7.1). This is also a major concern for policy makers as older women are more vulnerable compared to males, especially in relation to economic dependence and position in the family. This can be attributed to illiteracy, a lack of relevant skills for the job market, meagre incomes compared with older men, financial dependency upon loss of spouse, limited social activities, and lower levels of well-being than older men, and lower awareness and use of social security schemes than older men (Giridhar

Table 7.1 Share of ageing population in total population by gender over decades

Census year	Aged 60 and over (Male)	Aged 60 and over (Female)	Total
1961	12.4	12.4	24.7
1971	16.9	15.8	32.7
1981	22.0	21.1	43.2
1991	29.4	27.3	56.7
2001	37.8	38.9	76.6
2011	51.1	52.8	103.8

Source: Population Census Data (MOSPI 2016)

et al. 2015). It has to be noted here that in case of India the ‘older’ population age has been considered to be 60, in line with the retirement age.

The increasing proportion of the ageing population and the decreasing proportion of the younger population has led to a financial burden for the latter, which combined with increasing levels of old age dependency will have a significant effect on economic, social and political fronts, forcing policy makers to take calculated steps for addressing such fundamental phenomenon (Chakraborty and Sarkar 2011). On the positive side, it is a sign of a success story depicting increasing life expectancy, better public health care facilities, and improved social and economic development. On the adverse side, it reflects the ongoing burden on healthcare costs and increased financial dependency on the working population, governments, and civil societies. As population ageing brings its own challenges for any country, against this backdrop we discuss the main challenges that are particularly relevant to India and widely reported as evident from a review of recent literature, non-government organisations (NGO) reports, and government publications (Fig. 7.2).

7.3.1 *Highly Vulnerable Female Population*

The ratio of older females in the population is increasing, and is projected to increase from 1033 females per 1000 males in 2011 to 1060 females per 1000 males by 2026 (MOSPI 2016), and the status of older women is dominated by widowhood, with women losing 71% of their spouses compared to men’s 29%. The important causes for this gender disparity in widows or widowers in India are due to the longer life span of women as compared to men, and a general tendency for women to marry men older than themselves; and moreover, widowed men are more likely to remarry, compared to widowed women (Gulati et al. 1999). Widowhood is much more common among the oldest-old (80 years and above) where almost half of them live without their spouse. This results in complete dependence on others, making older females more vulnerable due to their prevailing social, health and economic status, thus posing a grave challenge to their survival and existence. This is one of the biggest worries in older age and such individuals deserve suitable and adequate welfare programs.

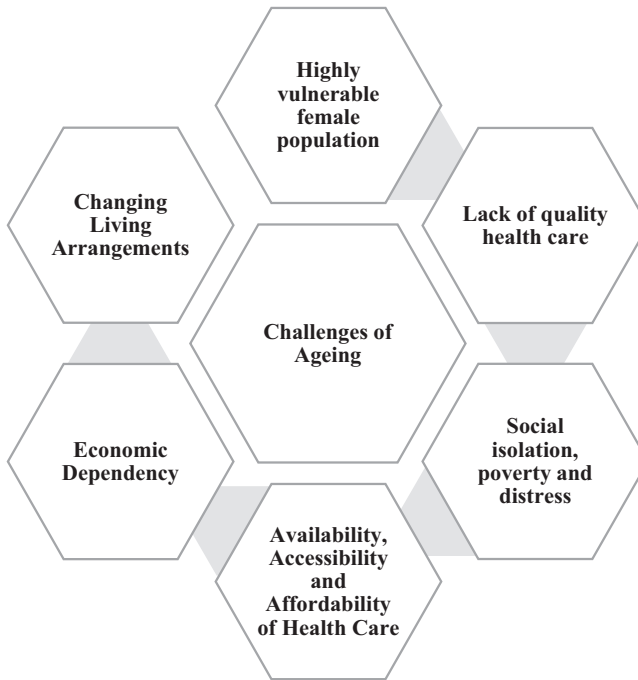


Fig. 7.2 Challenges of Ageing in India

7.3.2 Lack of Quality Health Care

The 2011 census reported that 71% of the ageing population reside in rural India, and most of them live in poorer states such as Odisha, Bihar, and Uttar Pradesh. Many rural areas lack access to proper drinking water, sanitation facilities, lack of quality health care and road connectivity, as compared to their urban counterparts (MOSPI 2016).

7.3.3 Social Isolation, Poverty, and Distress

The migration of younger working age persons to urban areas often leads older people living alone or only with their spouse to live in social isolation, poverty, and distress (MOSPI 2016). But due to new and affordable technologies it is possible and affordable to stay in touch with their children. It is noted that some older people prefer to live in their own homes and communities, as it gives them a sense of identity as they strongly relate to places where they have been living for many years.

7.3.4 Availability, Accessibility and Affordability of Health Care

The need for health care usually increases with age. Older people are most vulnerable to infections, but due to their financial dependence they often have low priorities for the own health (Mane 2016). The 71st round of National Sample Survey Organisation (NSSO) indicated that 53.5% of the aged population suffered from some forms of chronic disease. For them, the ability to move freely is an important indicator of their physical health. About 8.4% of aged persons in rural and 7% in urban areas were either confined to their home or bed, and this situation further increases with age for all categories (NSSO 2014). Despite an ageing population, geriatric care is limited and physicians lack the knowledge of the clinical and functional implications of the ageing; and most of the government facilities are urban-based, and thus reaching the rural elderly is another challenge (Mane et al. 2014). The stigma of ageing, and other social changes such as family breakups and reduced earnings faced by the elderly serves as barrier to access healthcare; and where this care is accessible, affordability serves as a hindrance to access it (Dey et al. 2012). Further, there are hardly any insurance schemes possessed by the aged, and those available cover only in-patient hospital expenditure (Shahrawat and Rao 2012). As most of the expenditure is spent on out-patient treatment or the purchase of medicines (Singh 2013) this further limits the affordability of health care.

7.3.5 Economic Dependency

The 75th round of the National Sample Survey Organisation reported that nearly half of the ageing population is fully dependent on others, while another 19.2% are partially dependent on others for their needs (Ranjan and Muraleedharan 2020). The economic dependency of females is almost double that of males. About 51% of the elderly depend on others for their day-to-day support, while less than 12% of older women and 47% of older males were economically independent (See Table 7.2). Amongst the economically dependent, 81% were supported by their children, 13% by their spouse, and about 6% by their grandchildren and others. Of the economically independent, more than 90% supported one or more dependents (See Table 7.3). Of late, younger generations migrating to bigger cities for work has resulted in increased costs of living, and family breakups are further aggravating the challenges for older age dependency on younger generations. Due to the lack of a pension plan in India, providing effective care to older people is a challenge which needs to be timely addressed, as the number of aged people is going to further increase in the future.

Table 7.2 Percentage distribution of aged persons of each gender by state of economic independence

	Urban							
	Rural			Urban				
	Non- dependence on others	Partial- dependence on others	Full-dependence on others	All	Non- dependence on others	Partial- dependence on others	Full-dependence on others	All
Male	48.0	25.0	27.0	100.0	57.0	19.0	24.0	100.0
Female	10.0	24.0	66.0	100.0	11.0	21.0	68.0	100.0
All	28.0	25.0	47.0	100.0	33.0	20.0	47.0	100.0

Source: NSSO (2020)

Table 7.3 Percentage distribution of economically dependent aged persons by category of persons financially supporting

Gender	Rural				Urban				
	Spouse	Own children	Grand-children	Others	Spouse	Own children	Grand-children	Others	All
Male	4.0	92.0	1.0	4.0	4.0	91.0	1.0	4.0	100.0
Female	21.0	72.0	3.0	21.0	24.0	70.0	2.0	4.0	100.0
All	15.0	79.0	2.0	15.0	18.0	76.0	2.0	4.0	100.0

Source: NSSO (2020)

7.3.6 *Changing Living Arrangements*

Older peoples' well-being is largely dependent upon the person with whom they live, particularly in developing countries where there is a little recourse to a formal welfare system (MOSPI 2016). In India, conventionally, there was a culture of a joint families' system where the older members of the family live with their children. This was not necessarily due to financial or other such dependencies, but the whole family benefitted from such arrangements. The older persons were the head of the family, transferring life skills to their younger generations for their growth and development. They were a role model for their kith and kin to make them understand the basic realities of life in a very simple and lucid manner. It was a form of mutual agreement where both the parties benefitted from each other. The joint family system acted as a cushion for elderly people as it catered to their emotional, financial, and societal support needs. Now, due to changing social norms and values and the subsequent rise of traditional nuclear families, the supportive family system is fading away resulting in the decline of informal social support systems. Elderly persons who now have to live alone due to disjointed nuclear families are likely to be more vulnerable than those who live with the family, especially in the case of older women. This has also posed challenges for the ageing population and has social, economic and health consequences such as loneliness, proneness to ill health, financial insecurity, and a lack of available and affordable care for older people.

7.4 **United Nations Sustainable Development Goal (SDG) and the Ageing Population: The India Initiative**

The United Nations 2030 Agenda for Sustainable Development has set out an ambitious plan to achieve 17 sustainable development goals linked to 169 targets and several indicators, and emphasises the importance of not leaving anyone behind. Ageing preparedness is crucial to achieve the integrated agenda 2030, cutting through targets on poverty eradication (SDG 1), Zero hunger (SDG 2), health (SDG 3), equity between the sexes (SDG 5), economic development and decent jobs (SDG 8), reduced inequality (SDG 10), and prosperous urban areas (SDG 11). The

integrative nature of this agenda requires comprehensive strategies, action plans and recognition of synergies and trade-offs among different SDGs (Help age 2019). It is imperative to address the challenges of the ageing population to attain this research agenda, so as to assist in the attainment of goals relating to poverty eradication, better health, gender equity, robust economic growth, decent work and sustainable cities. Moreover, the older generation has to be perceived as active agents of societal development in order to achieve truly transformative, inclusive and sustainable development outcomes to meet the UN agenda (Help age 2019). This section of the chapter highlights the SDGs and the specific targets that have opportunities and implications for the ageing population in India, and highlights the initiatives that may help achieving stated goals and targets.

7.4.1 Methodology

The data compilation has been conducted through various reports published by UN agencies, Ministry reports by the Government of India, and information displayed on their websites. The majority of the data has been compiled from the United Nations Department of Economic and Social Affairs and Ministry of Social Justice and Empowerment. The authors first provide the nexus between SDG goals and the ageing population (United Nations 2018), and then present Table 7.4 that exhibits Indian government initiatives that may address these SDGs.

7.4.2 Sustainable Development Goals and Ageing in India

SDG 1 relates to poverty reduction and poverty is one of the main threats to the well-being of the older generation. Thus, it becomes extremely important to monitor the progress of the ageing population related to the 2030 Agenda. We identify targets 1.1, 1.2, and 1.3 as ageing-related targets and subsequently provide initiatives/schemes of the Indian government in relation to these targets. The SDG 2 focused on malnutrition is also a threat to the well-being of the older population. We assume target 2.2 and target 2.4. of SDG 2 are related to ageing in India. The SDG3 target has a health dimension as its core and it aims to ‘ensure healthy lives and promote wellbeing for all at all ages’, underpinned by 13 targets. Nearly all the other 16 goals concern health or contribute to health indirectly. They have a strong focus on improving equity to meet the needs of women, children, and disadvantaged populations in particular so that “no one is left behind”. SDG targets 3.3, 3.4, 3.8, and 3c are related to Indian ageing. SDG4 aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, and we position targets 4.3, 4.4, and 4.6 in relation to Indian ageing. On the other hand, SDG 5 relates to achieving gender equality and empowering all women and girls, and we specify targets 5.2, 5.4 and 5.5 specifically in relevance to the Indian ageing population.

Table 7.4 SDGs purpose, targets and related Indian policy initiatives

SDG	Purpose	Target Related to ageing	Initiatives/Schemes Adopted by India
SDG-1	End Poverty	1.1: eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day; 1.2: reduction of poverty by half of the proportion of men, women and children of all ages; 1.3: Installation of appropriate social protection systems and measures in place for all and aim of achieving substantial coverage of the poor and the vulnerable by the year 2030.	Indira Gandhi National Widow Pension Scheme (IGNWPS) National Family Benefit Scheme (NFBS) National Rural Livelihood Mission (NRLM) The Mahatma Gandhi National Rural Employment Guarantee Act 2005 (MNREGA). Pradhan Mantri Awaas Yojana-Gramin (PMAY-G) Public Distribution System (PDS)
SDG-2	End Hunger	2.2 the aim to end all types of malnutrition, and also addressing the nutritional needs of adolescent girls, pregnant and lactating women as well as older persons by the year 2030; 2.4 ensuring sustainable food production systems and resilient agricultural practices that has the capacity for adapting to climate change, extremeweather and other disasters.	National Nutrition Mission (POSHAN Abhiyaan) Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGA) National Health Mission (NHM) Mid-Day Meal (MDM) scheme Integrated Child Development Services Scheme (ICDS) Annapurna Scheme for senior citizen

(continued)

Table 7.4 (continued)

SDG	Purpose	Target Related to ageing	Initiatives/Schemes Adopted by India
SDG-3	Ensure Healthy Lives and Promote Well-Being for All at All Ages	<p>3.3: end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030;</p> <p>3.4: reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030;</p> <p>3.8: achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;</p> <p>3.C: substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>	National Program for Health Care of Elderly (NPHCE), Rashtriya Swasthya Bima Yojana (RSBY)
SDG-4	Ensure Inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for all	<p>4.3, which aims to ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university;</p> <p>4.4: substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship by 2030;</p> <p>4.6: ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy by 2030.</p>	Samagra Shiksha Abhiyan, Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA), and Centrally Sponsored Scheme on Teacher Education (CSSTE)

(continued)

Table 7.4 (continued)

SDG	Purpose	Target Related to ageing	Initiatives/Schemes Adopted by India
SDG-5	Achieve Gender Equality and Empower all Women and Girls	5.2: to eliminate all forms of violence against all women and girls; 5.4: to recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate; 5.5: to ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.	Mahila E-haat Beti Bachao, Beti Padhao Swadhar Greh The Support to Training and Employment Programme for Women (STEP) Scheme
SDG-8	Promote Sustained, Inclusive and Sustainable Economic Growth, Full and Productive Employment and Decent Work for All	8.5: to achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value by 2030; 8.8: to protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.	MUDRA Yojana Pradhan Mantri Rojgar Protsahan Yojana Make In India Skill India Mission Pradhan Mantri Matsya Sampada Yojana Pradhan Mantri Fasal Bima Yojana (PMFBY) Pradhan Mantri Jan Dhan Yojana
SDG-10	Reduce Inequality Within and Among Countries	10.2: to empowering and promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status by 2030, 10.3: ensuring equal opportunity and reducing inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard	Pradhan Mantri Jan Dhan Yojana Rashtriya Swasthya Bima Yojana (RSBY) Rashtriya Madhyamik Shiksha Abhiyan (RMSA) Janani Suraksha Yojana (JSY)

(continued)

Table 7.4 (continued)

SDG	Purpose	Target Related to ageing	Initiatives/Schemes Adopted by India
SDG-11	Make Cities and Human Settlements Inclusive, Safe, Resilient and Sustainable	<p>11.2 that aims to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons by 2030;</p> <p>11.7 aim to provide universal access to safe, inclusive and accessible, green and public spaces for women, children, older persons and disable persons by 2030.</p>	<p>AMRUT Scheme</p> <p>Smart Cities Mission (SCM)</p> <p>Swachh Bharat Mission (SBM) Urban HRIDAY</p> <p>National Urban Livelihoods Mission (NULM)</p> <p>Sanad Adarsh Gram Yojana(SAGY)</p>

Source: Ministry of Social Justice and Empowerment (2019)

SDG 8 promotes sustained, inclusive, and sustainable economic growth as well as full and productive employment and decent work for all. It has been witnessed that population ageing takes place due to rising inequalities, and some societies age faster than other societies, thus increasing inequalities even more. Inequalities may occur in the domains of health, employment, education, and income that starts building up from early age and adversely impacts life expectancy. In this context, targets 10.2 and 10.3. of SDG 10 are specifically related to the Indian ageing population. Furthermore, with increasing age, body strength reduces, functionalities deteriorate, and vulnerabilities increase. Therefore, cities, communities and other human settlements are key to enabling people to live long and healthy lives, especially for older people (WHO 2015), and it is important to consider the requirements of older people in urban planning. In this regard SDG 11 (make cities and human settlements inclusive, safe, resilient, and sustainable) includes target 11.2 and 11.7.

7.5 Indian Initiatives for Ageing Population Vis-à-vis SDG Goals

The following table shows the Indian government schemes that contribute to achieving the above- mentioned SDG goals around the issues of the ageing population:

7.6 Sustainable Development Goals and COVID 19

As the current Coronavirus Disease (COVID-19) pandemic spreads across the globe, the ageing population (65 years and above) has become particularly vulnerable (Armitage and Nellums 2020; Onder et al. 2020). The proportion of deaths is highest in countries and regions in which a larger percentage age of the population is aged 65 years and older, as it is evident that older people are more susceptible to serious illness and higher fatality rates, which largely depends on their health status before the pandemic (Yanez et al. 2020). Researchers found that the crude fertility rate (CFR) for those with an underlying health condition is much higher than for those without pre-existing health conditions (Atkins et al. 2020). Data revealed that almost 10% of people having cardiovascular disease and who were diagnosed with COVID-19 had died (Lewis 2021).

The COVID-19 outbreak has put the world off track in achieving the SDG targets, and will have both immediate and long-term economic consequences for people across the globe (Min and Perucci 2020). SDG 1, SDG 2, SDG3, SDG4, SDG5 and SDG 8 have been severely impacted because of this pandemic. According to a United Nation Sustainable Development Goals report (2020), an estimated 71 million additional people will be living in extreme poverty due to COVID-19, and up to 132 million more people may suffer from undernourishment because of COVID-19 (UNDESA 2020). Due to COVID-19, more than 190 countries implemented nationwide school closures and as a result 1.57 billion students were out of school. Although distance learning solutions are provided, at least 500 million children and youth are currently excluded from these options. The school closures are likely to set back progress on access to education. The report also states that as COVID-19 continues to spread, many medical facilities are closed down or have restricted services, thus having globally adverse effects on childhood immunisation, and people with pre-existing non-communicable diseases are quite vulnerable to the coronavirus; thus impacting SDG1, SDG2, SDG3 and SDG4 (UNDESA 2020).

SDG 5 of gender equality has been severely impacted, as the coronavirus pandemic lockdowns have confined many women and girls to their homes, sometimes with abusive partners, putting them at greater risk of domestic violence (UNDESA 2020). The coronavirus has caused drastic and sudden changes which have adversely affected labour markets worldwide and has sent the world into the worst economic downturn since the Great Depression. It is projected that real GDP per capita will decrease by 4.2% in 2020, with a detrimental effect on global unemployment. This has pushed the world back from attaining SDG 8 (UNDESA 2020).

7.7 Recommended Policy Interventions

There have been several schemes that been implemented by the Indian government which have provided benefit to plenty, but their significant impact is yet to be felt. There is a need to examine prevailing policies with a new lens, and suggest relevant measures to make them more meaningful, and transform policy ‘intent’ into ‘action’ for desirable outcomes. In this section, we will suggest policies and strategies that will help to promote healthy, active, and financially stable ageing.

7.7.1 *Policy Interventions to Promote Healthy and Active Ageing*

The ageing population is more prone to morbidity than their younger counterparts. They often suffer from the burdens of both communicable and non-communicable diseases, and therefore healthy ageing requires a paradigm shift in regard to government and family support, strengthening the role of civil society and the engagement of self-help groups. There is also a need to merge various national health programs to increase their awareness and reach. This requires a strong emphasis on policies like the National Programme for the Health Care of Elderly (NPHCE), Rashtriya Vayoshri Yojana, and Pradhan Mantri Jan Arogya Yojana. National Programme for the Health Care of Elderly (NPHCE) scheme which concentrates on preventive care for the overall health of older people. Rashtriya Vayoshri Yojana provides physical aids and assisted living devices for older adults below the poverty line, whereas under the Pradhan Mantri Jan Arogya Yojana scheme coverage of up to five hundred thousand rupees for hospitalisation is provided. Apart from that, for active and healthy ageing affordable and accessible healthcare needs to be provided, geriatric training courses designed, and capacity building for health workers ensured; as well as establishing a health system for home-based care, imparting caregiving skills to family members and professionals, and developing innovative, assistive technology that is also appropriate and affordable for the aged. This will help in avoiding confinement to homes or beds due to a lack of mobility.

There is also a need for longitudinal ageing studies on the prevalence and incidence of depression and cognitive disorders in older people. Engaging in physical activity delays the declines associated with ageing (Colman and Walker 2004), promotes better health, reduces medical expenses (Bharti and Singh 2013), and is found to be a predictor of successful ageing (Ku et al. 2016). Therefore, an active ageing approach is required (Bharti and Singh 2013). There is also a need to strike a balance between the triad of self-care, informal care, and formal care. There is probability that families in the twenty-first century might not be able to meet the needs of the ageing population, thus creating an urgent need for implementing a social support mechanism; thus striking a balance between support for self-care

informal support, and formal care become the greatest challenges of the health policy (Roy 2019).

7.7.2 Policy Intervention to Promote Income and Financial Stability

There is a strong need to provide adequate financial security for older people, as two thirds of them in India are living below the poverty line. As many as 70% of the aged depend on others for their day-to-day support. The situation is worse for elderly females where 85–87% are economically dependent either partially or fully.

Old age pensions constitute the major source of income for seniors, however only people who have been employed in formal sectors of the economy are entitled to it. The formal sector constitutes about 22.8% of total employment (India Today 2020). There have been government initiatives such as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) which assists with money up to ₹200 per month, and ₹500 per month for people between 60 and 79 years and above 80 years, respectively, but pay-outs are not enough to ensure income security for seniors and therefore need revision, and such schemes also need greater budget allocations. Government must also aim to roll out the social security plan in a phased manner, by covering most vulnerable age groups in its initial phases.

There is a need for elderly-friendly tax structures leaving them with more disposable income in hand, and to provide enough savings for meeting unforeseen expenses. Integrated insurance plans which not only cover medical expenses but also have provision for pensions, with the partial or full premium paid by employers and the government, would also be helpful. There is also a need to create awareness and promote the policies launched by the government on national media, as previous studies have suggested that there is lack of awareness and benefits sought by older people. This has arisen since many elderly people reside in rural areas and are illiterate, and hence are not able to benefit from such schemes. Creating opportunities for second jobs or providing a skill set wherein they can successfully transition into the labour market will have far reaching effects, as they will provide them with a sense of accomplishment which will further improve their psychological well-being and also reduce pressure on government to finance their daily needs.

7.7.3 Policy Intervention to Promote Emotional Wellbeing

The management of emotions is a powerful predictor of psychological well-being and health during all periods of life (Galdona et al. 2019), hence emotional well-being is must for success in managing ageing. Due to the migration of the younger generations to urban areas, the majority of adults are living away from their

children, creating an emotional void and feelings of loneliness which can lead to depressive tendencies. In this case the role of family, friends and relatives, and neighbourhoods play a major role. Younger generations must find time to get in touch with their loved ones. Old people need to be equipped and taught how to use modern technology as the means of keeping in touch with their children and grandchildren. Using technology enhances human functioning and gives seniors a sense of self-worth and accomplishment.

Societies should help the elderly to promote network ties with similar age groups and develop a culture of looking after the elderly and extend the help in every possible way. This can be done by forming social groups for older people, organising activities that give older people chances to interact with each other, and builds on traditional values of respecting older people. It has been observed that the participation of older people in various clubs and groups specifically designed for them such as morning walk clubs, laughter clubs, and religious clubs (called Bhajan mandalas) would also be useful. This not only provides good times, but also enhances quality of life levels. There should be efforts to promote such groups at all levels. Government can design rewards to recognise the efforts of people and initiate activities that contribute to the well-being of older people along the lines of Vayoshreshtha Samman at village, city and district levels. Government should incentivise and promote self-help groups, NGOs, and other establishments that investigate the needs of older aged people. These establishments are effective at the grassroots level but need encouragement through proper funding arrangements.

Adhering to these strategies will help to achieve the various SDG goals, and provide successful and active ageing for individuals. Moreover, these strategies can pave the way for further studies aimed at investigating the role of differently structured leisure activities, performed individually or collectively, in the emotional well-being of older persons with and without physical frailties.

7.8 Conclusion

It is evident that throughout world there have been initiatives to attain the sustainable development goals, and they cannot be achieved if we leave behind the ageing population. Therefore, it becomes imperative to ensure their inclusion, and frame tailor-made policies keeping in mind their particular needs. This has greater relevance for countries such as India, since it has the second largest global proportion of an ageing population which is likely to account for 25% of the total population in the near future. To derive a longevity dividend, they should be properly cared for and involved in policy and decision making, as they are a treasure of knowledge and experience for the youngsters as well as the economy at large. India's proactive policy initiatives suggest its strong resolve to ensure the well-being of the ageing population. This is evident from the draft of the National Policy for Senior Citizens 2020, which is a step in the right direction, but there is long way to go. Therefore, we require more definitive comprehensive policy measures, and the convergence of

these measures to achieve their stated objectives. This will only be possible through strong political will, proper budget allocations, and the revamping and standardisation of the existing policy framework to ensure better efficiency and functional relevance, and to develop effective support mechanisms.

With well-designed and judicious investments, the ageing population can help build-up human, social, economic, and environmental capital. However, this will call for investment in all the phases of life, fostering enabling societies, and creating flexible but vibrant platforms for building a society for all ages. For this to happen, the formulation of government policies and programmes, or any associated modifications to improve their reach and delivery, need to be evidence-based. Ageing populations can continue to create human, social, economic, and environmental capital through well-designed and sensible investments. This will entail investment in all life stages, promoting families. And building flexible yet diverse societies to create a community for all ages. For this to happen, they will need to improve their reach and delivery and requires sustained government support and a close collaboration between individuals, families, communities, institutions of civil society, and the private sector.

This chapter while discussing the extent, growth, trends and challenges of aging population in India, focuses on the relevant SDG goals and targets, and provides a snapshot of the initiatives/schemes adopted by the Indian government to address those targets. Moreover, the chapter discusses the possible impact of COVID-19 on SDGs and further recommends policy interventions to promote healthy and active ageing, financial stability, and emotional well-being. These policy interventions can go a long way to mitigate the challenges of the ageing population in India, and at the same time result in more resilient socially and economically elderly populations.

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