



## Letter From India: Caring for the Elderly

Arvind Modawal, MD, MPH, MRCP, DTM&H

I was more than delighted to receive an e-mail from Dr. O.P. Sharma, the general secretary of the Geriatric Society of India, inviting me to give a guest lecture at the third, three-day annual international meeting in November 2002 in New Delhi, and also to be honored with the honorary fellowship of the society. It was enough for me to book the flight and plan for my trip to New Delhi. It was even more interesting as this was also *Diwali* (the festival of lights) time in India. Diwali marks the beginning of the new calendar year and is celebrated throughout the country with much festivity. It is a time to visit family and friends. I was also surprised to note that geriatric medicine has come of age in India, with the life expectancy at birth now approaching 65 years.

The meeting was well organized at a fine hotel in the heart of New Delhi, with a fair representation of international faculty, most of whom were from the United Kingdom, the United States, and Cana-

da. At the meeting, polypharmacy was addressed, along with the usual geriatric syndromes of cardiovascular disease, depression, incontinence, visual problems, falls, balance problems, and osteoporosis. There was an abundance of traditional Indian hospitality and cultural essence in the scientific meeting, beginning with a prayer of *Saraswati*, the Hindu goddess of learning. The meeting had many mementos for the speakers and chairs of the sessions in recognition of their participation. The presidential banquet took place on the sprawling lawns of the India Habitat Center. Many dignitaries from the Ministry of Health and Family Welfare and the Vice-Chancellor of Indira Gandhi National Open University, a University based in Delhi, were also invited for presentations. The office bearers of the Geriatric Society and, above all, their families made sure that all the delegates enjoyed the meeting and their stay in New Delhi.

When I left India 20 years ago, there was little awareness of geriatric medicine, though there were always older people to look after. Even if you travel around India today, one does not see many older

persons, as there are few basic facilities for the handicapped and disabled in many public places. The elderly avoid going out of their homes in cities due to traffic and crowds in the streets and markets. Expanded life expectancy is a great achievement for India since independence from the British colonial rule in 1947, when the life expectancy was only 32 years. At that time, there were only a few educational institutions of medicine, and a national health budget allocation of 6% of the gross national product was mostly spent on staff salaries and other infrastructure development since privatized medical care was minimal. Gradually, with the help of the World Health Organization, United Nations, and other agencies, many programs were introduced to control malaria, tuberculosis, leprosy, smallpox, cholera, and other illnesses. Soon thereafter, family planning programs began but were disrupted due to misadministration and political changes. Improvement in health and hygiene and public health measures of mass immunizations, nutrition programs, and the "green revolution" in the 1960s eliminated the country's depen-

*Dr. Modawal is in the Department of Family Medicine, Section of Geriatrics, University of Cincinnati College of Medicine, Cincinnati, OH.*

dence on foreign assistance for food and grains and led to a rapid increase in rate of population growth.

Currently, it is estimated that older adults in India over age 60 years make up 8% of the population; with the population of the country crossing the 1 billion mark in this millennium, the number easily exceeds 80 million. With further rapid growth anticipated, similar to the “baby boomers” in the U.S., rapid growth of elderly persons in India is creating a challenge to managing health care resources in the coming years.

Due to the concerns of the aging population, two societies were formed in the 1970s. The Geriatric Society of India and the Association of Gerontologists of India both began organizing annual meetings, often in conjunction with the annual meeting of the Association of Physicians of India. These educational efforts resulted in increasing the awareness among physicians of geriatric aspects of care and helped produce and nurture committed health care professionals.

Aging health policy questions are now frequently raised in India. The migration of populations for jobs and livelihood from rural areas to urban areas and between cities has led to the breaking down of the age-old traditional “joint” or “extended” family system in India. Such family systems provided good supporting structure for the care of older persons by keeping families together, pooling financial resources, and making family members available in case of need. At present, there are no social schemes or fed-

eral or central government mechanisms for funding of health care for the aging population, and the reliance is currently on the private sector, voluntary organizations, and indigenous programs that deliver about 80% of health care (the remainder is from government hospitals and municipal corporations). The medical infrastructure to handle the substantial number of older adults is lacking. Nongovernmental organizations (NGOs), Help Age India, and many others have started community housing and medical programs, and the government has taken measures to give pension discounts to older people in several areas, particularly for railway travel, public transportation, and air travel.

Addressing the aging of Indian society is a mammoth task for the government and the NGOs, considering that persons who are disabled make up 10% of the total Indian population of over 1 billion and the fact that 10% of India’s population is tribal, living in inaccessible areas with a poor health care delivery network. There are no provisions for organized long-term care for the chronically sick, except for the rapidly growing number of upper-middle class and the rich who can afford to provide good care at home with some professional help. Otherwise, the informal care at home given by the spouse, children, in-laws, or other relatives of older persons is the norm and is culturally acceptable and desired. Due to the economic realities and limited employment, children continue to live with their parents in-

to their adulthood, and they see it as their duty to reciprocate. The employable children bring their aging parents from the rural areas to the cities to live with them or house older parents after their retirement. This can create housing difficulties for the family because of lack of space, though it can improve the quality of life for older persons due to their association with the younger generations and the role they may play in their lives. Hence, there is a call by the government and NGOs for the revival of the family system that is so crucial for the caring aspect of old age and to create jobs in rural areas to reduce migration of young adults seeking jobs and leaving behind their older dependents.

There is now recognition by the Medical Council of India (the main governing body) of the need for geriatric medicine as a specialty, and there are plans to introduce special sections of geriatric medicine into nearly 150 recognized Indian medical schools. The traditional Indian system of medicine of *Ayurveda*, represented in most medical schools, is also gearing toward new treatments and research on aging. There is only one medical college in the entire nation, in the city of Chennai (previously Madras) that has a department of Geriatric Medicine for postgraduate training and qualification in geriatrics. A diploma course at the Indira Gandhi National Open University has been started as an early effort toward a formal certification in geriatrics for physicians and future gerontologists. At pre-

sent, only one comprehensive textbook on geriatric care is available in India. There are sketchy, disease-related population statistics on older adults or databases for research on geriatrics. A perception exists that the educational, clinical, and administrative issues of geriatrics in India are becoming similar to the ones seen in many developed western nations, but it is more challenging due to the population size and lower incomes.

There is enthusiasm in government, the NGOs, and other agencies to help the cause of the elderly. Despite the progress and technological and informational advances, there remain plenty of paradoxes and conflicts. There are

specialized hospitals in major cities with state-of-the-art technology for diagnostic and therapeutic interventions, and there are hospitals and clinics in many areas without enough medicines or staffing to meet the needs of the poor and the frail. Despite having the third largest economy in Asia and twelfth largest in the world, the average national annual per capita income of the population is around US \$250, according to recent estimates. There are no resources of an organized managed health service, nor are there large federal programs like Medicare or Medicaid.

Fortunately, as I heard from the practicing physicians, the elderly in India are not demanding, do not

wish to have all their problems fixed, and do not have a desire to prolong life. Perhaps the ancient Indian philosophical view of life, still believed and practiced by many, may help solve the problem in the end. In India, the last stage of life is one of renunciation and devotion to god (*Sanyasa*), which prepares one to give up this world and all worldly possessions in readiness for the next spiritual life. (This may be the saving grace for many who will not be able to afford or have access to health care in old age, particularly in remote areas.) I am sure that this ancient society, where respect of parents and elders is integral, will find its own solutions to the problem. However, it will require effort at all levels. ♦

United States Postal Service  
**Statement of Ownership, Management, and Circulation**

1. Publication Title Annals of Long-Term Care	2. Publication Number 1 5 2 4 - 7 9 2 9	3. Filing Date 9/30/03
4. Issue Frequency Monthly	5. Number of Issues Published Annually 12	6. Annual Subscription Price \$95.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP +4) MultiMedia HealthCare/Freedom, LLC 669 Plainsboro Road, Building 400, Suite 440 Plainsboro, NJ 08538		
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) Same as above		
9. Full Name and Complete Mailing Address of Publisher, Editor, and Managing Editor (Do not leave blank) Tom Butler (address same as above) Editor (Name and complete mailing address) Christopher Cole (address same as above) Managing Editor (Name and complete mailing address) Margie Schulz (address same as above)		
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.) Full Name Complete Mailing Address Freedom HealthCare, Inc. A Delaware Corporation 17666 Fitch Irvine, CA 92614 Freedom Magazines, Inc. A California Corporation 17666 Fitch Irvine, CA 92614 (The sole shareholder of Freedom HealthCare, Inc.)		
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities. If none, check box None		
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: <input checked="" type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)		

PS Form 3526, October 1999 (See Instructions on Reverse)

13. Publication Title Annals of Long-Term Care	14. Issue Date for Circulation Data Below September 2003	
15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)	66,219	66,747
b. Paid and/or Requested Circulation		
(1) Paid (Requested Outside-County Mail Subscriptions Station on Form 3541) (include advertiser's proof and exchange copies)	39,082	39,290
(2) Paid (County Subscriptions Station on Form 3541) (include advertiser's proof and exchange copies)	0	0
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	0	0
(4) Other Classes Mailed Through the USPS	0	0
c. Total Paid and/or Requested Circulation (Sum of 15b. (1), (2), (3), and (4))	39,082	39,290
d. Free Distribution By Mail	16,596	16,965
(1) Outside County as Stated on Form 3541	0	0
(2) In County as Stated on Form 3541 (Samples, complimentary, and other free)	75	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (Carriers or other means)	0	0
f. Total Free Distribution (Sum of 15d. and 15e.)	16,671	16,965
g. Total Distribution (Sum of 15c. and 15f.)	55,753	55,255
h. Copies Not Distributed	465	492
i. Total (Sum of 15g. and h.)	66,219	66,747
j. Percent Paid and/or Requested Circulation (15c. divided by 15g. times 100)	79%	79%
16. Publication of Statement of Ownership <input checked="" type="checkbox"/> Publication required. Will be printed in the Nov '03 issue of this publication. <input type="checkbox"/> Publication not required.		
17. Signature and Title of Editor, Publisher, Business Manager, or Owner <i>T. P. Butler</i> Date: 9/26/03		
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).		
<b>Instructions to Publishers</b>		
1. Complete and file one copy of this form with your postmaster annually on or before October 1. Keep a copy of the completed form for your records.		
2. In cases where the stockholder or security holder is a trustee, include in items 10 and 11 the name of the person or corporation for whom the trustee is acting. Also include the names and addresses of individuals who are stockholders who own or hold 1 percent or more of the total amount of bonds, mortgages, or other securities of the publishing corporation. In item 11, if none, check the box. Use blank sheets if more space is required.		
3. Be sure to furnish all circulation information called for in item 15. Free circulation must be shown in items 15d, e, and f.		
4. Item 15h, Copies Not Distributed, must include (1) nonstandard copies originally stated on Form 3541, and returned to the publisher, (2) estimate returns from news agents, and (3), copies for office use, leftovers, spoiled, and all other copies not distributed.		
5. If the Publication had Periodicals authorized as a general or requester publication, this Statement of Ownership, Management, and Circulation must be published. It must be printed in any issue in October or, if the publication is not published during October, the first issue printed after October.		
6. In item 16, indicate the date of the issue in which this Statement of Ownership will be published.		
7. Item 17 must be signed.		