Ageing is an irreversible process. In the words of Seneca, “old age is an incurable disease”. More recently Sir James Sterling Ross commented, “you do not heal old age, you protect it, you promote it and you extend it”. Expectation of life at birth has increased in recent years. India has about 120 million elderly population with various problems ranging from socio-economic to psychological and physical and the number of elderly in India is projected to reach 158.7 million in 2025.

The biggest aspiration of the elderly in India is to live independently with dignity. It is the duty of every citizen of India to help our elderly achieve this.

In joint family system there exists a strong differentiation of authority across generations, and a relatively passive role of females. In the urban areas there is distribution of joint family system. One of the main consequences of nuclear family is loss of ‘elderly power’ over the younger generation. The nucleation leads to a decrease in co-residence of the elderly with adult children and therefore a decrease in care and support for the aged.

Industrialization, urbanization, education and exposure to western life style are bringing changes in values of life. Despite the strong family ties in India, the old age population has become vulnerable due to which they become distressed and depressed. Old age is not a disease in itself but the elderly are vulnerable to long term diseases of insidious onset such as cardiovascular diseases, cancer, diabetes, musculoskeletal and mental disorders. There are multiple symptoms due to decline in the functioning of various body functions.

The elderly population suffers high rates of morbidity and mortality due to infectious diseases. The demographic transition in India shows unevenness and complexities within different states.

If we look at the physical and psychological domain, we have the following figures from the previous studies conducted in India.

1. 3.7 million suffer dementia
2. 40 million suffer from poor vision
3. 1.6 million annual stroke cases
4. 1 in 3 suffer from arthritis
5. 1 in 3 has hypertension
6. 1 in 5 has diabetes
7. 1 in 5 has auditory problems
8. 1 in 4 suffer from depression
9. 1 in 10 falls and sustains a fracture
10. 1 in 3 bowel disorder
11. Cancer is 10 times more common.

In addition there are other social issues such as loneliness, elder abuse, neglect, lack of income security, and poor access to health care.

Many of the elderly are in the age group of 70–80 years and thus need social support such as Meals on Wheels, special transport, need the help of social workers or children to assist them to visit hospital or get support for physical rehabilitation.

The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However, with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come.

Needs of the elderly are not only economical but also social, psychological and physical. Institutional changes are required to ensure their social and psychological wellbeing.

Health Care of the Older people cannot be achieved unless we address total health, i.e., physical, social, economic, psychological, and spiritual aspects.

In conclusion I must infer that the elders are asset to be preserved and duly cared. We have the responsibility towards them which every citizen of the country has to take on. The elderly population has to be taken care of by citizens first and then the governments. Although government has framed different policies for the elderly population but there is lack of implementation at some level. There is need of more and more research to ascertain the needs of the elderly population and the ways to tackle them.

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