



Active Ageing Index in India- Is the UNECE approach applicable to Developing Countries?

Suchandrima Chakraborty, PhD Student,
International Institute for Population Sciences,
Mumbai, India

Email: suchandrimachakraborty@gmail.com



European
Commission



UNECE

Concept Development

- **'Productive Ageing' (Butler and Gleason, 1985)**
- **'Healthy Ageing' (WHO, 1990)**
- **'Successful Ageing' (Rowe and Kahn, 1987; Baltes and Baltes, 1990)**
- **'Active ageing' (WHO, 2002; Walker, 2002)**



Active ageing

The last decade of the twentieth century experienced the emergence of a new paradigm in Gerontology presenting a positive perspective towards ageing, evidenced by approaches to quantify the process of growing old.

Contents

- Ageing in India
- Emergence of the Active Ageing approach and the recent Active Ageing Index
- A Brief review of literature
- Aims of the study
- Data and methodology
- Findings
- Conclusion



Ageing in India: What is India's Concern?

A map of India is shown in the background, with several text boxes overlaid on it. The boxes contain statistics and information about the ageing population in India. The map is color-coded by state/territory.

1.21 billion pop in Country

3/4 of elderly live in rural areas

- **48 percent are women & 55 percent of them are widows**

Nearly 100 million Elderly Presently

315 million by 2050 (20 percent of pop)

70 percent of rural elderly require financial assistance

- **social protection and health system are weaker in India**

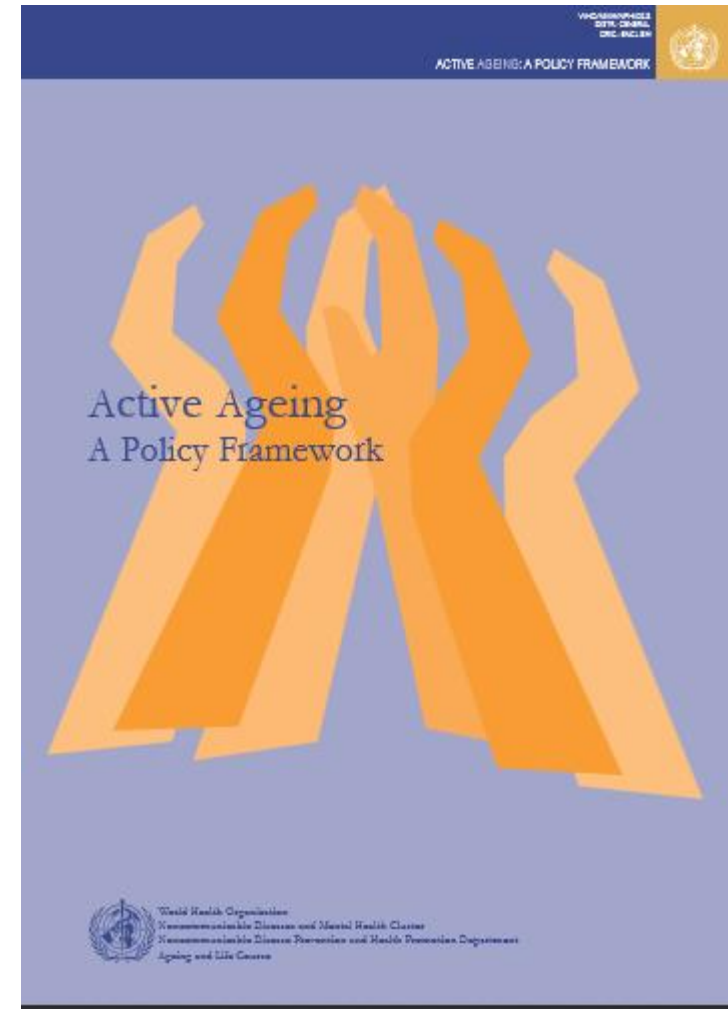
Older people in India, particularly older women, experience multiple discrimination, including in access to jobs and health care, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security (UNFPA & HelpAge International, 2012)

The Need for AAI in India

- Given the feeble formal support, weak pension support and poor public health system, Indian older people have a higher likelihood of three disadvantages
 - disability
 - deprivation
 - dependency
- These triple disadvantages further increase the vulnerability of older people in later life resulting in an irreversible decline in health impacting both quality and quantity of life
- Thus, the paper aims to capture the quality of life in later life using the Active Ageing Index in order to evaluate the applicability of the index in emerging countries with weaker formal support system such as India

Active Ageing concept

- The concept of active aging began to develop in the 1990s with an emphasis on the link between activity and health
- WHO defined active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12)
- “Active” was defined as “continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force”



The Determinants of Active Ageing



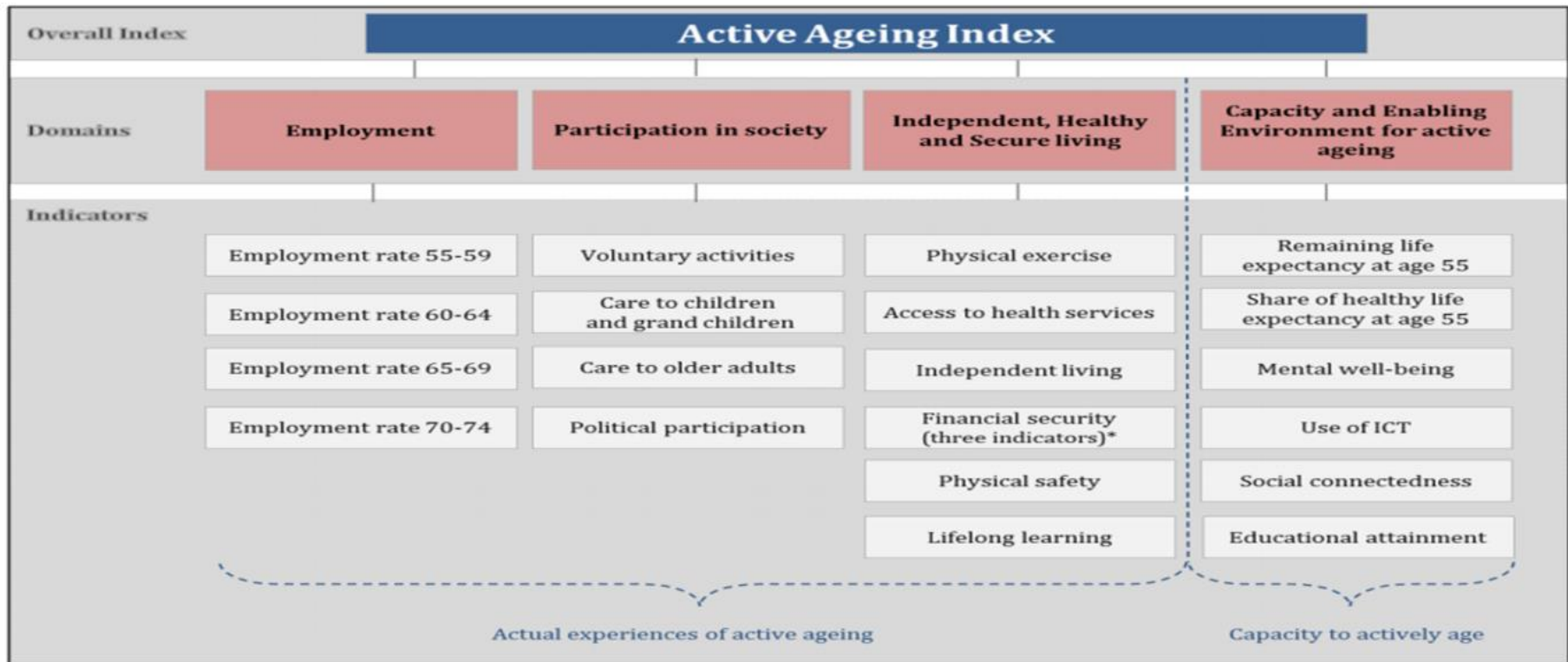
WHO 2002

- Active Ageing is shaped by multiple determinants including health and social services that are weaker in India
- To encourage active ageing, according to the WHO, health systems have to consider a life course perspective that focuses on health promotion, disease prevention and equitable access to quality primary health care and long-term care
- Personal factors are related to biology and genetics, and psychological factors
- Physical environments include safe housing, which is also an issue in India

Active Ageing

- The active aging concept encourages the involvement of older adults in society and highlights the capability and knowledge that older people own (Daatland, 2005)
- The WHO AAI is based on recognition of the human rights of older people and the UN Principles of independence, participation, dignity, care and self-fulfilment (WHO, 2002)
 - It moves away from a **needs-based** approach (projecting older people as passive targets) to a **rights-based** approach that recognises equality of opportunity and treatment to older people

The UNECE Active Ageing Index



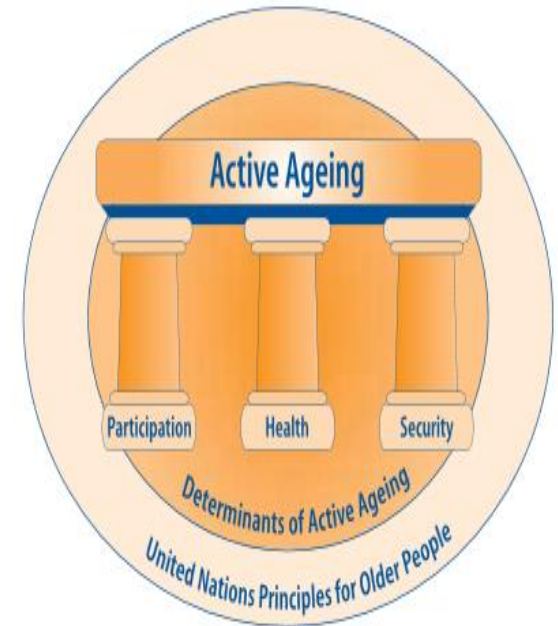
- The UNECE AAI published in 2012 is a multidimensional tool measuring four domains of a life of elderly, like participation in productive employment, participation in society, independent, healthy and secure living and friendly environment for active ageing
- Each of these domains captures a crucial dimension of health and successful ageing

AAI computation for India

- To date, AAI has not been utilised by policy makers in developing and emerging countries including India, mostly due to lack of quantitative information required to calculate the index
 - Hence, the aim of the paper is to develop AAI for India to capture the active quality life of older people using micro-level data from various sources
- Development of an valid, accurate active ageing measure like active ageing index is a big challenge as research have shown that comparisons of lay definitions of active ageing, successful ageing and quality of life show considerable overlap between these concepts
- If this is indeed so difficult for developed part of the world like, Europe, thus critically questioning on how realistic it looks for a developing nation like India with so little existing infrastructure for population ageing, complex societal needs and constraint of budget, to invest in Active Ageing
- Also as discussed earlier that slight modification of the dimensions leads to changes in the results

Aims of the Study

- The main aim of the study is to calculate the Active Ageing Index (AAI) for India using micro-level data
- In addition to providing an overall AAI, the paper carried out gender and domain specific analysis
- As India is geographically, economically and politically diverse, state specific analysis were carried out to provide state specific AAI scores
- The paper also aims to gauge the applicability and policy relevance of AAI in developing countries like India



Data source for the AAI computation

- The paper computed AAI for India and six major states having higher proportion of older people namely Himachal Pradesh, Punjab, Orissa, West Bengal, Maharashtra, Kerala and Tamil Nadu
 - Most of the analysis included UNFPA Ageing data (UNFPA, 2012)
- This survey was conducted to develop a knowledge base in regard to the demographic, social and economic conditions, health needs and living arrangements and entitlements.
- In addition, Sample Registration System data for Registrar General of India 2011 and National Sample Survey 66th round data (2010) were used to calculate domains of capacity building and health and secure living in the AAI



Methodology



Our analysis could not follow the AAI methodology completely due to lack of data for a couple of sub-domains

- In these cases, proxies were used which resulted in a slightly modified version of AAI index
 - Some major modification in the index was done on the aspects of selecting the sub-domains
- The following modifications are done:
 - The domain of participation in society due lack of data on elderly taking care of adults that sub-section was dropped and the remaining three sub-domains were given equal weight to created index for participation.
 - The Relative median monthly expenditure in taken instead of income
 - The domain physical exercises practicing where “yoga” and other form of praying ways were considered
 - The sub-domains like life-course learning, use of ICT, share of healthy life-expectancy
 - Age of computation of many sub-components
 - This raised a few concerns on the applicability of such complex index in developing countries where data on older people is limited
 - We argue that it is important to conduct AAI construction using proxies rather than having no index at all

Table 1-Estimate of Overall Active Ageing Index by Gender and State

Active Ageing Index States	Total		Male		Female	
	Value	Rank	Value	Rank	Value	Rank
Himachal Pradesh	36.4	1	40.1	1	31.7	1
Maharashtra	35.6	2	38.7	2	30.7	2
Kerala	34.7	3	37.5	3	28.8	3
Punjab	33.1	4	34.9	4	27.2	4
Orissa	28.9	5	31.6	5	25.2	5
West Bengal	27.4	6	30.8	6	23.3	6
Tamil Nadu	25.4	7	26.1	7	22.8	7
India	31.6	NA	32.7	NA	28.0	NA

- Kerala, a south Indian state, Maharashtra, a west Indian state and Himachal Pradesh, a north Indian state performed well
- Tamil Nadu scored the lowest AAI score and also had the lowest gender gap

Figure 1: Ranking Workforce Participation Index by States

Male

Female

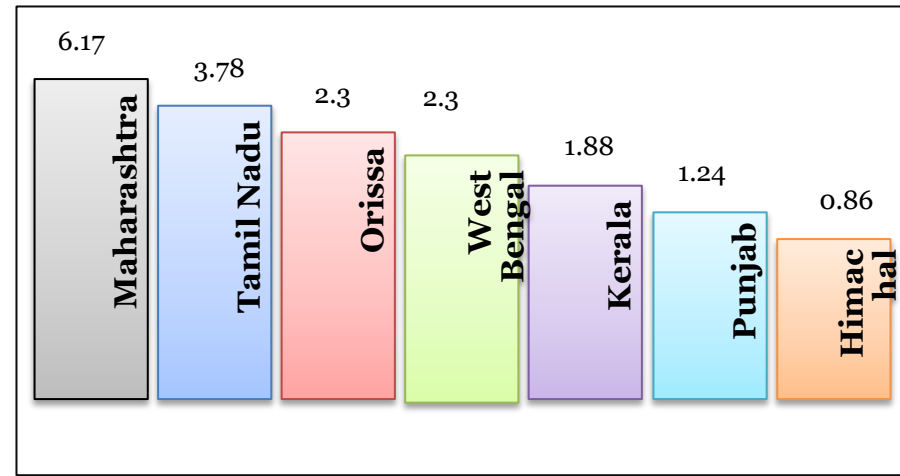
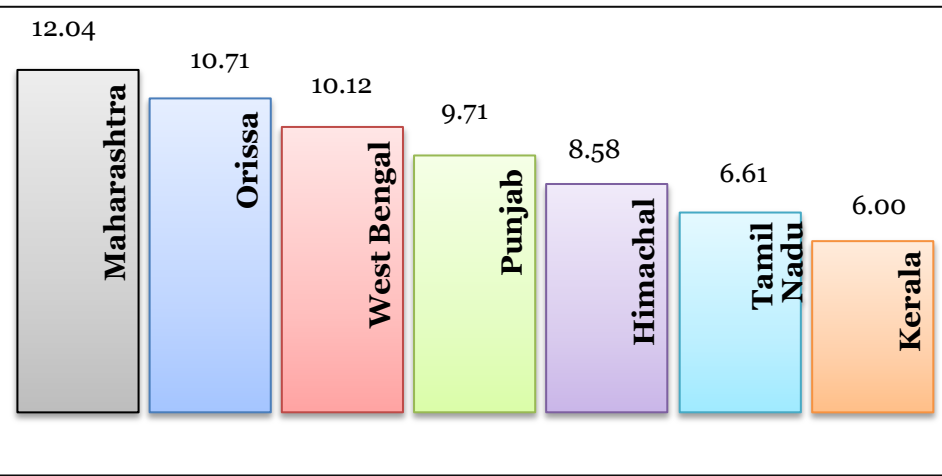


Figure 2: Ranking Social Participation Index by States

Male

Female

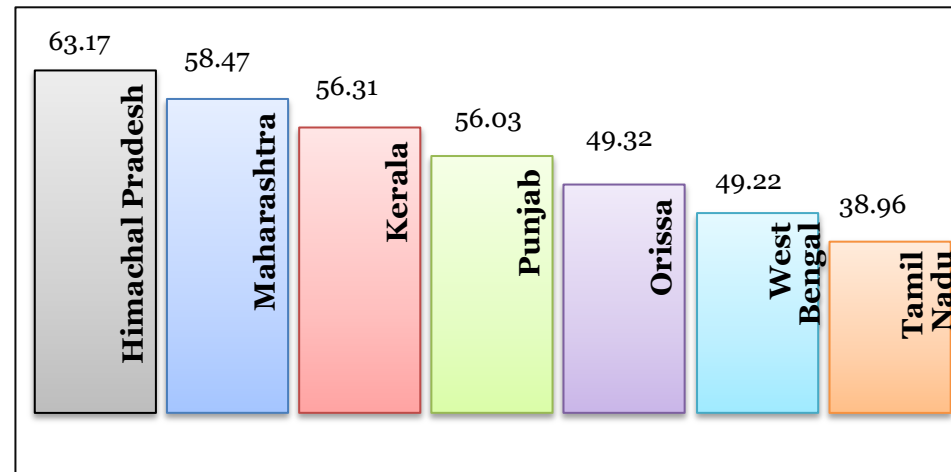
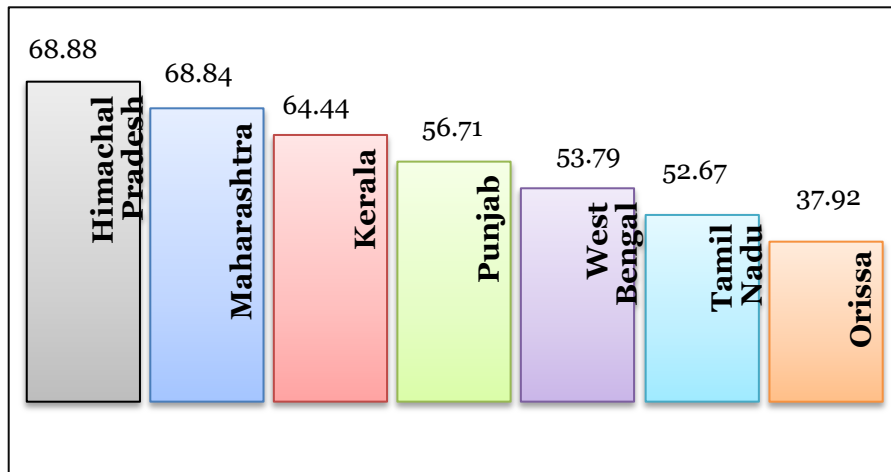


Figure 3: Ranking of Independent Living Index by States

Male

Female

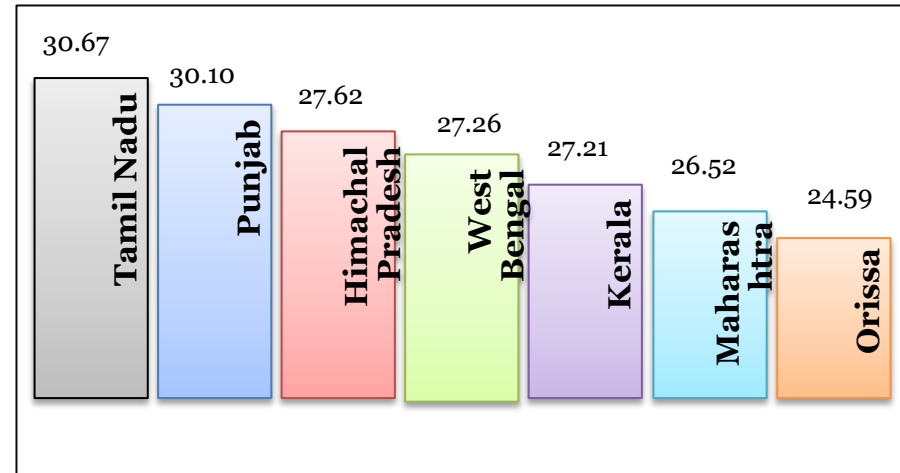
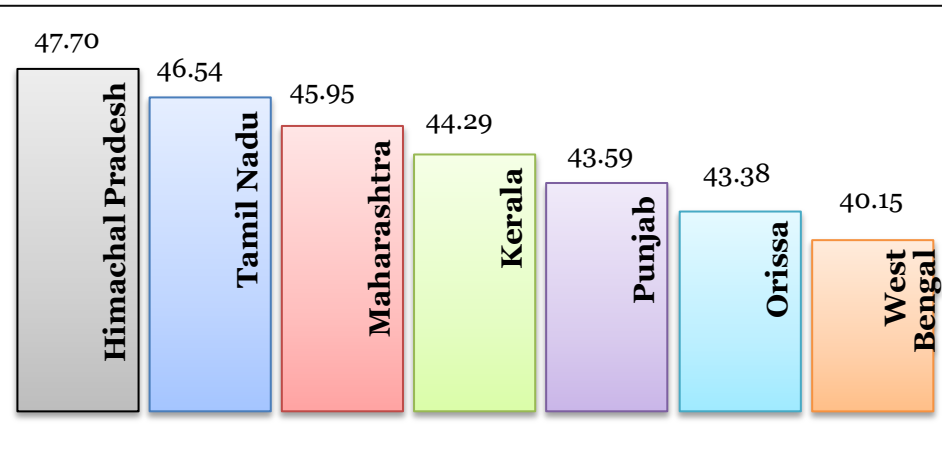
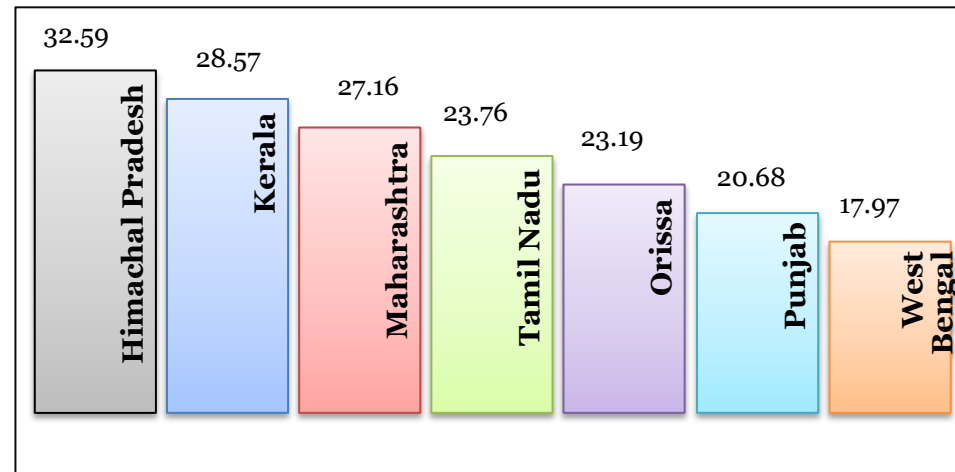
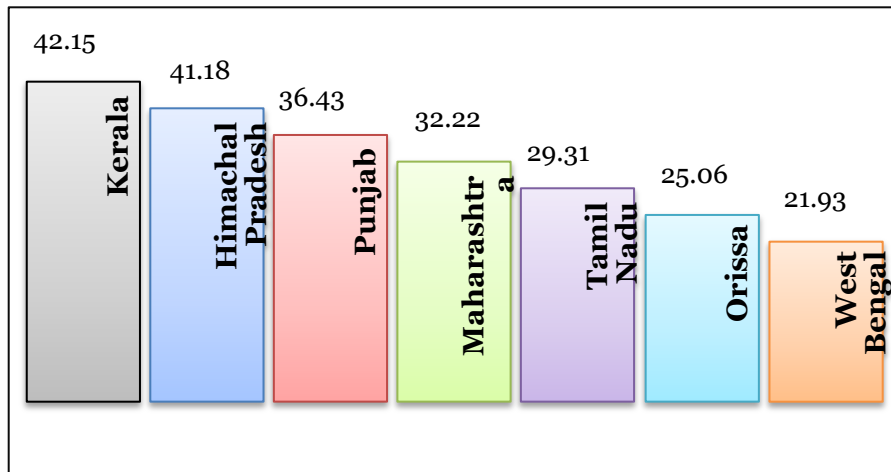


Figure 4: Ranking Capacity Index by States

Male

Female



Comparison of AAI Indian score with European Countries



Overall AAI score for India is close to



Slovakia



Hungary



Greece

The Western state of Maharashtra has score similar to

Bulgaria



Latvia



Greece



Southern state of Kerala has similar performance like



Cyprus

Northern state of Himachal Pradesh are performing closer to



Germany

The AAI values for East Indian state of West Bengal and Tamil Nadu, another South Indian state, is closer to the AAI of

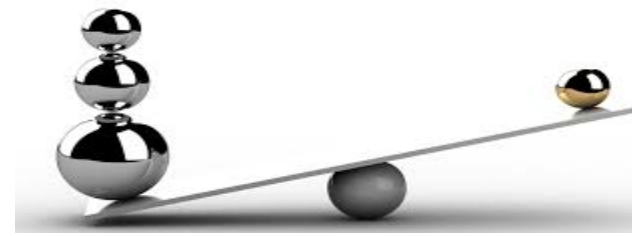


Poland

Critical evaluation of the methodology

- Holsterin and Minkler (2007) argued that the process of idealisation of active ageing might be repressive and counterproductive
- Lay perspective is missing from the active ageing concept
 - Besides, the AAI framework does not align with the lay perspectives of successful ageing shown by Bowling and Dieppe (2005)
- Active for who?
 - Individual, households, communities, nations, governments or policy makers
- Very often these frameworks for active ageing are designed by policy makers and academics and these might not reflect preferences of older people

Critical evaluation of the results



- This raises a conceptual question: if older people in Cyprus and Kerala have similar scores, can we interpret that their quality of life and participation is similar?
- We observed that results differed drastically when we compare domain specific scores of Indian states with domain specific scores of the EU
- We argue that these differences stem from socio-cultural differences, lack of formal support in India and the nature of variable used in the calculating of AAI
- Despite this domain specific divergence between EU nations and Indian states, the overall AAI score converged
- Therefore, we recommend that domain specific analysis has to be carried when carrying a cross-cultural comparison to have in-depth information

Critical evaluation of the results (2)

- Based on the overall and disaggregated analysis, we argue that AAI is indeed a dynamic index that captures inequalities within a country
- AAI has captured several critical aspects of ageing and has quantified quality of life and participation of older people in Indian states
- We also argue that the application of this index to a complex and diverse country like India has to take into consideration the context of the country and the formal support available
- As overall index score can suppress the expression of domain specific differences that are very relevant for policy purposes, we argue that policy makers have to focus on domain specific indicators rather than basing their policy recommendations using the overall index

Applicability of AAI in Indian setting

Additional analyses would work as proxy for studying the labour market scenario of older people, intergenerational solidarity and health status of older people in India, three main factors relevant for the AAI index

Employment in later life

- Analysis clearly describes the inequalities in work in later life in India shows that not working in later life is complex in India and could reflect lack of formal and informal support rather than active ageing
- Further analysis is required to study the role of work in active ageing in developing countries like India. We argue that policy makers must consider the sub-domain data before interpreting the overall score to understand the scenario



Intergenerational support in India

- A critical outcome of the analysis is that, higher proportions of household where elderly and children are residing together are poor compared to household where they are not residing together
- This subdomain of AAI i.e. “taking care of grand-children” with “participation in society” was considered to enhance intergenerational solidarity which in return enhances the quality of life of elderly.
- But unfortunately this goal remains unfulfilled as for instance many times care for grandchildren is obligatory due to lack of formal support and hence it cannot be interpreted as a contributory factor to active ageing.
- Moreover, it is likely that such care could increase economic and health vulnerability among older people as we see in this case instead of being participatory in the way AAI has conceptualised
- This raises questions on how the domain of intergeneration solidarity should be captured especially in context of India, where a very different scenario exist from the European countries





Unmet need for health care in later life

- Results show that among all states female and currently single (i.e. widowed, never married or separated elderly) suffers from more unmet health care needs
- In the sub-domain “Independent Living” of AAI, although “no unmet health needs” clearly shows the vast gender inequality existing in the country and how elderly women’s health needs are thoroughly neglected, it fails to capture this critical aspect of how “living alone” is deteriorating is further.
- Interestingly socio-economically backward states like Orissa has lower unmet health needs as compared to some other economically more developed states like West Bengal, Punjab and Kerala as observed from the computation of the index.
- This stems out from the fact that because of lack of awareness about health and cultural setup elderly women of these state are mostly unaware of there health needs and hence fails to place their demands for healthcare. But again this critical domain is not being captured by the existing framework of AAI.



Conclusion

- While we argue that AAI provides a tool to quantify engagement of older people for policy makers, we also recommend that it is important to take into consideration sub-domain indicators before making policy recommendations
- This stems from the fact that despite major differences in employment, independent living and capacity for active ageing between India and EU, with India scoring poorly, the overall Index for the two regions resulted in a similar score due to higher social participation rates among older people in India
- Similar bias was also noted when performing gender disaggregated analysis. We argue that in-depth analysis has to be carried out to draw policy conclusions based on AAI in developing countries including India

THANK YOU!!