

## Healthy and Active Ageing

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### INTRODUCTION

**Healthy and Active Ageing:** Human Population Ageing is transforming economies and societies across the world. Japan has the highest proportion of older adults globally. 8 % of World's population were above 65 years in 2010 and is predicted to be 16% by 2050. Decline in fertility and improvement in longevity are the factors observed among most of the developing countries. These countries may grow old before they grow rich. India's older population will be 227million by 2050 [1].

**International's Global Age Watch Index (GAWI):** [3] based on four domains: income, health, employment and education and enabling environment are key enablers of older people's wellbeing. Japan ranks 10 on GAWI, the highest in the region with high levels of employment and education and income security. Indeed, all Japanese over the age of 65 receive a pension and experiences the highest life expectancy in the world as those who are 60 can expect to live for another 26 years, the majority of those in good health.

China ranks 35 on GAW I and has the biggest challenges related to rapid population ageing with the largest number of older people in the world. There have been recent initiatives to extend social protection and healthcare insurance to improve conditions for older Chinese people. The universal rural social pension recently established represents an important step for reducing poverty in old age, despite the relatively small amount considered. Older people currently express a high level of satisfaction with their environment, particularly physical safety.

India ranks 73 on GAW I and is currently home to over 100 million people aged 60 and above. It ranks 54 in the income security domain with a low proportion, where 5% of older people have an income of less than half of the country's average income. Health domain rank of India is the lowest, at 85<sup>th</sup> of 91 countries with a life expectancy of another 17 years at age 60, the lowest in South Asia [3]. In the employment and education domain, India ranks at 73<sup>rd</sup> with 20% of the population aged 60 and over having secondary or higher education. Unusually high burden of healthcare costs is observed in India, i.e. 88% of outpatient healthcare in India comprises elderly population.

Non-Communicable diseases take a heavy toll on adults in low-and middle-income countries accounting to 90% of diseases suffered by elderly. Only 10% to 15% will be due to infectious and parasitic diseases and has led to the 'Epidemiological Transition Shift'. Poor nourishment and exposure to infectious diseases during *in utero* and early infancy showed a strong direct bearing of risk factors for chronic adult diseases like CVD etc. Early childhood malnutrition leads to diabetes, rheumatic fever leads to adult heart disease and a delayed physical growth, reduces physical and cognitive functioning in adult life [4].

Reduced early exposure to infectious diseases leads to increase in life expectancy as per a Swedish study. Two studies in Latin America and in Caribbean, found links between early diseases and later disability. Risky Behaviour and exposure to health risk and toxic substances during a person's adulthood, also influence ill-health in older age. Thousands of Years of Life Lost Per 100,000 Adults Ages 60 and Older observed in

Table 1: Population of selected countries [3]

Country	Total population (million)	Population above 60 (million)	% of population above 60
China	1,377.1	180.1	13.3
India	1,236.7	100.2	8.0
Japan	127.2	40.0	31.6

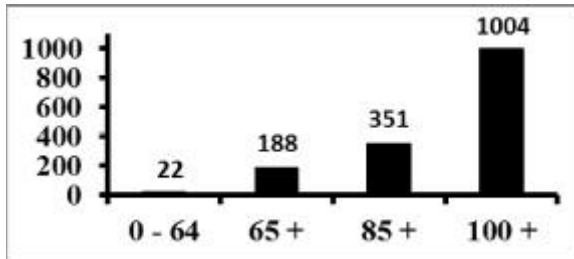


Fig 1: Percentage change in WORLD POPULATION by Age (2010-2050) [2]

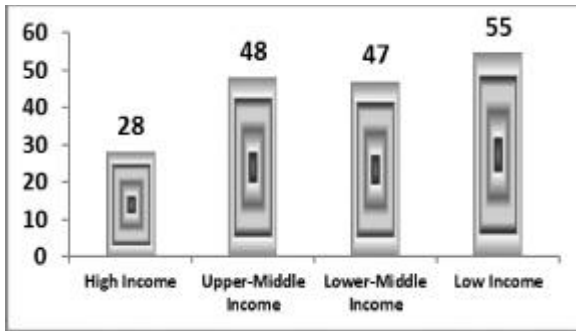


Fig 2: Thousands of Years of Life Lost Per 100,000 Adults Ages 60 and Older

High Income nations-28 ; Upper-Middle Income nations-48; Lower-middle income nations-47, Low income nations-55 [5].

Using pilot data from the Longitudinal Aging Study in India (LASI), Lee and colleagues found an association between higher socioeconomic status (SES) and increased risk of hypertension among older Indians. Overall, they found twice the risk of cardiac conditions for older Indians who had higher education levels compared to their less-educated counterparts. A comprehensive survey of Costa Ricans ages 60 and older showed that the prevalence of hypertension and obesity and the likelihood of NCD-related deaths were greatest among better-educated and wealthier individuals (Rosero-Bixby and Dow) [6].

The challenge is to minimize the negative impact of lifestyle changes that accompany modernization with socio-economic transition and Urbanization. People should abandon unhealthy behaviors which leads to increasing obesity levels and declining physical activity. Preventive health habits like adequate fruit and vegetable intake in their diet with high levels of physical and cognitive activity with emotional balance will lead to a satisfied, comfortable, healthy and active ageing.

## REFERENCES

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