Ageing Population in Ranchi City- Economics, Social, and Health Perspective

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*Abstract: A country with the cultural values of **"Matru Devo Bhava"** and **"Pitru Devo Bhava"** in India is experiencing a crisis of an overlooked elderly population. India's population is ageing far more quickly than predicted; by 2050, 20.8 % of its population may be over 60. The demographic transition leading to ageing brings about a significant milestone in human longevity but, poses substantial social, health, and economic challenges. In developing countries like India, quality of life for the elderly is often disregarded for the elderly. Although the government has implemented new policies, the elderly still experience insecurity, low social status, health problems, financial deprivation, abandonment, and humiliation. Reliance on working-age people for fundamental needs commonly results in a diminishing impact on the economy, society, and culture. The main objective of this research paper is to determine the socio-economic status and health condition of the ageing population in Ranchi City. Ranchi, the Capital of Jharkhand, with its expanding elderly population, is becoming a focal point for **Gerontology** and **Geriatric** research. As per the 2011 census, 2,356,678 seniors resided in Jharkhand, of whom 210,243 were in Ranchi. 8.4% of the state's population comprises individuals aged 60 and above. The entire work was based on primary and secondary data. Near 155 Respondents were randomly selected based on convenience and purposive sampling. The study results indicate that 51% of individuals were aged between 60-65 years while 18.70% are over 70, with a longevity tilt favoring men. It also reveals that self-investment is the primary source of income for 38.06% of the elderly, while 32% are pensioners, and 29.03% are dependents. The reason behind their work is due to low family income. The health issues faced by elderly people include blood pressure (31%), diabetes (22.87%), joint pain (24%), weakness (17%), and other conditions (6%). Regarding medical expenses, 42% of elderly people spend between 2001-5000 Rs, while 28% spend more than 5000 Rs. Additionally, 35% of elderly people benefit from government schemes such as the Vridha Pension Yojana and the Ayushman Health Card. However, the remaining percentage are still unaware of these government schemes due to a lack of literacy and awareness. Most elderly people feel lonely because they live away from their children. Health deterioration is the major problem faced by elderly people. The study concludes that although the government has initiated welfare schemes for the elderly, many are unable to benefit from them due to ignorance and lack of awareness. Additionally, the younger generation needs to make time for their parents despite their busy schedules. Currently, the financial support provided by the government is insufficient.*

Key Words: Ageing population, quality of life, health status, socio-economic, morbidity.

1. INTRODUCTION :

From birth until death, ageing is an unavoidable, ongoing process. Population ageing results from fewer births and longer lifespans. The current world population is 7.9 billion (2022) and the current Indian population is 139 crores (2022). By 2050, the UN projects that approximately 2.1 billion people will have reached the age of 60 or above. 1 in 6 people globally will have reached the age of 65 by then. In today's monetarily-driven world, the elderly population is frequently perceived as an economic burden and a societal drain. Fear of ageing is pervasive among many individuals. With a population of 104 million, including 53 million women and 51 million men, India has the second-largest elderly population after China. In rural India, the old-age dependency ratio is 15.1, while in urban areas it is 12.4 From 2000 to

2011, life expectancy at birth grew from 62.6 to 66.8 years. The Ministry of Statistics and Programme Implementation reported that citizens aged 60 and above rose from 70 million in 2001 to 103 million in 2011. Although everyone desires a lengthy life, not everyone welcomes the ageing process. 8% of the Indian population in 2011 were elderly, with 7.7% being men and 8.4% being women. 20.8% of India's population is projected to be over 60 by 2050. According to the forecast of the Elderly in India 2021 report, the elderly population growth rate in Jharkhand is projected to increase from 7.1% in 2011 to 10.8% in 2031. By 2021, it is expected to reach 8.4%. In the 2011 Census, Ranchi had the most senior citizens (210,243) of any city in Jharkhand, with a total population of 2,356,678 elderly residents. The ageing population in Ranchi, Jharkhand's capital, is undergoing a notable increase. Ranchi, the capital city of Jharkhand, is experiencing a significant demographic shift as its ageing population grows.

Quality of life is considered essential in all age groups. An individual's quality of life encompasses their freedom, social connections, physical and mental health, and engagement with their socio-economic circumstances. The quality of life of the elderly is frequently disregarded. Inaccurately, elderly people are often labeled with negative traits such as narrow-mindedness, intransigence, ignorance, incapacity to perform everyday activities, and lack of decision-making skills. Elderly people's constant care requirements and dependency lead to discrimination from the younger generation. Despite acknowledging the challenges associated with ageing, many individuals persist in seeking a payoff for their spent resources. This expectation negatively impacts the elderly population's quality of life.

Some elderly people continue to be economically productive after retirement. Although they contribute economically, they still need food, clothing, and intensive medical care. Elderly individuals often encounter social issues resulting in emotional problems due to neglect, disrespect, inadequate care, lack of proper housing, forced migration, and relocation to Old Age Homes. The concurrent presence of multiple chronic illnesses in elderly individuals significantly diminishes their quality of life and elevates their healthcare demand. Multimorbidity refers to the presence of multiple chronic diseases in an individual. **Gerontology is the study of the social, cultural, psychological, cognitive, and biological aspects of ageing, while geriatric medicine deals with the medical care and treatment of elderly diseases.** Enhancing the elderly's quality of life involves alleviating disease burden. To determine the frequency of health issues among Ranchi City's senior population and investigate any correlations with sociodemographic and behavioral variables, this study aims to focus on these objectives. October 1st marks the International Day for the Elderly, acknowledging their contributions and shedding light on their societal value.

This research was conducted to evaluate the economic, social, and health conditions of the elderly residing in Ranchi and determine the underlying causes. The proposal aims to provide essential healthcare and develop preventive strategies for them to live healthily and socially.

2. LITERATURE REVIEW:

Understanding the issues pertinent to the current study may be aided by the review's emphasis on the variety of topics covered by different academics and researchers. The published research papers, articles in worldwide and nationally recognized journals, books, government studies, and reports from research organizations are the main sources used for the literature study.

- **Dasgupta, A., Pan, T., Paul, B., Bandopadhyay, L., & Mandal, S. (2018)** examined the fact that older people's quality of life is an ignored issue, particularly in India. According to their research, there is a need for efficient health promotion plans that prioritize the management and prevention of chronic illnesses. The availability of senior care with counselling and social assistance programs like old pensions would further enhance their quality of life.

- **Datta, A., Nag, K., Karmakar, N., & Tripura, K. (2018)** studied that the growing population in India necessitates an intense focus on assessing their quality of life. According to their research, the urban geriatric population mirrored the low QOL. It was shown that enhancing social support networks and interpersonal connections was crucial to the well-being of senior women. They also stated that the government must provide economic security for the elderly through self-help groups and self-employment programs, particularly for the lower classes living in urban areas.

- **Hoque, A. (2024)** analyzed that the living conditions, social well-being, and health status of the elderly were all poor. According to the survey, 81.41% of respondents receive an old age pension (1500), yet more than 60.46% of senior citizens in the Malda region do not receive three times as much nutrient-dense food because of poverty and low income. Due to their weakened immune systems, most elderly people suffer from multiple

diseases, including TB, paralysis, malaria, and typhoid. The researcher recommended that the government boost pension funds for the elderly and offer hospitals a subsidy rate.

- **Karmakar, N., Datta, A., Nag, K., & Tripura, K. (2018)** analysed that eensuring a subjective well-being for the elderly is essential. In the study, the social health domain recorded the highest mean quality of life score, while the psychological domain had the lowest.

- **Zare, V. R., Kokiwar, P., & Ramesh, B. (2018)** Emphasized the increasing need for a high quality of life among the elderly. The study shows that nearly all diseases were prevalent among both rural and urban elders, except for gynaecological conditions. However, elderly individuals in rural areas are generally more susceptible to illness compared to their urban counterparts.
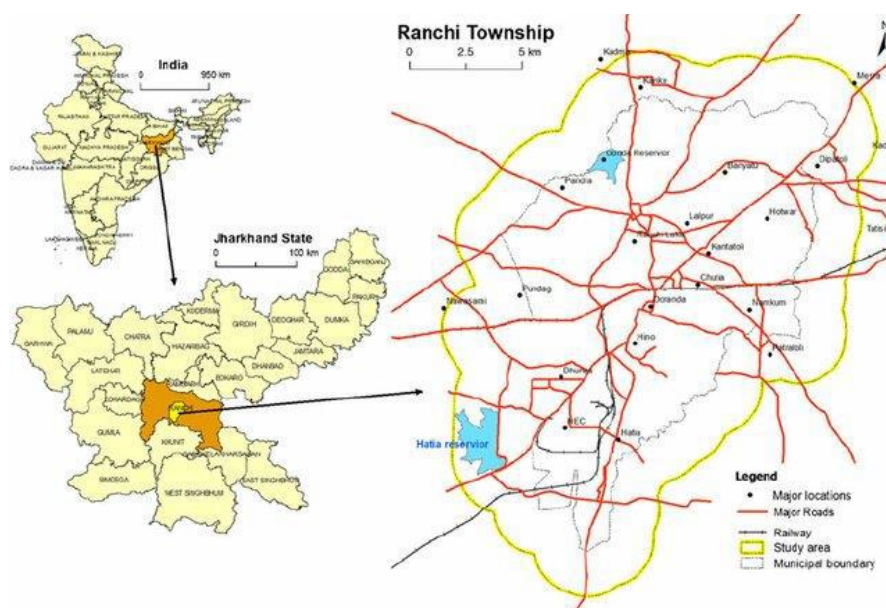
3. DATABASE AND RESEARCH METHODOLOGY:

The study employs both primary and secondary data. 155 respondents, selected through purposive random sampling, contributed empirically-based descriptive and analytical data for this study. The interview questionnaire was specifically designed to meet the interview goals. A survey was conducted in Ranchi City from February 2024 to April 2024.
The study utilized data derived from various sources including the Longitudinal Ageing Study in India, Census of India, Bureau of Applied Economics and Statistics Government of West Bengal, District Statistical Handbook Malda Collectorate, books, research papers, journals, newspapers, ResearchGate, and Google Scholar. The study used the Simple Percentage Method and Computer Cartography for data presentation.

A GEOGRAPHICAL PROFILE OF THE STUDY AREA:

Ranchi, Jharkhand's capital, sits atop the Chota Nagpur plateau's eastern edge, part of the Deccan plateau system. It is situated at 23°21′N 85°20′E / 23.35°N 85.33°E. Ranchi is also known as the City of Waterfalls. Ranchi is a major industrial hub in Eastern India. Ranchi, situated in the mineral-rich region of Chota Nagpur (known as the 'Ruhr of India'), boasts a hilly terrain and is enclosed by tropical forests. The district covers an area of 18.73 lakh acres. The city lies 651 meters above sea level. RMC's boundary defines a city area of 177.19 sq km with 55 wards based on 2013 elections. Ranchi is one of the hundred Indian cities chosen for development under the Smart Cities Mission led by Prime Minister Narendra Modi. The total population of the "Ranchi district" is 2914253 and out of this total population, the urban population is 1257335 (43%) and the rural population is 1656918 (57%). The female population in the district is 1419316 (49%) and the male population is 1494937.

Location Map of Study Area

4. OBJECTIVES OF THE RESEARCH:

With a focus on the quality of life, state of health, and community well-being of the elderly in Ranchi district, Jharkhand, the following objectives have been considered:

➢ To evaluate the health status, morbidity patterns, living conditions, and social well-being of the elderly population in Ranchi district, Jharkhand.
➢ To examine the socio-economic well-being of the elderly in the Ranchi City.
➢ The main aim is to improve the quality of research materials and databases related to senior citizens in the Ranchi district of Jharkhand. Furthermore, suitable recommendations will be provided to enhance the health, social welfare, and overall quality of life of the elderly population.

5. DISCUSSION AND RESULT ANALYSIS:

Table 1.1: Gender-Wise Sampled Elderly in Ranchi District, Jharkhand

Sl. No.	Gender	Number of Respondents	Percentage (%)
1	Male	94	60.64
2	Female	61	39.36
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024.

Table 1. 1 depicts that 60.64 % of the elderly sample are male, while 39.36 percent are female.

Table 1. 2: Age Group among Sampled Elderly in Ranchi District, Jharkhand

Sl. No.	Age-Group	Number of Respondents	Percentage (%)
1	60-65	79	51
2	66-69	48	30.3
3	70 Above	28	18.7
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024.

Table 1. 2 shows that among the sampled elderly, those aged 60-65 represent the largest group, comprising 51 percent, while 18.7 percent are 70 and older.

Table 1. 3: Occupation among Sampled Elderly in Ranchi District, Jharkhand.

SI. No.	Occupation	Number of Respondents	Percentage (%)
1	Voluntarily Employed	59	38.06
2	Retired Govt. Employ	49	32
3	Dependent	47	29.03
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024

Table 1.3 shows that 38.06% of elderly people in the study area are employed, while 29.03% are dependent on their offspring.

Table 1.4: Causes of working among Sampled Elderly in Ranchi District, Jharkhand.

SI.No.	Causes of working	Number of Respondents	Percentage (%)
1	Habituated	25	42.37
2	Only Source of Income	34	57.62
Total		**59**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024

Table 1.4 depicts that 57.62 percent of the elderly people in the sample work. 42.37 percent of the elderly sampled work to maintain their income and fitness.

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Table 1. 5: Family status among Sampled Elderly in Ranchi District, Jharkhand.

Sl. No.	Family status among sampled Elderly	Number of Respondents	Percentage (%)
1	Live with spouse and children	73	47.9
2	Live with spouse and without children	82	52
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024

Table 1. 5 depicts that 52 percent of the elderly sample live with a spouse but no children, which is a higher percentage than the 47.9 percent who live with a spouse and children.

Table 1.6: Numbers of Major and Minor Diseases Affected by Sampled Elderly People in Ranchi District, Jharkhand.

SI.NO.	Affected Diseases	Number of Respondents	Percentage (%)
1	Blood Pressure	48	31
2	Diabetes	34	22
3	Joint Pain	38	24
4	Weakness	26	17
5	Others	9	6
	All Total	**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024

Table 1.6: shows that 31% of the elderly people in the study area have high blood pressure, while just 6% are afflicted with tuberculosis, skin disease, or cancer.

Table 1.7: Medical Expenses per month sampled Elderly People in Ranchi District, Jharkhand.

SI.NO.	Medical Expenses (INR)	Number of Respondents	Percentage (%)
1	0-2000	47	30
2	2000-5000	65	42
3	5000 above	43	28
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024

Table 1.7: shows that 42% of medical expenses for the elderly in the study area fall between Rs. 2000 and 5000, while only 28% exceed Rs.5000.

Table 1.8: Treatment of Disease of sampled Elderly People in Ranchi District, Jharkhand.

SI.NO.	Treatments of Diseases	Number of Respondents	Percentage (%)
1	Government Hospital	65	41.93
2	Private Hospital	90	58.06
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024

Table 1.8: shows that 58.06% of the elderly sample received treatment from private hospitals, while 41.93% received treatment from government hospitals.

Table 1.9: Beneficiary of Old Age Pension / Widow Pension Facilities of Sampled Elderly People in Ranchi District, Jharkhand.

Sl. No.	Old Age Pension / Widow Pension Facilities/Ayushman Card	Number of Respondents	Percentage (%)
1	Yes	54	35
2	No	101	65
Total		**155**	**100**

Source: Field Survey Data, February – April Month, Ranchi district, 2024.

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Table 1.9: shows that 65 percent of the sampled elderly people are not availing any beneficiary of old age pension/widow pension/Ayushman Card and only 35 percent of the sampled elderly people are availing of beneficiary of old age pension (INR-1000/-per month) / widow/Ayushman Card.

6. FINDINGS :

- In Ranchi District, 60.64% of the male population and 39.36% of the female population comprise the gender-wise sampled elderly, suggesting a greater longevity among men.
- Out of the age group of sampled elderly in Ranchi District, we can notice the highest strength of the age group 60-65 amounting to 51%.
- The table showing the occupation of sampled elderly people shows a maximum of 38.06% of the population as voluntarily employed, which serves as their only source of income.
- On checking their family status 52% live with a spouse but without children, which is the root cause of their loneliness.
- The primary diseases affecting sampled elderly people are Blood Pressure (31%), Joint Pain (24%), diabetes (22 %), and others.
- The medical expenses range from Rs 2000-5000 for 42 % of the sampled population.
- 58.06% of the diseased get treated in private hospitals because of their entrusted belief in private treatment.
- 65% of the sampled elderly people are unaware of various beneficiary government schemes like old age pensions, widow pensions, Ayushman Card, etc. The aware population receiving Rs 1000 pension are dissatisfied due to insufficient amount.

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