

## A Summary of India's Population Trends and Public Perceptions of Healthy and Unhealthy Ageing

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### ABSTRACT:-

India's population is about to undergo significant changes in terms of age and demographics. In particular, estimates have shown a rise in the proportion of old people and people with dementia-related diseases. The demographics of ageing, its effect on the healthcare system, and suggested measures to better serve the elderly have all been explored in earlier research. An overview of these findings in regard to important aged care players, such as mental health professionals, informal carers, and public health officials, is the main emphasis of this paper. We draw the general conclusion that all stakeholders have a limited understanding of what pathological ageing (i.e., dementia) is, which has a number of negative consequences including holding up the process of seeking treatment and making it difficult to conduct and have accurate demographic studies. Furthermore, filling this knowledge gap can improve communication between these three parties in the hopes of achieving the following goals: (a) greater education and awareness; (b) quicker care seeking; and (c) earlier diagnoses providing better opportunities to gather accurate demographic data on people with dementia-related disorders.

**Keywords:** Healthy ageing, Dementia, Caregiver.

### INTRODUCTION: -

According to the United Nations Department of Economic and Social Affairs (2007), older persons are anticipated to live globally in the upcoming years. According to the World Health Organization (WHO), given the amount of people living to advanced ages, communicable and non-communicable diseases would afflict low-and middle-income countries (LAMICs) more frequently [1]. According to recent projections, the proportion of elderly people would rise in China, India, and Latin America, which is in line with this claim [2]. In addition, the World Health Organization (WHO) predicts that every 20 years, the number of dementia sufferers would practically double, with the majority of these cases occurring in low- and middle-income nations [3]. There are 3.7 million persons over 60 who are thought to be suffering from dementia in India, which is the article's main topic [4]. In other words, these forecasts show the possible effects India's ageing population may have on its current and future healthcare systems. The current article makes an effort to give a brief overview of our

current demographic understanding of the older adult population in India, the degree to which this population segment and pertinent stakeholder groups are aware of the differences between healthy and pathological ageing [5], and a discussion of current gaps in the healthcare delivery and services to this expanding population segment.

## **DISCUSSION:-**

### **Ageing demographics in India**

The goal of India's Longitudinal Ageing Study was to thoroughly comprehend the economic, social, psychological, and health elements of ageing. Early findings from this undisclosed study indicate that a variety of health, economical, and social inequities affect India's older population [6]. In particular, it is predicted that 9.9% (133.32 million) of the Indian population will be over 60 in 2021, and that this number will increase to 17.3% (300.96 million) in 2051. The number of people 80 years and older is predicted to be 0.8% (10.75 million) in the same year (2021), and it will increase to 1.8% (31.98 million) in 2051 [7]. The overall percentage of older adults is rising, but there are other influences at play as well. For example, older people are becoming more dependent on other family members for basic needs, there are fewer resources available for the elderly, and caring for elderly family members is becoming more demanding [8]. The number of older people in India will rise over the coming decades, highlighting the need for measures to accommodate this rapidly growing population category.

### **Burden of dementia**

A forecasted rise in the proportion of persons with dementia is anticipated to coincide with an increase in the percentage of older adults. Between 2001 and 2040, it is predicted that the number of people with dementia would rise by 98% in developed nations, rising by more than 300% in South Asian and Indian nations [9]. An estimated 14.3 million people will have dementia between the years 2000 and 2050 [10]. In addition, some epidemiological studies conducted in India estimate that the prevalence of dementia ranges from 0.6 to 10.6% in rural areas to 0.9 to 7.5% in urban areas, with a higher prevalence in women than in males [11]. One of the main causes of this variation was that Indian carers were less likely to report social or cognitive deterioration. The DSM IV's stricter diagnostic criteria may be to blame for the variations, according to the 10/66 Dementia Research Group, which also looked at these variations in epidemiological studies of elderly people in underdeveloped nations.

### **Mental health literacy levels**

In India, there is a lack of mental health literacy, which is defined as general information and ideas about mental diseases that help with their prevention, diagnosis, recognition, and treatment or management [12]. Access to mental health services is hampered in India by a number of factors, including the country's relatively small provider base, fragmented healthcare systems [13-15], and a lack of understanding of mental illness. Sadly, India's

attempts to raise mental health literacy are still insufficient. The District Mental Health Program was evaluated by the Indian Council of Market Research, which emphasised the need for strong and efficient strategies for boosting awareness and lowering stigma [16]. However, the research emphasised that raising awareness of mental illness required intensive networking, coordination among numerous stakeholders, and efficient use of funding. For successful and affordable mental health literacy interventions in India, Loganathan and Kreuter recommend segmenting a heterogeneous population into more homogenous groups and then focusing on these different sub-groups in the population [8].

Therefore, it was advised that initiatives to increase mental health literacy should be made concurrently with scaling up mental health services [17]. These statistics apply to both general mental health literacy levels and degrees of awareness of issues with older mental health. The new five-year plan's increased budgetary allocation may help India execute mental health policies and initiatives more effectively and make better use of its resources. Finding segments and subsegments within this demographic for targeted communication could be a programme component that increases awareness of mental health issues affecting the elderly at a low cost.

### **What are the main stakeholders' perspectives on healthy ageing?**

There isn't much evidence to support the claim that Indian healthcare experts don't understand how the body ages [18]. However, based on the evidence at hand, it is plausible to conclude that the general public, who have not developed medical knowledge, has a similar degree of understanding. To our knowledge, no study has looked at public perceptions of healthy ageing. Consistent evidence suggests that, rather than being a deviation from healthy ageing, the general population views serious decreases in cognitive function, particularly with regard to dementia, as a normal part of ageing. This is understood to be a result of a lack of understanding of the clinical picture of dementia [12]. It is crucial to gauge public awareness of healthy ageing given the paucity of literature in this area. The baseline levels of knowledge on healthy ageing must be better understood in the future by public health officials in order to influence programmes that raise awareness. Future initiatives can assist close any knowledge gaps found in the general community in the hopes of encouraging early practise adoption and increasing treatment seeking behaviour as soon as symptoms appear.

The care of the elderly and their social standing in India are currently influenced by a number of factors, including rapid urbanisation, migration both within and outside of the country, the gradual breakdown of the joint family system, and the rising participation of women in the workforce, which may reduce the number of in-home family carers. The enormous burden that carers bear and the detrimental effects on their physical and mental health that result from continuously caring for a person with dementia are other factors that are not unique to India [19, 20]. We were unable to find any research assessing the medical professionals' knowledge of dementia and ageing in India. However, an examination of geriatric hospitals revealed that the medical community's own grasp of ageing was lacking [14]. The knowledge

levels were low and unsatisfactory, according to a Nepalese study on general practitioners' (GPs) knowledge, practise abilities, and impediments to the diagnosis and management of dementia. They listed a number of obstacles to diagnosis and treatment, including a lack of consultation time, difficulty prescribing medications and a delay in referral to specialists, poor access to imaging facilities, little concern for the burden on the family or carer, and challenges in communicating about the patient's condition with patients and families [11].

### **Transmission of knowledge as a technique of enhancing treatment and care**

On the one hand, there is a lack of understanding of the behavioural signs of dementia, but on the other, diabetes mellitus and hypertension are recognised as prevalent health conditions. The high prevalence rates of diabetes [21], recent efforts by the Indian government to proactively address the projected increase in the number of people who will suffer from diabetes, and initiatives to increase awareness through media may all contribute to the knowledge gap that currently exists between these disease types. Even though it is currently known that diabetes mellitus and hypertension are both modifiable risk factors for dementia, sadly there is no service integration that might address both risk factors and link them to avoiding dementia. However, recently, organisations have concentrated on chronic communicable and non-communicable diseases as well as mental and neurological illnesses.

### **Important considerations in developing future geriatric healthcare policies**

Dementia is one of six priority conditions within LAMICs that the WHO has designated as having a major impact in terms of morbidity. In order to close the treatment gap, the WHO's mhGAP Intervention Guide provides precise algorithms of evidence-based treatments that are personalised to each patient while taking into account the existing sociocultural practises in that area [22]. A flowchart for dementia identification, assessment, and management is one of the dementia interventions, as is psychosocial support for dementia patients' carers. We propose a comprehensive public health strategy to healthy ageing and dementia, taking into account the significant morbidity among the ageing population in India and the lack of knowledge among key stakeholders described above [23].

### **CONCLUSION:-**

Finally, there is proof of the detrimental impact of inadequate awareness of the symptoms and indicators of pathological ageing (such as delayed treatment seeking). This delay in seeking treatment could lead to a delay in receiving helpful information and care for both the family carer and the dementia patient. In order to design and implement future interventions to promote early adoption of best practises for healthy ageing, we feel that national quantitative and qualitative research studies will be crucial. While it is encouraging to see a rise in research into the public health effects of an ageing India, it is evident that there are knowledge gaps that must be filled to effectively serve this expanding segment of the population.

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