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Age-Friendly Communities: Creating a Conducive Environment for the Elderly in India

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ABSTRACT

India is one of the nations in the world where the population is undergoing anomalous demographic changes. The increase in longevity and decrease fertility lead to the boom of older people aged 60 and above both in relative and absolute terms. Due to the rise in number, it creates pressure not only on the family but the responsibility shifts to the government also. This issue becomes a significant social problem not only in India but across the globe. The government had taken action by creating policies and programs to provide services to them. Still, the majority of the elderly population is lacking behind in these areas like health facilities, infrastructure, living arrangements suffering from isolation, loneliness, abuse, crime. Nowadays, smart city initiatives are taken by the government across the country but still in process. To involve and facilitate more cities for "age-friendly", the World Health Organization develop the Global Age-Friendly Cities Guide and a manual "Checklist of Essential Features of Age-Friendly Cities". Cooperating with 35 urban communities from developed and developing nations, the WHO oversees eight highlights for age-accommodating urban areas in the space of urban life. This paper had an objective to study and understand exiting literature on age-friendly communities in developed and developing countries and draw attention to the need to create age-friendly cities in India. The realization of the needs and demands of older people, the Indian government should give attention to promote and implement more age-friendly communities all over the country. This initiative till now taken in 3 states, i.e., Delhi, Udaipur, and Kolkata-which involved in age-friendly community initiatives collaborated with WHO. In this era of a rapid aging sphere, the communities have to enhance in such a manner where the older population can meet their needs quickly without any conflicts and problem. To conclude, the government and policymaker should emphasize the policies into practices to build age-friendly communities across the country and make better living conditions for "all-ages". For timely action and productive recommendation, it is an urgent need on the part of the government, policymakers, researchers, social workers to develop and enhance the community's facilities, which can gain confidence and wellbeing of the elderly in India.

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1. Introduction

❝*A*❞ *n age-friendly world enables people of all ages to participate in community activities actively and treats everyone with respect, regardless of their age*" [1].

India was consistently subject to encounter unusual demographic conversion from the last three decades. Due to an increase in the length of life span and decline fecundity results in the expansion of the elder population age 60 and above [2]. India became the second largest in the world, comprising 1.31 billion population, i.e., around 17% of the total populace [3]. Stipulated by the United Nations Population Division, which structures gauges that India will conquer China by 2028. The surplus population in India indicates a higher percentage of the growing elderly population significantly. At present, the process of increase in the size of the elderly is threefold as that of the whole population [4]. This outcome would create a problem at present and in the future in terms of health, socio-economic, and other facilities. In response to these challenges, the government must adapt and recognized the transformation and changes that occurred and provided some suitable alternatives in such a diverse country.

The reason for study age-friendly communities in India because this concept adopted in developed nations, and somehow, they achieved their targets and fulfilled the needs and demands of older people. In India, there is a lack of researches regarding this concept. It may be due to lack of awareness, and less initiative was taken on the part of older people to enhance their life in a better way. WHO gives an agenda incorporates outside spaces and structures, transportation, lodging, social interest, regard, and social consideration, metro cooperation and business, correspondence and data and network backing and wellbeing administrations through which it covers general advancement and improvement in the states of older individuals [5].

2. Defining the Elderly

The United Nations has accepted the age of 60 and above to consider the older or elder person [6]. In India, "Senior Citizens" defined in the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, a person who reached the age 60 and above. In this paper term "senior citizen" or "elderly" or "aged" consider for the same age group, i.e., age 60 and above.

As most of the studies showing interest in the future older generation belonging to age group 50-59 to recognize their needs and demands to formulate sound policies and programs for them in the future [7].

3. WHO Global Network of Age-friendly Cities and Communities

The idea of age-friendly cities and communities developed from the global debate conference on "active aging" in the year of older people in 1992. "Active Aging" itself emphasizes maintenance and taking care of the needs and requirements of the elderly population. It is not static to physical activeness but to develop a suitable environment for them as they get the chance to achieve mutual benefits as well as established active social functioning. The cities should be age-friendly but not particularly to a specific group but for all ages as different ages have different functional capacities. With the increasing number of the elderly population approaching cities creates many issues as a city have a particular environment which has to speculate. Taking concern of this subject matter World Health Organization originates this idea during XVIII IAGG World Congress of Gerontology and Geriatrics in Rio de Janeiro, Brazil on June 2005 [8-10].

In 2006, the WHO propelled the age-accommodating urban community activity. Taking note of that "more seasoned individuals are definitive specialists all alone lives", the WHO and its accomplices held 158 center gatherings in 33 urban communities over the globe. An aggregate of 1,485 more established grown-ups took an interest in talks intended to give a far-reaching appraisal of their urban communities' age-neighborliness. Eight subjects are as per the following: open-air spaces and structures, transportation, lodging, regard and social consideration, social interest, urban cooperation and work, correspondence and data, and network backing and wellbeing. Results exhibited as a complete rundown of 88 highlights that speak to a "general standard for an age-accommodating city". The WHO set up a Global Network that remembers urban areas for 22 nations running from Andorra to the United States [11]. The WHO Global Network of Age-accommodating Cities and Communities was built up in 2010 to cultivate the trading of understanding and collective learning among urban areas and networks around the world. The urban areas need to do a general duty to making comprehensive and available urban situations that advantage their maturing populaces [12]. An age-accommodating city underscores enablement as opposed to disablement; it is well disposed for all ages and not merely "senior cordial" [8].

Domain	Essential features
Housing	Adequate, reasonable lodging is accessible in territories that are protected and near administrations and the remainder of the network; Inside spaces and level surfaces permit opportunity of development in all rooms and paths; Adequate and reasonable lodging for slight and disabled, more seasoned individuals, with proper administrations, is given locally.
Transportation	All city territories and administrations are available by open vehicle, with significant associations and well-stamped courses; Specific transportation is accessible for impaired individuals; Transport stops and stations are strategically placed, available, protected, perfect, sufficiently bright and well-set apart, with satisfactory seating and safe house; Streets are well-kept up, with secured channels and great lighting; Need stopping and drop-off spots for individuals with uncommon needs are accessible and regarded;
Urban spaces and built environment	Open territories are perfect and lovely; Asphalts are well-kept up, free of blocks and saved for people on foot; The person on foot intersections are adequate in number and safe for individuals with various levels and kinds of handicap, with nonslip markings, visual and sound prompts and satisfactory intersection times; Open-air security advanced by great road lighting, police watches, and network instruction; Outstanding customer bolster blueprints are given, for instance, separate lines or organization counters for progressively prepared people; Structures are well-set apart outside and inside, with satisfactory seating and toilets, accessible lifts, slants, railings and stairs, and nonslip floors
Social participation, civic	A wide assortment of exercises offered to speak to a different population of elderly; Occasions held now and again helpful for aged people; Social occasions including elderly held in different neighborhood network spots; There is reliable effort to incorporate individuals in danger of social detachment;
Participation and employment	The characteristics of more seasoned workers are very much advanced; A scope of adaptable and fittingly paid open doors for the elderly to work is bolstered; Work environments are adjusted to address the issues of incapacitated individuals; Essential leadership bodies out in the open, private and intentional parts empower and encourage enrollment of more established individuals;
Respect and social inclusion	More seasoned individuals are consistently counseled by general society, willful and business benefits on the best way to serve them better; Administration staff are considerate and supportive; Network-wide settings, exercises, and occasions pull in all ages by pleasing age-explicit needs and inclinations; Progressively settled people are seen by the system for their past similarly as their current responsibilities.
Community support and health services	Home consideration administrations incorporate wellbeing and individual consideration and housekeeping; Wellbeing and social administrations are strategically placed and available by all methods for transport; Clear and accessible data given about wellbeing and social administrations for the elderly; Monetary hindrances hindering access to wellbeing and network bolster administrations are limited;
Communication and information	The correspondence structure lands at arranging inhabitants; Standard data with communication are essential to the elderly are advertised; Printed data has enormous lettering, and the primary thoughts are appeared by clear headings and strong face type; Electronic hardware, for example, cell phones, radios, TVs, and bank and ticket machines, has enormous catches and huge lettering;

Source: *World Health Organization, 2007.*

WHO states that being physically and socially determined, the cities must evolve in such a manner that the older generation lives with peace and dignity throughout their life where they have given equal chances to participate in social and civic engagements and had the power of decision making and full involvement. The authority, whether state or local, should ensure their complete protection and security so that they have full confidence within them and fulfilled with being a member of the community [13].

4. Initiatives of Elder-friendly Cities in the Developed World

The work was conducted in New York City in 2007 in four significant domains, i.e., network and municipal investment, lodging, open spaces and transportation, and wellbeing and social administrations [9,14]. Likewise, the age-friendly initiatives were taken in U.K city Manchester in 2010, where issues like public health along with challenges faced by older people were in priority [15,16].

The Age-Friendly activities created by WHO demonstrates the top-down approach wherein arrangement producers and gerontologist lead the change endeavors. The base-up approach centers around the improvement of administration forms that include the elderly in arranging and leadership on the network give that influence them. The base up exertion is the Calgary Elder Friendly Communities venture, which empowered Canadian seniors to characterize and lead network advancement activities in

their neighborhoods [17].

The study focuses on Shanghai City to promote the policies & regulations for older people to increases public financial input [8,18].

Municipal Public Health and Wellbeing Plan (MPHWP) expects to improve the prosperity and development of the Cardinia Shire social order where they work, adjust, live, and play. The MPHWP centers around highlights of our condition that impact our wellbeing results, for example, access to open vehicles, lodging, land, recreational space and nourishment, and having a safe urban condition with satisfactory streets, pathways, and road lights. Common ecological factors, including environmental change and air and water quality, can affect cultivating and nourishment generation and, thus, our wellbeing. Giving a protected and liveable condition by tending to these key territories can empower individuals to be physically and sincerely more beneficial. The Age-Friendly Strategy is lined up with the MPHWP to help in making a superior spot to live [19] .

It is fundamental to have incorporated physical and social conditions alongside participation among policymakers and the older in building an age-accommodating atmosphere [17]; lack of interconnection among these affects the health and wellbeing [20]. Social activities and communication decrease mental sickness [21]; social connectedness, meaningful interaction, structure needs, and lack of barriers were crucial elements to build an age-friendly community [22]. The physical environment has to improve before meeting social needs as it hinders the path of social interaction for aged [23].

Urban communities over the world have begun variable age-friendly practices, for example, the inception of a network associate program in Ottawa city (for the welfare of the powerless elderly), age-friendly business activity to empower organizations to be all the more age-friendly and draw in senior clients in four urban areas of Spain, constructing an age-friendly Portland in the United States of America, and so on [1]. Buffel T.,2018 has led co-examining and co-creation exercises as a significant aspect of the Manchester Age-Friendly system (MAS). Vital components for achievement of MAS is the activation of on-screen characters to share their experiences and gain from one another about the necessities and prerequisites of their networks. The idea of an "Age-Friendly Business" has empowered organizations in the system to make modifications to encourage straightforward entry or administration by occupants. Such modifications or changes include: helped gadgets to open entryways, expanding the text dimension on menus, and changing the stature and access to

latrine allocators [24,25].

Yoshihiko Kadoya, 2013 examined the social correspondence between the old and the system in Akita city, where their region a high number of senior individuals in Japan. He found that living courses of action and versatility fundamentally influence social collaborations. The individuals who can drive took an interest in more in-network administrations. He reasoned that a network ought not to disregard social consideration as a space for an age-accommodating condition [26].

Ann Bowling, 2008 investigated dynamic maturing by looking over 337 older British people utilizing surveys. The review results uncovered that most of the older depicted dynamic maturing as having notable psycho-physical health while at the same time keeping up a free association with society [27].

The estimation model of dynamic maturing was proposed by Constança Paúl et al., 2012 [28]. They presented a model that encourages the older to conform to their handicap, advance social investment, and be included effectively in a reliable way of life, which would improve their satisfaction. Somi An et al., 2013 reviewed old Koreans. They found that free exercise regions have a noteworthy association with the old to be physically dynamic, which advances sound and dynamic maturing [29].

5. Status of the Elderly in India

A massive change in the statistic situation in the 21st century in India is the quick development of the older populace with extensive results in monetary and cultural terms. Registration 2011 uncovers that 100 million more established individuals matured 60 or more contain 8 percent of the all-out populace, and it would be assessed 20% by 2050. From the last few decades, the statistic showed that young India would be soon older. India, in the upcoming years, would affect society as well as the whole country in many ways. Estimated between 2000 to 2050, the older population could be 60% while the aged population 60 and above will grow by 360 percent [4].

The older people accompany with many problems like health issues, security, financial crisis, social isolation, abuse, loss of self-esteem [30,31]. Due to urbanization and globalization, the transition of the joint family to the nuclear family system, living arrangements were keen to be noticeable. Many studies reveal that housing is the most crucial element in the life of older people [7,32,33].

Indeed, even NFHS information waves from 1992-93 and 2005-06; and Sathyanarayana et al. (2013) show the adjustment in the structure of living game plans in

India. They locate that around three-fourths of older co-dwell either with their life partner and kids and grandkids. Strikingly, in short, between review period, the extent of older folks living alone or just with their companion (along these lines autonomously of their youngsters) expanded from nine to nineteen percent [43]. In Orissa, study indicated that the extent of the elderly who lived with their kids had diminished from 31 percent to 26 percent in urban areas, and the portion of the elderly who lived with different relations and future-relations had expanded from 3 percent to 5 percent in urban areas. The situation indicates the weakening of the extended family system [7].

Report of National Crime Records Bureau, "a total of 8,973 cases registered as crimes against senior citizens from January 2014 to October 2014". The partial population of the elderly consistently experiencing ill-treatment reported along with discourtesy and ignorance [34].

The residential environment must cater to the fundamental needs of the old population and furnish them with basic aid and assistance for their prosperity [33]. Besides providing medical and financial services to the elderly, the living environment of the elderly should be taken into consideration. The problem is a much more serious concern in low-income group families, where the loss of budgetary autonomy makes the older a weight for their families. Due to the absence of children, relatives & kin-folks to deal with their elders, the duty has shifted to government which become serious social issue.

6. India towards Building an Age-friendly Community

"Age-friendly environments (such as in the home, community) foster healthy and active aging by building and maintaining intrinsic capacity across the life course and enabling greater functional ability in someone with a given level of capacity"[1].

The concept behind the Age-Friendly Community is to involve the elder as an active actor to engage themselves in community settings and active participation to improve their lifestyle and environment, which imposes healthy & active aging. With the help of the Active Aging framework, it forms the basis of the Age-Friendly Community. Major components will be a strategy, facilities, surroundings, and situation supports and enable older people to recognize their potentiality and capacities [35].

From 46 nations, India is one of them to authoritatively team up with WHO-Global Network of Age-Friendly Cities and Communities. In which three states involve in Age-Friendly initiatives, i.e., Delhi, Udaipur, and Kolkata. The study has the basic requirements that cities should possess to be available and liveable for the elderly have suggested. The report is a guide for cities to enable "active aging". It look after the features like- Outdoor Spaces and Buildings, Transportation, Housing, Respect and Inclusion, Social Participation, Communication and Information, Civic Participation and Employment, Community Support, and Health Services.

Following initiatives in these states are as follows:

S.no.	State	Programme Initiated in City & Problems	Target Group	Results/Outcomes
1.	Delhi	The programme initiated in South Delhi in Sangam Vihar were no government services like water, electricity, and sewage facilities available in that area. Even they have little contact with local authorities, and mostly elders were concerns about their safety. A program is started to encourage contact between more established grown-ups and network road watch cops, which was actualized in 6 wards of Sangam Vihar, covering around 1800 more seasoned grown-ups. With the help of the nearby political authority and two neighborhood police headquarters, more seasoned grown-ups met their neighborhood ward cops. They were given cards in which they have a photo with their name and contact quantities of all road watch cops. To empower the utilization of cards, the more established grown-ups rehearsed by calling their nearby cops, and the police headquarters made a register of the taking an interest more seasoned grown-ups with the goal that they would be perceived in the event that they brought in once more. Wellness Health and You began intercessions to show the age-pleasing urban zones/systems movement and has now got the South Delhi Municipal Corporation as a person from the GNWAFC. Another mediation grasped with the assistance of W.H.O-S.E.A.R.O was the development in the Sangam Vihar to get together the body electorate zone. This area is the most huge ghetto in North India. They had the option to present the issue of age-accommodating network and had the option to address the trio of wellbeing security-social cooperation among the seniors of the territory. Through this mediation, they are attempting endeavors to invigorate the country and social associations to take an interest in further exercises.	Older people	Through this program, the result is positive which shows that in that area around 50 percent older people are starting to holding contact cards Likewise, the cops distinguished more established grown-ups living alone and completed intermittent visits to their homes. Still, personal security for older people became a huge problem.

S.no.	State	Programme Initiated in City & Problems	Target Group	Results/Outcomes
2.	Udaipur	Observed in the "Age-friendly cities report Udaipur" which examine the middle-income group differ from that of the low-income group. While the middle-income group was concerned with the economic and infrastructural developments, and the low-income group was more concerned about their "marginalization due to loss of income and lack of medical assistance" [36].	Older people	The investigation is dependent on the point of view of senior residents. However, the solutions that have proposed are comprehensive as the proposed measures have not been quantified in terms of their numbers, distances, etc. This study shows selections of individuals fluctuate with their pay structure and social milieu. The study thus establishes the need to develop residential neighborhoods with amenities that contribute to the fulfillment and prosperity of the senior citizens in India.
3.	Kolkata	The study conducted in different cities in the state of West Bengal in India. This examination will recognize the differed needs of the different levels of mature age alongside those having a place with future older and propose potential answers to improving their QOL in private neighborhoods. The project is "self-management and community initiative for joint pains and hypertension in older women". The effort was initiated at New Barrackpore, a suburban area of Kolkata in the state of West Bengal. They started the workshop and created awareness about joint pain and hypertension. They advertised by local TV operators with a campaign stating "Awareness and Assessment of Joint Pains and Hypertension in Older Women". Exercise and diet mediations disclosed to the chose subjects. Asset material dispersed to each chosen member.	Older women equal to or more than 50 years of age. Limitations: Women who were bedridden and requiring long term care, diagnosed with accelerated hypertension, severe cardiac neurological disorders excluded from the study.	In this way this task led in Kolkata, where they featured the urban pieces of the province of West Bengal, shows a higher pattern, with 9.3% of the populace as more established men and 9.6% as more seasoned ladies. They make mindfulness and show self-administration of joint torments and hypertension through activities and diet adjustments to more seasoned ladies. They associated more established ladies to network and companion bunches for bunch treatment, which has comparable issues. They attempt to make a future model for feasible and financially savvy network wellbeing administrations and advance age-accommodating networks.

Source: WHO, Age-Friendly World, 2012; Who, Age-Friendly World, n.d.; HelpAge Research Reports.

7. Other Initiatives

A similar observation has been found in another study on "Built Environment for the Elderly" conducted by A.K. Jain, which proposes different measures and rules that are required to be joined into the constructed condition to be age-friendly city. HelpAge India's report "Enabling Environment" additionally proposes framework/recommendation for the structural design of buildings for the exceptional needs of the seniors. This report only looks into the architectural details of the building with a few broad outlines related to the site. Whether the latter two studies based on the perspective of the elderly is unclear. A survey of the researches so far carried out in India indicates that the relationship of the neighbourhood with quality of life (QoL) of the elderly remains a hugely unexplored area.

Undertaking enormous scale network outreach projects and workshops to advise individuals about the proposed plans, recognized from their reactions, to take into account the requirements of the senior residents and look for their co-activity in the execution of the equivalent and conducting experimental studies at different neighborhoods to test the adequacy of the proposed solutions in improving the quality of life of senior citizens. Manuals for the creation of community built environment facilities/features that will enhance the Quality of Life of citizens with the focus on the different age groups of the elderly population based on the city's capacity to deliver the solutions. Also study shall identify how to priorities for Quality of Life indicators may vary among the elderly and the future elderly. This study can be useful for determining the required neighborhood features for the next generation of elderly and also bring out an suitable solution between the requirements of the elderly and the working-age population. Study also indicate how the priorities for Quality of Life indicators vary with different socio-economic, demographic, and neighborhood characteristics and also identifying the required neighborhood features for respective target population groups. Guidelines for the allocation of social support services to cater to the needs of residents with the focus on the different age groups of the elderly population (the "elderly" and "the aged") [7].

8. Prerequisite for Creating a Conducive Environment for the Elders

Developing countries like India sharing the older populace urban territories will increase multiple times from 56 million of every 1998 to 908 million by 2050 [36]. After seeing such a vast increased in the number of elderly, it is essential to create a conducive environment by providing services and structure to support their residents' wellbeing and productivity and improve their quality of life [7]. It observed that the elderly are physically active and mentally alert, while different aged need different types of support. [37] Elderly peoples require strong and empowering living situations to make up for physical and social changes inside them.

The government has to make the existing system and structure more "age-friendly". The approach should be a bottom-up approach as for implementing any plan & strategy on the ground; the elder must have consent over it. The health sector can induce a crucial role in making an "age-friendly" community. Health strategy is useful in both upstream & downstream efforts, and this can be only possible if professionals of different sectors like policymaker, gerontologists, medical social worker, and researchers involved and communicate each other strength to ensure and make such policy, programs, and a structure which affect the older population positively.

Active aging should promote as this can be a life savior activity for older adults. Concentration on the needs of the older population, it is necessary to look after the resident other stages of life-course. Last but not the least other states should encourage to step up in building an age-friendly community and city, especially those where the elderly population is large in number. The researcher should explore the best and suitable ways of strategies for age-friendly communities for "all-ages".

9. Conclusion

The system in India ought to be old and disabled welcoming. As India continues modernizing its establishment, arranging spaces for developing people will incorporate structure structures, modifying transportation, and executing organizations that address the issues of progressively settled adults and that address the principles of inclusivity, transparency, and accessibility. This effort has started with Kolkata, Udaipur, and New Delhi ending up being people from the WHO Age-Friendly World Global Network, a framework concentrated on sharing best practices in urban sound developing and propelling age-obliging system fragments, for instance, open structures and open travel, customer care that is altruistic to progressively prepared adults, and fitting open spots for walking and resting [8].

With both urban and provincial conditions that frequently present enormous portability difficulties to more seasoned grown-ups and people with incapacities, progressively Indian states and urban communities need to understand the significance of a constructed domain available to the elderly population.

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