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Vera-Sanso, Penny (2015) The health costs of bolstering the Indian economy. *Global Ageing: Issues & Action* 9 (2), pp. 15-19. ISSN 1729-3472.

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The health costs of bolstering the Indian economy

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A study of slum dwellers and street traders in Chennai, India's fourth largest city, demonstrates that far from being frail and dependent, older people (aged over 60) living in poverty are bolstering the Indian economy. They do this directly through their provision of low-cost inputs to industry and low-cost services to workers and indirectly through taking on younger women's caring and domestic work thereby releasing younger women into the workforce. Poverty, inadequate public services and insecure, low-paid work in India's massive informal economy, coupled with the lack of a meaningful pension, is seriously cutting into the health and wellbeing of older people and their families. It forces older people, as well as their families, to bear a level of morbidity, anxiety and pain that better off people, within India and internationally, would consider intolerable.

Bolstering economies in later life

Older people's contribution to national economies across the globe is widely under-estimated, both because older people are stereotyped as dependants and their work, if recognised at all, is characterised as being of negligible value or as outside the international System of National Accounts' boundary of production, which excludes services for household members. Consequently evidence on older people's economic contributions is sparse. Yet what there is demonstrates that dominant conceptualisations are based more on ageism and what counts as 'productive' than on evidence. What evidence there is demonstrates that older people take on considerable unpaid work within communities.¹ It also demonstrates that older people have large caring roles for children and older people who need care and that these roles are particularly important in poorer families and in response to rising care costs.² While accounting etiquette requires that this activity is placed outside the production boundary, the support of current workers (especially mothers) and production of future workers (children) and care of past workers represents an enormous contribution to the national economy. The proportion of people over age 65 working, *and* finding their way into national statistics, varies considerably across the globe.³ For this reason, this article draws mainly on research

¹ Evidence from the United States and the United Kingdom, for instance, reveals that the age group that puts in the most voluntary hours are aged 65+ (Bureau of Labour Statistics, 2014; Institute of Volunteering Research, 2014).

² A UK government commissioned review of evidence found that grandparents played a 'prominent' role in providing child care and supporting maternal employment, especially in low income families (Statham, 2011) and an Ipsos Mori survey found that a 27% hike in childcare costs produced an enlarging 'hidden army' of grandparents who are giving up work, reducing hours and taking time off to care for grandchildren, and sets a value of about £8bn on this contribution (Meikle, 2014). In the US 54% of carers of people aged 50+ are themselves aged between 50 and over 75 (NAC, 2009).

³ The proportion of people aged over 65 (registered as) in the work force varies considerably between countries, ranging in the OECD from about 2% (Greece, Spain, Slovenia) to about 20% (Japan, New Zealand, Norway, Israel) to highs of 30% and over (Korea, Iceland) (OECD Stats, 2014). In low and middle income countries there is considerable variation as well as considerable variation in the extent and quality of data; even so International Labour Office statistics indicate that older people are far from non-productive (ILO 2014). In 2008, for instance, Armenia, Venezuela, Pakistan, Philippines and Qatar had between a quarter and nearly 40% of their population aged 65 and over working. And, despite the stereotype of old age dependency, 12% of

undertaken in Chennai, between 2007-10 and 2012-13, with 800 households in five low-income settlements (falling under the Census of India's classification of 'slum') and street vendors in one busy street market.⁴ The broad parameters of the research findings were also tested through small studies conducted in other parts of Chennai and in the states of Maharashtra and Rajasthan and through a national photographic competition described below.

According to the Census Office of India's National Sample Survey, 2004-5, 38% of people aged 60 and over are working and they represent 7% of the workforce which, at the time was approximately their percentage in the population (Selvaraj et al, 2011). However, as many older women are not recognised as workers in family businesses, despite putting in many hours of work (being classed instead as 'passing time' or merely 'helping out') it is unlikely that they would have been enumerated as working – making the figure of 38% working an underestimate. Research undertaken in five of Chennai's slum settlements revealed older people were engaged in over forty occupations, reflecting the specificities of local economic opportunities. Yet this did not represent the wide range of activities older people could be seen engaged in across the city. In the context of negligible research on older workers and in order to garner a better idea of the extent of older people's work across India we launched a national photo competition with The Hindu, one of India's most widely read newspapers. This produced nearly 3,000 photographs of older people working across the country, virtually all in the informal economy (The Hindu, 2013). This non-comprehensive survey did not cover the work that older people do through the night, when competition entrants are sleeping, including market, transport and security work. Nor did it cover the work undertaken within the confines of factories and offices – including cleaning, serving food, gardening, construction, repairs and security. Even so the photo competition demonstrated that older people are engaged in a huge range of work from farming, salt-panning, brick making, cotton-picking, carpentry, vending and guiding Himalayan tourists to railway track inspecting. The research project's approach has been to trace the forward and backward linkages of older people's work. If we apply that approach to the work of the older track inspectors, whose dangerous, arduous and isolated work younger people are unwilling to take up, we cannot avoid seeing how critical older people's work is. The Indian Railway, whose revenue in 2013-14 was \$23bn, as India's largest employer and biggest consumer and transporter is absolutely critical to India's economy - all dependent on men inspecting railway tracks at ages well beyond retirement age to ensure the continued functioning and safety of the network.

people aged 75+ in Peru, 18% in Mexico and 20% in Paraguay are described as still working in 2008. In countries without a meaningful pension, in terms of coverage and value, the percentage of people working until near death will have a close correspondence to absolute and relative poverty levels.

⁴ The 2007-10 research was undertaken with V Suresh, researchers from the Centre for Law, Policy and Human Rights Studies, Chennai and B Harriss-White. It was part of the New Dynamics of Ageing initiative, a multidisciplinary research programme supported by Arts and Humanities Research Council (AHRC), Biotechnology and Biological Sciences Research Council (BBSRC), Engineering and Physical Sciences Research Council (EPSRC), Economic and Social Research Council (ESRC) and Medical Research Council (MRC). The project comes under a grant (RES-352-25-0027) entitled "Ageing, Poverty And Neoliberalism In Urban South India". The 2012-13 project was undertaken with V Suresh, M Hussain, S Priya and J. Longoria and was funded by the ESRC under a grant (ES/J020788/1) entitled "Ageing and Poverty: the Working Lives of Older People in India".

The Chennai research revealed that the older urban poor are engaged in every sector of the urban economy, including financial services, manufacturing, construction, transport, retail, and services, as well as the delivery of international development initiatives (Vera-Sanso 2012). It found that older people play an essential economic role as a reserve army of labour, filling the economic niches no longer filled by younger people, due to lowering child labour/raising school enrolments or the movement of young people into more modern work contexts. The result is an age and sex-segregated labour force where, for instance, older people are concentrated in street vending and younger people work in shopping malls and department stores, where cycle rickshaw pullers are old men and taxi drivers are young men – where young men earn 50% more than older men and where men aged over forty find it increasingly difficult to secure work because of a large youth population (to age 29) seeking work.

In this context of age discrimination in male employment, households have to push more people into the workforce. In the 800 households surveyed only 2% of children aged 10-14 were working, reflecting the widespread acceptance of education in this part of India. Consequently, women began to take up work from the age of 30, in response to the declining incomes of their older spouses. These women relied on older women to take on their care and domestic work. While most relied on relatives, including relatives not living in their household, others paid older women to cover time consuming tasks such as waiting in line to collect water from water lorries.

Economic insecurity and access to health care

In a large and increasingly informal economy, without job or income security, holiday or sickness pay and no social pension worthy of the name, the vast majority of people living on low-incomes are forced to work as much as they can. The Chennai research found that most people, including older people, work 6-7 days a week. In some trades, such as vending, older people could be working 78 hours a week, setting out for the wholesale market at 4am and finishing work after 9pm. Low incomes, lack of work security and welfare provision, under-resourced and often distant public medical services and poor education provision (which forces families into low-quality private education) all work to ensure that older people cannot afford to take time off to access state health provision. As one 72 year old female vendor, who supports her widowed and disabled son and his children, succinctly put it ‘if I have the cataract operation I need a month to recover - who will feed my grandchildren and pay for their school fees?’. Consequently older workers have the choice of private health care or doing without the care they need, many merely describe their symptoms at a pharmacy. Medicines that are not obtained from public institutions are unaffordable, giving people the choice of repeated loss of income and regular supplies of medicines or selecting the cheaper elements from a prescription, or pharmacy recommendation, that will allow them to continue working. The outcome is reliance on painkillers and the sporadic use of medicines.

It is not just paid older workers who are not having their health needs met. Anyone in low-income households who needs care at home or in public hospitals (that do not provide nursing or food) jeopardises the livelihoods of family members working in the informal economy due to the lack of right to time off – in India that applies to 86% of workers. This level of precariousness forces families, particularly older people, to forego necessary medical care and medication on the basis of direct costs and potential livelihood impacts. For example, study of all older people in one of Chennai’s slum found that 40% of older people’s illnesses were not treated despite the proximity of public and private health facilities (Balagopal, 2009). Economic precariousness exposes older people to the health impacts of long term poverty and of global economic turbulence. To date India does not have national level information on old age health as it has excluded women aged over 49 and men aged over 54 from the National Family Health Survey, however these surveys do demonstrate a high rate and increasing rate of anaemia in women (56% in 2005/6) and the positive correlation with lower wealth status (Balarajan et al, 2013) that suggest the likelihood of poor nutritional status of older people and this has been confirmed by a small study of active villagers in northern India that found 40% had a BMI as

low as 18.5% (Prasad, 2013). Surveys of household income undertaken in the five Chennai slums studied covering November 2007 to May 2009 found that the global financial crisis, global food price hikes and climate shocks had cascaded down to the settlements studied, forcing families to cut steeply into their food consumption, shedding protein and vegetables and dropping to one meal a day, while increasing their hours of work (Harriss-White et al, 2013). By May 2009 people reported some improving food consumption. In autumn 2012, we returned to the settlements to uncover what improvements a pension increase from Rs400 per month to Rs1,000 (\$7.50 to \$18.80) were making to those people lucky enough to have secured a pension. We found that the increased pension had not released older people from the need to work but they did report an easing of uncertainty. They knew at least there would be enough rice for two-thirds of the month, they could buy more of the medicines they needed and the self-employed could take a day or two per month off work when sick or could go to the public health services to pick up free medicines. However, it did not extend to enabling them to access public health facilities if sick enough, or distant enough, to require help from a working relative. The reason why the sizeable pension increase of 2011 did not do more for older people is that the pension, which had last been raised in 2007, had been allowed to depreciate significantly. Unfortunately, as at the time of writing, autumn 2014, the pension in Tamil Nadu, which is one of the most generous in the country, remains unchanged since April 2011 at Rs1,000 per month.

Conclusion

Older people are vital yet overlooked contributors to national economies through both their paid and unpaid work. Most face ageism and age discrimination to some degree but those whose situation is most difficult suffer the multiple deprivations of income insecurity and inadequate state provision of social infrastructure (health, pensions and education) and physical infrastructure (water, sanitation, storm water drainage). Their families, which are caught in equally precarious arrangements that bear down on their health and survival, are as likely to need older people's help, both financial and physical, as they are to provide it. The solution to old age poverty lies in recognising that 'poverty persists because the concerns of poor people are (kept) invisible and their needs unpoliticized' (Mosse, 2010:1165). We need to recognise that ageist assumptions regarding older people's dependency and the younger generation's capacity not only misconstrues the reality, and mutuality, of lives lived in precarious conditions but also entirely misses the degree to which national economies are dependent on the paid and unpaid labour of older people.

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