

Self-Rated Health for the Elderly People in India: Sustainable Enterprise for a Sustainable Society

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ABSTRACT

Introduction: COVID-19 pandemic has made health care an absolute global emergency and thus self-rated health has become a burning topic of discussion. This paper attempts to focus on the emerging crisis in health arena, specially in respect to the self-rated health status of the elderly people due to sudden outburst of Covid-19 pandemic and on government efforts in managing health care systems as sustainable enterprise in terms of protecting the lives of the elderly population. **Methods:** Survey of literatures, literature review, observation and self-perception are the basis of assessing nationally representative studies across all layers of elderly population. Well-being and its integration with the environment in the context of the health of the elderly people have been evaluated by using the method of predictive analysis which has helped predicting about mortality and health care needs. **Results:** From the studies and observation, it has been derived that the governments across the globe were giving constant efforts to improve the health condition of the most vulnerable population, i.e., the elderly and ageing population, as per the direction of WHO, but the role of the private entrepreneurs were mostly revolving around their efforts to maximise their profits and sale health assistance and vaccine to the people at a higher price. **Conclusion:** This report has been designed to study the relationship between some of the socio-psychosocial domains of life with SRH in terms of the necessity for creating a sustainable society and to assess the sustainability of the enterprises undertaken by the business houses, government and non-government segments of policy making.

Keywords: *Gerontology, Resilience, Sustainable Society, Self-Rated Health, Social Inclusion*

Introduction

Managing Health care mechanisms for the elderly population

Health Sector has become a lucrative domain of entrepreneurship in recent years. Covid-19 has raised the question regarding sustainability of this enterprise with its existing set up. The present study has been designed to explore health-related quality of life of older generation in India and its association with the variables of sustainable

entrepreneurship. Sustainable entrepreneurship, i.e., the newly emerging approach of progressive management needs to reorient itself to combine the quest for profit with the thrust for meeting societal values and ethical standards. The attempt to remodel the basic demand of entrepreneurship by promoting the cause of sustainability has to be brought under scanner with reference to promotion of Self Rated Health assessment for the elderly people in India. In Europe the concept of sustainable entrepreneurship has found a new meaning, at least in some sectors like SRH of the older generation. The subjective indicator of health status, especially self-rated health may seem to have significance and relevance for many medical researchers, but in India it is still a neglected phenomenon. India's changing demographic profile demands adequate stress on the mechanism to measure the well-being of the golden treasure of the elderly and ageing population in terms of various complex factors of life. Government should create a general awareness about Self Rated Health (SRH) and to motivate people to focus more on the mental health of elderly which in turn will improve their physical health. Socio-economic and psychological control variables and mediating factors must be evaluated to measure the frequency of occurrence of the feelings of depression, loneliness etc. In UK, the study of ELSA(English Longitudinal Study of Ageing) has identified some of the important indicators of decaying SRH which may further help researchers to carry out some predictive analysis in future with the intention to suggest avenues for strong inner strength of the human assets with silver hair. In India medical researchers, gerontologists, social scientists and policy makers should give attention to the issue for creating a space for sustainable society.

Self-rated Health (SRH) and its Impact in terms of Sustainability of Societal Values

Gerontology is the multicultural study of aging of elderly people. Importance of this study in determining the association of subjective health with complex domains of life is to be understood in terms of longitudinal data. Elderly people of different localities and culture view ageing differently; they have different expectations based on their own personal and social realities and experiences having different impact on their mental and physical health. Self-rated health (SRH) is the mostly widely used, validated, single-item indicator of health status (Wuorela *et al.*, 2020) across social science research. A person's well-being and harmony with the environment act as a strong predictor of mortality and health care needs.

Self-rated health (SRH) is a subjective indicator of health status. It integrates biological, mental, social and functional aspects of an elderly person. It includes individual and cultural beliefs, perception, vision of life and health related behavioural patterns. In discussion of sustainability enterprise for assuring a quality life and healthy living becomes an obvious priority. In medical research and in the works of gerontologists, the self-rated health (SRH) item is to be commonly used as prime indicator for ensuring sustainability of a society in terms of health status for which it is required to capture a

population's general health. In developed countries, the self-rated health (SRH) item is widely used in demographic and population health surveys to capture general health status and to predict mortality rate. But unlike developed nations, in India and some other developing countries its use has been subject to scepticism. India is using the SRH item in demographic and population health surveys, but evidence of its validity is lacking and its foundation is still not properly grounded. Moreover, self-reported measures of health status among the under privileged population in India may be misleading because self-assessment of health is influenced by the social conditions of respondents, cultural perspectives, income constraints, equal access to improved medical facilities and by lack of medical amenities in remote areas. Diversity in socio-cultural status of the Indians not only creates a barrier for the researchers and the policy makers to assess the perception of the people regarding SRH, but also acts as a major constraint to generate awareness about the need for identifying health deficits and perceiving illness on time. Validation studies of the SRH in India still remain unattended, which is an important parameter for sustainable existence of a healthy society. In this country, methodological research examining the validity of the SRH item is not systematic, though now-a-days many social scientists and medical researchers are conducting demographic and population health surveys to assess the status of SRH. These studies, however, need to be supported by emerging evidence for their acceptable validity in respect to criterion validity and predictive validity based on mortality rate to help the entrepreneurs to combine the values of sustainability and ethics with their business innovations. In India constructive study on validity check regarding SRH of common adult population is still lagging far behind as compared to that in Europe and USA.

Indians, world's second largest population are prone to suffer from a number of communicable and non-communicable diseases. Critical thinking and problem solving is required to monitor people's health for construction of a sustainable society; without validity check this attempt is futile. Sustainable entrepreneurship in this respect must include the indicator of self-reported health check in India as a major social determinant of health to determine the degree of success of India's move towards creating a sustainable society. This study must focus on the reliability factor also, in the context of India's changing demographic profile.

India's population is aging. The policy makers working on sustainable society must start giving additional weightage on the onset of difficulties in healthy living and a higher mortality of elderly population. A radical change in economic lifestyle of the younger generation in India is leaving the older adults alone at home or old age shelters. Moreover, this digital world and free globalised market economy have made measurement of well-being of elderly people more critical around the globe and it is gradually affecting the social fabric of India as well. Therefore, India should be more sensitive towards the wellbeing of their old assets like the developed countries of the

western world. Many of the psychologists and sociologists perceive that SRH merely reflects psycho-social and socio-demographic adverse conditions of life, which may have ill effects on health. To allow “immunity from pain” and to ensure pleasure as “the only good”, as conceived by Jeremy Bentham (Burns & Hart, 1996), the English Utilitarian philosopher, the government should take appropriate policies through its public-centric policies for better and healthy living and consequently for a sustainable society.

Self-rated health is one of the inseparable components of healthy living of the elderly population. The study of the dynamics of relationship between the psycho-social factors influencing self-rated health needs to be the concern of the governments. The researchers and the policy makers need to delve deeper into assessing the perspective notion of self-rated health for policy analysis in terms of sustainability. Self-rated health depends on psycho-social, demographical, physical and socio-economic factors and correlates with the possibilities of mortality and morbidity serving as a measure to reflect poor health among elderly. Loneliness, depression, physical inactivity, insufficient funds to fulfil needs etc. serves as an important predictor of global well-being in elderly. Loneliness serves as an independent risk factor, consequently raising concern for SRH. Lower household income is inversely associated with elders' self-reported health status, in particular for elderly women.

In this technology-driven world questions of social integration and social inclusion are inevitably associated with the use of internet. Digital divide has changed their conditions of life and livelihood. There is a significant relationship between leisure engagement through the use of technology and self-rated health. Scope and possibility of a relationship between such indicators and SRH need to be explored in the context of the multi-dimensional complexities of the Indian society to measure the degree of possibility for assuring a sustainable society and to assess the sustainable enterprises of the government, non-government and voluntary sectors in improving the standards of living of the elderly generation of India. Not only a descriptive analysis, but also a quantifiable study to determine the association between self-rated health and other socio- psychosocial indicators would help to get a potential overview about the relationship between SRH and the development of a sustainable society. Examination of the complex dynamics of relationship between the demographic variables like gender and marital status with SRH is also very much important in this regard.

Loneliness, depression, insufficient funds, inadequate household income, disposable or absolute income of elderly people etc. have a bidirectional relationship with Self Rated Health, which are significantly associated with the question of sustainability of a healthy society. It is in this domain the entrepreneurs, the researchers, the policy makers and the medical scientists need to work hard to gift us a sustainable society by protecting country's older assets and thus by transmitting a strong societal value to the younger blood. Physical Inactivity is associated with poor SRH; a hobby can refresh the

minds of elderly which will help them to live a meaningful life and this can be fostered with the help of the upcoming generation tuned with the values of social responsibility. In the context of the relationship between poor SRH and social integration, corporate houses and the governments should join hands to raise the values of sustainable living. More stress on the analysis of socio-psychosocial indicators of poor SRH should be taken into account by the researchers and policy makers for effectively achieving the purpose of predictive analysis and deploying the policies of corporate social responsibility in promoting the cause of SRH for the older population. The cause of social integration and that of an inclusive society cannot be glorified without assessing the status of healthy living of the elders and thus assessment of SRH and renewed approach of sustainable entrepreneurship must be combined with the greater cause of a sustainable society.

Conclusion

In all the liberal countries health care systems have been brought under the ownership of the private entrepreneurs, who think in terms of profit maximisation. In this context health of the elderly people has become a matter of concern, as they seemed to be more vulnerable, being at risk of severe diseases and consequent co-morbidity, as well as due to financial constraints.

When the Covid virus appeared to be in the stage of mutating itself, leading mortality rate to its peak or when the risk of emergence of new variants made the governments, sustainability of health entrepreneurship had become a topic of critical thinking. To reduce deaths, spread of the disease and to provide long-term solutions governments had to intervene and redefine the scope of entrepreneurship in terms of sustainability.

Governments adopted policies to respond to the need for confronting the crisis and to consolidate the mechanism for a stronger public health infrastructure. But strengthening the architecture for health emergency preparedness and resilience was not an easy job as the concept of sustainable business strategies or entrepreneurship refined by the concern for public health immunity, public trust and access to vaccines and therapeutics was a renewed approach to be injected into the minds of the health entrepreneurs.

Age, education, marital status, religion, occupation, chronic diseases, functional status, and routine medical check-ups were significant correlates of self-rated poor health. Health care sector in India needs to be rejuvenated as the commoners in India still lack equitable access to it due to multiple constraints, like affordability, quality of care and efficiency. As compared to its low- and middle-income counter parts in the world, India is still lagging far behind, which has become prominently evident during Covid-19 Pandemic. Infant mortality (IMR), maternal mortality, predictive and unpredictable mortality rates of the olds in India are significantly higher in India. Presence of adequate workforce and infrastructure in health care system is still a big challenge in India. Out-

of-pocket expenditure also adds fuel to fire. Under this circumstance, self-rated health measurement by the older generation is still too far to attain. Herein lies the responsibilities of the entrepreneurs, NGOs, voluntary organisations, governments, politicians and the researchers to work together to foster the need for creating a larger space for a sustainable society.

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