

INTRODUCTION

According to World Health Organization, “Population Ageing” is defined as the shift in distribution of a country’s population towards higher age group. It was initially started from the high income countries then gradually their adverse change is also being experienced by lower and middle income countries. Globally, the person at the age of 60 and above is categorized as the ageing population. However, it’s criterion for ageing population differs from country to country depending on their life span and its set up category.

The scenario of a global population age structure is changing rapidly due to numerous factors such as demographic growth, economic transitions, and change in the quality of life. Furthermore, the living standard of an individual, new social awareness forms, development in medical facilities, and family planning policies too add to an alteration in age structure (Dlugosz and Razniak,2013).These are the prior reasons resulting in an ageing of the population in the world.

With our country’s population set towards ageing, it is crucial that we understand the changes happening in the lives of our elderly citizens, address the challenges faced by them, promote positive ageing and bring improvement to their lives.

To fulfill the provision of the constitution and to meet the SDG’s “Leave no one behind” agenda, we are also mindful of our own age old Tradition and Culture of securing the future of our elderly parents in the hands of our children. Only then shall our pursuit of Gross National Happiness will be accomplished in true spirit.

It is in this context that the Social and Cultural Committee submits this report for deliberations by the house.

BACK GROUND

Global Scenario

As per the World Population Ageing Report 2015, it has been projected that the number of older persons in the region is expected to triple from 438 million in 2010 to more than 1.26 billion by 2050. It also states that one in eight around the globe are aged 60 years or above. It shows the life expectancy of a person will increase with due period of time. It was also reported that Asia-Pacific region is home to over half of the world elderly population. The developed countries have already experienced its problem of increasing number of older populations. The major challenges include health sector, welfare and other support systems.

A country like Japan with advanced and improved medical technologies; it has given an opportunity to people to live longer and healthier life which ultimately increased their life span. The Japan's ageing rate reached 7% in 1970 and 14% in 1994 marking the doubling time in 24 years. On contrary, it resulted in a low fertility rate (1.4 births per woman) thus; affecting the sustainability of the ageing society and decreased in population of working group. This is one of the major and critical challenges faced by the country. However, with the increasing demand from the elderly, the Government has initiated the Public Services in the areas of pensions, medical care, and welfare for elderly since 1970s. In line with this, a rapid increase in expenditure on social security benefits also occurred.

In China, there are already 100 million people aged 65 and above (Feng and Xiao 2007). Chinese population has been ageing rapidly since two decades due to their "One Child" policy and low mortality increasing the stress on already troubled health system, Erosion of traditional respect for elders because of newfound economic power of young adults and oldest population in the rural areas has no proper access to the health resources.

Chinese government pledged about 1.5% of its total gross domestic products to health care over the next few years (Yip and Mahal 2008), and to provide basic health insurance to rural communities. The New Cooperative Medical Scheme (NCMS) covered 86% of rural residents in 2007. And also, China pledged to build a primary care system that would provide greater care in community centers and in homes.

According to the Population and Housing Census Report 2011, Bangladesh, the seventh largest (152.51 million in 2011) and one of the densely populated countries in the world has started to experience another emerging issue of population ageing in its vulnerable population and development context. About 80% of its population lives in rural areas and therefore, majority of elderly of the country lives in rural areas.

The Global AgeWatch Index (2015) has ranked Switzerland, one of the richest countries at the top and Afghanistan, one of the poorest countries at the bottom (among 96 countries) for addressing the age related problems.

Bhutan's Scenario

In 2005, the number of elderly people of age 60 years and above was 44319 (6.98% of the total population). The proportion of persons over 60 was significantly higher in rural areas in 2015. Over 6 per cent of the total population who were over 60 resided in rural areas. Elderly people in urban areas constituted 1.37 percent of the total population. In total, 7.80 per cent of the total population in the country in 2015 was elderly people. There were an equal proportion of elderly males and elderly females in urban areas. In rural areas, slightly higher proportion of elderly males was present. As a whole, the population of elderly males was higher than the population of elderly females.

As per the NSB projection, ageing population in Bhutan tends to increase every year. In 2016, ageing population was 56,827 out of total population of 7,68,577 and this has increased to 58,804 in 2017 out of total population of 7,79,666. Similarly, it is expected to rise in coming years. With these growth rate Bhutan is expected to have the largest increase in longevity (increase of 10 years) within 25 years from 65 years lifespan in 2005 to 75 years lifespan in 2030, which will be ranked the highest in Asia (Dlugosz and Razniak, 2013).

Bhutan's life expectancy at birth in 2015 was 69.83, male's life expectancy was 69.57 and female's was 70.11.

OBSERVATIONS AND FINDINGS

The Royal Society for Senior Citizens (RSSC) which was established in 2011 under the command of His Majesty did a baseline survey(2012) for senior citizens which attempts to identify, understand and study the needs, aspirations and expectations of the old people of Bhutan aged 55 and above for formulation of appropriate and customized policies and programs. Under the auspices of this survey, it was found that there are no facts and figures pertaining to senior citizens other than a head count from the Population and Housing Census of Bhutan, 2005. As per the RSSC's baseline survey, there are 101,563 Bhutanese citizens (62% males and 38% females) who are 55 years and above. Among these, it is found that 73.8% of senior citizens aspire to spiritual practice. The survey also reported that 18.4% of elderly prefer staying with their families or relatives whereas about 7.7% aims for business. About 98% of elderly and retired citizens crave for medical facilities to be provided at their home and within their locality and as well crave for the establishment of old age nursing home.

For most percentage of the elderly, they are highly respected in our culture, but it is found that their aspirations and expectations are not known to us, especially the decision makers. The most affected by social misfortunes are those who have no non-labor incomes like pension, shares and other forms of assets whereby they derive their livelihood. It was learned from the survey that most elderlies preferred old age retired homes near the monasteries for their spiritual practice. There are also complains from senior citizens of having made to baby sit frequently. It was observed that almost all retired monks like doing spiritual practices. The oldest population in urban areas is more likely to suffer from frailty than those who are living in the rural areas because the old living in rural areas has better physical functioning.

While there is no state sponsored system, the Kidu system (Initiated by our great Monarch) and the Civil Society Organizations such as Tarayana Foundation, RSSC and plays a very crucial role in assisting and uplifting the livelihood of the elderly people by providing basic necessities like food, clothing, shelter and also granting land as a kidu. We all know that the greatest support for the destitute, most of whom are the elderly, come from kidu granted by His Majesty the King. There are currently 850 elderly people who receive monthly allowances of minimum

Nu.1200 and also receive special health care. It may be mentioned that a Tshamkhang project has initiated under His Majesty's Royal Command for the elderly people. There is monastic old age home being constructed at Punakha for spiritual purpose. Given the current practices, it is very important to improve and upgrade its conditions so that it can be an elderly people-friendly.

The growing ageing population in the country really reinforces for the provision of social protection. The social security provisions schemes such as pension, provident funds and gratuity schemes are presently limited to the public servants, corporate employees, and the members of the armed forces. In nutshell, the formal security schemes cover less than 10% of total population (NPPF) or less than 20% of the total labor force. Bhutan Insurance Company limited (BIL) that was established in 2010 provides voluntarily, tax-qualified and defined contribution Private Provident Fund (PPF) and Gratuity Fund Schemes for private sector workers.

Besides these, Ministry of Health has successfully trained and implemented Community Based Medical Care for elderly in ten dzongkhags since March 2017. With coming years, they have got plans to expand across the country. As per the Ministry of Health, Jigme Dorji Wangchuck National Referral Hospital has designated separate chamber and dispensary counter for elderly people. In addition, Road Safety and Transport Authority have also provided designated seat for elderly in public transport such as in City buses services and the Druk airline too provides seasonal subsidy for elderly people for pilgrimage and other religious programs.

The increasing number of ageing population have affected in contributing in the developmental process in the field of building roads, schools, hospitals and other activities. At the same time with the modern development, it has also boost rural-urban migration leaving elderly back in village whereas, the working population migrating towards urban in a search for job opportunities thus, affecting the family bond. Ultimately, it has impacted family care and support system for elderly population over the decades unlike in the past.

As per the “Bhutan Vulnerability Baseline Assessment 2016” conducted by Gross National Happiness Commission Secretariat (GNHCS) elderly in need of support

are those who face major societal, health and economic vulnerabilities emanating as a result of either being left alone by their children/caretaker or due to improper care being provided to them when they are living with their children/caretaker.

While efforts are underway to safeguard the rights of elderly people in Bhutan, there is no specific legislation in place as of now to address the needs of the elderly persons although Article 9 of the Constitution provides a legal framework for the promotion of extended family system and community life as traditional social safety net. Under the same article, section (21) and (22) of the constitution, states that the state shall provide free medical service and to provide security in the event of sickness and disability or lack of adequate means of livelihood for reasons beyond one's control to promote wellbeing of Bhutanese people.

The draft social protection policy prepared by the ministry of Labour and Human Resources is restricted to cover the welfare of the elderly people who belong to the national work force and other wage workers (NSB, 2017).

COMMITTEE'S RECOMMENDATION

In order to institute a comprehensive system of care for the elderly that provides for the physical and emotional wellbeing which is consistent with our tradition of love & respect for our parents and elderly, the Social and Cultural Committee hereby recommends to;

1. Design policies and programmes to preserve and promote the institutions of extended family system and community life so that elderly citizens continue to enjoy social protection [within them] including the legal obligations for children and family to look after their aged parents;
2. Strengthen the geriatric care in Basic Health Unit (BHU) and hospitals.
3. Clearly redefine and promote the complementary functions of the existing tripartite social protection system: kidu system, family care and support system and formal social security schemes;

4. Provide homes/shelters to those elderly persons in rural or urban areas who have no children or abandoned in their own villages or communities close to a Lhakhang under the care of a Lam and a health personnel.
5. Introduce old age pension scheme or system of tax rebate.
6. Aggressively promote cultural values, which are universal and secular, by all stakeholders – Dratshang Lhentshog, education and training institutes, government and private agencies - the entire society.
7. Exhibit due respect and recognition during the national and local functions.
8. Provide leisure space in urban areas and ensure that public space, facilities, etc have proper access suitable for old and disabled person.
9. Extend privileges and concessions to the elderly in public service centre's and institutions such as Transport, Health Care, Banks and etc.
10. Provide training for special care giver.