

CHAPTER- 8

HEALTH AND ILLNESS AMONG THE ELDERLY: GOVERNMENT POLICIES AND PROGRAMMES

Introduction

India is ageing, the country has 1.28 billion population in its fold of which 100 million are elderly estimated to rise to another 300 million by 2050. In coming years the sheer increase in the dependent population is going to be a major concern for the economic as well as health sectors. The constitution of India mandates it the obligation of the state to create and sustain conditions congenial to good health in Article 47 and 242 of the constitution

According to Article 47 of the constitution, one of the primary duties of the state is to raise the level of nutrition, standard of living of its people and improve their health. The hospitals and doctors, have a professional obligation to extend their services with due expertise and care for protecting life by providing adequate medical facilities for the people. The government should discharge this obligation by running hospitals and health centres which provide medical care to the person seeking to avail of those facilities. Article 242 of the constitution implies that the State should endow the municipalities with powers and authority that is necessary to enable them to function as institutions of self-government and provide funds according to the performance of functions and implementation of schemes as entrusted to them.

Policies by the government are formulated considering a number of factors, and it is generally conceded that values are a vital foundation on which these policies rest. Respect for the aged was established by the early law givers in India by constructing social norms for coping with the subject of ageing. In 2000 B.C Manu the first law giver spoke about the responsibilities of society towards the old. In Post-Vedic period, Kautilya spoke about government's role in treating the elderly with respect and laid down various rules and regulation of guilds to provide collective security for life, prosperity and freedom from want and misery (Gokhale, 2005, p. 216).

In the 8th Century A.D, Shukracharya discussed sickness, pension and old age benefits in 'Sukraniti'. The original Sanskrit quotations speak about the positive outlook of government and society towards India's aged in the last 2000 years. But in industrial societies old age corresponds to retirement from the active work force at the age of 65 (Gokhale, 2005, p. 216). The British Government established laws relating to security in old age such as pensions and provident fund but restricted to the formal employment sector. The traces of this legacy are still found in various new laws enacted in our country since 1950 (ibid, p. 217).

The issue of social security became more salient during the early 1940's. Various retirement income schemes and other social welfare programs after independence in 1947 was formulated on the basis of the Adarkar Commission report submitted on August 15, 1944 (Gokhale, Towards a Policy for Aging in India, 2005, p. 218). In late 1980's organisations of elders started to talk about their rights and develop their advocacy role. By 1990's most political parties have included ageing as part of their election manifesto. The Government of India started to realise the need of economic support and care for not only the destitute elderly but also psychological security and community support for economically secure and physically fit aged (ibid, pp. 220-21).

8.1 Government Policies and Programs an Overview

Several welfare programs were initiated in the 1980's and 1990's out of which some are specifically to benefit elderly while others are for various groups which also includes elderly. Some of the programmes initiated by the government are as follows:

8.1.i Central Sector Scheme of Integrated Programme for Older Persons (IPOP)

An Integrated Programme for Older Persons (IPOP) was introduced in 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities. It also encourages productive and active ageing by providing support for capacity building of Government/Non-Governmental Organizations/Panchayat Raj Institutions/local bodies and the Community at large (GOI, 2011). Under this Scheme, financial assistance up to 90% of the project cost is provided to Non-Governmental Organizations for establishing and maintaining Old-age homes, day care centres and mobile Medi-Care units. The Scheme has been made flexible so as to meet the diverse

needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc. (ibid).

According to the director of Aasra Vrudhashram which is an NGO based organisation the financial assistance given by the government for running an Old- age home is very less. The amount sanctioned by the government do not cover the cost needed therefore it is not of much help. He further added that the government sanction if availed has certain conditions and criteria which are not viable for them.

8.1.ii Assistance for Construction of Old Age Homes

A Non-Plan Scheme of Assistance to Panchayat Raj Institutions/ Voluntary Organisations/ Self Help Groups for Construction of Old Age Homes/ Multi Service Centres for Older Persons was started in 1996-97. Grant-in-aid to the extent of 50% of the construction cost subject to a maximum of Rs. 15 lakh was given under the Scheme. However, the Scheme was not found attractive by implementing agencies and was discontinued at the end of the plan that is 2006-07 (GOI, 2011).

8.1.iii National Policy on Older Persons (NPOP), 1999

The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment towards the well-being of older persons. The Policy envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives (GOI, 2011). The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse's old age.
- To encourage families to take care of their older family members.
- To enable and support voluntary and non-governmental organizations to supplement the care provided by the family.
- To provide care and protection to the vulnerable elderly people.
- To provide adequate healthcare facility to the elderly.
- To promote research and training facilities to train geriatric care givers and organizers of services for the elderly.

- To create awareness regarding elderly persons to help them lead a productive and independent life.

From the study results it is very clear that there has been a considerable lag in the implementation of the policy. The government has not given adequate attention to the elderly problems even after a decade of the policy's formulation. Most of the goals set in the policy have not been visible in the sampled respondents.

8.1.iv Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted to ensure need based maintenance for parents and senior citizens, and their welfare (GOI, 2011).

The Act provides for:

- Maintenance of Parents or senior citizens by their children or relatives made obligatory and justifiable through Tribunals.
- Revocation of transfer of property by senior citizens in case of negligence by relatives.
- Penal provision for abandonment of senior citizens.
- Establishment of Old-age homes for Indigent Senior Citizens.
- Adequate medical facilities and security for Senior Citizens.

It is the responsibility of the state governments to implement the Act in their respective states.

The study found that the awareness about the Act is zero among the respondents. There are respondents who have been forced to leave their home because of abuse by their children. All of these parents are unaware of the Act, and did not know how to go about it or who to approach for help.

8.1.v National Council for Older Persons

A National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the aged. The Council was re-constituted in 2005 with members comprising of central and state government representatives, representatives of NGOs, citizen's groups,

retired person's associations, and experts in the field of law, social welfare and medicine (GOI, 2011).

8.1.vi Ministry of Health & Family Welfare

The Ministry of Health and Family Welfare provides the following facilities for senior citizens:

- Separate queues for older persons in government hospitals.
- Two National Institutes on Ageing at Delhi and Chennai have been set up
- Geriatric Departments in 25 medical colleges have been set- up (GOI, 2011).

8.1.vii Ministry of Rural Development

The Ministry of Rural Development has implemented the National Old-age Pension Scheme (NOAPS) for persons above 65 years belonging to a household below poverty line. Central Government contribution towards the pension is ₹200 per month, which is supposed to be supplemented by at least an equal contribution by the States so that each beneficiary gets at least ₹400 per month as pension (GOI, 2011).

According to the data obtained the implementation of this scheme is negligent. Very few respondents are found to be availing the benefit. And those who are receiving the pension are not receiving the full stipulated amount.

8.1. viii Ministry of Railways

The Ministry of Railways provide:

- Separate ticket counters for senior citizens of age 60 years and above at various Passenger Reservation System (PRS) centres if the average demands per shift is more than 120 tickets.
- Concession in rail fare of 40% for male senior citizens who are 60 years and above and 50% for females who are 58 years and above (GOI, 2011).

8.1.ix Ministry of Finance

Some of the facilities for senior citizens provided by the Ministry of Finance are:

- Income tax exemption up to ₹2.40 lakh per annum for senior citizens of 65 years and above.

- Deduction of ₹20,000 under Section 80D is allowed to an individual who pays medical insurance premium for their parents who is 65 years and above.
- An individual is eligible for a deduction of the amount spent or ₹60,000 whichever is less for medical treatment for a dependent senior citizen of 65 years and above (specified diseases in Rule 11DD of the Income Tax Rules) (GOI, 2011).

8.1.x Department of Pensions and Pensioner Grievances

A Pension Portal has been set up to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances (GOI, 2011).

8.1.xi Pradhan Mantri Atal Pension Yojana (APY)

A pension plan is launched by the government with an aim to bring the people working in rural and unorganised sectors in to the ambit of social security. All Indian nationals within the age group of 18-40 are eligible to enrol in the scheme. The subscribers will start getting the amount he/she has joined for till he/she lives, after attaining 60 years of age.

8.2 Government Interventions in Study Locations

The study has made an effort to examine the presence of government intervention in providing basic facilities to the sample population in different locations.

8.2.i Water Supply

The (Figure 8.1) above indicates that except for 6.6% of the urban sample population who are depended on tankers for water supply, the rest have access to some source of water. In villages 36% of the sample population have government water supply through pipelines. Most of the villages had community pipes where the villagers had to go and collect water. There are fixed timings for water supply. In sparsely populated villages where the houses are near to the agricultural lands the source of water are dug wells or tube wells which are used for both households as well as agricultural purposes. The respondents admitted that during summers the frequency of water supply is low.

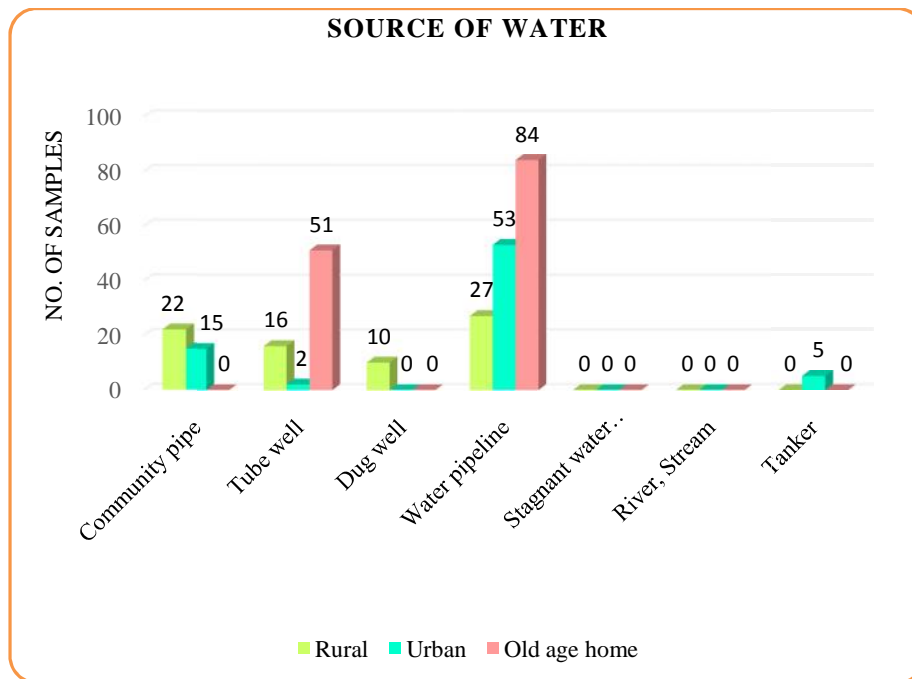


Figure 8.1

In urban localities 70.6% of the sample population have water pipelines in their houses which are laid by the government water authority. In some of the semi urban localities community pipes and tube wells are also present. In old age homes 62.2% of the sampled elderly live in an organisation which has government water supply since most of the Old-age homes sampled are located in urban locations. In addition to the government water supply these organisation also have tube wells to meet their demands.

8.2. ii Sanitation Facilities

The (Table 8.1) shows that in rural locations 40% of the sample population do not have toilets in their households, they go to open fields or yards which are used by multiple households. In such situations it is the women and elderly who are most affected. The elderly complained that it is quite difficult if they are sick and they have to depend on others at home to take them as these common yards are a bit far off from the habitat. Some of the elderly admitted that they have very less food at night so as to avoid using the yard at night. In urban locations 13.3% of the sample population do not have toilets in their households. These are elderly who belong to the lower class and their settlements are mostly closely packed shacks with no basic amenities and

have poor sanitation. They usually relieve themselves in vacant plots or on road sides thus causing sanitation and health issues for them as well as to general public. All of the rural locations visited had open drains which are the cause for many illnesses in the area.

	Parameters	Rural	Urban	OAH	Total
A	Toilet Facility				
	(i) Flush Toilet	43	60	135	238
	(ii) Covered/ Uncovered Dry Latrines	2	5	0	7
	(iii) Open Field	30	10	0	40
					285
B	Distance of Toilet from HH				
	(i) Within Household (HH)	45	64	135	244
	(ii) Community latrines	0	1	0	1
	(iii) Yard/ Field used by multiple HH	30	10	0	40
					285

Table 8.1

8.2. iii Below Poverty Line (BPL) Cards

According to the (Figure 8.2) 29.3% of the respondents in rural have BPL cards, in villages there were instances when some of the respondents had acquired BPL cards in spite of having a regular income and property. At the same time some of the respondents who were in utter poverty had no BPL cards as some of the officials demanded money which was out of these people's means for getting the cards made.

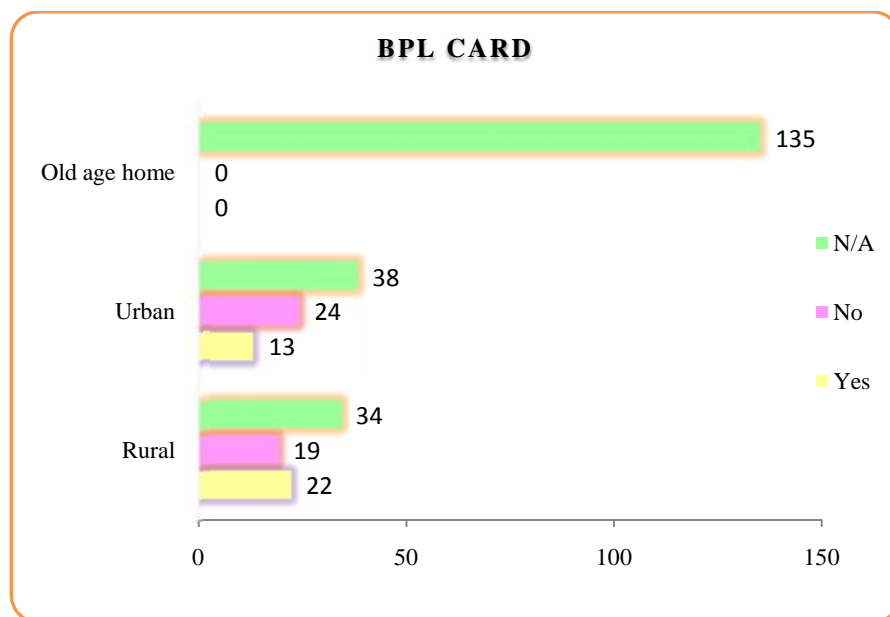


Figure 8.2

In urban locations 17.3% of the respondents have BPL cards and all the sampled elderly with the cards also get essential grains at a subsidised rate through the Public Distribution System (PDS). A few of the respondents also had health cards but was of no use as the hospitals refuse to accept these cards.

8.2.iv Pension

According to the data in the (Figure 8.3) only 27% of the respondents are receiving any kind of pension. Out of the 50 respondents receiving pension majority are pensioners who were working in some government enterprises. In villages most of the pensioners were primary or secondary teachers in government schools.

The old age pensioners identified in the study are negligible. The Government of Gujarat has set the old age pension at `200- `250 and also has set the cap with certain conditions which has to be fulfilled by the concerned applicant. According to the respondents the old age pension process is very time consuming and complicated and more over the information related is not easily available and the employees in Panchayat and Municipality are not very forthcoming about it. One of the respondents is receiving social security from the British government which enables the elderly to cover the fees of the organisation as well as pay for a full time care taker.

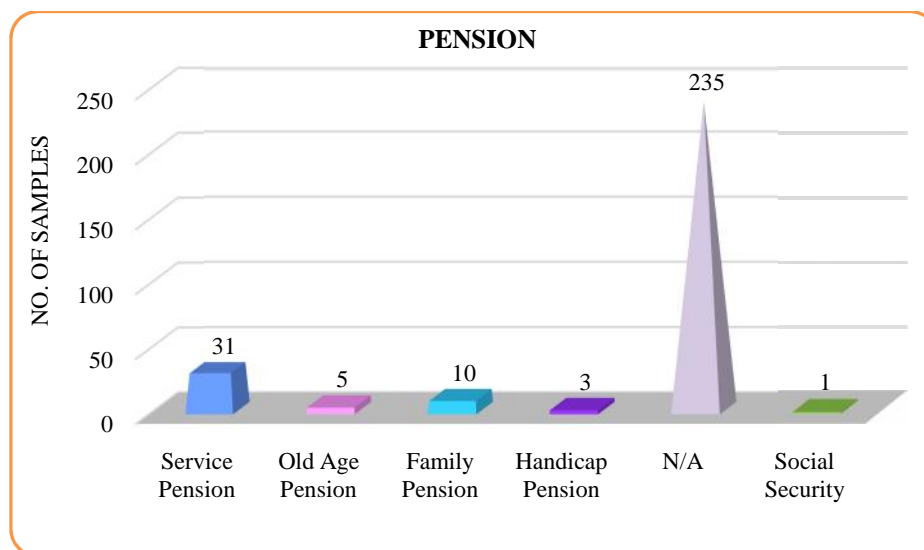


Figure 8.3

8.2.v Health Facilities

In India 70% of the population live in villages. The government of Gujarat report on health claims that the physical infrastructure in the state is above National average thus creating a better reach in health care. The study has tried to understand the infrastructure facility in health care in the locations visited and sampled.

	District	Study Location	Health Facility
1	Anand		
	Ambali	Rural	No
	Gorel	Rural	No
	Bamanva	Rural	PHC
	Manpura	Rural	No
	Vatadara	Rural	PHC
	Ralej	Rural	No
	Anand	Urban	No
	Karamsad	Urban	No
	Borsad	Urban	CHC

Table 8.2

Anand town do not have a civil hospital so the respondents in the town are solely depended on the private hospitals and a few trust run hospitals (Table 8.2).

1	Surat		
	Vaheval	Rural	PHC
	Puna	Rural	No
	Bhoriya	Rural	N o
	Godaud	Urban	No
	Surat City	Urban	Civil Hospital
	Parle Point	Urban	No
	Nanpura	Urban	No
2	Panchmahal		
	Babrol	Rural	PHC
	Suksar	Rural	No
	Godhra	Urban	Civil hospital
	Sahera	Urban	CHC
3	Banaskantha		
	Sadarpur	Rural	No
	Khemana	Rural	PHC
	Palanpur	Urban	Civil Hospital
4	Kachhh		
	Lakhapar	Rural	No
	Dudhai	Rural	No
	Bhudarmora	Rural	No
	Thaneti	Rural	No
	Amrapar	Rural	No
	Dudhai-1	Rural	PHC
	Bhuj	Urban	No
	Mundra	Urban	CHC

Table 8.3

According to the (Table 8.3) very few randomly selected and sampled villages have a PHC. Even in villages with PHC the appointed doctors are not available always. The villagers are depended on the in-charge nurses or attendant in these centres for treatment and medicines.

8.2.vi Recreational Facilities

The elderly like any other age groups need adequate recreation facilities to keep them engaged and active.

In Bhuj the study found a park maintained exclusively for the elderly in the name of “Dada Dadi Park”. This park gives solace to all the elderly who visits it by giving a space for them to meet, interact and share their happiness and sorrows. The park has some regular visitors who admitted that they look forward to their daily visit to the park as it freshen them up.

8.2.vii Nutritional facilities

The study did not come across any nutritional programmes aimed for elderly though they are as susceptible to frailty and undernourishment as the children. There are nutritional drives in Anganwadis and mid-day meals in Schools for children but no such programmes have been introduced for the elderly population.

8.3 Major Findings and Interpretations

- A small percentage of the respondents in urban depend on water tankers for supply of water.
- In most of the villages the main source of water supply is community pipes set up by the government water authority
- The villages which are sparsely populated, the main source of water for domestic as well as agricultural purposes are tube wells or open wells.
- In urban locations the main source of water supply is by government water authority through pipelines to every household.
- Most of the Old-age homes have government water supply as well as tube wells to meet their demands.
- In rural flush toilets are seen mostly in well to do households others mostly go to open fields.

- In urban a small percentage of the respondents are using open fields or lands to relieve them.
- Some of the elderly who are extremely poor do not have a BPL card.
- BPL cards were available on payment of money to ineligible persons.
- All BPL card holders were receiving essential grains on a subsidised rate through Public Distribution System (PDS).
- A few elderly who possessed 'Health Card' admitted that it was not accepted in any hospital.
- The 'Old Age Pension Scheme' is very poorly implemented; according to the data there are only 5 respondents who are receiving this pension.

Conclusions

The study found that while the governmental interventions have been effective in supply of water, electricity and PDS distribution to the areas of study there is considerable lag in the sector of health care, public transportation facilities, pension disbursement among the needy, awareness drive among the public on health and aged pro-policies etc.

GOVERNMENT POLICIES AND PROGRAMMES



Photograph 8.1

The BPL card issued to one of the respondent (Khemana, Banaskantha)



Photograph 8.2

Ineffective public transportation gives rise to such situations (Santrampur, Panchmahal)



Photograph 8.3

Machine for deseeding corn distributed by the government in (Babrol, Panchmahal)



Photograph 8.4

Rise in tube wells have resulted in low water table in (Babrol, Panchmahal)