HEALTH STATUS OF THE SENIOR CITIZENS IN TAMIL NADU- A CASE STUDY OF VILLUPURAM DISTRICT

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(Abstract)

Background: The health status of senior citizen’s people is neglected in different parts of the Country. This study will reflect the condition of health status of senior citizen’s people of rural areas of Villupuram district in Tamilnadu.

Material and Methods: This is a cross sectional study of elderly people having the age 60 years. The study was carried out among the senior citizen’s people of a of rural areas of Villupuram district in Tamilnadu during the year January to December 2015

Results: Out of the total 107 Shows that Old age characterized by declining physical capacities, is usually associated with many diseases. For the purpose of the study, the health status of the respondents is ascertained by asking questions about the extent of loss of vision, hearing and other health problems faced by them. a majority of the population was in the age group of 60-69 years old (71.96 percent), while a small fraction (2.8 percent) were 80 years old or older. A majority (75 percent) of the respondents were Hindus. Only 10.86 percent of the elderly men were widowed while 66.55 percent of the women were widows. The unmarried group of 6.52 percent was comprised of only men. Literacy was found to be low in the study population. about 2.2 percent of the respondents are deaf. Unlike in case of eyesight, good hearing ability is claimed by three fourths of the elderly. However, more number of women compared to men reported difficulty in hearing.

Conclusion: This cluster study gives a bird’s eye view about the health status of senior citizen of the study area. The findings are unique in many respects and should have far-reaching, theoretical, methodological, policy and programme implications in the programmes meant to improve the quality of life of the Senior Citizens.

Keywords: Senior Citizens, policy, Literacy, Diseases, Population

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INTRODUCTION

India has gained the mark of maturing country with 7.7% of its population being over 60 years of age. There has been a sharp increment in the extent of older population in India because of statistic progress (World Population Aging. 2007). The Elderly or the Senior Citizens are the people who are over 60 years old. Because of diminishing death rate in India, the number of inhabitants in Senior Citizens is expanding. A portion of the Senior Citizens are sound and fit. Individuals who are of 80 years old are observed to be as yet working in films, dramatizations, workplaces and other such fields of life. Anyway numerous Senior Citizens are resigned from their administration and they experience the ill effects of different major and minor medical problems. Huge numbers of them are not cared for appropriately by their families. The materialistic idea of the general public is getting it increasingly more estranged towards the issues of the Senior Citizens.

Old or maturity comprises of ages nearing or outperforming the normal life expectancy of individuals. The limit of maturity can't be characterized precisely on the grounds that it doesn't have a similar significance in all social orders. Administration of India received 'National Policy on Older Persons' in January, 1999. The arrangement characterizes 'senior native' or 'old' as an individual who is of age 60 years or above.

Rural and urban Senior Citizens

According to the National Sample Survey Organisation (NSSO) Report 2004, the sex ratio of the ageing population in rural areas is 985 females per 1000 males, while in urban India, it is 1046 females per 1000 males. The 2001 census reported that 75 per cent of the elderly live in rural areas, of which 48. per cent are women—55 per cent of whom are widows. The dependency ratio is 12.5 in rural India and 10.3 in urban India. Of the rural elderly, 67 per cent are dependent on others. It is estimated that 6.7 per cent senior citizens are confined to bed or home. The dramatic increase in human life expectancy over the years has resulted not only in a very substantial rise in the number of older persons but a major shift...
in the age group of 80 and above. According to the demographic profile, the overall population of India will grow by 40 per cent between 2006 and 2050, whereas the population of people aged 60 years and above will increase by 270 per cent and those in the age group of 80 plus by 500 per cent. It is important to remember, however, that the extended period of life is, in most cases, riddled with emotional, financial and health problems.

WORLD SCENARIO

The maturing of populations is one of the glaring results of statistic change. The propelled nations of the world have created strategies and projects to turn away emergencies and advance monetary development. The creating economies, for example, South Asia are additionally well on their way along a comparative course, and are either arranged to confront the results or to deal with the developing number of the older through suitable strategies.

The total population is required to increment to 9.4 billion by 2050 from the current 7.3 billion. During a similar period, the extent of the old populace is relied upon to increments from 10.4 percent to 21.7 percent. Among the older, it is the most established among the old whose numbers will increment most quickly after some time, or around 320 million by 2050. The conceivable situation of the worldwide population anticipated by the United Nations (2005) for the period 2005 to 2150.

INDIAN SCENARIO

As per Population Census 2011, there are almost 104 million older people in India; 53 million females and 51 million guys. It is intriguing to take note of that up to Population Census 1991, the quantity of old guys surpassed the quantity of females. Over the most recent two decades, in any case, the pattern has been switched and the older females dwarfed the old guys. This is additionally a noteworthy worry for strategy creators as old ladies are increasingly helpless on all fronts contrasted with old men. As respects provincial and urban territories, in excess of 73 million people for example 71 percent of old populace live in rustic regions while 31 million or 29 percent of old populace are in urban zones.

Age dissemination of population uncovers that, according to population statistics 2011 the among different age-groups, maximum proportion of population in rural areas is 12% in the age-group 10-14 years followed by 11% in the age-group 5-9 years and 10% in the age-group 15-19 years. In urban areas, however, maximum proportion of population is 10
per cent in the age group 20-24 years followed by 9.7 per cent in the age group 15-19 years and 9.5 per cent in the age group 10-14 years.

**ISSUES OF THE ELDERLY**

Despite the fact that maturing is the common phase of human life, it carries with it multitudinous issues for the individuals who have developed old. A point by point investigation of the serious issues of the matured in the light of clarified underneath:

**Economic Problems:** As far as monetary issues are concerned; they are exceptionally fundamental to the various issues looked by the matured. With superannuation, an individual need to resign from the administration, which not just outcomes in loss of work and economic wellbeing yet in addition a considerable decrease in his pay level. Greater part of the old face intense budgetary issues, which makes more seasoned people monetarily unreliable.

**Physiological Problems:** With developing age, more seasoned people experience different anatomical and physiological changes. These progressions bring numerous mental, conduct and attitudinal changes in them. Thusly, they need to endure shifted sorts of physiological issues, for example, loss of physical quality and stamina, which become increasingly intense as an individual becomes more established.

**Housing related Problems:** Housing for the matured ought to be appropriate not exclusively to the living example which they have built up in ideal wellbeing, yet additionally to states of bombing wellbeing and disease, normally connected with later long stretches of life, for example, bombing vision of hearing, easing back and uncertainty of step, reducing vitality and progressively intense handicaps, for example, visual deficiency, absent mindedness and so on. On this example, the lodging accessible to a greater part of the senior residents might be discovered improper and inadmissible to their necessity. The sizeable populaces of more seasoned widows just as the more established guys have been confronting the issue of "where to live gently".

**HEALTH CARE SITUATIONS IN TAMIL NADU**

The State was subdivided into three categories viz. primary, secondary and tertiary health care systems. The Primary Healthcare System consists of Primary Health Centres (PHCs) and Health Sub-Centres (HSCs). Secondary healthcare system comprises District
Head Quarters Hospitals, Taluk Hospitals, Women and Children Hospitals, Dispensaries, Mobile Medical Units, Police Hospitals and Non-Taluk Hospitals and so on.

Tertiary healthcare system covers multi-specialty hospitals. In addition to Government efforts, the private sector was also contributing to the provision of Health Care Services. As per population census 2011 the majority of the elderly state that they have good (47%) or fair (40%) health, while about twice the proportion of women (9%) as men (5%) rate their health to be poor. Among women, a higher proportion of rural women (11%) rate their health to be poor compared to women in urban areas (6%).

VILUPPURAM DISTRICT

As per 2011 Census, Viluppuram district has a population of 3,458,873, which includes 1,740,819 males and 1,718,054 females, women less by 22,765. Women constitute 49.67 per cent and men 50.32 per cent of the total population. The aged account for 7.44 per cent of the total population of the district. Of the 3,20,018 aged, 51.65 per cent are male and the rest are female. Male are found to be more in number than Female. Viluppuram district ranked 6th place in terms of the highest population size among the districts.

In Viluppuram District 21 Hospitals were functioning to look after the Health and Family welfare of the people. Out of this, 10 Hospitals come under Allopathy, 9 under Siddha and 2 under Homeopathy, with staff strength of 140 Doctors, 149 Nurses and 279 Technical persons. The Network also includes 2 Allopathy dispensaries, 1 Siddha dispensary, 80 Primary health centres and 557 Health sub-centres. One mobile medical team fulfils the medical need of the people.

The aged population of the district is 3.20 lakh. Around 61 per cent of them are provided old age pension and other social security measures. The Government of Tamil Nadu has implemented various social protection schemes for the aged / destitute / deserted.

Around 62 per cent of the aged (130,048) receive old age pension in the district. 17,340 aged were assisted in the category of differently abled. 46,248 aged women were provided with destitute widows’ pension. 2,307 aged women were assisted in the category of destitute deserted wives during the year 2014 – 15. Despite strong implementation of the old age pension scheme, there are aged still not benefitting from the scheme.

Review of Literature

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Shobha and Parameshwari (2017) examined “A Quality of Life of the Elderly in Coimbatore City” the study was monthly incomes of the elderly were not adequate enough to cater to their day to day needs. Food, clothing and shelter affect the quality of life. Income received was spent on food and medicines only. The respondents fall under the extremely poor, poor and marginally poor category none come under the vulnerabl middle income and high income group. This necessitates the need for better living environment and income.

Baruwa Anita (2015) conducted a survey that the demographic research had developed as an important area of interdisciplinary study within the ambit of social gerontology in the context of an ever greying world population. Literature review was conducted to find out the areas of concern within the emerging issues in the process of ageing, know the various sources of data and methodologies applied in the various studies and identify the research gaps and areas for future research. There had been a vast growth of literature on ageing trends, patterns, socio-economic and demographic profiles of the elderly. Cross-sectional studies on specific aspects of the elderly have been done based on sample studies. However, longitudinal cohort studies with in-depth analysis of the different strata within the elderly need to receive specific attention on a multidisciplinary level by adopting a holistic approach to population ageing.

Harshal Tukaram et al (2017) in their paper entitled “Study of Health Problems and Addiction Pattern among Elderly Population in Rural Areas of Pune, India” The study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffered from range of health related problems. The elderly population from rural areas has similar health problems as well as addiction pattern to elderly population of the urban areas especially of urban slum area. There was a growing need for good quality geriatric health care services at the primary level and it should be based on the "felt needs". Also there should be sensitization and involvement of non-governmental organizations and voluntary organizations. Behavior and lifestyle modification in the form of primordial prevention and counseling of the high risk groups should be carried to improve the quality of life of the aged. Further research, especially qualitative research was needed to explore the depth of the problems of the elderly.

The study by Annamika Hakmaosa, et al (2015) study revealed that 72 per cent elderly sought treatment for their chronic illness and 28.6 per cent did not seek treatment for their
chronic morbidity. Majority (51.5 per cent) sought treatment from government hospital, followed by private hospital (25.7 per cent), pharmacy (22.1 per cent) and quack (0.7 per cent). 98.5 per cent received allopathic treatment, 0.7 per cent took traditional medicine, while 0.4 per cent received Ayurvedic and homeopathic treatment. The most common reason cited for not seeking treatment for their chronic illness was financial reasons (63.2 per cent). Education, socio economic status and living status play an important role in health seeking behaviour.

**SCOPE FOR THE STUDY**

Every day thousands of people around the world hit the age of 65 and start the road of living as a senior citizen. The Registrar General of India forecasts the share of older persons (age 60 years and above) in the total population to rise from 6.9 per cent in 2001 to 12.4 per cent in 2026. The United Nations projections put the estimated number of elderly in India in 2000 at 77 million. The projection for the year 2025 is 168 million and for 2050 it is 326 million. An elderly population of 20 million in 1951 increasing to 326 million in 2050.

About 90 per cent of the elderly were from the unorganized sector, namely they had no regular source of income. It also shows that over 78 per cent of the elderly work force is engaged in agricultural activities.

**STATEMENT OF THE PROBLEM**

The problems of the Senior citizens process had to be understood in the back drop of far reaching social, economic and value based changes in India. The family had undergone a sea change like decline in the joint family system, fewer children due to acceptance of small family norms, increasingly participation of women in economic activities and migration of younger members from rural areas to cities for employment. It had been observed that the Senior citizens feel increasingly neglected and was often cast away as burden. Consequently, physical hardships and psychological stress, security in general and financial security, better health maintenance facilities.

The main objective was to understand the senior citizens in Tamil Nadu in their different facets of life. Ageing is not only an important demographic but also an economic issue that had emerged recently, it was very important to generate policy measures to enhance the quality of life on ageing and their contribution to economic development and to promote
awareness of the issues associated with senior citizens to the administration and their society. Thus in the present study the socio-economic and health problems of senior citizens in Viluppuram district was studied.

OBJECTIVE OF THE STUDY

1. To examination the Socio-Economic status of the Senior residents
2. To investigation the senior resident is having mental prosperity for better comprehension of the connection between saw wellbeing, endless disease and impairing condition.
3. To find out the National Policies & Programmes for the Welfare of the Elderly

METHODOLOGY

Social survey method has been made use of in this study the analysis of the study is mainly based on the data collected from a sample of respondents selected from Vilupuram District.

Selection of study area: Viluppuram District

Sampling Design: Random Sampling Method

Sources of Data: Primary and Secondary

Sample size: 107

Methods of Data collection: Interview Schedule

Period of Data collection: January-December 2015

Tools: Percentage Method, Chi-Square

LIMITATIONS

The study was subjected to Viluppuram district only; therefore the finding cannot be applicable to the universe. The primary data collected was through interview schedule and which is liable to recall bias. Still the researcher had taken steps to counter the recall bias error. The primary data was collected from the selected respondent during year 2014-2015. The interview schedule though was prepared in English, while collecting the data from selected respondent was translated to them in the local language (Tamil) therefore there was difficult in using appropriate terminology while translation. Another limitation was the respondent were restating in sharing certain information. So the researcher had to put questions indirectly to collect the data.
RESULTS AND DISCUSSION

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 1: Shows that Old age described by declining physical limits, is normally connected with numerous ailments. With the end goal of the investigation, the wellbeing status of the respondents is determined by posing inquiries about the degree of loss of vision, hearing and other medical issues looked by them. A greater part of the population was in the age group of 60-69 years old (71.96 per cent), while a little portion (2.8 per cent) were 80 years of age or more established. A larger part (75 per cent) of the respondents were Hindus. Just 10.86 per cent of the old men were bereft while 66.55 per cent of the ladies were widows. The unmarried gathering of 6.52 per cent was included just men. Proficiency was observed to be low in the investigation population.

Table: 1 :Socio-Demographic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Males (46)</th>
<th>Female (61)</th>
<th>Total (107)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 – 69</td>
<td>28 (60.86)</td>
<td>49 (80.32)</td>
<td>77 (71.96)</td>
</tr>
<tr>
<td>70 – 79</td>
<td>16 (34.78)</td>
<td>11 (18.03)</td>
<td>27 (25.23)</td>
</tr>
<tr>
<td>&gt; 80</td>
<td>2 (04.3)</td>
<td>1 (01.7)</td>
<td>3 (02.80)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>35 (76.08)</td>
<td>16 (26.22)</td>
<td>51 (47.66)</td>
</tr>
<tr>
<td>Single</td>
<td>3 (06.52)</td>
<td>0 (00.0)</td>
<td>3 (02.80)</td>
</tr>
<tr>
<td>Separated</td>
<td>3 (06.52)</td>
<td>4 (06.55)</td>
<td>7 (06.54)</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>5 (10.86)</td>
<td>4 (66.55)</td>
<td>46 (42.99)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>11 (23.91)</td>
<td>37 (60.65)</td>
<td>48 (44.85)</td>
</tr>
<tr>
<td>Just literate</td>
<td>1 (2.17)</td>
<td>1 (01.63)</td>
<td>2 (01.86)</td>
</tr>
<tr>
<td>Primary</td>
<td>20 (43.47)</td>
<td>19 (31.14)</td>
<td>39 (36.44)</td>
</tr>
<tr>
<td>Secondary</td>
<td>7 (15.21)</td>
<td>3 (04.91)</td>
<td>10 (09.34)</td>
</tr>
<tr>
<td>High school</td>
<td>7 (15.21)</td>
<td>1 (01.63)</td>
<td>8 (00.07)</td>
</tr>
<tr>
<td>Graduate</td>
<td>0 (00.0)</td>
<td>0 (00.0)</td>
<td>0 (00.0)</td>
</tr>
</tbody>
</table>

(Source: Field Data)

HEALTH PROBLEMS

Table 2 indicates the health status of senior citizens. Out of women is poor compared to that of men. Also compared to men, women are represented more in different categories of illness and less in the category of no illness i.e., 28.3 per cent of women against 42.7 per
cent of men. The relationship between illness and gender is found to be statistically significant.

Table: 2: Gender wise respondents by their Health Status

<table>
<thead>
<tr>
<th>Health status</th>
<th>Males (N=46)</th>
<th>Females (N=61)</th>
<th>Total (N=107)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No illness</td>
<td>42.7</td>
<td>28.3</td>
<td>36.0</td>
</tr>
<tr>
<td>Minor illness</td>
<td>48.2</td>
<td>59.4</td>
<td>52.4</td>
</tr>
<tr>
<td>Serious illness</td>
<td>09.3</td>
<td>11.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Incapacitated</td>
<td>00.8</td>
<td>01.9</td>
<td>01.3</td>
</tr>
</tbody>
</table>

Table: 3: Gender of respondents by their Health Status

<table>
<thead>
<tr>
<th>Ailment</th>
<th>Males (N=46)</th>
<th>Females (N=61)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint pains</td>
<td>59.5</td>
<td>67.3</td>
</tr>
<tr>
<td>Nervous disorders</td>
<td>25.3</td>
<td>11.0</td>
</tr>
<tr>
<td>Weakness</td>
<td>21.8</td>
<td>32.3</td>
</tr>
<tr>
<td>Heart complaints</td>
<td>11.2</td>
<td>02.8</td>
</tr>
<tr>
<td>Asthma</td>
<td>09.7</td>
<td>06.8</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>03.9</td>
<td>01.7</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>07.5</td>
<td>06.3</td>
</tr>
<tr>
<td>Urinary problems</td>
<td>11.2</td>
<td>06.7</td>
</tr>
<tr>
<td>Others</td>
<td>13.1</td>
<td>24.6</td>
</tr>
</tbody>
</table>

Table: 3: demonstrate that More than half of the older spoken to by a marginally (more number of ladies than men) announced different physical issues. The issue of joint agonies is common for the two people. Notwithstanding, it is obvious that apprehensive issue, heart complaints, clutters identifying with chest like tuberculosis and asthma, skin ailments and problems relating to urinary tract disease are progressively basic in men though broad shortcoming is discovered toe announced generally by ladies

Table :4: Gender wise of respondents by their Hearing

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Males (N=46)</th>
<th>Females (N=61)</th>
<th>Total (N=107)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>80.0</td>
<td>67.9</td>
<td>74.3</td>
</tr>
<tr>
<td>Difficult</td>
<td>17.5</td>
<td>30.2</td>
<td>23.5</td>
</tr>
<tr>
<td>Deaf</td>
<td>02.5</td>
<td>01.9</td>
<td>02.2</td>
</tr>
</tbody>
</table>
Above the table 4 reveals that about 2.2 per cent of the respondents are deaf. Unlike in case of eyesight, good hearing ability is claimed by three fourths of the elderly. However, more number of women compared to men reported difficulty in hearing.

**RESPONSES TOWARDS THE PROBLEMS OF THE ELDERLY**

The following are the measures to be undertaken to solve the problems of the elderly:

1. **Personal Response**: Many problems of the old age can be solved by taking certain precautionary measures in the early life itself:

   - **Maintenance of physical fitness**: Diet Control, Adequate and regular exercise, avoiding substance abuse like smoking and drinking keep away ageing.

   - **Maintenance of emotional fitness**: Yoga and Meditation are a must for today’s hectic life. It helps to control our emotions and makes us free from guilt.

   - Developing hobbies: Hobbies help a person to reduce boredom, especially in old age. Hobbies help to reduce loneliness and also mental tensions.

   - **Being Active**: Elders should keep themselves engaged by involving in various activities which do not require much physical exercise. They can provide their expertise and guidance to others by offering their service in their places of interest. This will also reduce their financial burden.

   - **Financial independence**: A good financial planning at the young age itself will make the old life calm and comfortable. Pension Plans, Share Certificates, PPF(Personal Provident Fund), etc., will make life better during old age.

   - **Non-Interference**: If the Generation Gap is annoying the elders then they can restrict the annoyance to themselves. Forgive and Forget attitude will help to maintain better family ties. This will be ensured only if they do not interfere in the life of their children and grand child until and unless any serious matter is calls for interference.

   - **Institutional Response**: It involves the legislative remedies given by the government for the solving the problems of the elderly.
Provision of involvement: The elderly should be involved in the social programmes on a large scale. Those who are fit and fine should work beyond the age of retirement. They should provide help and support, motivation and guidance to the young generation.

Prevention of elder abuse: Special Provisions should be made in the Criminal Law to stop crimes against the elderly. It should give compensation to the family of the deceased old person. This will help to provide support to the family members of the elderly.

Old Age Homes: The government should establish Old Age Homes on a large scale and along with it the government should provide funds to the Non-Governmental Organizations to run these homes. Those old people who are homeless or who are not at all looked by their family members should be provided such kind of benefits.

Provision of employment: Those old persons who are physically and mentally fit should be provided jobs by the government according to their likes and dislikes. Moreover many of the old people are ready to work even after retirement. What they need is just an opportunity.

Pension Schemes: The Central Government should start the National Old Age Pension Scheme for the elderly. Those elders who have invested in their early life should receive benefits under such schemes.

Annapurna Scheme: The Central Government started the Annapurna Scheme in April 2000 and now the state governments are implementing the scheme. Its aim is to provide 10 kg of food items free for every month to only those elderly who were capable enough to take pension benefits but who had not received it for some or the other reasons.

Social Security Measures: There should be clear and better social security measures to support senior citizens. There should be uniformity in declaring a person senior citizen. Today, the age varies from 58 to 65 years.

The Ministry of Social Justice plays a key role in improving the conditions of the elderly. Reserving certain seats in the public transport system only for the senior citizens, concession in hospital services, concession in public utility services will help to solve the problem of the elders.

National Policies & Programmes for the Welfare of the Elderly

Administrative set-up

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1. The Ministry of Social Justice & Empowerment, which is the nodal Ministry for this purpose focuses on policies and programmes for the Senior Citizens in close collaboration with State governments, Non-Governmental Organisations and civil society. The programmes aim at their welfare and maintenance, especially for indigent senior citizens, by supporting old age homes, day care centres, mobile Medicare units, etc.

2. Relevant Constitutional Provisions

Article 41 of the Constitution provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Further, Article 47 provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties….

3. Legislations

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007, to ensure need based maintenance for parents and senior citizens and their welfare. General improvement in the health care facilities over the years is one of the main reasons for continuing increase in proportion of population of senior citizens. Ensuring that they not merely live longer, but lead a secure, dignified and productive life is a major challenge.


The National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the 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. 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; and
• to create awareness regarding elderly persons to help them lead productive and independent live.

The Implementation Strategy adopted for operationalisation of National Policy envisages the following:

• Preparation of Plan of Action for operationalisation of the National policy.
• Setting up of separate Bureau for Older Persons in Ministry of Social Justice & Empowerment.
• Setting up of Directorates of Older Persons in the States.
• Three Yearly Public Review of implementation of policy.
• Setting up of a National Council for Older Persons headed by Ministry of Social Justice & Empowerment from Central Ministry, states, Non-Official members representing NGOs, Academic bodies, Media and experts as members
• Establishment of Autonomous National Association of Older Persons
• Encouraging the participation of local self-government

5. National Council for Older Persons
In pursuance of the NPOP, 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 Central and State governments representatives, representatives of NGOs, citizen’s groups, retired person’s associations, and experts in the field of law, social welfare, and medicine.

6. Inter-Ministerial Committee on Older Persons
An Inter-Ministerial Committee on Older Persons comprising twenty-two Ministries/Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is
another coordination mechanism in implementation of the NPOP. Action Plan on ageing
issues for implementation by various Ministries/Departments concerned is considered from
time to time by the Committee.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in
December 2007 to ensure need based maintenance for parents and senior citizens and their
welfare. The Act provides for:-

• Maintenance of Parents/ senior citizens by children/ relatives made obligatory and
  justiciable 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

The Act has to be brought into force by individual State Government. As on 3.2.2010, the Act
had been notified by 22 States and all UTs. The Act is not applicable to the State of Jammu &
Kashmir, while Himachal Pradesh has its own Act for Senior Citizens. The remaining States
yet to notify the Act are - Bihar, Meghalaya, Sikkim and Uttar Pradesh.

8. Central Sector Scheme of Integrated Programme for Older Persons (IPOP)
An Integrated Programme for Older Persons (IPOP) is being implemented since 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 and by encouraging
productive and active ageing through providing support for capacity building of Government/
Non Governmental Organizations/Panchayati Raj Institutions/ local bodies and the
Community at large. Under the Scheme, financial assistance up to 90% of the project cost is
provided to nongovernmental organizations for establishing and maintaining old age homes,
day care centres and mobile medicare 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.
The Scheme has been revised w.e.f. 1.4.2008. Besides increase in amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the Scheme. Some of these are:

- Maintenance of Respite Care Homes and Continuous Care Homes;
- Running of Day Care Centres for Alzheimer’s Disease/Dementia Patients,
- Physiotherapy Clinics for older persons;
- Help-lines and Counseling Centres for older persons;
- Sensitizing programmes for children particularly in Schools and Colleges;
- Regional Resource and Training Centres of Caregivers to the older persons;
- Awareness Generation Programmes for Older Persons and Care Givers;
- Formation of Senior Citizens Associations etc.

The eligibility criteria for beneficiaries of some important activities/projects supported under the Scheme are:

- Old Age Homes - for destitute older persons
- Mobile Medicare Units - for older persons living in slums, rural and inaccessible areas where proper health facilities are not available.
- Respite Care Homes and Continuous Care Homes - for older persons seriously ill requiring continuous nursing care and respite

During 2007-08, Government has spent more than 16 crores of rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

9. Assistance for Construction of Old Age Homes

A Non-Plan Scheme of Assistance to Panchayati 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 lakhs was given under the Scheme. However, the Scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07). Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act 2007 envisages a provision of at least old age home for indigent senior citizens with 150 capacities in every district of the country. A new Scheme for giving assistance for Establishment of Old Age Homes for Indigent Senior Citizens in pursuance of the said provision is under formulation.
10. International Day of Older Persons

The International Day of Older Persons is celebrated every year on 1st October. On 1.10.2009, the Hon’ble Minister of Social Justice & Empowerment flagged off “Walkathon” at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens from across Delhi, NGOs working in the field of elderly issues, and school children from different schools participated. Helpage India, New Delhi collaborated with the Ministry in organizing the event of the day.

11. Schemes of Other Ministries

I. Ministry of Health & Family Welfare

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

• 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.

II. 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 assistance is given towards pension @ Rs. 200/- per month, which is meant to be supplemented by at least an equal contribution by the States so that each beneficiary gets at least Rs.400/- per month as pension.

III. Ministry of Railways

The Ministry of Railways provides the following facilities to senior citizens:

• Separate ticket counters for senior citizens of age 60 years and above at various (Passenger Reservation System) PRS centres if the average demand per shift is more than 120 tickets;
• 30% and 50% concession in rail fare for male and female senior citizens respectively of 60 years and above respectively.

IV. Ministry of Finance

Some of the facilities for senior citizens provided by the Ministry of Finance are:
• Income tax exemption for senior citizen of 65 years and above up to Rs. 2.40 lakh per annum.

• Deduction of Rs 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizens of 65 years and above.

• An individual is eligible for a deduction of the amount spent or Rs 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen of 65 years and above.

V. 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. As per recommendation of the Sixth Pay Commission, additional pension are to be provided as per details given below to older persons:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% pension to be added</th>
</tr>
</thead>
<tbody>
<tr>
<td>80+</td>
<td>20</td>
</tr>
<tr>
<td>85+</td>
<td>30</td>
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<tr>
<td>90+</td>
<td>40</td>
</tr>
<tr>
<td>95+</td>
<td>50</td>
</tr>
<tr>
<td>100+</td>
<td>100</td>
</tr>
</tbody>
</table>

VI. Ministry of Civil Aviation

The National Carrier, Air India, provides concession up to 50% for male senior citizens of 65 years and above, and female senior citizens of 63 years and above in air fares.

Suggestion

The Primary Health Centers may orchestrate the wellbeing exam camps particularly for old individuals in each town and consistently. The public authority and NGOs may arrange mindfulness camps among school understudies, undergrads and public spots with the
assistance of Panchayat Board Office to make among the youths about the old people's significant and presents in family and local area. The public authority may begin a club for old in each town. Where they can have diversion, it tends to be a spot for them to assemble to share their inclination and discussion about their privileges and issues and discover arrangements themselves. This might be composed by region level board. The public authority may make a helpline for older individuals to secure them. The training office may incorporate schedule as a geriatric report which contains geriatric issues, issues, and insurance.

**Conclusion**

The number and sorts of variable and their degree of influence on the wellbeing status of the Senior Citizens shift. Further, these are certain normal explicit elements that impact the wellbeing status among the old having a place to gender astute conveyance. Consequently, these discoveries raise various issues for formulating appropriate wellbeing strategies for the Senior Citizens. Likewise, the example of different contributions for developing the proper social approach for the welfare of the Senior Citizens may likewise must be appropriately modified in perspective on the living states of the Senior Citizens. In this way, the discoveries are exceptional in numerous regards and should have expansive, hypothetical, methodological, approach and program suggestions in the programmes intended to improve the personal satisfaction of the Senior Citizens.

**Reference**


10. Department of Public Health and Preventive Medicine, Viluppuram.


