



India's Policy on Elderly: Challenges Ahead.

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Abstract: *This article aims at the importance of medical and associated needs of the elderly/old peoples in India and the problems faced by them with the onset of old age among these elderly peoples. The challenges that elderly/ older person face in areas such as prevention and protection against abuse, violence, food ,and housing, long-term and palliative care, access to justice, health are the major concern of the Resolution 24/20 "The human rights of older persons." The focus of the article is to provide the suggestion for enabling social policy "Ageing in place" and reach out to people living in rural areas who are dependent on family bonds and intergenerational understanding and support. Institutional care should be considered as last resort. The routine care clinics cannot handle the burden of the geriatric population. The government must support non- governmental organizations and other agencies which provide day care, home care, and the palliative care so that these services become affordable to all the elderly. NPHCE forms a part of Non-communicable Division in the Ministry. The introduction of physical exercise to neutralize the sedentary lifestyle will add to life expectancy yielding normal BP and controlled hormonal secretions.*

Keyword: Geriatrics; Elderly; Health; Chronic Diseases; obesity; diabetes; social policy.

INTRODUCTION

The Population Census of India, 2011 revealed that there is 104 million population of elderly persons in India out of which 53 million are females and 51 million are males. In the Census 1991 of the country, the elderly population of males outnumbered females. As per the figures, 73 million (71%) of the elderly population resides in the rural area while 31 million (29%) population lives in urban areas. The studies conducted by ICMR previously depicts chronic profile in the elderly population i.e. out of elderly population 3.7 million suffers from dementia, 40 million suffers from poor vision, 1.6 million suffers strokes annually, 1/3rd suffers from arthritis, 1/3rd has hypertension, 1/5th population has diabetes, 1/4th suffers from depression, 1/5th suffers from auditory problems India despite a young country will require geriatric care professional to cater the needs of the elderly population as the studies indicate that the number of elderly/seniors is likely to treble by 2050. As per the version of

Prof. Nasreen Rustomfram, Tata Institute of Social Sciences the country will require 8 lakh of geriatric care professionals.

Geriatrics is a specialty that focuses on health care of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older peoples. This new science of ageing has two important components namely biological and social. These two components effect the body of a person and account mainly for wear and tear of the body although the exact factors are yet



to be fully understood. Even the environmental factors dominate and outweigh the biological ageing process. The gene dynamics dominated earlier in the 20th century have been on the backburner as in the studies of monozygous twins, longevity variance was 20% attributed to gene inherited from parents. The term elderly may be regarded as the age of retirement i.e. 60 years and above. Many surveys have shown that the retired elderly are confronted with problems of financial insecurity and loneliness. Over 81% of the elderly confessed to having stress and psychological problems in the modern society, while 77.6% complained of abuse by daughter-in-law/ son.

The concept of ageing can be better understood by taking into account the behavioural as well as structural risk factors. By behavioral factors, we intend to mean poor diet, physical inactivity, alcohol consumption, substance abuse etc while structural risk factors include socio-economic status, poverty, excess sugar, work-related stress etc. These risk factors directly inflict damages on the human body and mind by turning the blood pressure high or low and eventually resulting into geriatrics giants which in literally sense are the disease associated with old age like diabetes, heart diseases which either lead to surgeries and sometimes inflict disabilities and require lifelong care and treatment. The relationship of social and environmental factors on one's earlier phase of life and its effect on functional capacity in later life has been produced by national and international researchers thereby clearly supporting the fact that socio-economic factors leave their imprints on the physical development of an

individual.

The crumbling structures of the joint family system and its replacement has given a jolt to the elderly people. The concept of nuclear family has led to the more dependency, stressful environment, and elderly abuse. Moreover, the love and affection of the near and dear ones are also eluding these elderly peoples. The economic dependence in the report released by MOSPI shows that in rural areas highest dependency of elderly males is in Kerala (43%) while lowest in Jammu and Kashmir (21%). The highest female dependency in urban areas is worse as fully dependent elderly female is 83% in J&K and lowest i.e. 50% being in Haryana. The females are worst sufferers of cultural system and due to busy in their daily routine chores as well as earlier socio-economic deprivation in their life leads them to

functional incapacity in the later's life and they suffer from multiple ailments and chronic non-communicable diseases.

The National policy on older person was announced in January 1999 with the main objective of the wellness of older people. The ministry implemented the National Programme for the Health Care of the Elderly from the year 2010 to 2011. However, the inadequate budget allocation by the Union Government for the Health sector is the matter of concern as it adversely affects the functioning of Health Institutions. The UT of Delhi has allocated sufficient budget for Health and their model of "Mohalla Clinics" and Medicine ATMs have been appreciated by WHO as outreach was more than expected.



The revolutionary ideas to providing free 212 types of laboratory tests and in case of specialist diagnosis and reports like MRI, CT scan the Delhi Government has empanelled hospitals where the tests can be conducted and the cost reimbursed by the Government. As the number of elderly people in general and females in particular due to old age health related problems are confined to bed now they can have access to these Mohalla Clinics. The Central Government should take these best practices and ensure that such type of facility is available within 1.5 km to this population.

The overview of the health and various other challenges that are being faced by the elderly population the adoption of following systematic planning (strategy) shall go long way to address the much-felt needs among the geriatric population. The present availability of OPD for the elderly at the tertiary hospitals should be available at the primary level as it will increase the utilization rates of the health services and these elderly shall not to travel long distances to get them examined. Moreover, it will lessen the burden of OPD in the tertiary hospitals as well. Since the 75% of elderly are residing in the rural areas, the much-felt need at primary level is in rural areas. Advocacy with NGOs, charitable organizations, faith-based organizations should be roped in to make the programme more effective for the elderly population. The capacity building by way of skill training to the existing staff of health department and distinct teams of health providers known as "Community Geriatric Health Workers" be trained as they will provide home-based care as well as care in day centres. Rehabilitation services including the physiotherapy services

will work wonders for the elderly population. A multidisciplinary team to examine the elderly will be another feather in the cap for these elderly people as they are generally undergoing various disabilities attached to old age. The government should ensure health insurance to all elderly who are above the age of 60 years with minimum charges for pensioners of government departments including PSUs while it should be free for the poor population. The ways and means should be explored for funding the health insurance.

The government should come forward with the comprehensive health scheme and under the scheme smart cards based on biometric should be issued. The scheme should provide cashless treatment of the elderly population including various clinical tests to be conducted on the elderly. All the details should be updated on the smart cards as it will help the specialist to study the case history on the single stroke of a keyboard. The Medical Council of India should explore the possibilities of new courses including specialization in dealing with the health care of the elderly and even in the course of M.B.B.S and Nursing the subject on elderly health care should be included. The MCI should further ensure that the required geriatric health care professionals as predicted by Prof. Nasreen Rustomfram of TISS may be available when the need arises. Researches should exclusively base on the old age complications- psychological/ physiological and various measures to lead healthy life expectancy by these elderly. The courses pertaining to geriatric should be included at Higher Secondary Level in order to sensitize the youth about the trauma faced by the elderly due to the emotional and financial



needs at this important juncture of time and the support these elderly expects from them.

CONCLUSION

This paper intends to focus on the health conditions and need of specialization in geriatrics keeping in view the elderly population that will be in India by 2050. As per the Ministry of Social Justice and Empowerment 160 out of every 1000 elderly suffer from heart diseases and 55 out of every 1000 elderly in urban areas suffers from one or more disability like poor vision, hearing difficulty or locomotive impairment. Health reforms adequately financed by proportionate budget and political will to enhance the longevity of elderly people is need of the hour. A national programme on physical exercise is need of the hour as the people who train their body at least for half an hour a day have the beneficial effect like cognition as well as increasing immunity as well as balancing the secretion of hormones and ultimately on the health of the person. The increased level of immunity in the elderly people keeps the unnecessary ailments, diseases away and minimize the ageing effect on the person. The life-course perspective, preventative as well as empowerment approach should be the main determinants while enacting any social welfare policy or say social policy. The adoption of active ageing strategy is an attempt to slow or prevent the decline in functional capacity and to enjoy the benefits of disability-free extended lives. The timely preparation of social policy governing the elderly shall pave a way for the specialization course in geriatrics, more elderly caring professionals,

the inactivity of the persons changed into activity and sedentary lifestyle changed into active life style are the precursors to healthy living and ageing with proud. The Government of India has initiated programs like Old age Pension, Annapurna scheme, the ration for priority household, extra interest on security deposits, rebate in income tax to provide social security. The budget for the medical sector can be used for more welfare-oriented programs of the elderly population like vaccination/ immunization programme and managing special needs of these elderly people. The Old Age homes should be established in each district with at least facilities for housing 150 persons. Moreover, stringent provisions for children who abuse or neglect their parents should be incorporated in the Maintenance and Welfare of Parents and Senior Citizens Act,2007. Appropriate policies for catering the need of the ageing population is need of the hour and the Government of India should seize the matter at an earliest so that adequate infrastructure and professionals are available in India to cater the medical needs of the elderly people.

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