

# **SOCIAL PLANNING, POLICIES & GERIATRIC HEALTH**



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# PRESENTATION OVERVIEW

- Introduction
- Study rationale
- Hypotheses
- Theoretical perspectives
- Sampling
- Analysis and major findings



# INTRODUCTION

- ❖ The period of ageing can be marked as a period of fulfillment or a period of marginalization and suffering.
- ❖ India has **72 million** elderly persons above 60 years of age as on 2001
- ❖ The disabilities and morbidity which is an accompaniment of Old age is often associated with social deprivation and neglect, poor economic status and poor accessibility to health care facilities.

# INTRODUCTION

- ❖ Social security provided by the government to elderly covers only a very small percentage of the population.
- ❖ This disparity in social security and social programme coverage could be attributed to several factors like **disagreement over policies, Failure to meet plan targets and Unnecessary Political interference.**
- ❖ Retirement benefits has actually led to a system where able- bodied and healthy individuals are being denied participation in the active work force thus forcing them to lead an unproductive and dependent life till end.

# STUDY RATIONALE

- ❖ Longer life span – larger ageing population has led to economic instability, non-inclusive social system, requirement of specialized health care and care taking.
- ❖ The government of India announced ‘The National Policy on Older Persons’ in 1999, the policy was aimed towards welfare of older persons in areas of income security, healthcare, safety, productive ageing etc
- ❖ In this context, the study primarily had tried to understand:
  - The social, economic and health status of the sample population.
  - The perceived effectiveness of the major policies and programmes by the government in this population.



# HYPOTHESES

- Most elderly are **inactive** and **dependent** due to inadequate pro-ageing social planning and implementation.
- Elderly do not enjoy any **specialized health care** facility.

# THEORETICAL PERSPECTIVES

- **Psycho-Social Perspective**
- Health status of an individual during his lifetime and his life span depends on the social and political context and levels of inequality in the society.
- Health is a direct consequence of the health of the community. It is only when there is a communitarian basis to rights and needs; the needs are likely to be met.

# SAMPLING

- The study was conducted in Anand district of **Gujarat**
- The sample consisted of **30** elderly males and females of equal numbers.
- **10** samples were obtained from each that is **rural, urban and old age homes**.
- The data was collected using a **structured interview schedule** and analyzed using both qualitative and quantitative methodologies.



# ANALYSIS AND MAJOR FINDINGS

The analyses or the interpretation of the data is being presented under four broad categories:

1. Socio- Demographic Status
2. Economic Dependence and Independence
3. Health and Illness
4. Government Policies and Interventions

# SOCIO-DEMOGRAPHIC STATUS

Age	Rural		Urban	Old Age Home	Total
60-70	M	3	2	1	17
	F	2	4	5	
70-80	M	2	2	4	9
	F	0	1	0	
80-90	M	0	1	0	3
	F	2	0	0	
90-100	M	0	0	0	0
	F	0	0	0	
Above 100	M	0	0	0	1
	F	1	0	0	

# DEMOGRAPHY OF SAMPLE POPULATION

In the study 10 elderly persons were taken from each rural, urban and old age homes. These again consisted of 5 males and 5 females from each section.

➤ **56.6%** fell under age category of 60–70 years.

➤ **30%** fell under 70–80 year category.

➤ Only **3.3%** were above 100 years.



# DEMOGRAPHY OF SAMPLE POPULATION

Old age is accompanied by age related disabilities and seclusion from the regular activities, at this point partners play a very important role of companionship and support.

- **46.6%** of the elderly respondents were married
- **46.6%** of the respondents were widows or widowers
- **6.6%** were separated from their spouse

## DEMOGRAPHY OF SAMPLE POPULATION

- All the 5 female samples in the old age home fell under the **60–70** age group and all the five were **widows**.
- In old age homes the respondents be it male or female belonged to either **60–70** or **70–80** age groups.
- Rural distribution showed that of the five female samples **2** were in the **60 –70** age group **2** in **80–90** and **1** in above **100**.
- Of the five female samples from urban area, **4** were in **60–70** and **1** in **70–80** range.

# DEMOGRAPHY OF SAMPLE POPULATION

Gujarat though has a very large NRI population, has been able to take forward its traditions and culture which give lots of importance to family ties and relationships

- It was found that **5** out of **10** respondents in both rural as well as urban lived in joint families.
- **46%** of the respondents had either 1 or 2 sons
- **30%** of the respondents had more than 2 sons
- **23.3%** had no sons.



# DEMOGRAPHY OF SAMPLE POPULATION

- Most of the respondents mentioned only their sons as the culture considers married daughters as part of their husband's family.
- Gujarat government has also in a way imbibed this culture and promotes male child as the government declines to give old age pensions to elderly having any son.

# DEMOGRAPHY OF SAMPLE POPULATION

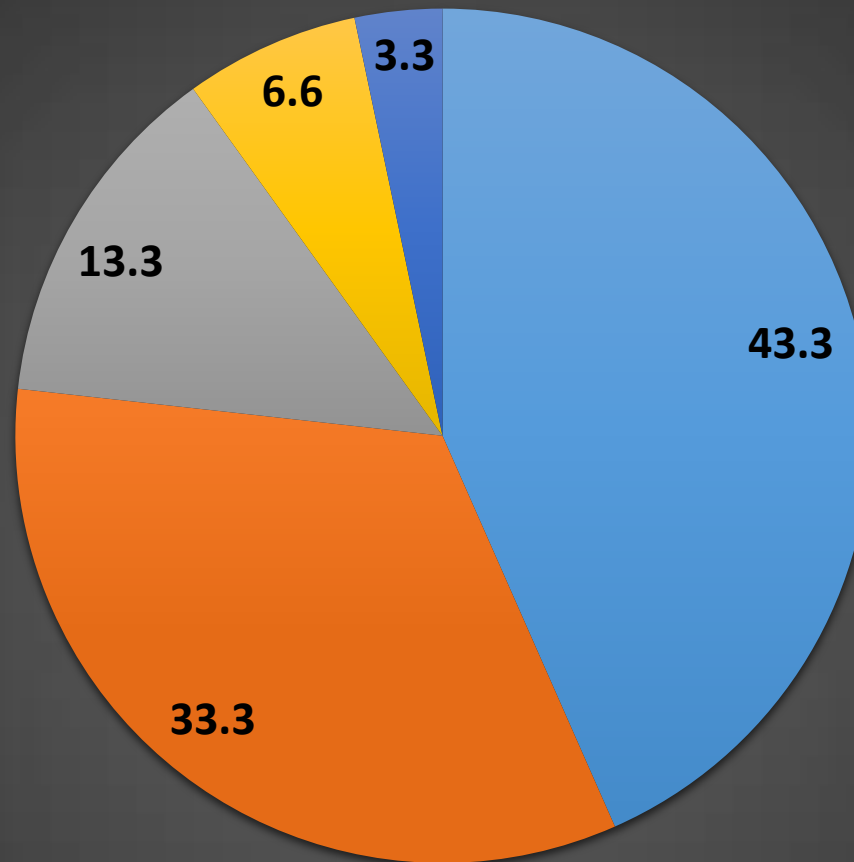
- Among old age home respondents **7** out of **10** had **1** or more sons, conflict with sons or daughter- in-laws were found to be the major cause for shifting to these institutions.
- **73.3%** of the elderly claimed that they were not included in the decision making process.
- **6** elderly out of **10** in urban locality claimed that they often made their own decisions while in rural and old age homes only **3** out of **10** enjoyed that freedom.

# DEMOGRAPHY OF SAMPLE POPULATION

- **23.3%** of the respondents have faced abuse, the actual percentage may be much higher as the respondents staying in families declined to answer any questions related to abuse or ill treatment as they may be worried about the repercussions or the family status in the society.
- Respondents in old age homes were more carefree and were eager to talk about the situation that brought them there, **6** out of **10** admitted to having experienced abuse, mainly psychological and verbal.



# EDUCATION OF SAMPLE POPULATION

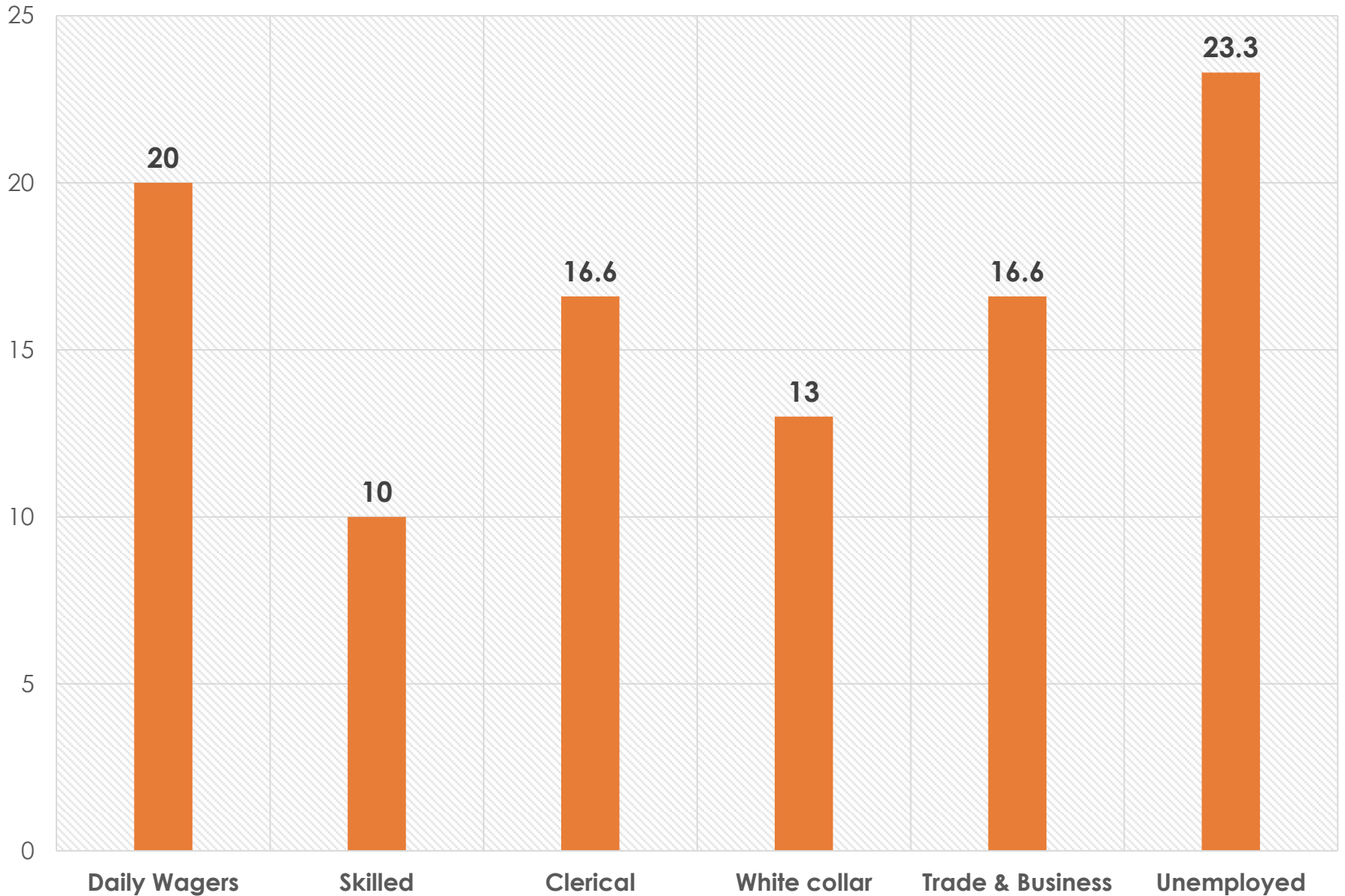


■ Illiterate ■ Matriculate ■ Graduate ■ Post graduate ■ Professional

# ECONOMIC DEPENDENCE AND INDEPENDENCE

- Of the **60%** dependent, **37%** were women.
- **2** out of **5** urban women respondents were economically independent.
- Only **1** out of **5** females in old age homes or from rural areas were economically independent.
- **4** out of **5** urban male respondents were matriculate.
- **3** out of **5** rural male respondents and all **5** rural female respondents were illiterate.

# EMPLOYMENT



## ECONOMIC DEPENDENCE AND INDEPENDENCE

- Most of the respondents were employed in unorganized sectors so had no savings nor enjoyed any kind of benefits after retirement.
- The respondents who were working as daily wage labourers claimed that their wage used to be around 70-100 per day.



# ECONOMIC DEPENDENCE AND INDEPENDENCE

## Employment

- In rural areas the employment was seasonal and most of them took loans from local money lenders or friends in case of emergencies.
- The very few who were in organized sectors also had utilized their provident funds and other incomes from service for educating their children, constructing a house or marrying off their daughters.
- **60%** of the respondents said that they didn't have enough or, any income and found it difficult to meet their needs.

# HEALTH AND ILLNESS

Access to good health care facility does play a very important role in maintaining health during old age as debility and morbidity slowly sets in.

- the data shows that moderate to severe difficulty in basic activities and moving around is more prominent among the rural and old age respondents
- **30%** respondents felt their present state of health was bad.
- **16.6%** had moderate difficulties in carrying out their basic activities.
- **6.6%** had severe difficulty in doing their basic activities.

# HEALTH AND ILLNESS

## Vision

- 40% had no problem with their vision .
- 56.6% complained of either long sight or both short sight and long sight.
- 3.3% were completely blind, blindness was due to negligence on part of the respondent and family in getting appropriate and timely medical help.
- Most had undergone cataract operations in one or both the eyes.
- Most of the cataract operations were done by charity organisations, only very few who could afford it have done it from a private hospital at their own expense.



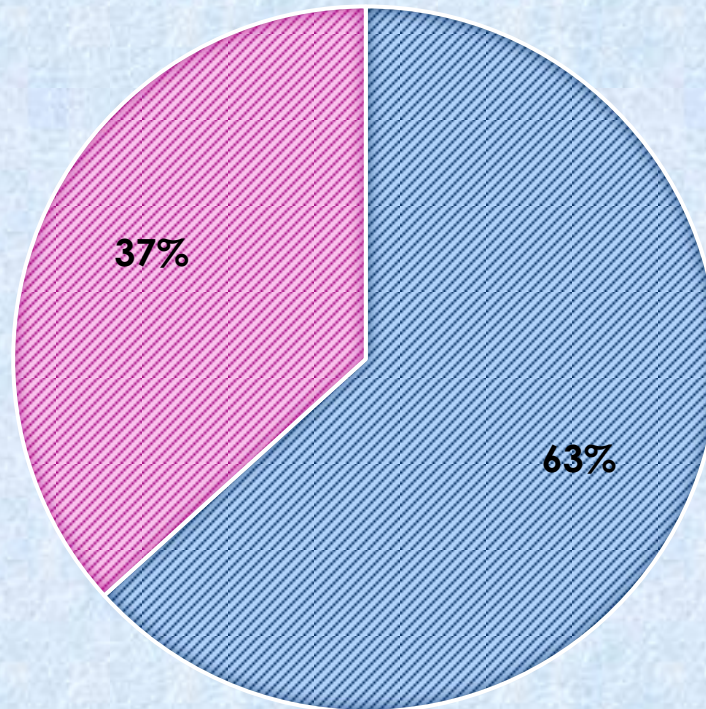
# HEALTH AND ILLNESS

## Hearing

Most of the respondents had good auditory sense.

➤ Only 13.3% complained of mild hearing problem.

## Consultations



■ Do not consult a doctor

■ Consulted a doctor



# REASONS FOR NOT CONSULTING

**63.3%** did not take medical help or consult a doctor every time they were sick.

- **36.6%** of the above did not feel the necessity to consult or take treatment always
- **10%** because there was no one to accompany them
- **13.3%** did not have money
- **3.3%** because of non-availability or difficulty to get a transport to the nearest clinic or hospital.

# HEALTH AND ILLNESS

## Common ailments

- High blood pressure -**26.6%**
- B.P and Heart Problems- **16.6%**
- Diabetes- **16.6%**
- Joint pain-**10%**
- **9** out of **10** respondents in old age homes suffer from one or more illness.
- Except for one old age home none other had any medical facilities or visiting doctor for their residents.

# HEALTH AND ILLNESS

## Monthly expenditure on health care

- **46%** spend less than **Rs.200** per month.
- **20%** spend around **Rs.200–500** per month.
- **10%** around **Rs.500–800** per month.
- **24%** more than **Rs.800** per month.

# HEALTH AND ILLNESS

## Accessibility

- **63.3%** went to private clinics or private hospitals for health issues because they thought that the treatment and facilities were better.
- **16.6%** went to government health centres or hospital as they were unable to afford private clinics.
- **10%** depended on traditional medicine for their ailments.
- **7 out of 10** in rural areas said that the medical facilities were very far and people had to travel around 15–30km for emergency health issues.



# GOVERNMENT POLICIES AND INTERVENTIONS

## Travel

- **73.3%** used public transport for travelling
- **43.3%** felt uncomfortable while using these transports.
- In Anand there are not many public bus transport for short distances, people are usually depended on autos which are shared by 6–7 persons.

## Water

- **73.3%** used piped water for drinking, government has provided water connections throughout through either individual pipelines or community pipes.

# GOVERNMENT POLICIES AND INTERVENTIONS

## Toilets

- Urban areas and old age homes had flush toilets.
- Among the respondents **13.3%** used open fields and **3.3%** had dry latrines and all of them belonged to rural .

## Electricity

- **90%** of households had electricity.

# GOVERNMENT POLICIES AND INTERVENTIONS

## Pension

- Only **23.3%** of the respondents received pension, most of the respondents were receiving service pension which on an average amounted to around **Rs.10,000**.
- Only **1** out of **30** respondents received old age pension of around **Rs.200** which hardly helps the respondent in any way.

# GOVERNMENT POLICIES AND INTERVENTIONS

## BPL cards

- Only 1 out of 10 in urban areas and, 3 out of 10 in rural areas had a **BPL** cards.
- The researcher while collecting data noticed that some respondents owning properties and vehicle were having a **BPL** card
- On further probing they revealed that they had paid around **Rs.1000** for the card.
- All the people owning the **BPL** card were getting food grains at a subsidized rate through **PDS** system.



## MAJOR FINDINGS AND RECOMMENDATIONS

- Interventions by NGO's in the elderly sector is minimum or negligible in the district.
- Though the government has formulated policies and have set goals for the aging population. The study shows that there is a visible gap in the administration and effective implementation of these goals.
- NGO's should be promoted to take an active role in awareness building and promoting effective implementation of several governmental programmes.



THANK YOU