

Policies and Programmes for Welfare of the Elderly in India

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Abstract

The elderly people have been transiting through serious risks in their residual life. The changing socio-psychological environment of the contemporary world attributed by the socio-psychological and behavioural aspects instilled and stimulated by the global political economy largely influenced and interfered towards the contemporary environment social context. The life of the elderly people have to be better off, context, they should be taken care of through adequate social security measures and the government is seems to be one of most responsible agency who can interfere in to this issues legally and as a responsible service of the government. In India the government have been implemented numerous number of social security measures through different policies and programmes. This paper focuses on the programmes implemented by the government of India for the social welfare of elderly people. This paper used secondary data from government published sources and from the survey of review of related literature on various dimensions of social support of silver India. The enquiry found out that, the government implemented numerous numbers of policies and programmes which are effective to revamp the risky life of elderly people in India.

Keywords: Government of India; Initiatives; Social welfare measure; Policies and programmes; Elderly.

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Introduction

Since time immemorial, aged persons in India have been accorded a place of honour and importance in the family and community. Ancient literature in India is replete with reverent references to the elderly. Long life was cherished, old age was viewed with deference and the elderly played an important role of advisors and counsellors. On the other hand, the family and community looked after them regardless of their productive capacity. To a society, and culture, that has long prided itself in its veneration of the elderly, the existential reality of the aged may come as a surprise. Our older

citizens, on a daily basis, are reminded both of their expendability as also of the depending coarseness society displays against them. Be it the way they are treated within the family, the woeful inadequacy of the health care provisions or glaring problem of economic security and financial sustenance. It is evident that modern Indian society is ill-prepared to meet the challenges posed by the graying of its population.

The rapid advances in science and medicine and better quality of life are leading to increase in longevity of populations in several regions of the world.¹ The ageing of the world population is a matter of concern for policy makers and

administrators who are thinking in terms of the demographic, social, psychological, economic, and health aspects of ageing. According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males.² A report released by the United Nations Population Fund and HelpAge India suggests that the number of elderly persons is expected to grow to 173 million by 2026.³ Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2%, while for females it was 9.0%. As regards rural and urban areas, 71% of elderly population resides in rural areas while 29% is in urban areas. The life expectancy at birth during 2009–13 was 69.3 for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females).⁴ Kerala has got the highest life expectancy at birth, followed by Maharashtra and Punjab. The life expectancy at birth in Kerala is 71.8 years and 77.8 years for males and females respectively.⁵ There are few studies in India that relate to the multidimensional problems of ageing. Research is needed to formulate, implement and evaluate policies and programmes for the elderly and their needs. Given the nature of socio-cultural changes under way and severe decline in the state's capacity to meet the welfare needs of the vulnerable sections of the society, betterment of the quality of life of this rapidly increasing segment of India's population emerging as a formidable task. The problem is further compounded because of greater longevity of the elderly. Hence, there arises a need to understand the socio-economic as well as demographic dynamics of the elderly population in general.⁶

The Indian society is undergoing fast transformation under the impact of various forces. The forces of industrialization, urbanisation, modernisation and technological innovation have affected practically all aspects of life. Traditional safeguards of family care for the elderly are being threatened and becoming weak because of change in family structure from joint to nuclear, migration, dual careers, growing consumerism and so on. Contemporary culture poses serious challenges to us as great transformations have modified the coping mechanisms and values that were prevalent for our making sense of the world and of our own selves. The consumer culture has modified the symbolic insertion of individuals in the collective

action in that the logic of consumption has overrun the centrality of production as a dominant structuration of social life. All these make the well-being of the elderly a growing challenge of the present era. Thus, it is of utmost importance to find probable solution to this emerging problem of old age.

The paper will deal with an assessment of policies and programmes for welfare of the elderly in India on the basis of available information from government published sources and from the survey of review of related literature on various dimensions of social support of silver India.

Policies and Programmes for Elderly

Over the years, the government has launched various schemes and policies for elderly persons. These policies and schemes are meant to promote the health, well-being and independence of elderly people around the country. Some of these provisions have been discussed in this paper as follows:

1. Relevant Constitutional Provisions
2. Legislations
3. Various policies and programmes of Central Government for Elderly People
4. Some other important activities
5. Specific Measures Schemes implemented by other ministries

Relevant Constitutional Provisions

Article 41 of the Constitution:

Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security. According to Article 41 of the constitution of India, "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."

Article 47 of the Constitution

Article 47 of the constitution of India provides that the state shall regard the raising of the level of nutrition and the standard of living of its people and improvement of public health as among its primary duties.

Some Other Constitutional Provisions

Entry 24 in list III of schedule VII of constitution

of India deals with the welfare of labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, item 9 of the state list and item 20, 23 and 24 of concurrent list relates to old age pension, social security and social insurance, and economic and social planning. The right of parents, without any means, to be supported by their children having sufficient means has been recognized by section 125 (1) (d) of the Code of Criminal Procedure 1973, and section 20 (1 & 3) of the Hindu Adoption and Maintenance Act, 1956.

Among the administrative setup, the Ministry of Social Justice and Empowerment focuses on policies and programmes for the elderly in close collaboration with State Governments, Non-governmental Organisations and Civil Society. The programmes aim at their welfare and maintenance especially for indigent elderly, by supporting old age homes, day care centres, mobile medical units etc.

Legislations

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

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. Section 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity of 150 persons in every district of the country. The objectives of the Act are:

- Revocation of transfer of property by senior citizens in case of negligence by relatives.
- Maintenance of Parents/senior citizens by children/ relatives made obligatory and justiciable through Tribunals.
- Pension provision for abandonment of senior citizens.
- Adequate medical facilities and security for senior citizens.
- Establishment of Old Age Homes for indigent Senior Citizens.

The Act was enacted on 31st December 2007. It accords prime responsibility for the maintenance of parents on their children, grandchildren or even relatives who may possibly inherit the property of a senior citizen. It also calls upon the state to provide

facilities for poor and destitute older persons.

The Act has to be brought into force by individual State Government. Himachal Pradesh is the first state and Punjab is the fifth state where old parents can legally stake claim to financial aid from their grown-up children for their survival and a denial would invite a prison term. As on 03.02.2010, the Act had been notified by 22 states and all UTs.

Various Policies and Programmes of Central Government for Elderly People

Several initiative steps for various policies and programmes for the elderly have been taken by the government. Some of them have been discussed as below:

National Policy for Older Persons (NPOP) 1999

The National Policy on older Persons was announced by the Central Government of India in the year, 1999 to reaffirm the commitment to ensure the well-being of the older persons. It was a step to promote the health, safety, social security and well-being of elderly in India. The policy recognizes a person aged 60 years and above as elderly. This policy enables and supports voluntary and non-governmental organizations to supplement the care provided by the family and provide care and protection to vulnerable elderly people. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to elderly people contained in the Constitution. The policy envisages state support in a number of areas –financial and food security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of elderly people in the country. The primary objectives of this policy are to:

- Ensure the well-being of the elderly so that they do not become marginalised, unprotected or ignored on any count.
- Encourage families to take care of their older family members by adopting mechanisms for improving inter-generational ties so as to make the elderly a part and parcel of families.
- Encourage individuals to make adequate provision for their own as well as their spouse's old age.
- Provide protection on various grounds like financial security, health care, shelter and welfare, including protection against abuse and exploitation.

- Enable and support voluntary and non-governmental organizations to supplement the care provided by the family and recognising the need for expansion of social and community services with universal accessibility.
- Provide care and protection to the vulnerable elderly people by ensuring for the elderly an equitable share in the benefits of development.
- Provide adequate healthcare facility to the elderly. Promote research and training facilities to train care givers and organizers of services for the elderly.
- Create awareness regarding elderly persons to help them lead productive and independent life.

This policy has resulted in the opening of new schemes such as –

- Promotion of the concept of healthy ageing.
- Setting up of Directorates of Older Persons in the States.
- Training and orientation to medical and paramedical personnel in health care of the elderly.
- Assistance to societies for production and distribution of material on elderly care.
- Strengthening of primary health care system to enable it to meet the health care needs of older persons.
- Provision of separate queues and reservation of beds for elderly patients in hospitals.
- Extended coverage under the Antodaya Schemes especially emphasis for elderly people.

National Council for Older Persons (NCOP)

A National Council for Older Persons (NCOP) was constituted in 1999 under the chairpersonship of the Ministry of Social Justice and Empowerment to operationalize the National Policy on Older Persons. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programmes for the elderly. The basic objectives of this council are to:

- Advise the Government on policies and programmes for older persons.
- Represent the collective opinion of elderly persons to the government.

- Suggest steps to make old age productive and interesting.
- Provide feedback to the government on the implementation of the NPOP as well as on specific programme initiatives for elderly.
- Suggest measures to enhance the quality of inter-generational relationships.
- Provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector.
- Work as a nodal point at the national level for redressing the grievances of elderly people.
- Undertake any other work or activity in the best interest of elderly people.

The council was re-constituted in 2005 and met at least once every year. At present there are 50 members in it, comprising representatives of Central and State Governments, NGO's, citizens' group, retired persons' associations, and experts in the fields of law, social welfare and medicine.

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 food, shelter, medical care and entertainment opportunities and by encouraging productive and active ageing. Under this scheme financial assistance up to 90 percent of the project cost is provided to Non-Governmental Organizations for running and maintenance of old age homes, day care centres and mobile medicine units. The scheme has been made flexible so as to meet the diverse needs of the older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older persons, popularisation of the concept of lifelong preparation for old age etc. Several innovative projects have also been added which are as follows:

- Maintenance of respite care homes and continuous care homes.
- Sensitizing programmes for children particularly in schools and colleges.
- Regional resource and training centres for caregivers of elderly persons.
- Volunteer Bureau for elderly persons to Formation of associations for elderly.

- Helplines and counselling centres for older persons.
- Awareness Generation Programmes for elderly people and caregivers.
- Running of day care centres for patients of Alzheimer's Disease/Dementia, and physiotherapy clinics for elderly people.
- Providing disability and hearing aids for the elderly people.

The eligibility criteria for beneficiaries of some important projects supported under IPOP Scheme are:

- Old age homes –for destitute elderly persons.
- Respite care homes and continuous care homes –for elderly persons who are seriously ill and require continuous nursing care and respite.
- Mobile Medicare units –for older persons living in slums, rural and inaccessible areas where proper health facilities are not available.

The scheme has been revised in April, 2008. Besides an increase in amount of financial assistance for existing projects, Governments/Panchayati Raj institutions/local bodies have been made eligible for getting financial assistance.

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 and 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.

National Old Age Pension (NOAP) Scheme

Under NOAP Scheme, in 1994 Central Assistance was available. The amount of old age pension varies in the different States as per their share to this scheme. It is implemented in the State and Union Territories through Panchayats and Municipalities. The assistance was available on fulfilment of the following criteria:-

- 65 years or more should be the age of the applicant (male or female)
- The applicants who have no regular means of subsistence from their own source of income or through financial support from family members or others.

The Ministry is now implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Under this scheme Central assistance in form of Pension is given to persons, above 65 years @ ₹200/-per month, belonging to a below poverty line family. This pension amount is meant to be supplemented by at least same contribution by the States so that each applicant gets at least ₹400/-per month as pension. The number of beneficiaries receiving central assistance, in the form of pension, was 171 lakh as on 31st March, 2011.

Further the Ministry has lowered the age limit from the existing 65 years to 60 years and the pension amount for elderly of 80 years and above has also been increased from ₹200/-to ₹500/-per month with effect from 01.04.2011. This decision of the Government of India has been issued to all States/UTs vide letter no. J-11015/1/2011-NSAP dated 30th June, 2011.

National Programme for Health Care of Elderly (NPHCE)

National Programme for Health Care of Elderly (NPHCE) is an articulation of the international and national commitments of the government as envisaged under (UNCRPD), National Policy on older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisional for medical care of senior citizen. Ministry of Health and Family Welfare (MOHFW) has taken appropriate steps in this regard by launching the National Programme for Health Care of Elderly (NPHCE) as a centrally sponsored scheme under the new initiatives in the XI five years plan. Presently, it is being rolled out in 100 districts. The vision of the NPHCE is:

- To provide accessible, affordable and high quality long-terms comprehensive and dedicated care services to an Ageing population.
- Creating a new "architecture" for Ageing.
- To build a frame-work to create an enabling environment for "a society for all ages".
- To promote the concept of Active and Healthy Ageing.
- Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

Specific Objectives of NPCHE are:

- To identify the health problems in the elderly

and provide appropriate health interventions in the community with a strong referral backup support.

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach.
- To build capacity of the medical and paramedical professional as well as the care-takers within the family for providing health care to the elderly.
- To provide referral services to the elderly patients through district hospitals, regional medical institutions.

Core Strategies to achieve the objective of the Programme.

- Community based Primary Health Care approach including domiciliary visits by trained health care workers.
- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC etc.
- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery, and equipment, consumable and drugs, training and IEC.
- Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.
- Information, Education and Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.
- Continuous monitoring and independent evaluation of the programme and research in Geriatrics and implementation of NPHCE.
- States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.
- Support and assist organisations that provide counselling, career guidance and training services.
- States will set up homes with assisted living

facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

Schemes of Other Ministries

Ministry of Railways

The Ministry of Railways provided the following facilities to senior citizens (elderly).

- Separate ticket counters for the elderly people at various Passenger Reservation System Centres.
- Provision of Lower Berth Quota -provide in AC and Sleeper Classes.
- Provision of 30 percent discount in all Mails/ Express.
- Provision of wheel chairs at stations for the disabled elderly passengers.
- Railway grant 75 percent concession to Senior Citizens undergoing major heart/cancer operations from starting station to Hospital station for self and one companion.

Ministry of Health and Family Welfare

Central Government Health Scheme provides pensioners of central government offices the facility to obtain medicines for chronic ailments up to three months at a stretch. Ministry of Health and Family Welfare provides the following facilities for the elderly people:

- Provision of separate queues for elderly people in governmental hospitals.
- Set up of two National Institutes on Ageing at Delhi and Chennai.
- Provision of Geriatric clinic in several government hospitals.

Ministry of Finance

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

- Exemption from Income Tax for senior citizens of 60 years and above up to ₹2.50 lakh per annum.
- Exemption from Income Tax for senior citizens of 80 years and above up to ₹5.00 lakh per annum.
- For an individual who pays medical insurance premium for his/her parents or parents who are elderly or senior citizen, deduction of ₹20,000 under section 80D is allowed.

- An individual is eligible for a deduction of the amount spent or ₹60,000, whichever is less for medical treatment of a dependent elderly or senior citizen.

Insurance Regulatory Development Authority (IRDA)

Insurance Regulatory Development Authority (IRDA) vide letter dated 25.05.2009 issued some instructions on health insurance for elderly or senior citizens to CEOs of all General Health Insurance Companies which inter-alia includes:

- Allowing entry into health insurance scheme till 65 years of age.
- Provision of transparency in the premium charged.
- Reasons to be recorded for denial of any proposals on all health insurance products catering to the needs of senior citizens.

Ministry of Civil Aviation

Under the Ministry of Civil Aviation, the National Carrier, Air India provides concession in air fare up to 50 percent for male passengers aged 65 years and above and female passengers aged 63 years and above on production of proof of age and nationality on the date of commencement of journey.

Ministry of Road Transport

The Ministry of Road Transport and Highways has provided reservation of two seats for elderly or senior citizens in front row of the buses of the State Road Transport Undertakings. Some States Governments are providing fare concession to senior citizens in the State Road Transport Undertaking buses for e.g. in Punjab Elderly women above 60 years enjoy free travel, Free passes are provided to old people who are freedom fighters to travel in fast and express buses in Kerala. Some State Governments also introducing the Bus models according to the convenience of the elderly.

Some Other Important Activities

Some of other important activities regarding the welfare of elderly people are as follows:

International Day of Older Persons

The International Day of Older Persons is celebrated every year on 1st October, 2009. On 01.10.2009, the Hon'ble Minister of Social Justice and Empowerment flagged off "Walkathon" at Rajpath, India Gate, to promote inter-generational bonding. More than 3000 senior citizens/elderly people from across Delhi, NGOs working in the

field of elderly issues, and school children from different schools participated in this.

Role of Non-Governmental and voluntary organisations

While the government continues its efforts to introduce programmes for the welfare of the elderly, it is the non-governmental organisations which have played a key role in bringing to the forefront the problems of the older people to the society at large and through its various services it has sown the seeds for a forum whereby the voice and the concerns of the elderly can be addressed. Presently there are many non-governmental organisations working for the cause of the elderly in India. In India most of the non-governmental organisations have concentrated their work among the lower income group and the disadvantaged sections of the society. This is mainly because one-third of these people are defined as "capability poor" which means that they do not have access to minimum levels of health care and education for earning a decent living. However in the first few years of the growth of the NGO's the emphasis was on the abuse of women due to the gender discrimination prevalent in our Indian society. It is only in the last few years when the demographers provided alarming statistics on the growth of the elderly population that a need was felt to work in this area as it was always assumed that the elderly were well taken care of and were safe in the custody of the well-integrated joint family system in India. Initial studies show that the elderly are taken care of by the family but the reality and recent ethnographic cases studies also prove that the so called "joint family system" in India is a myth and the elderly though they live with their sons and their families are neglected and uncared for by them. This scenario led to the emergence and mushrooming of various NGO's working towards the concerns of the elderly.

In recent years several national level and state level voluntary organisations have been set up for promoting the welfare of the elderly, for advocating a general national priority to their problems and needs and for organising services. The Government describes the services they are providing as residential care, day care, geriatric care, medical and psychiatric care, recreation, financial assistance and counselling. These services are however primarily urban based.

One of the premier voluntary organisation which began work on the cause and care of the older people of our country is Help Age India. It is a secular, a political, non-profit, non-governmental organisation and is registered under the Societies'

Registration Act, 1960, in 1978. Help Age India was formed in 1978 with the active help from Mr. Cecil Jackson Cole, founder member of help the Aged, United Kingdom. In its newsletters and brochures one can clearly see it has charted out its goals and objectives which are "To create an awareness and understanding of the changing situation and the needs of the elderly in India and to promote the cause of the elderly. To raise the funds for creation of infrastructure through the medium of voluntary social service organisations for providing a range of facilities especially designed to benefit the elderly and thus to improve the quality of their lives." Help Age India is basically a funding organisation which looks for partner agencies in the field that are able to implement the various projects and programmes of the organisation. The head office of Help Age India is located in New Delhi and it has around twenty-four regional and area offices located all over the country.

Old Age Homes and Day Care Centres

Help Age India has sponsored the construction and maintenance of old age homes in India. These homes cater to the needs of those elderly who are unable to live by themselves and for those who have been abandoned by the family or are neglected and uncared for by their children. These old age homes provide and cater to the various needs of the elderly so that they can spend the "evenings of their lives" with dignity and respect and not feel a burden to the society. There are over 800 old age homes all over India and nearly half of them are being sponsored and funded by Help Age India. Besides old age homes, Help Age India also supports day care centres where the elderly come for a few hours every day or on certain days of the week and spend some time together. These centres combat the loneliness they face and create a sense of "we feeling" among them. In some of the centres being supported by Help Age India in rural areas they are also places where the income generating activities are conducted.

Insurance schemes

Several types of insurance schemes for the benefit of elderly people were introduced time to time by several government and private insurance companies which are -Jeevan Dhara, Jeevan Akshay, Jeevan Suraksha, Bima Nivesh, Senior Citizen Unit Plan and several other medical insurance schemes like Group Medical Insurance Scheme, Jan Arogya etc. The schemes Jeevan Dhara, Jeevan Akshay, Jeevan Suraksha and Bima Nivesh have been discontinued and relaunched in the new

version as New Jeevan Dhara, New Jeevan Akshay, New Jeevan Suraksha and New Bima Nivesh respectively.

- Senior Citizens Unit Plan (SCUP) -Senior Citizens Unit Plan is a Scheme under which one has to make a onetime investment depending on his/her age and have the benefit of medical treatment for self and spouse at any of the selected hospitals on completion of 58 years of age. SCUP have special arrangements with New India Assurance Co. Ltd. (NIAC) under an exclusive medical insurance cover where by the bills from the hospitals in connection with all medical treatment by you will be settled directly by NIAC up to the prescribed limit. Age group of 18-54 years can join this Scheme. The person may be a resident or a non-resident Indian. The person will be entitled for a medical insurance cover of ₹2.5 lakh after he/she attains the age of 58 years. This insurance cover is available for both the citizen and his/her spouse. After the age of 61 years both of them are eligible for a cover of ₹5 lakh after adjusting any claims made earlier. The citizen can avail medical treatment in any of the hospitals under this Scheme. The Trust will call for all details about recent photograph, signature and address of the member and the spouse as soon as the member attains the age of 54 years so as to prepare an identity cardcum log book, for the member and the spouse.
- Medical Insurance Scheme -The Medical Insurance Scheme known as Mediclaim is available to persons between the age of 5 years and 75 years. Earlier, the sum insured varies from ₹15,000 to ₹300,000 and premium varies from ₹175 to ₹5,770 per person per annum depending upon the different slabs of sum insured and different age groups. However, with effect from 1 November 1999, these limits of benefits and the premium rates have since been revised. The sum insured now varies from ₹15,000 to ₹500,000 and premium varies from ₹201 to ₹16,185 per person per annum depending upon different slabs of sum insured and different age groups. The policy is now available to persons between the ages of 5 years and 80 years. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalisation/domiciliary, hospitalisation for any illness, injury or disease contracted or

sustained during the period of insurance.

- Group Medical Insurance Scheme -The Group Mediclaim policy is available to any group/ association/ institution/ corporate body of more than 100 persons provided it has a central administration point. The policy covers reimbursement of hospitalisation and/or domiciliary hospitalisation expenses only for illness/diseases contracted or injury sustained by the insured person. The basic policy under this scheme is Mediclaim only. This policy is also available to persons between the age of 5 years and 80 years. The sum insured varies from ₹15,000 to ₹500,000 and premium varies depending upon the different slabs of sum insured and different age groups.
- Jan Arogya -This scheme is primarily meant for the larger segment of the population who cannot afford the high cost of medical treatment. The limit of cover per person is ₹5,000 per annum. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalisation/ domiciliary hospitalisation for any illness, injury or disease contracted or sustained during the period of insurance.

Miscellaneous

- Mumbai Police (1090), Dignity Foundation and many other organizations have given help lines for senior citizens.
- MTNL gives 25 percent concession in rent of land line telephone.
- Postal Savings Schemes -Senior Citizens Saving Scheme (9 percent interest to elderly, 10,000 to 15 Lakhs), Monthly Income Scheme (Return of 8 percent and a bonus of 10 percent on maturity).
- Large number of association of senior citizens have come up in all areas, giving opportunities to express and share one's views, get knowledge about various facilities available, get entertainment, group support etc.

Suggestions for strengthening the safety net for the elderly

All legislative measures, Government safety net programmes, assistance through voluntary organisations need to be re-oriented on the following lines for sustainable and satisfactory rehabilitation for the elderly in India.

- As home is the best environment for the elderly, steps must be taken to strengthen the value system conducive to the family care of the elderly. Services should be organised for the elderly to resolve conflicts and facilitate smooth relations with family members.
- Innovative strategies and methods of elderly care should be designed and implemented taking into consideration the needs of different groups of India's elderly, young-old, rich-poor, male-female, rural-urban, etc.
- The quality of institutional services should be improved.
- Social security schemes should be implemented, as economic independence will go a long way in their adjustment and life satisfaction.
- Special emphasis be given on health programme for the elderly.
- Widely increase programmes for recreation and creative expression of the elderly.
- Educate the children for a favourable, positive and encouraging attitude towards the old.
- Mobilise community resources for the care of the elderly.
- Prepare the people to meet challenges of the old age quite in advance.
- Design and implement special packages for the poor elderly women who suffer on account of their poverty, old age, health and widowhood.
- A synergetic action involving all the stakeholders in the safety net for the aged is highly recommended.

Conclusion

Taking care of the elderly is an issue, which requires urgent attention from the policy makers and administrators in India. Towards this end, it is a welcome move that the Government of India is already thinking and implementing number of an old age population policies and programmes for welfare of the elderly. However, it is necessary that more easy and approachable steps should be initiated to create an atmosphere in which the rural, urban and tribal elderly persons will be able to spend their last days in reasonably comfortable manner.

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