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Research Article

Reviewing India's Public Policy on Health Care Services for Alleviating Geriatric Problems

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ABSTRACT

Population ageing is an outcome of triumph in the context of the advancement of medical science. But the massive increase in the elderly population in every part of the world is posing serious challenge in terms of providing the target group a happy and healthy life during their old age days. Considering the acute and chronic morbidity that the ageing citizens often encounter with and the resulting gargantuan burden of health cost, the institutional support from the Ministry of Health and Family Welfare holds the key in addressing various health care needs of the elderly. One such policy action has been the "National Programme for the Health Care of Elderly (NPHCE)" which was initiated in 2010 during the Eleventh Plan Period. The basic intention of the programme has been to facilitate the senior citizens with exclusive yet specialized and comprehensive health care at various hierarchical levels. The policy action and monitoring is to begin from the top at the tertiary level and act as bridge between the Ministry at the centre and down below through the state and district providers. Though the PHCs, CHCs and Sub-centres operate at the ground level, awareness and involvement of the family members are no less important for enhancing the quality of life of the elderly. The Non-Governmental Organizations are also to join hands with different wings of central and state ministry for effective implementation of the programme through activities like – spread of IEC materials, sensitizing the family members and health personnel.

Keywords: Ageing; Health Problems; Health Services; NPHCE;

1. INTRODUCTION

Demographic transition has been one of the most significant trends happening worldwide during the last few decades. This scenario is being defined as the situation happening because of the combination of declining of fertility together with reduction in mortality. Population ageing is the outcome of such transition. The report 'World Population Ageing 2017' of the United Nations has mentioned that almost every nation across the world has been experiencing rising share of older persons in their population. In the last two decades of the twentieth century most parts of the world witnessed advancement happening in health care which is evident through controlled infant mortality, declining birth rates, increased life expectancy and lesser prevalence of contagious diseases (Prasad, 2011). All these factors combined to result in increase in the people in the senior age bracket who are surviving extended life years. The projections made by the United Nations in the World Population Ageing – 2017 stated that the world ageing population stood at 962 million during 2017 and it was more than double relative to the figure of 382 million of 1980. The projected number of older persons across the globe is likely to become 1.41 billion in 2030 and around 2.1 billion in 2050[1]. The Department of Economic and Social Affairs of the UN's Secretariat came out with the observation that about two-thirds of the world's elderly persons live in the developing regions, with growth rates faster compared to the developed regions. So, the rising share of elderly persons across the world is going to be one of the massive transformations of the twenty-first century and it is going to be dominant in Asia in general and India in particular (Siva Raju, 2011). The demographic shift is going to have repercussion effect across all sectors of an economy comprising of labour market, commodity market and money markets.

[1] World Population Ageing 2017 – Highlights: Dept. of Economic and Social Affairs, United Nations, New York.

With the fertility and mortality both declining by virtue of advancement of science, researchers have been mentioning about demographic transformation happening globally leading to faster ageing of population. Realizing the seriousness of the problems arising out of the growing number of ageing and the resultant changes, an effort to adjust to this global phenomenon was initiated in 1979 by the General Assembly of the United Nations to convene a World Assembly on Ageing which finally took shape in 1982 in Vienna. The main motto of the World Assembly had been to provide a forum "to launch an international action programme aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development"[2]. The objective has been to be able to develop societies such that they may respond more holistically to the socio-economic implications of the aging of populations and to all other specific needs of the elderly persons. During the early phase of the 21st century, the Second World Assembly on Ageing was held in Madrid and the Madrid International Plan of Action on Ageing (MIPAA) was adopted. This Plan of Action proposed strong and innovative ways for the Governments and NGOs for convenient handling of the issues of ageing in the 21st-century. It was being increasingly realized that the aged members can be in better-off state if they can be protected from the vulnerabilities by considering their priority areas.

2. BACKGROUND STUDIES

In India's tradition, family has always been the social institution for providing support and care of the elderly. Caring of the elderly by their family members have been the common picture over the years. But during the last two decades changes have been taking place in the socio-economic and demographic dimensions. Chanana and Talwar (1987) during the 80s observed that the majority proportions of India's elderly population are not receiving much attention. Owing to changes in the family structure in the course of urbanization and modernization, the joint family system is disintegrating rapidly. They noticed that even the Indian villages, which houses approximately three-fourth of India's population, have witnessed familial transformations which are not favourable to the elderly. During the same time period, Mahajan (1987) thought of looking at the economic problems of the aged. Based on the primary survey covering the elderly in Haryana, the author came up in his study with results covering all the aspects of living arrangement and socio-economic status. He cited that bad health condition of the senior citizens had been the main cause of their economic problems. Two years later, Rajan (1989) further added that the growing proportion of aged population faces the problem of economic insecurity, substantially high rates of morbidity and emotional insecurity largely due to absence of family support. As a result of which the psychological and health concerns of the elderly can largely attributed to the values and importance of family system. The life of the aged people together with their family and social security were also dealt with, by Joseph (1991), Arora (1993) where the health status of older persons in old-age home have been compared with those living with their children. All of them agreed that institutionalised senior citizens have more physical ailments than the senior citizens living with their family. In a study based on the observations from NFHS, Rajan and Kumar (2003) came-up concluding with conventional notion that it's the joint family that is still taking care of the elderly in a big way. In India joint families are considered as social institution where the elderly members are valued and taken care of by the younger members with honour and respect. But changes in demographic dimension and urbanisation are pushing India towards nuclear family setup which is a real threat for the co-residence of the elderly with their off-springs (Ahmad and Das, 2011). This is bound to cut down the physical, socio-familial and financial support for the elderly.

3. Challenges faced by the Indian Elderly

Prasad (2011) in his working paper illustrated several dimensions of deprivation among the elderly, which are poverty, social inferiority, social isolation, morbidity and physical weakness, vulnerability, powerlessness and humiliation. Rising globalization and modernization, which by making way for the birth of smaller families, has been adding to the woes of the elderly connected to the mentioned deprivations. All these deprivations challenge the overall quality of life of the elderly. The national reports of the Ministry of Statistics and Programme Implementation, mention that with rapidly changing societal structure and the upsurging prevalence of nuclear family set-ups in India, the elderly people are likely to be exposed to the combinations of social and emotional, physical and financial insecurity in the upcoming years. Because of such insecurities, the elderly people of our country confront with the certain challenges every now and then, which can be categorised into four broad types.

3.1 Economic Distress

Insufficient income is one of the major problems of the elderly people in India (Siva Raju, 2011). This economic problem to the elderly worsens in our country as here more than 90 percent of the total work force is employed in the unorganized sector[3]. And such workforce on getting aged, retire from productive employment without

[2] United Nations (1983):" Vienna International Plan of Action on Ageing", New York.

[3] Siva Raju (2011): "Studies on Ageing in India: A Review", BKPAI Working Paper No. 2, United Nations Population Fund (UNFPA), New Delhi

accruing any financial security like pension or any other post-retirement benefits. Retirement from service makes the financial status much meagre and the pension amounts that the elderly receive are usually not ample enough to meet the ever-rising cost of living (Prasad, R. 2017). With the diminishing of income, the entire elderly section of population faces the problem of not having financial independence.

The elderly of our country during their post retirement age find shortage of suitable engagement opportunities and their diminishing efficiency reduces the workforce participation. As a result of which the 'old-age dependency ratio' is on the rise. Such dependency burden turns out to be more in the rural areas because the economic necessity and the lack of social security forces the elderly people to work more and earn their livelihood. The National Sample Survey Organization (NSSO) in its 2016 report stated that the economic dependency is high among the female, when seen from the gender perspective. So, often the widow, poor and disabled and other disadvantaged elderly are higher in the list of such dependency.

3.2 Socio-familial Distress

As a person ages, his/her physical strength deteriorates, mental stability degrades and the financial power becomes miserly. Their social life seems to be engulfed by disappointment, dejection, disease and weak health, loneliness on account of loss of spouse, friends, job, property and fragile inter-personal relationships with the family members (Siva Raju, 2011). The respect, honour and authority, which an elderly used to enjoy once in a traditional society, start declining gradually. A feeling of total dependency engulfs in, resulting in sense of low self-esteem of the elderly. In the families where the elderly people take retirement from their professional career, find that their children are not taking any more advice from them. The realization of such tendencies by their children often results in psycho-social problem of feelings like – loss of social roles and recognitions, worthlessness and humiliation (Prasad, R. 2017). If senior citizen happens to be economically depended on children, the problem is likely to worsen further with the loss of decision-making power. Such problem is more associated with the ageing women than men (Siva Raju, 2006).

The instances of elderly abuse are also quite a prevalent problem in the Indian societies. The self-absorbed thoughts among the younger people compel the aged to live independently and this on the other hand negates the socio-familial security of the elderly people in terms of their provision of proper care and attention (Rajan and Kumar, 2003). Their psychological suffering gets aggravated when they are subjected to isolation as their children get married or children migrate to other cities for work.

3.3 Physical Distress

Health related problems are considered to be the major burden for the elderly people. And that is why it is assumed to be a common picture that senior citizens are accompanied by multiple illness and physical ailments. Besides being physically diseased, the elderly cohorts are more likely to be the victims of poor mental health also (Prasad, R. 2017). Mental incapacities are very much associated with ageing individual and this increases their dependency lot more and is a crucial factor affecting their overall health situation.

As age advances, with continued deteriorating of physiological conditions, their body becomes more susceptible to illness. The illnesses during the elderly stages of an individual are varied and somewhat chronic in nature. Anaemia, Arthritis, Heart problems, High blood pressure, Diabetic problem, Kidney issues, Breathing problem, Parkinson's disease, Dementia, Sleeping disorder and Vision problem are some of the most prevalent chronic diseases affecting them (Siva Raju, 2011). The older people remain submerged with ill-health because of acute or chronic morbidity. They consider many of the sufferings and distresses as natural and inevitable, even though they are curable in many cases.

Various studies points to the fact that the problem of retarding health capacity due to advancing age gets complicated further by limited provisions of better quality and elderly-friendly health care facilities for a large proportion of older persons in our country. Moreover, the poor accessibility of health care services, lack of awareness together with high costs of disease management make health care beyond the reach of the ageing cohort, especially those who are poverty-ridden and marginalised. In India, deprivation of health care mostly leads to health insecurity (Rajan et. al, 1999; Siva Raju, 2002; Help Age 2014). These health-related distress are more severe for the elderly who are without adequate income and those who are surviving in the rural areas (Siva Raju, 2011; Alam et. al, 2015). Female disparity also persists while reporting the health problem of the elderly. The elderly female, especially the widows, used to remain in disadvantageous state with regard to their state of health and maintaining proper dietary intake[4].

3.4 Psychological Distress

The primary psychological problems for elderly that can be listed out are – anxiousness, obsession, excitements, lose of memory, feeling inferiority, depression, etc. The underlying causes of such anxiety are mainly associated with their health, state of socio-familial relationships, lack of care and emotional support, weakening of social and financial security and gradual detachment from daily activities and other involvements (Prasad, R. 2017). The reasons for their mental restlessness clusters around -inadequate monetary support,

[4] "Situation Analysis of The Elderly in India" – June 2011, MOSPI, Govt. Of India.

poor health, inadequate living space, loss of respect, lack of recreational facilities and the problem of spending time (Siva Raju, 2011).
Societal obligations and inadequate resources lead to several dysfunctional features of old age. Moreover, it is also well known that the occurrence of disease like mental instability is much higher among the elderly than among the young and vibrant age group. Regardless of the many positive impacts, the resulting implications of urbanization and globalization have injected irrevocable nature of changes into the Indian families. This has resulted in suffering from psychological distress among the aged persons and staying secluded in the family.
Modern concepts and fast-moving technological changes have made the knowledge and wisdom of the elderly seem obsolete and are cared a least by the younger generation. Their psychological problems turn out to be even greater as compared to those in the unorganised sectors because such category of citizens find themselves to be professionally out of their schedules and their financial power to have degraded all at once (Prasad, 2017). To be precise, the psychological problems of retiring elderly mainly include: scarcity of money, spending of time, widowhood, feeling of being physically weak, fear of death and feeling of neglect by family as well as by friends (Alam, 2004). Such psychological problems become more complicated when parents are financially dependent on their children. On such grounds we often hear about increasing concerns regarding the human rights of the elderly, which are meant for safeguarding them.

4. India's Policy Action Plans for the Elderly

India's focus on ageing of the country's population was first noticed with India's participation in the World Assembly on Ageing at Vienna in 1982, where India along with other nations adopted the United Nations International Plan of Action on Ageing. Member countries of United Nations including India, realizing the importance of such action programme, subsequently reviewed and updated the plan in 1985 and 1989. However, the main focus has always remained on the government's role and performance in adopting programs for the care and protection of the senior citizens and synchronizing the goals set in the international agenda, which acted as the guiding principles. The government further realised that some of the areas of concern of the elderly citizens could be best dealt with only in partnership with the several non-governmental organizations (NGOs) spread across the country. India's development plan for the elderly persons were based on certain principles, which are broadly grouped under five Quality-of-Life parameters: Independence, Participation, Care, Self-fulfilment and Dignity[5].
The underlying mottos of all these five principles have been to encourage work force participation, remove poverty and economic inequality, mitigate human deprivation, raise elderly health capital and thereby improve 'Quality of Life'. To address these areas, India has enacted several action plans. Some of them are under the Legislative action modalities, while some comes under the Executive nature. The present article reviews the Policy Programme of the Government of India that addresses provisioning of the health care services for the aged.

4.1 National Programme for Health Care of Elderly (NPHCE)[6]

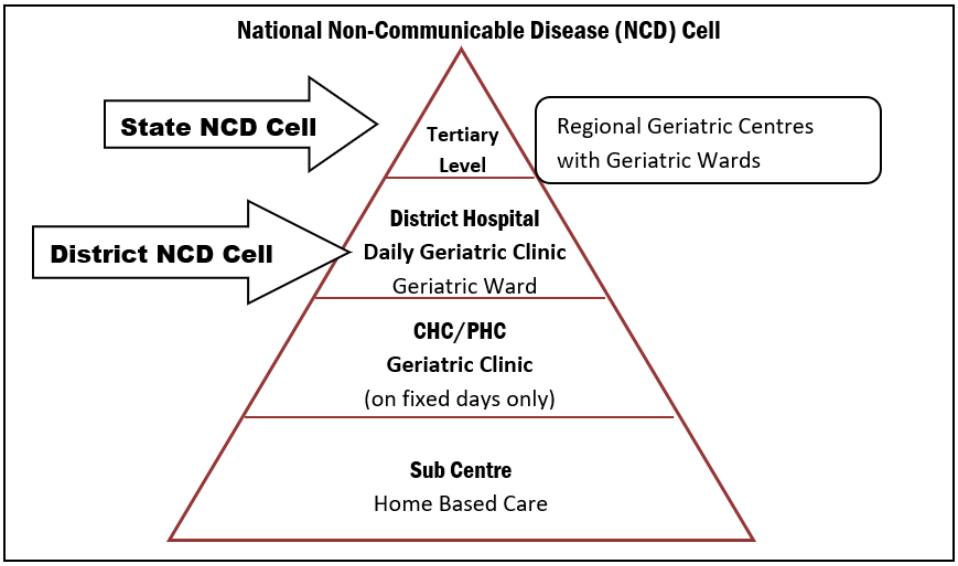
The Ministry of Health and Family Welfare (MOHFW) came out with an observation that, with rise in elderly population, there is going to be a definite shift in the disease pattern from Communicable to Non-Communicable Disease (NCD). It is urgently realised that the health care system rises to meet the health needs of the elderly in a comprehensive manner. On that note, the NPHCE is seen as a effective approach for executing the international and national commitments of the Government as may be seen under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

Launched in 2010, the MOHFW of the Government of India has been executing **National Programme for Health Care of the Elderly (NPHCE)** from the F.Y. 2010-11 to provide separate, specialized and comprehensive health care dedicated to the ageing citizens and assisting them with the provision of separate queues in government hospitals and opening up geriatric clinic in several govt. hospitals. The ministry has been promoting the delivery of state health care system at various levels - primary, secondary and tertiary health care including outreach services.
Components: The major working constituents of the NPHCE, started during 11th Five Year Plan were setting up of 30 bedded Department of Geriatric in 8 identified Regional Geriatric Centres (RGC) in different regions of the country and to support with dedicated geriatric health care facilities in District Hospitals, CHCs, PHCs and Sub Centres level in the identified districts of 21 States. The Programme had been initiated in 100 selected districts across the 21 States in the 11th Five Year Plan. Further it was projected to spread among 225 more

[5] 'Caring for Our Elders: Early Responses': India Ageing Report – 2017; United Nations Population Fund, New Delhi, India
[6] https://mohfw.gov.in/sites/default/files/8324324521Operational_Guidelines_NPHCE_final.pdf

districts during the 12th Five Year Plan in a phased manner and develop 12 additional Regional Geriatric Centres in selected Medical Colleges of the country.

Fig. 1: Schematic Hierarchical Structure of the Components of NPHCE



Source: "Operational Guidelines", NPHCE, MOHFW, Govt. of India

The Regional Geriatric Centres' task has been to acquaint technical support at the geriatric units in the district hospitals whereas district hospitals are to supervise and coordinate the activities down below at CHC, PHC and Sub-Centres. In cases, when conditions for treatment may go beyond the primary and secondary level, requirement may arise to ensure appropriate referral towards specialized geriatric care. With such intension, this Ministry has been supporting 20 Regional Geriatric Centres (RGCs) and establishment of two National Centres of Ageing (NCA) each at AIIMS, New Delhi and MMC, Chennai at the tertiary level.

4.1.1 Targeted Structural Outcome of NPHCE Programme

- The programme focussed on setting up of 325 District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward in 100 District Hospitals by the end of 12th plan period.
- The MOHFW through the programme further added few more Geriatric OPD and 30 bedded Geriatric wards for in-patient care at RGCs and 200 bedded Geriatric wards at NCAs.
- As part of National Health Mission component of the programme, one of the target at district level was setting up biweekly Geriatric Clinics and Rehabilitation units in all Community Health Centres of selected districts.

4.1.3 Objectives of NPHCE: With the vision of providing easy accessibility, low cost yet highly comprehensive and dedicated care services to the ageing population, the NPHCE has the following set of objectives:

- To support the elderly with fast access to preventive, curative and rehabilitative services through community based primary health care approach.
- To figure out the health problems amongst the ageing cohort and support them with appropriate health interventions in the community with a strong referral backup support.
- To promote the capacity building of medical and paramedical professionals as well as the care-takers within the family for attending care to the elderly.
- To promote strong referral services for the elderly patients through district hospitals and other regional medical institutions.
- To build a framework for creating an enabling environment for "a Society for all Ages" and thus promote the concept of active and healthy ageing.

4.1.4 Operational Strategies: For attainment of the above objectives, the Ministry thought of adopting the following strategies:

Preventive and promotive care: The preventive health care services are basically the precautionary activities which are to be monitored by the health workers by imparting health education through their homely visits. Besides, weekly clinic at the PHCs also arrange for regular monitoring and assessment of old persons.

Management of Illness: Since chronic illness and disability often accompany the senior citizens, certain stipulated outdoor and indoor patient services are being developed at PHCs, CHCs, District Hospitals and Regional Geriatric Centres for its management.

Health Man-Power Development for Geriatric Services: Sensing shortage of trained medical and para-medical professionals in discipline of geriatric medicine, imparting of in-service training to the health manpower has been thought of under the supervision of medical colleges and regional institutions.

Information, Education & Communication (IEC): With the target of spreading awareness about the ageing people and their health issues, health education programmes using media, folk media and other communication channels are being promoted to reach out to the target community, thereby promoting the concept of healthy ageing through IEC activities.

4.1.5 Implementation: Under the mission NPHCE and for its proper implementation, the geriatric care giving facility has been fragmented according to the hierarchical set up of the health care levels of our country. The details of the functional activities of each of the tiered levels are as illustrated below:

Regional Geriatric Centres (RGCs) at 8 Super Specialized Institutions: The main motto of setting up these RGCs has been to provide expertise services for complicated or serious cases of geriatric patients which are being referred from Medical Colleges, District Hospitals and below. These institutes attach high priority in conducting of Post-graduate courses in Geriatric Medicine for creating specialized human resource pool that our country has been lacking in. In addition to providing referral treatment, these institutions are also involved in developing and updating training materials for various levels of health functionaries. The RGCs have been following evidence-based treatment protocols for the Geriatric disease that are most common in our country. These institutes even promote researches on specific cases of geriatric illness.

Geriatric Unit at 100 District Hospitals: As per the records of the MOHFW, the programme NPHCE has been implemented in 325 districts, covering 21States and UTs till the tenure of 12th Plan Period. Provisions were also made for establishing 10 bedded geriatric wards for in-patients and dedicated regular OPD services exclusively for geriatric patients along with facilities for laboratory investigations like x-ray and few other special investigations.

Rehabilitation units at CHCs in the 100 identified districts: Under the NPHCE, CHCs are considered to be first medical referral unit for elderly patients coming from visiting the PHCs or other below units. Provision for 'Geriatric Health Clinics' dedicated solely for the elderly persons, have been considered to be operating at the CHCs twice a week. A rehabilitation unit is there to function at all the CHCs falling under identified districts, where the deputed staffs are to provide physiotherapy treatment to the elderly. The staff often pay visit to the bed-ridden elderly directly to their home and counsel the family members for the home-based care.

Activity at PHCs in the 100 identified districts: Weekly geriatric clinics are coordinated at the identified PHCs by a trained Medical Officer, where a routine health check-up of the elderly persons is being done. Targeted persons with more complicated diseases are referred to the first referral unit i.e. the Community Health Centre or District Hospital, requiring further investigation in its treatment.

Working of Sub-centres under 100 districts: The ANMs/Male Health Workers, working in sub-centres, visits the elderly persons in their areas and provide necessary information on community health care. ASHA workers, working at village level, mobilizes the elderly in attending annual health check-up organized by PHC/CHC. The task of the Government is to provide Grant-in-aid to the Sub-Centres for purchase of aids and appliances. The training of health workers at the sub-centre level is being interlinked with training under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

5. Discussion

It can be inferred that the governments in our country (both central and state) have been very proactive with respect to providing the health care services to the vulnerable ageing cohort of population. For whatever activities being performed, the provision of funds are being released from the Centre to the States/UTs through the State Health Society and disbursed at various levels as directed in the operational guidelines of NPHCE. The release of funds to the State and District levels and other units below (i.e. CHC, PHC, Sub-centres) happens following the NRHM structure. For the assistance at the PHC and Sub-centre level, 80 percent of grants are being allocated to Central Share and the rest 20 percent are for States' share. In terms of financial guidelines, the states are given the flexibility for inter-allocation and utilization of funds from one component to another, subjected to a ceiling of 10%, so that there remains flexibility in manoeuvring while implementing the programmes under the NPHCE. The programme has been framed to operate through NCD Cells constituted under NPCDCS at State and District levels.

There are certain key activities organized by the NCD cell in the Directorate General of Health Services, MOHFW. The Centre's task has been the selection of States and Districts for implementing the programme in the country in a phased manner. The team at the Central designs the IEC material on Health Care of the Elderly to sensitize community about promotion of healthy life style and inform about services available through various electronic, print media and other channels. The Central NCD cell is endowed with the task of preparing and planning for central level training programmes through RGCs and other training institutions. The Centre's ultimate aim is to render all possible support to the RGCs and monitor their functioning. But for monitoring and evaluation, standard format for reporting like Management Information System is prescribed by the Central NCD Cell to the State and District NCD Cell. And there happens continuous evaluation of the components by the NCD cell, where the major gaps are being identified for innovation through research.
At the State level, in order to sensitize the citizens about the health care of the elderly and promotion of healthy life style, the State NCD Cells organize the public awareness. The State NCD cell analyses the situation and prepare State Plan that has specific physical targets, ways of coordination, supervision and monitoring related to various components of NPHCE in the State. The blueprint for the training of health personnel of the diversified facilities under the programme is being prepared by the State NCD Cell, specifying the duration, curriculum.

6. Concluding Remarks

Population aging is undoubtedly a remarkable success story which resulted due to continuum of efficient public health policy and socioeconomic development. But the requirement has been to plan a comprehensive public health system which can cater to the needs of the older people and lead to happy and healthy ageing for them. The expenses borne for availing the health care services during old age appears to be very high, particularly for availing private health care services, which in turn increases the out-of-pocket expenses on health care. The health expenditure becomes burdensome more on such families where the older persons are economically dependent. Any social policy should prioritize the areas of public service like - education, health, housing and income security, with the intension of accelerating human welfare. It can be unambiguously be said that NPHCE is a generous attempt by the MOHFW to introduce the health care set-up meant for the elderly. This is a programme implemented throughout the country in various tiers of health care setup under the jurisdiction of either the centre or the states, but all targeted towards the health care services of the older persons in the country. In this programme high importance is being attached to the district hospitals with strong referral maintenance. The implementation of the NPHCE has the collective involvement of National Health Mission, Ministry of AYUSH and the Ministry of Social Justice and Empowerment. NPHCE has been a very effective action programme taken by MOHFW towards health goals of elderly formulated in NPOP.
NPHCE need to focus more on providing home-based care of the elderly, creating awareness generation and means of other family support. Impetus should be given to motivate the families to a greater extent for treating the elderly with dignity and care. Looking at the growing number of the elderly in the country, it can be said that geriatric care cannot be just the onus of the government and public sector organizations alone. A blending of ideas from public, private, and NGOs may be effective in addressing the issue successfully. Finally, for implementing any program related to elderly, family or the caregiver should be involved, as co-residing with family members still remains as the primary mode of support for elderly in India.

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