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National Policy for Senior Citizen in Indian Context – A Thematic Study

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ABSTRACT According to the Indian statistics, around 1/8 of the Worlds Elderly Population lives in our country only. It has been observed that most of them will never retire in the usual sense of the term and will continue to work as long as physically possible due to various reasons. Inevitably though the disability to produce and earn will decline with age. The absence on savings will result in sharp declining in living standards that for many can mean destitution. Therefore this is the challenge of old age income security in India. As a result of the current ageing scenario, there is a need for all aspects of care for the Oldest Old (80+ years) namely, socio economic, financial, health and shelter. Keeping in view of the importance of elderly people safeguard and security, the Indian Government has been implementing many policies. As a result, The National Policy on Older Persons was announced by the Government of India in the year 1999. 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 older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments. Hence, the present paper analyses the need of the hour of Government policies for social justice and their implementation and emphasizes on the importance of certain policies.

KEYWORDS : Government policies, National Policy, Social Justice and Empowerment.

The expectations on the increase in human life over the years resulted in a very substantial increase in the number of older persons in a major shift in the age groups of 80 and above. The demographic profile evidences that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700% - the fastest growing group.

Many households in rural areas at the bottom of the income distribution in India are too poor to save for their old age. Available resources are used to meet daily consumption needs. Even at slightly higher income levels there is likely to be little demand for savings and pension instruments that require a commitment of several decades. Instead, the savings of households in the lower deciles of the income distribution are likely to be earmarked for self-insurance against emergencies; or perhaps, in short term investments that increase their own productivity or the productivity of their children. Liquidity is highly valued. The absolute poor in India cannot be expected to participate in long term savings schemes for old age and they do not. The poverty in rural areas for older persons is increasing and needs attention. Hence rural poor would need social security in large measure.

In principle the policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

With advancing age, senior citizens have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when accompanied by impaired functional capacity require long term management of illness and nursing care.

Healthcare needs of senior citizens will be given high priority. The goal would be good, affordable health service, heavily subsidised for the poor and a graded system of user charges for others. It would have a judicious mix of public health services, health insurance, health services provided by not-for- profit organisations including trusts and charities, and private medical care. While the first of these will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged and subjected to some degree of regulation, preferably by an association of providers of private care. The basic structure of public healthcare would be through primary healthcare. It would be strengthened and oriented to meet the health needs of senior citizens.

A welfare fund for senior citizens will be set up by the government and revenue generated through a social security. The revenue generated from this would be allocated to the states in proportion to their share of senior citizens. States may also create similar funds. 36. Non-institutional services by voluntary organisations will be promoted and assisted to strengthen the capacity of senior citizens and their families to deal with problems of the ageing. All senior citizens, especially widows, single women and the oldest old would be eligible for all schemes of government. They would be provided universal identity under the Aadhar scheme on priority. Larger budgetary allocations would be earmarked to pay attention to the special needs of rural and urban senior citizens living below the poverty line.

The policy and plans were put in place by central and state governments for the welfare of older persons. The state governments issued their policies and programs for the welfare of older persons. While some States and Union Territories implemented their policies with vigour, most states-- particularly the big ones-- were behind perhaps due to financial and operational deficiencies.)

Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of older persons through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Homes, Day Care Centres, Medical Vans, Help Lines etc are extended currently.

The Ministry of Social Justice and Empowerment coordinates programmes to be undertaken by other Ministries in their relevant areas of support to older persons. The Ministry of Social Justice and Empowerment piloted landmark legislation the Maintenance and Welfare of Parents and Senior Citizens Act 2007 which is being promulgated by the States and Union Territories in stages. The policy would focus on promoting bonding of generations and multigenerational support by incorporating relevant educational

material in school curriculum and promoting value education. School Value Education modules and text books promoting family values of caring for parents would be promoted by NCERT and State Educational Bodies.

A National Council for Senior Citizens, headed by the Minister for Social Justice and Empowerment will be constituted by the Ministry. With tenure of five years, the Council will monitor the implementation of the policy and advise the government on concerns of senior citizens. A similar body would be established in every state with the concerned minister heading the State Council for Senior Citizens.

The Council would include representatives of relevant central ministries, the Planning Commission and ten states by rotation. Representatives of senior citizens associations from every state and Union Territory. Representatives of NGOs, academia, media and experts on ageing.

The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Departments of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology and Personnel & Training will setup necessary mechanism for implementation of the policy. A five-year perspective Plan and annual plans setting targets and financial allocations will be prepared by each Ministry/ Department. The annual report of these Ministries/ Departments will indicate progress achieved during the year. This will enable monitoring by the designated authority.

The Ministry of Social Justice and Empowerment will establish a "Department of Senior Citizens" which will be the nodal agency for implementing programs and services for senior citizens and the NPSC 2011. An inter-ministerial committee will pursue matters relating to implementation of the national policy and monitor its progress. Coordination will be by the nodal ministry. Each ministry will prepare action plans to implement aspects that concern them and submit regular reviews.

Media has an important role to play in highlighting the changing situation of senior citizens and in identifying emerging issues and areas of action. Involve mass media as well as informal and traditional communication channels on ageing issues Provide equal access to food, shelter, medical care and other services to senior citizens during and after natural disasters and emergencies. 43. Enhance financial grants and other relief measures to assist senior citizens to re-establish and reconstruct their communities and rebuild their social fabric following emergencies.

Implementation Mechanism

There will be efforts to provide an identity for senior citizens across the country and the ADHAAR Unique identity number will be offered to them so that implementation of assistance schemes of Government of India and concessions can be offered to them. As part of the policy implementation the Government will strive for:

I. Establishment of Department of Senior Citizens under the Ministry of Social Justice and Empowerment
II. Establishment of Directorates of Senior Citizens in states and union territories
States and union territories will set up separate Directorates of Senior Citizens for implementing programs and services for senior citizens and the NPSC 2011.
III. National/State Commission for Senior Citizens

A National Commission for Senior Citizens at the centre and similar commissions at the state level will be constituted. The Commissions would be set up under an Act of the Parliament with powers of Civil Courts to deal with cases pertaining to violations of rights of senior citizens.

IV. Establishment of National Council for Senior Citizens The council would meet once in six months.
V. Responsibility for Implementation

Subsequent international efforts made an impact on the implementation of the National Policy on Older Persons. The Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by the UN General Assembly in 2002, the Proclamation on Ageing and the global targets on ageing for the Year 2001 adopted by the General Assembly in 1992, the Shanghai Plan of Action 2002 and the Macau Outcome document 2007 adopted by UNESCAP form the basis for the global policy guidelines to encourage governments to design and implement their own policies from time to time. The Government of India is a signatory to all these documents demonstrating its commitment to address the concerns of the elderly.

Problems in any of these areas have an impact on the quality of life in old age and healthcare when it is needed. Increase in life span also results in chronic functional disabilities creating a need for assistance required by the Oldest Old to manage simple chores. This policy looks at the increasing longevity of people and lack of care giving.

There have been several advancements in medical technology, medicine and in technology for assistive living (and technology) for elderly that have prolonged life for senior citizens and this needs to be factored in the policy that not only for the eighty plus but rural poor, women and disadvantaged seniors will have longer years and will need many of the policy interventions.

The foundation of the new policy, known as the "National Policy for Senior Citizens 2011" is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor (51 million elderly live below the poverty line). A higher proportion of elderly women than men experience loneliness and are dependent on children. Social deprivations and exclusion, privatization of health services and changing pattern of morbidity affect the elderly. All those of 60 years and above are senior citizens. This policy addresses issues concerning senior citizens living in urban and rural areas, special needs of the oldest old and older women.

Elderly Women Need Special Attention

Women and men age differently. Both have their concerns. The problems of elderly women are exacerbated by a lifetime of gender based discrimination, often stemming from deep-rooted cultural and social bias. It is compounded by other forms of discrimination based on class, caste, disability, illiteracy, unemployment and marital status. Patriarchal hierarchy and access to property rights are also discriminatory. Burdened with household chores for a longer span of time compared to older men, older women don't have time for leisure or recreational activity. Women experience proportionately higher rates of chronic illness and disability in later life than men. Women suffer greater non-communicable diseases and experience lower social and mental health status, especially if they are single and/or widowed. Over 50% of women over age 80 are widows. Elderly women and their problems need special attention as their numbers are likely to increase in the future and, given the multiple disadvantages they face in life, they are likely to be grossly unprepared to tackle these issues.

Policy Objectives

The new policy focuses on older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens associations. Support promotion and establishment of senior citizens associations, especially amongst women.

It Promotes the concept of Ageing in Place or ageing in own home,

housing, income security and home care services, old age pension and access to healthcare insurance schemes and other programs and services to facilitate and sustain dignity in old age. The thrust of the policy would be preventive rather than cure. The policy will consider institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector. it being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age-friendly society. It recognise that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualises that the states will extend their support for senior citizens living below the poverty line in urban and rural areas and ensure their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the quality of their lives improves. Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power. Employment in income generating activities after superannuation will be encouraged. Support and assist organisations that provide counselling, career guidance and training services. 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. 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.

Preventive, curative, restorative and rehabilitative services will be expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems. Geriatric services for all age groups above 60--- preventive, curative, rehabilitative healthcare will be provided. The policy will strive to create a tiered national level geriatric healthcare with focus on outpatient day care, palliative care, rehabilitation care and respite care. The concerned ministries at central and state level as mentioned in the „Implementation Section‟ would implement the policy and take necessary steps for senior citizens as under:

Income security in old age

A major intervention required in old age relates to financial insecurity as more than two third of the elderly live below the poverty line. It would increase with age uniformly across the country.

1. Indira Gandhi National Old Age Pension Scheme
2. Old age pension scheme would cover all senior citizens living below the poverty line. 2. Rate of monthly pension would be raised to Rs.1000 per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing. 3. The„ oldest old would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grand children and women. This would be reviewed every five years.
3. Public Distribution System
4. The public distribution system would reach out to cover all senior citizens living below the poverty line.
5. Income Tax
6. Taxation policies would reflect sensitivity to the financial problems of senior citizens which accelerate due to very high costs of medical and nursing care, transportation and support services needed at homes.
7. Microfinance Loans at reasonable rates of Interest would be offered to senior citizens to start small businesses. Microfinance for senior citizens would be supported through suitable guidelines issued by the Reserve Bank of India.

Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages and urban areas and public/private partnerships will be worked out for geriatric and palliative healthcare in rural areas recognizing the increase of non-communicable diseases (NCD) in the country. Efforts would be made to strengthen the family system so that it continues to play the role of primary caregiver in old age. This would be done by sensitizing younger generations and by providing tax incentives for those taking care of the older members. Development of health insurance will be given priority to cater to the needs of different income segments of the population with provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Concessions and relief will be given to health insurance to enlarge the coverage base and make. it affordable. Universal application of health insurance – RSBY (Rashtriya Swasthya Bima Yojana) will be promoted in all districts and senior citizens will be compulsorily.

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