

# Assessing National Programs for Senior Citizen Health and Wellness

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**Abstract:** Official estimates place the number of old people living in India alone at almost 1/8 of the global population. It has been observed that most of them will never retire in the conventional sense and would instead work for as long as they can, for a variety of reasons. However, people's inability to produce and make money will eventually decline as they become older. Living standards will sharply decline as a result of insufficient savings, which will mean destitution for many. This brings us to the question of old age income security in India. The Oldest Old, or people who are 80 years of age or older, need care in a variety of areas, including socioeconomic, financial, health, and housing, as a result of the current aging population. The Indian government has been passing a lot of laws because it understands how important it is to protect older persons. As a result, The National Policy on Older Persons was formed by the Indian government in 1999. In keeping with the constitutional safeguards for senior citizens, it was a good beginning to commemorate 1999 as the International Year of Older Persons, as established by UN General Assembly Resolution 47/5. The Indian Constitution's Article 41 requires the welfare of the elderly. The right to equality is acknowledged by the Constitution as a fundamental freedom. Social Security is a shared responsibility of the federal and state governments. As a result, this research looks at the status of social justice policies in the government today, how they are implemented, and the importance of certain initiatives.

**Keywords:** Health and Wellness

## I. INTRODUCTION

The age groups of 80 and older have seen a substantial shift as a result of the rise in the elderly population brought about by rising expectations for human life expectancy. The demographic profile projects that, between 2000 and 2050, the total population of India will increase by 55%. The population of people 60 years of age and above will grow by 326%, while the population of those 80 years of age and beyond will grow by 700%, making them the fastest growing category.

Many rural households in India who are at the bottom of the income distribution are too poor to make future plans. Utilizing the resources at hand, needs for daily consumption are met. Even at somewhat higher income levels, there probably won't be much demand for savings and pension programs requiring a multi-decade commitment. Instead, families in the lowest deciles of the income distribution are more likely to use their savings for self-insurance against emergencies or for short-term investments that increase their productivity or that of their children. Liquidity is very important to us. The poor people of India are not involved in long-term savings plans for their later years, even though it is irrational to expect them to do so. Rural areas are seeing an increase in elderly poverty, which calls for assistance. So, a sizable fraction of the impoverished in rural areas would need social security.

The policy is in favor of an age-integrated society in principle. It will aim to strengthen relationships between all age groups, encourage communication between the young and the old, and enhance intergenerational integration. It encourages the development of formal and informal social support networks to help families better care for their elderly members and keep them within the family. The target audience for this technique is mostly elderly persons who live in rural areas and depend on close family relationships as well as intergenerational understanding and assistance.

As they become older, seniors have to cope with health problems and associated challenges, some of which may be chronic, complex, and need continuous care. They also face the risk of developing a disability and thus losing their freedom. Long-term illness management and nursing care are necessary for certain medical conditions, especially if they result in a decline in functional capacity.

The healthcare requirements of seniors will be prioritized. The goal would be to provide good, affordable health care with substantial financial aid for the poor and a tiered system of user fees for everyone else. It would contain a reasonable mix of public health services, private health insurance, private medical treatment, and nonprofit organizations such as charities and trusts. The first of them will need support from the state, the third will get some assistance, accommodations, and respite, and the fourth will receive some encouragement and regulation (preferably from a private care provider organization). Public healthcare would be built upon primary healthcare. It would be improved and focused on the health needs of the elderly.

The government would use social security money to create a welfare fund for senior citizens. A portion of the earnings would go to the states according to each state's share of senior citizens. States may also create these kinds of funds.

36. In order to improve older people's and their families' capacity to manage aging-related concerns, volunteer groups' non-institutional services should be promoted and supported. All older citizens, widows and single women in particular, would be eligible for all government programs. More funds would be allotted to address the unique needs of elderly people who are impoverished in both rural and urban regions, and they would be granted first access to universal identification via the Aadhar program.

Senior persons benefited from the policies and initiatives that were enacted by the federal and state governments. The state governments announced their plans and programs for the care of older persons. Some States, particularly the bigger ones, fell behind while some Union Territories and States energetically carried out their projects; this might have been due to operational and financial issues.)

The Ministry of Social Justice and Empowerment presently provides pensions, travel incentives, income tax relief, medical benefits, extra interest on savings, and security through an integrated scheme for older people, in addition to financial support for homes, day care centers, medical vans, help lines, etc.

The Ministry of Social Justice and Empowerment oversees the initiatives of other Ministries in their respective domains of elder help. The Ministry of Social Justice and Empowerment served as the pilot for the breakthrough 2007 Maintenance and Welfare of Parents and Senior Citizens Act, which is being progressively adopted by the States and Union Territories. The strategy would be focused on building relationships and support between generations by promoting value education and including relevant educational resources in the school curriculum. Textbooks and modules for school value education that emphasize the significance of parental care in families will be promoted by NCERT and State Educational Bodies.

Under the direction of the Minister for Social Justice and Empowerment, the Ministry will form a National Council for Senior Citizens. The five-year-term Council will supervise the implementation of policies and advise the government on issues concerning the elderly. A State Council for Senior Citizens would be established by each state, headed by the appropriate minister.

The Council would be alternatively seated by the Planning Commission, 10 states, and relevant officials of the central government. representatives from senior citizen organizations in the Union Territory and each state. representatives from age-related organizations, universities, the media, and NGOs.

Together with the Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Program Implementation, Labour, and Panchayati Raj, the Departments of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology, and Personnel & Training will establish the mechanisms required to carry out the policy. Each Ministry/Department is required to create a five-year perspective plan in addition to a yearly plan with goals and financial resources. The annual report of these Ministries and Departments will provide a full account of the progress accomplished throughout the year. This will enable the authorized authority to keep an eye on things.

The Ministry of Social Justice and Empowerment will create a "Department of Senior Citizens" to act as the main agency in charge of carrying out senior citizen services and initiatives, such as the NPSC 2011. An interministerial committee will supervise the implementation of the national policy and look into any connected matters. Coordination will fall within the purview of the nodal ministry. To address problems that impact them, each ministry will draft action plans and provide updates on a regular basis.

The media plays a critical role in highlighting the ways in which the lives of the elderly are changing, as well as in identifying new issues and areas that need attention. Include official and informal channels for communicating with the media on aging-related issues. Enable older people to have fair access to food, housing, healthcare, and other services both during and after natural catastrophes.

43. Expand financial grants and other types of support to assist senior citizens in rebuilding their social networks and communities after catastrophes.

## II. IMPLEMENTATION MECHANISM

Efforts will be made nationwide to provide older persons an identification via the ADHAAR. They would be given a unique identification number, enabling the Government of India to administer its aid programmes and provide them concessions. In carrying out the policy, the government will aim to:

1. The Department of Senior Citizens was established within the Social Justice and Empowerment Ministry.
2. Senior Citizens Directorates are established in states and union territories To execute senior citizen programs and services under the NPSC 2011, states and union territories will establish separate Directorates of Senior Citizens.
3. Senior Citizens Commission, Federal and State.

There will be the establishment of a National Commission for Senior Citizens at the federal level and comparable bodies at the state level. The Commissions would be established by a parliamentary act and would have the same authority as civil courts to hear matters involving elder abuse and rights breaches.

The National Policy on Older Persons' execution was influenced by later international initiatives. The Shanghai Plan of Action (2002), the Macau Outcome document (2007), the Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by UNESCAP (2002), the Proclamation on Ageing and the global targets on ageing for the Year 2001 adopted by the General Assembly in 1992, and the Shanghai Plan of Action (2002) serve as the foundation for the global policy guidelines that encourage governments to periodically develop and implement their own policies. All of these papers attest to the Government of India's commitment to addressing the issues raised by the elderly.

Issues in any of these domains affect the standard of living in old age and the availability of healthcare when required. An increase in longevity also leads to long-term functional impairments, which makes it necessary for the Oldest Old to have help with basic household tasks. This policy examines the rising life expectancy and decline in caregiver productivity.

The policy needs to take into account the fact that not only the elderly (over 80), but also the rural poor, women, and seniors from disadvantaged backgrounds will live longer and require more policy interventions due to the numerous advancements in medical technology, medicine, and assistive living (and technology) for the elderly.

The "National Policy for Senior Citizens 2011" is a new policy that has many pillars at its core. These include the rapidly aging population, shifting economic and social conditions, advances in science, technology, and medicine, as well as the high rates of destitution among the elderly rural poor (51 million seniors living below the poverty line). Compared to males, a greater percentage of elderly women report being reliant on their children and feeling lonely. The elderly are impacted by social exclusion and impoverishment, health care privatization, and shifting patterns of illness. Senior folks are all people who are 60 years of age or older. This policy tackles concerns pertaining to elderly residents in both urban and rural locations, as well as the unique requirements of the elderly and older women.

### Senior Women Require Particular Care

Men and women age in different ways. Everybody is worried about something. Senior women's issues are compounded by a lifetime of discrimination based on their gender, which often originates from ingrained cultural

and societal prejudice. Other types of prejudice based on caste, class, unemployment, illiteracy, handicap, and marital status exacerbate it. Moreover, property rights and the patriarchal system are discriminatory. Older women have less time for leisure and recreational activities because they are burdened with domestic tasks for longer periods of time than older males. Compared to males, women have comparatively greater rates of chronic disease and impairment in later life. Women, particularly those who are single or widowed, have worse social and mental health status and are more likely to suffer from non-communicable illnesses. Widows make up more than half of women over 80. Due to the fact that the number of elderly women will certainly rise in the future and that they will probably be ill-equipped to deal with the many challenges they encounter, elderly women and their difficulties need particular attention.

### **Policy Objectives**

The new approach gives top priority to putting into place the procedures that were previously set up by governments with assistance from senior citizen and civil society organizations. It puts elder women's concerns front and center in the discourse on national development. Promote the establishment and growth of senior citizen organizations, especially for women.

It supports the concept of "aging in place," which encompasses housing, financial stability, home care services, pensions for the elderly, access to health insurance policies, and other services and programs, in order to support and preserve dignity in old age. The primary goal of the strategy would be prevention rather than therapy. The policy will consider institutional care only as a last resort. It recognizes that families, along with the public, private, and governmental sectors, must continue to offer elder care. As a signatory to the Madrid Plan of Action and Barrier Free Framework, it will aim to create an inclusive, barrier-free, and age-friendly society. It recognizes senior citizens as a valuable asset to the country and seeks to create an environment that affords them equal opportunities, protects their rights, and enables them to participate fully in society. In order to carry out this directive, the policy describes how the states will provide social security, healthcare, housing, and welfare to senior persons living in urban and rural areas who fall below the federal poverty threshold. It will improve children's lives by protecting them against abuse and exploitation. The promotion of long-term savings instruments and credit operations will target both urban and rural groups. The donors need to be certain that the payments made at the end of the specified time will be enough to compensate for the expected reduction in purchasing power. Employment in revenue-generating activities will be encouraged after retirement. Promote and aid organizations that provide training, counseling, and career help. States will be advised to enact the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals in order to stop elderly parents who are unable to care for themselves from being disregarded and left behind. Every state in the country will build residences with facilities for assisted living for old individuals who have been abandoned, and there will be enough financing for them.

Preventive, curative, restorative, and rehabilitative services will be strengthened and expanded, and secondary and tertiary level geriatric care facilities will be established. This would include much more funding for the public sector, proper service distribution in both urban and rural areas, and enhanced procedures for the administration and delivery of healthcare. Geriatric services, which include medical treatment that is preventive, curative, and rehabilitative, will be provided to all age groups over 60. The plan will try to create a tiered national system of geriatric healthcare with a focus on outpatient day care, palliative care, rehabilitative care, and respite care. According to the "Implementation Section," the following federal and state ministries will implement the policy and take the necessary steps for senior citizens:

### **Income security in old age**

Given that over two thirds of the elderly are impoverished, financial instability is a big issue that has to be addressed in old life. It would increase with age consistently across the country.

- All elderly people who fall below the poverty line will receive benefits under the Indira Gandhi National Old Age Pension Scheme.

- To reduce deflation brought on by rising purchase prices, the monthly pension rate will be raised to Rs. 1000 per person and will be reviewed on a regular basis.
  - The oldest elderly people will be covered by the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would receive an additional pension in the event of disability, the death of an adult child, or the need to care for women and grandchildren at the same time. This would be evaluated after a period of five years.
  - Public Distribution System: This system would provide coverage to all elderly individuals who are below the poverty line.
  - Income Tax • Tax rules would be attentive to the rising financial challenges experienced by senior persons, which are brought on by the extremely high expenditures of nursing and medical care, as well as transportation and in-home support services.
  - Senior citizens would be qualified for low-interest microloans to start small businesses. The Reserve Bank of India will establish the necessary regulations to make microfinance more accessible to the elderly.
- Public-private partnerships will be set up for geriatric and palliative healthcare in rural regions in acknowledgment of the development in non-communicable diseases (NCD) in the country. The ASHA or the PHC nurse will conduct a particular screening of the 80+ population in towns and cities twice a year. Improvements would be made to the family structure in order to keep it functioning as the primary caregiver in old age. This would be achieved by providing financial incentives to those who search for senior citizens and teaching the next generation. The establishment of health insurance with varying benefits and payments will be given priority in order to satisfy the needs of the population's income segments. Packages meant for those with lesser incomes will qualify for state support. Relief and concessions will be granted to health insurance in order to broaden its base of coverage and lower its cost. Enrollment in the Rashtriya Swasthya Bima Yojana (RSBY), which aims to provide universal health insurance coverage in all districts, would be mandatory for senior citizens.

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