



RIGHT TO HEALTH AND ACCESS TO HEALTH SERVICES IN OLD AGE

**With Special Focus on
Social Inclusion of Older People**

MARCH 2023



(In **Special Consultative Status** with the **ECOSOC** at **United Nations** since 2011)
(In association with **UN-DPI**)



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AGEWELL RESEARCH & ADVOCACY CENTRE
(For Needs & Rights of Older people)

A
Study Report on
RIGHT TO HEALTH AND ACCESS
TO HEALTH SERVICES IN OLD AGE

With Special Focus on
Social Inclusion of Older People

MARCH 2023

By

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I. Introduction

Right to Health in Old Age

The right to health is recognized in several core international and regional human rights treaties. Access to healthcare is seen as a fundamental human right. Older people who lack quality healthcare are often left with a poorer quality of life and lower life expectancy than people who enjoy a stable, accessible, and affordable healthcare system. It has been observed that countries with efficient and effective healthcare systems have overall better health outcomes than countries with poor healthcare systems.

The quality of healthcare is determined by considering a wide range of factors, including the care process, access to health services, administrative efficiency, equity, and healthcare outcomes. Healthcare processes include preventative care measures, safe & wide-ranging care, coordinated care, engagement, and patient preferences. Better access is not only ensured by transport services but also affordability and timeliness of the access.



In India, the issue of elderly care has never been considered much, owing to the traditions and value systems, wherein they are generally treated with reverence. Old age and its related issues have never been a problem or a matter of concern for Indian societies since the joint family system is supposed to prevail. Indian culture has always been respectful and supportive for older people.

However, the situation of healthcare and support systems in old age is changing rapidly due to many factors, like the increasing life span of older people, fast-changing family and value system, increasing cost of living, etc.

Judicial and legal provisions about elderly care

The well-being of older persons has been mandated in the Constitution of India. Article 41, a Directive Principle of State Policy, provides that the State shall, within the limits of its economic capacity and development, make effective provisions for securing the right of public assistance in cases of old age. Social security has been made the concurrent responsibility of the Central and State Governments.

Maintenance of Parents is included in section 125 of the Criminal Procedure Code, 1973 and the Hindu Adoption and Maintenance Act 1956. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, also known as the “Senior Citizens Act” explicitly states that it should be the duty of the children to maintain their parents. The Act applies to all communities.

According to the Act, older Persons should have access to health care to help them maintain the optimum level of physical, mental, and emotional well-being.

As per the National Policy on Older Persons, governments and concerned stakeholders should accord high priority to their health care needs.



National Program for the Healthcare of Elderly (NPHCE)

Keeping in view the recommendations made in the “National Policy on Older Persons” as well as the State’s obligation under the “Maintenance & Welfare of Parents & Senior Citizens Act 2007”, the Ministry of Health & Family Welfare launched the “National Programme for the Health Care of Elderly” (NPHCE) during the year 2010 to address various health-related problems of older people.

Strategies mentioned under the program

Preventive and promotive care: Preventive and promotive health care services such as regular physical exercise, balanced diet, vegetarianism, stress management, avoidance of smoking or tobacco products and prevention of falls, etc. are provided by expanding access to health practices through domiciliary visits by trained health workers. They impart health education to old persons as well as their family members on the care of older persons. Regular monitoring and assessment of old persons are carried out for any infirmity or illness by organizing weekly clinics at PHCs.

Management of Illness: Dedicated outdoor and indoor patient services will be developed at PHCs, CHCs, District Hospitals and Regional Geriatric Centers for the management of chronic and disabling diseases by providing central assistance to the State Governments.

Health Manpower Development for

Geriatric Services: To overcome the shortage of trained medical and para-medical professionals in geriatric medicine, in-service training is being imparted to the health manpower using standard training modules prepared with the help of medical colleges and regional institutions. The post-graduate courses in geriatric medicine will be introduced in Regional Geriatric Centers.



Medical Rehabilitation & Therapeutic Intervention: By arranging therapeutic modalities like therapeutic exercises, training in activities of daily life (ADL) & treatment of pain and inflammation through physiotherapy unit at CHC, district hospital and Regional Geriatric Centre levels for which necessary infrastructure, medicine, and equipment are provided to these identified units.

Information, Education & Communication (IEC): Health education programs using mass media, folk media and other communication channels are being promoted to reach out to the target community for promoting the concept of healthy aging, the importance of physical exercise, healthy habits, and reduction of stress.

Healthcare challenges faced by older people in India

Older People in India face a range of challenges that include declining health, economic insecurity, isolation, lowered self-esteem, abuse, idleness and neglect. These specific sets of problems require a specialized response. There is a lack of infrastructure to provide specialized attention to the growing number of older people. Very few Government hospitals in India have specialized geriatrics facilities.

In India, the ever-rising prices of important medicines are a matter of concern. The concept of generic medicines has been introduced in the country to provide essential medicines at lower costs. This can be seen as strengthening the right to health for older persons.

Studies suggest that in India, almost 70% of healthcare expenditure is borne by people out of their own pockets, of which 50% is spent on medicines alone and 20% on medical accessories. The public health expenditure in India stands at a meagre 1.2% of the gross domestic product, against the world average of 6%.

In the Indian scenario, it can be observed that older people are inadvertently excluded from the right to health, particularly, elder women, bedridden and disabled elderly. There are several factors contributing to it and most prominently the issue of accessibility.



Social Assistance Schemes, supporting health well-being of older persons in India

National Social Assistance Programme (NSAP) scheme

The scheme is administered by the Ministry of Rural Development, Government of India and it has important schemes of non-contributory pensions for the elderly, widowed women and disabled persons.

NSAP is restricted to “Below Poverty Line” (BPL) families, based on outdated and unreliable BPL lists. Old Age Pensions are covered under the scheme. The central contribution to old-age pensions under NSAP remained almost stagnated since 2006. However, many States have enhanced the coverage and/or amount of social-security pension beyond NSAP norms using their funds and schemes. In some states, they have even achieved “near-universal” (about 75%-80%) coverage of widows and elderly persons.

Pradhan Mantri Vaya Vandana Yojana (PMVVY)

It is a Pension Scheme announced by the Government of India exclusively for senior citizens aged 60 years and above. The scheme is now extended up to 2023.



Integrated Program for Older Persons (IPOP)

The main goal of this policy is to improve the quality of life of senior citizens. This is done by providing them with various basic amenities such as food, shelter, medical care, and even entertainment opportunities. These include-

- Senior Citizens' Homes for destitute Senior Citizens
- Senior Citizens' Homes for Elderly Women
- Continuous Care Homes and Homes for senior citizens afflicted with Alzheimer's disease/Dementia
- Mobile Medicare in rural, isolated and backward areas.
- Physiotherapy Clinics for Senior Citizens
- Regional Resource and Training Centres (RRTCs) monitor and provides technical



support, advocacy, networking, training, and capacity building

- Scheme for Awareness Generation and Capacity Building for the welfare of Senior Citizens
- Training, Awareness, Sensitization, Setting up of National Helpline for Senior Citizens

Rashtriya Vayoshree Yojana

It is a central sector scheme funded by the Senior Citizens' Welfare Fund. The fund was notified in the year 2016. All unclaimed amounts from small savings accounts, PPF and EPF are transferred to this fund. It aims to provide aids and assistive living devices to older persons belonging to the Below Poverty Line (BPL) category who suffer from age-related disabilities such as low vision, hearing impairment, loss of teeth and locomotor disabilities.

SAMPANN Project

It was launched in 2018. It is a seamless online pension processing and payment system for Department of Telecommunications pensioners. It provides direct credit of pension into the bank accounts of pensioners.

SACRED Portal for Elderly

The portal was developed by the Ministry of Social Justice and Empowerment. Citizens above 60 years of age can register on the portal and find jobs and work opportunities.

Elder Line: Toll-Free Number for Elderly

It provides information, guidance, and emotional support - particularly on pension, medical and legal issues - besides immediate assistance in cases of abuse. It is devised to provide all senior citizens, or their well-wishers, with one platform across the country to connect and share their concerns and get information and guidance on problems that they face on a day-to-day basis.



SAGE (Seniorcare Ageing Growth Engine) Initiative

It is a “one-stop access” to elderly care products and services by credible start-ups. It has been launched to help such persons, who are interested in entrepreneurship in the field of providing services for elderly care. The main objective is to promote the silver economy in the country.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

(Also called 'Prime Minister's People's Health Scheme' or PM-JAY)

It is a national public health insurance fund of the Government of India that aims to provide free access to health insurance coverage for low-income earners in the country. Roughly, the bottom 50% of the country qualifies for this scheme. People using the program access their primary care services. When anyone needs additional care, then PM-JAY provides free secondary health care for those needing specialist treatment and tertiary health care for those requiring hospitalization.



The program is part of the Indian government's National Health Policy and is means-tested. It was launched in 2018 by the Ministry of Health and Family Welfare. It is a centrally sponsored scheme and is jointly funded by both the union government and the states. By offering services to 60 crores (600 million) people it is the world's largest government-sponsored healthcare program.

Rashtriya Swasthya Bima Yojana

During the past decade, a social security scheme (Rashtriya Swasthya Bima Yojana) has been introduced for unorganized sector workers, but less than 20% of the population is covered under any form of insurance.

Most affordable Health insurance policies for senior citizens in India

- National Insurance Varistha Mediclaim
- Star Health Red Carpet
- Bajaj Allianz Silver Health
- Oriental Insurance Hope
- New India Assurance Health Insurance



Other Government Health Insurance Schemes India

There are many other health insurance schemes being run by State Governments and the Government of India.

- Awaz Health Insurance Scheme
- Aam Aadmi Bima Yojana
- Bhamashah Swasthya Bima Yojana
- Central Government Health Scheme (CGHS)
- Chief Minister's Comprehensive Insurance Scheme
- Employees' State Insurance Scheme
- Karunya Health Scheme
- Mahatma Jyotiba Phule Jan Arogya Yojana
- Mukhyamantri Amrutum Yojana
- Pradhan Mantri Suraksha Bima Yojana
- Dr. YSR Aarogyasri Health Care Trust Andhra Pradesh State Government
- Telangana State Government – Employees and Journalists Health Scheme
- Universal Health Insurance Scheme
- Yeshasvini Health Insurance Scheme
- West Bengal Health Scheme



Most of the above health insurance schemes cover older persons also. However, insurance coverage is limited to a great extent.

Channelizing CSR funds for Elderly Care

This is also a new scheme with the objective to channelize the CSR funds in an appropriate manner for elderly care projects.

Latest Healthcare Related Developments

India has emerged as a global hub for the manufacture of medical devices and increasingly becoming one of the world's most important medical tourism destinations. New-age technologies like AI and robotics are also improving accuracy and early diagnosis, in addition to extending the reach of its medical personnel into far-flung corners of the country, creating enormous potential for remote treatment.

While India's healthcare sector still has a long way to go in providing easy access to quality, affordable healthcare to the Indian public, the pandemic showed that when push comes to shove, the healthcare system of the country can stretch to accommodate vast challenges.



Ayushman Bharat Digital Mission (ABDM)

It aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap among different stakeholders of the healthcare ecosystem through digital highways. The Mission aims to create an integrated healthcare system that will link practitioners and patients digitally by giving them access to real-time health records. This will promote prompt and structured healthcare across the country, leading to the creation of a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely, and safe manner.

COWIN App

The Government of India launched the COWIN app to tackle the pandemic and its Covid-19 vaccine rollout was exemplary. In a country of 1.4 billion, even at a time of vaccine shortages, the rollout prioritized those with the greatest risk. The adoption of telemedicine under the National Digital Health Mission, and great strides in Make-In-India, combined with a high smartphone and internet penetration changed the way Indians perceive and receive healthcare.



Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)

It is a campaign launched by the Department of Pharmaceuticals to provide quality medicines at affordable prices to the masses. PMBJP stores have been set up to provide generic drugs, which are available at lesser prices but are equivalent in quality and effective as expensive branded drugs. The primary mission is to create awareness among the public regarding generic medicines.

Palliative Care is a Need of the Hour

Palliative care is fundamental to human integrity and well-being and is a basic human right recognized to uphold the right to health of older people. Best palliative care for older people includes patient and family considerations as well as medical, psychosocial, and legal help among others.

In India, more than 65% of the elderly population (60+) is undergoing some kind of medication. However, more than half of them could not receive proper palliative care in the country. There is a need to create awareness about the importance and need for hospice and palliative care in the country. Access to the best quality care, while facing a terminal illness is a human right. Ironically, many older people are denied this right. The government also seems to be careless towards this issue and hardly realizes the importance of the right to palliative care.



Social Inclusion

Social inclusion is the process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged based on their identity. Social inclusion means that all people have the best opportunities to enjoy life and do well in society – and making sure no one is left out or excluded.



SOCIAL
INCLUSION

This is not just an ideal – the ability to participate in society, and to be free from discrimination and disadvantage is a basic human right that is enshrined in the Universal Declaration of Human Rights, as well as several other treaties that make up the body of international law.

Social Inclusion is integral to the vision for a new India and it is a core theme of the Government of India's development agenda. NITI Aayog, in its Strategy for New India@75, has clearly defined objectives for India to achieve by the year 2022-23, one of which is to build

an inclusive society. The COVID-19 crisis has further highlighted the need for strong social protection measures covering different vulnerable groups across the country.



In India, most older persons confront many barriers that prevent them from fully participating in political, economic, and social life. Many of them are also excluded by discriminatory policies, and stigmatizing attitudes, beliefs, or perceptions. Social exclusion robs the elderly of dignity, security, and the opportunity to lead a better life. Unless the root causes of structural exclusion and discrimination are addressed, it will be challenging to support the sustainable inclusive growth of older people.

Many older persons with disabilities have underlying health conditions that make them particularly vulnerable to severe symptoms of diseases. Due to healthcare access barriers, there are higher mortality rates among vulnerable elderly. During the pandemic, older people have had trouble accessing information about the pandemic and

access to equitable care. The most measured impacts of social exclusion include the loss of wages, lifetime earnings, and poor health.

Social Inclusion of Older People

Social inclusion is important for older people's dignity, security, and opportunity to lead a better life. It has been proven repeatedly how important it is to support older people to feel connected and valued within society and address any form of social exclusion older people experience.

Social inclusion is also inextricably linked to economic participation. Without opportunities to work, interact and access training, it leaves older people marginalized and isolated. Social exclusion forces marginalized older people to opt out of markets, services, and spaces, with significant tolls health and well-being of the elderly. The feeling of not belonging to a society that many old people experience affects their sense of self-worth and self-confidence.



II. Aims & Objectives of the Study

The main objective of the research initiative is to assess the status of the overall health condition of older persons in India, their right to health, access to the healthcare system & services, and challenges before them through an in-depth qualitative and comprehensive study. During the study special focus was on the social inclusion of older persons to assess the status of social security in old age.

To further explore and understand the realism, the following are a set of specific objectives that have been framed to research the healthcare system and services available for older persons in the study area:

- To assess the current health status of older persons
- To assess the level of dependence of older persons on others
- To identify and recognize the primary health concerns of older persons
- To assess the current situation of social security schemes in the country
- To enlist opinions and views of the older people on older people's right to health and existing health services
- To organize suggestions and recommendations for concerned authorities and stakeholders



III. Scope & Methodology of the Study

This study is an attempt to understand socio-economic, demographic, and gender dynamics, highlighting the patterns that emerge with the contemporary economic, social and healthcare issues and challenges faced by older persons. It has been endeavored to explore the relationship between the right to health and access to health services, available for older people.

Area & Units of the Study

The entire country constituted the area of the study. Therefore, rural and urban areas were selected for this study. All old people (60+) were taken as the target group of the study. Out of about 140 million+ elderly persons, a list of older persons who were willing to be part of the study was prepared.

As the literature review suggests older people, particularly those belonging to underprivileged sections of society faced with diverse issues, problems and challenges ranging from frailty to functional inadequacies;

physical & health problems; age and gender discrimination, social isolation & loneliness; neglect, economic insecurity, etc. Therefore, while developing this list of respondents or the sampling frame the representation of this diversity was kept in mind so that a vast variety of challenges are culled out from this research.

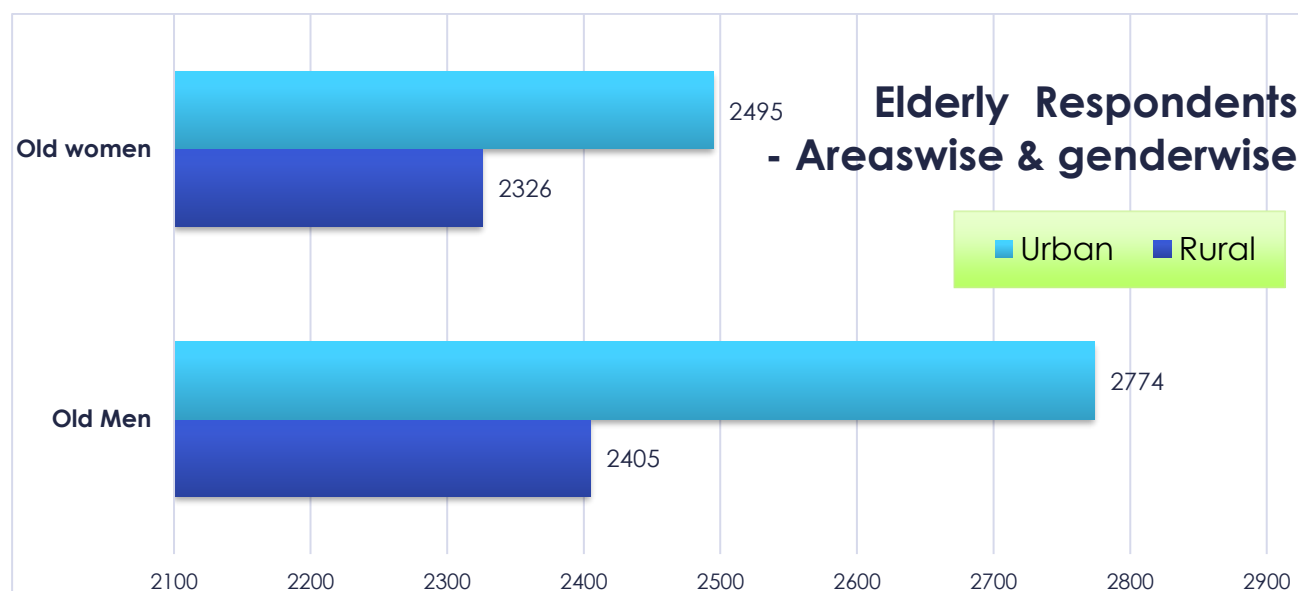


Sampling, Sample Size & Duration

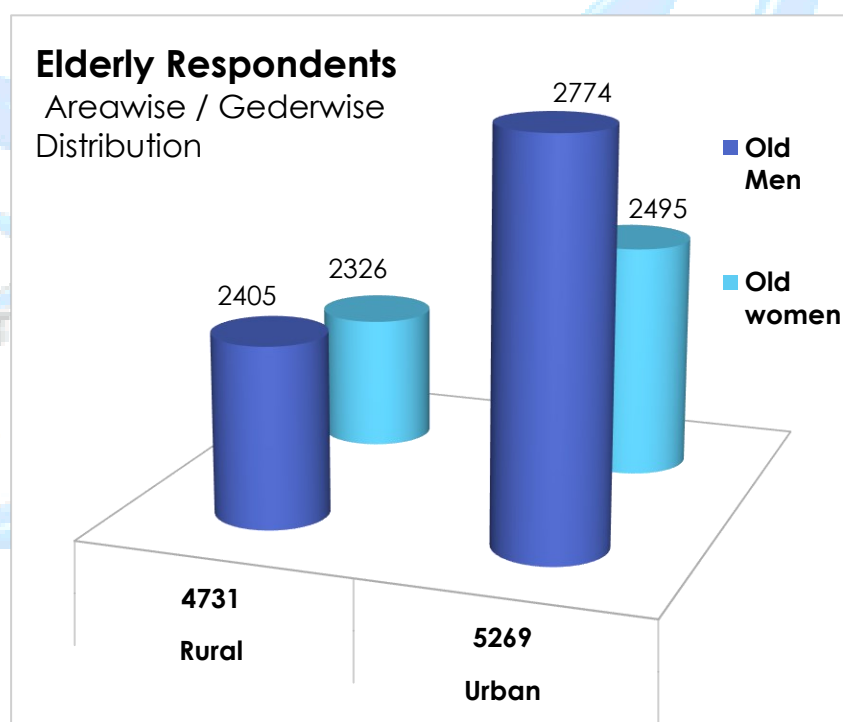
The respondents who comprised the sample for the study were selected based on random sampling made based on gender, community (rural-urban), age group, income group, etc.

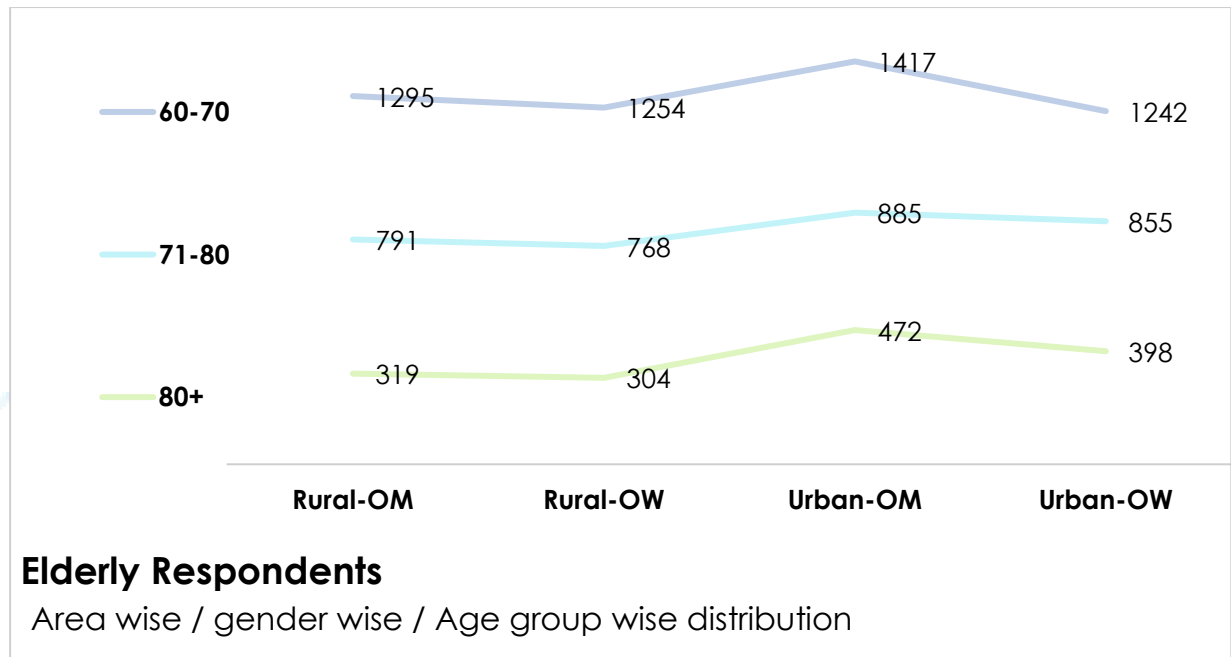
Sample Size

- A total of 10000 respondents were studied by 560 volunteers across 25 states/union territories of India. The survey was conducted in February 2023.

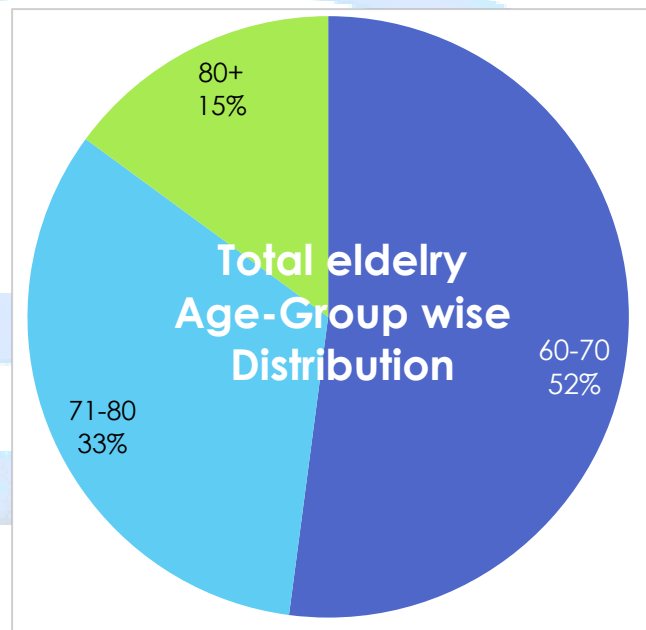


- Among the respondents, 4731 were drawn from rural and 5269 were from urban areas. As far as the gender-wise composition of the sample is concerned, out of 10000 total respondents, 5179 respondents were older men and 4821 were older women.
- The number of older men respondents from urban areas (2774) was comparatively higher as depicted in the diagram. The number of older women (2326) was comparatively lower than other groups of respondents.





- Age-wise, the number of younger older persons i.e., respondents in the age groups of 60-70 years were higher (52.1%) in comparison to other age groups i.e. 71-80 years and 80+ (33% and 15% respectively.) Out of 10000 elderly respondents interviewed during the survey, more than half, i.e. 5208 respondents were found to be in the age group of 60-70 years.
- Elderly respondents were divided into 4 categories on the bases of gender and community of the respondents. Each of the categories, rural older men (24.05%), rural older women (23.26%), urban older men (27.74%) and urban older women (24.95%) consisted of nearly one-fourth of the total subjects.



Tools and techniques for data collection

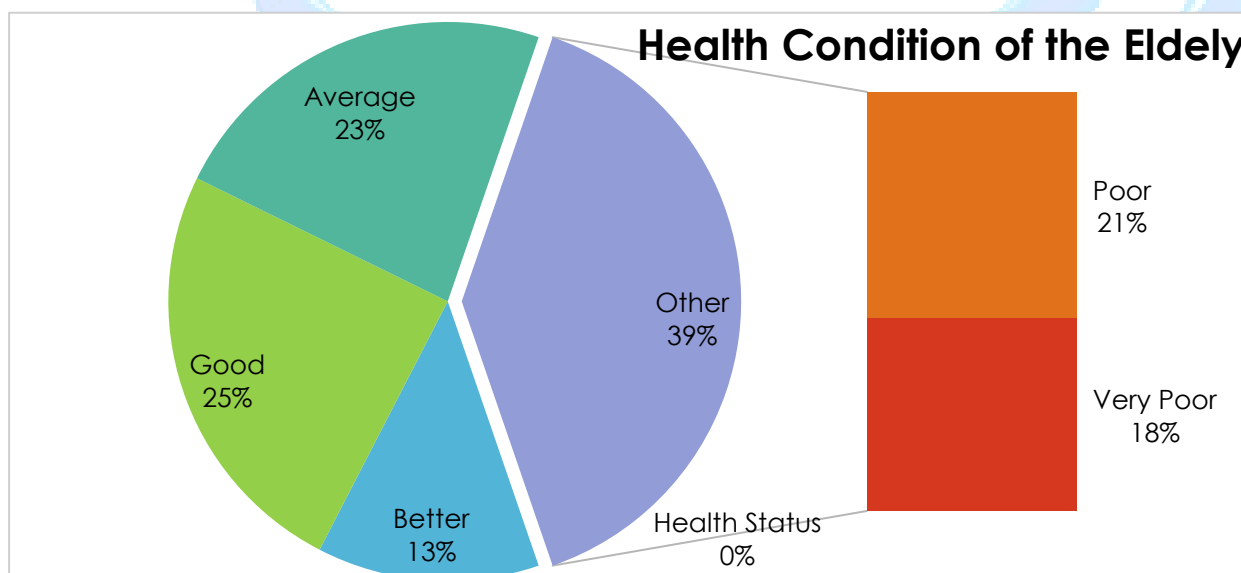
The main emphasis was on qualitative information; therefore, a more intuitive approach was adopted for the research to arrive at an understanding of the issue to cull out a pattern. The information was enriched with the help of focused group discussions and in-depth interviews.

IV. Major Findings of the Study

Health Status of Older People in India

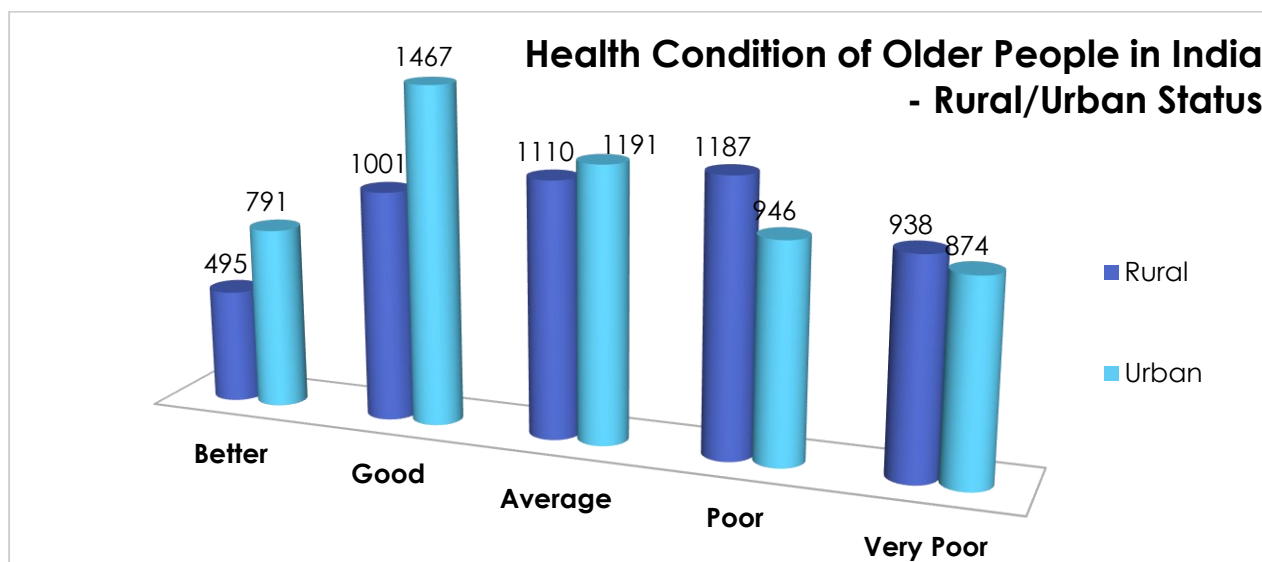
As per the data relating to the current health status of older persons, collected by Agewell volunteers from sample elderly respondents, the salient findings are as under;

- During the survey, more than 62% of elderly respondents (6246 respondents out of 10000 elderly) were not enjoying good health. These included 39.5% of elderly respondents, who reportedly claimed that their current health status is poor or very poor.
- Among sample respondents, 23% of older persons (2301 out of a total of 10000 respondents) said that their current health condition can be termed as average.
- According to 37.5% of elderly respondents, they were enjoying good or better health in old age. 12.86% of elderly respondents reportedly claimed that their current health status is better, while 24.7% of respondents said that their health status was good during the survey period.

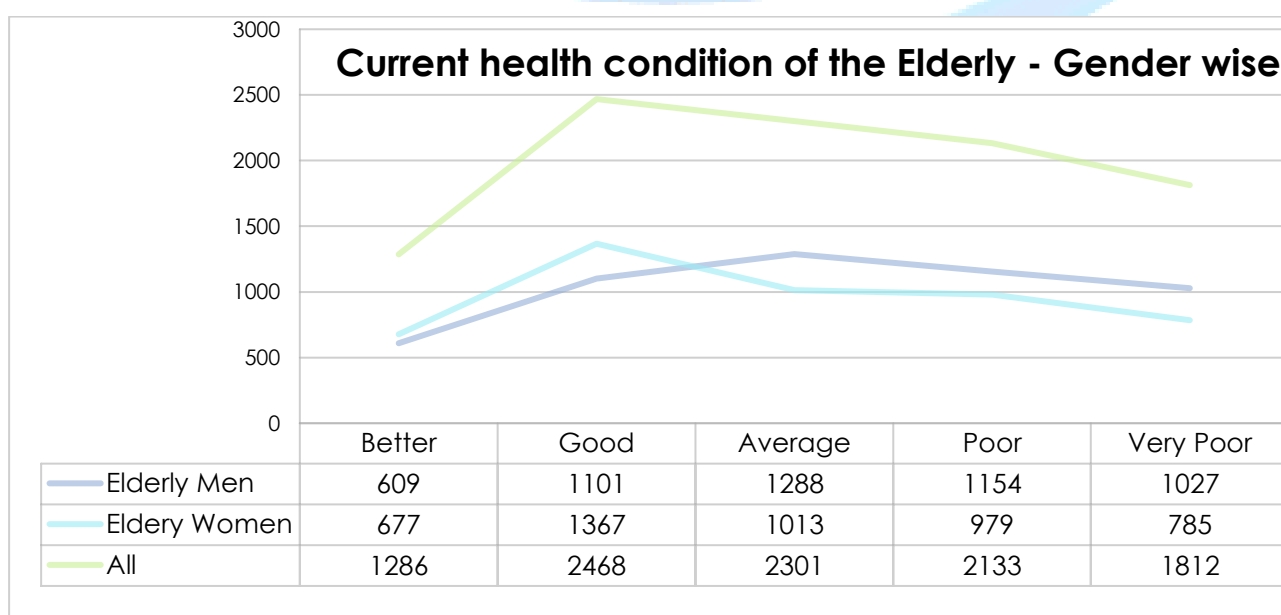


- When data about the health status of older persons was further analyzed, it was found that in rural areas more elderly respondents (approx. 68.4% i.e. 3235 among 4731 rural elderly respondents) were facing health issues in comparison to older persons living in urban areas (approx. 57.2%).

- In urban areas, 42.85% of respondents (2258 respondents out of 5269 urban elderly respondents) claimed that their health status is good or better while in rural areas less than 32% of elderly respondents (1496 respondents out of 4731 rural elderly) said that their current health status can be termed as good/better.



- Gender-wise data analysis shows that in old age, elderly women were leading more healthy life in comparison to their male counterparts. During the study, more than 42.4% of elderly women respondents (2044 out of total 4821 female elderly respondents) admitted that their health status is good or better.
- While among male elderly respondents, a comparatively lower number of respondents (33% i.e. 1710 out of 5179 male elderly respondents) claimed that their current health status can be termed good/better.

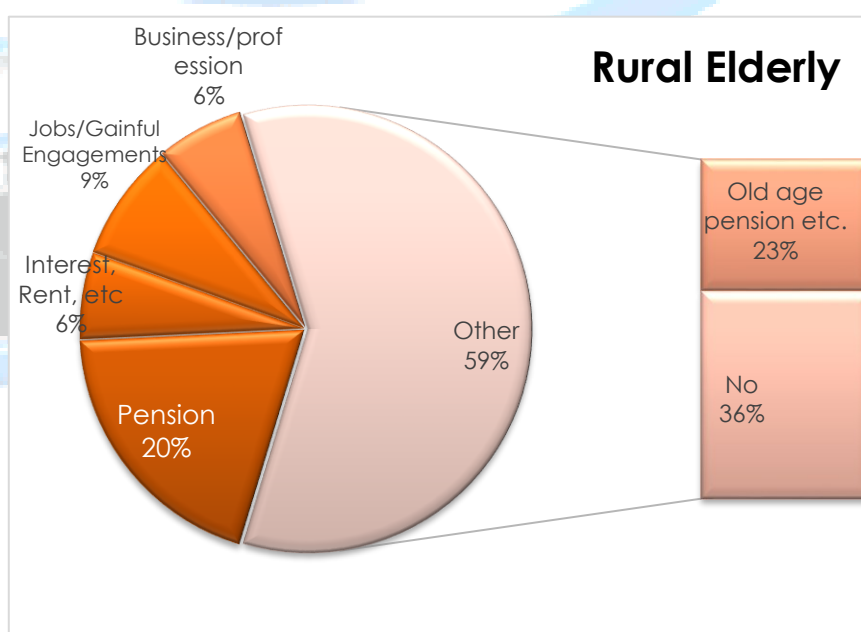
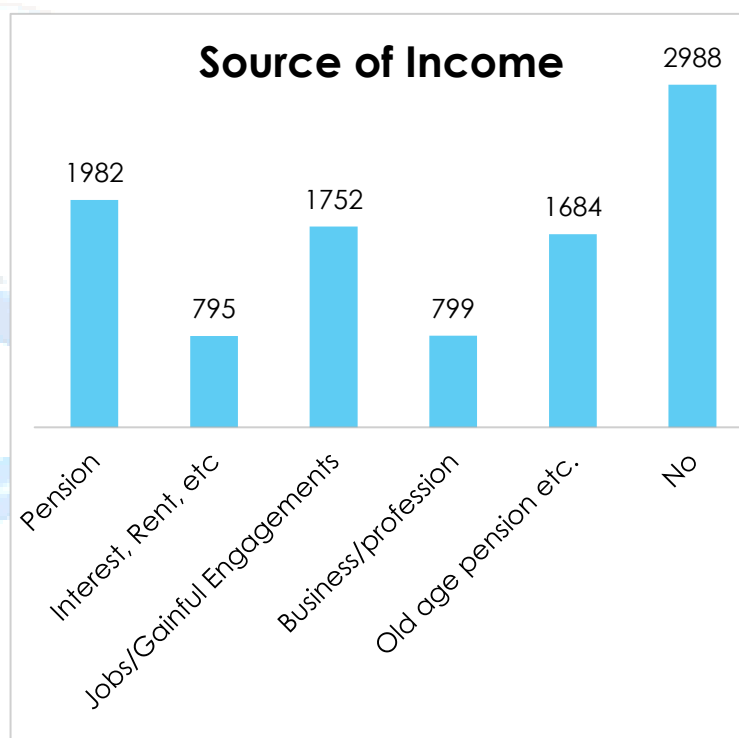


- Whereas 57.6% of elderly female respondents and 67% of elderly male respondents complained of their poor/average health condition.

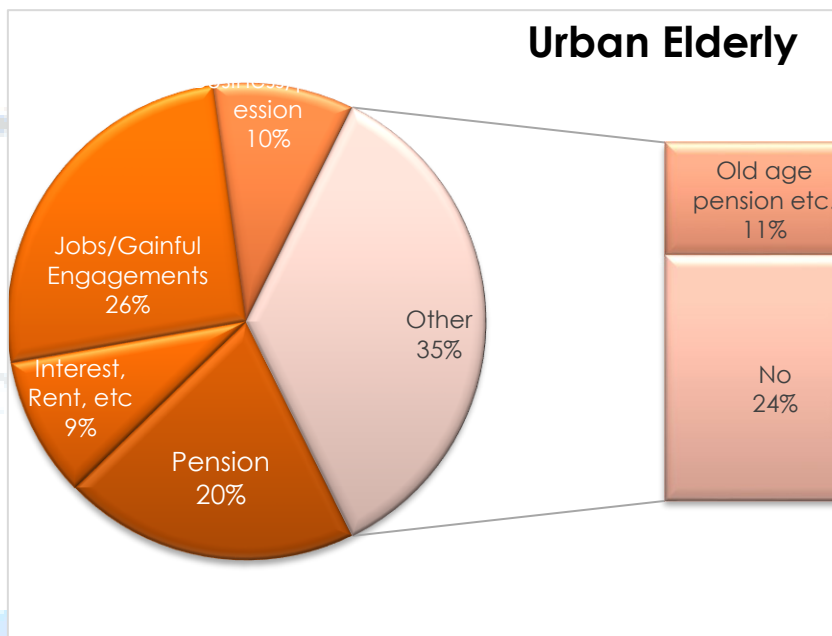
Major Source of Income in Old Age

During the survey, it was also attempted to collect data on the financial status of older persons, as it plays an important role in the health and well-being of older persons.

- 29.9% of elderly respondents (2988 out of a total of 10000 respondents) reportedly said that they have no regular income in old age. Among these respondents, 1713 were from rural areas and 1275 were from urban areas.
- In rural areas, 36.2% of elderly respondents said that they have no or meager income, while in urban areas 24.2% of elderly respondents complained of having no or meager income in old age.
- Overall, 16.8% of elderly respondents were getting old age pensions, which was their major source of income in old age. The percentage of elderly getting old age pensions was almost double in rural areas (23.1%) as compared to urban areas (11.2%).

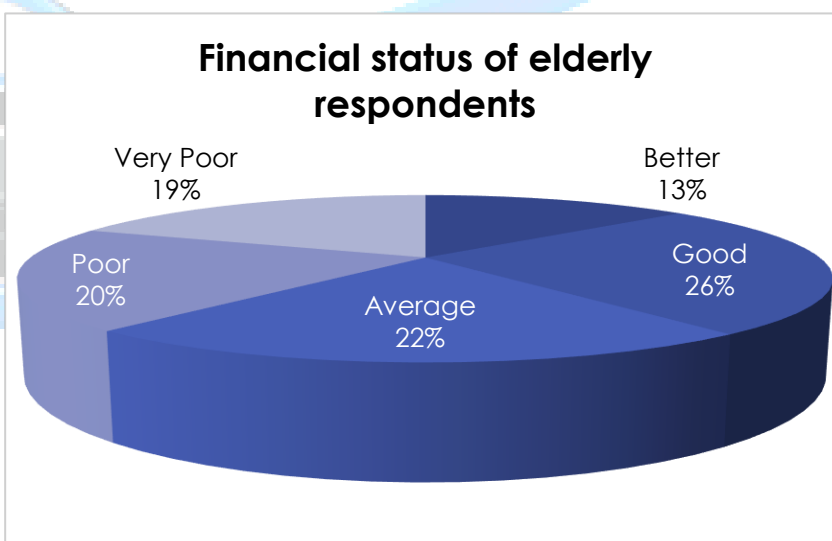


- 19.8% of elderly respondents reportedly claimed that a retirement pension is their main source of income in old age.
- 17.5% of elderly respondents were found engaged in some kinds of jobs/gainful engagements in old age, which was their major source of income in their opinion.
- Almost 8% of respondents expressed that they have their own business or profession, from where they receive the major part of their income.
- Further, according to 7.6% of elderly respondents, interest/rent/other returns were their main income.



The financial status of elderly respondents

- When elderly respondents were asked about their overall financial status, it was found that for approx. 60.6% of elderly respondents, overall financial status was not good in their opinion.
- Approx. 39.4% of elderly respondents (3938 out of the total 10000 respondents) were found to have above-average financial status in their old age. Among them, 1354 older persons said that their financial status is better and the remaining 2584 expressed that their current financial condition is good.

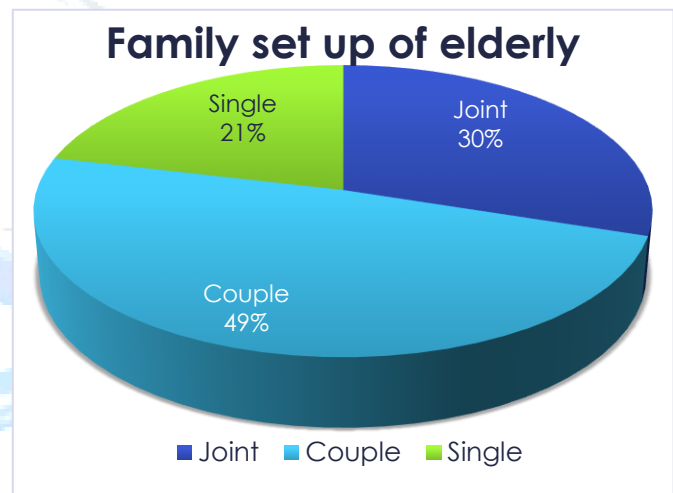


- During the interactions, 21.9 elderly respondents admitted that their financial status is average. While 19.8% termed their financial condition as poor and another 18.9% of elderly respondents said that their current financial status is extremely poor.

Family set up in Old Age

Given the circumstances, older persons live in different family setups in old age, which also affect their health to some extent.

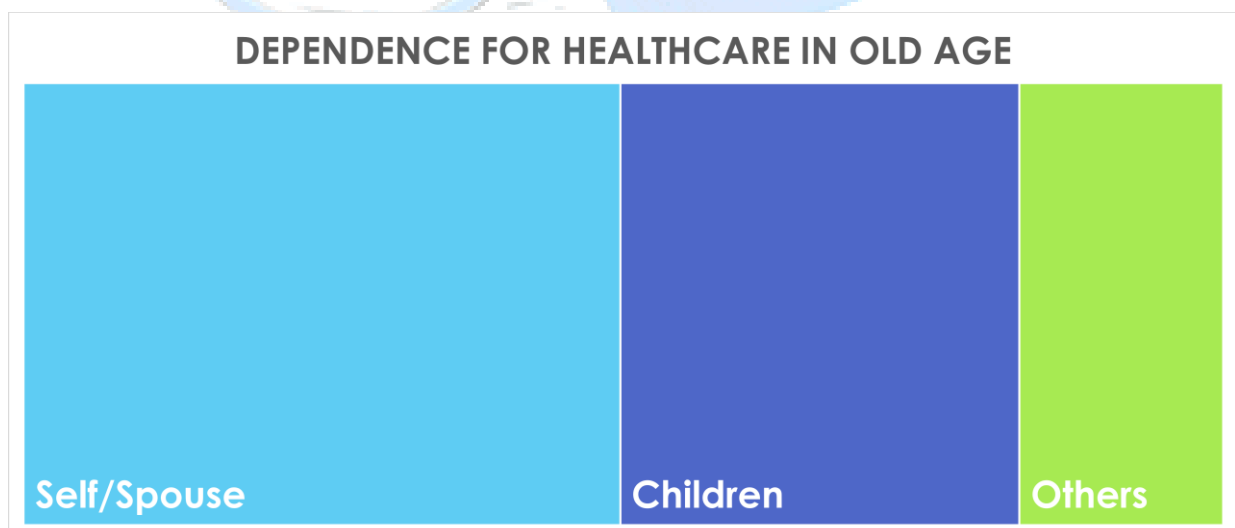
- During the study, approx. 30% of older persons were found living with their children and others in joint families. While approx. 49% of elderly respondents admitted that they live with their spouse only and almost 21% of respondents were living alone without any family support.



Dependence for Healthcare in Old Age

Dependence for healthcare needs in old age is quite common in all societies.

- When data collected during the survey was further analyzed, it was found that almost every second elderly person was primarily dependent on their own or their respective spouses. 49.8% of respondents said that they do not depend on their children and others in case of healthcare needs.

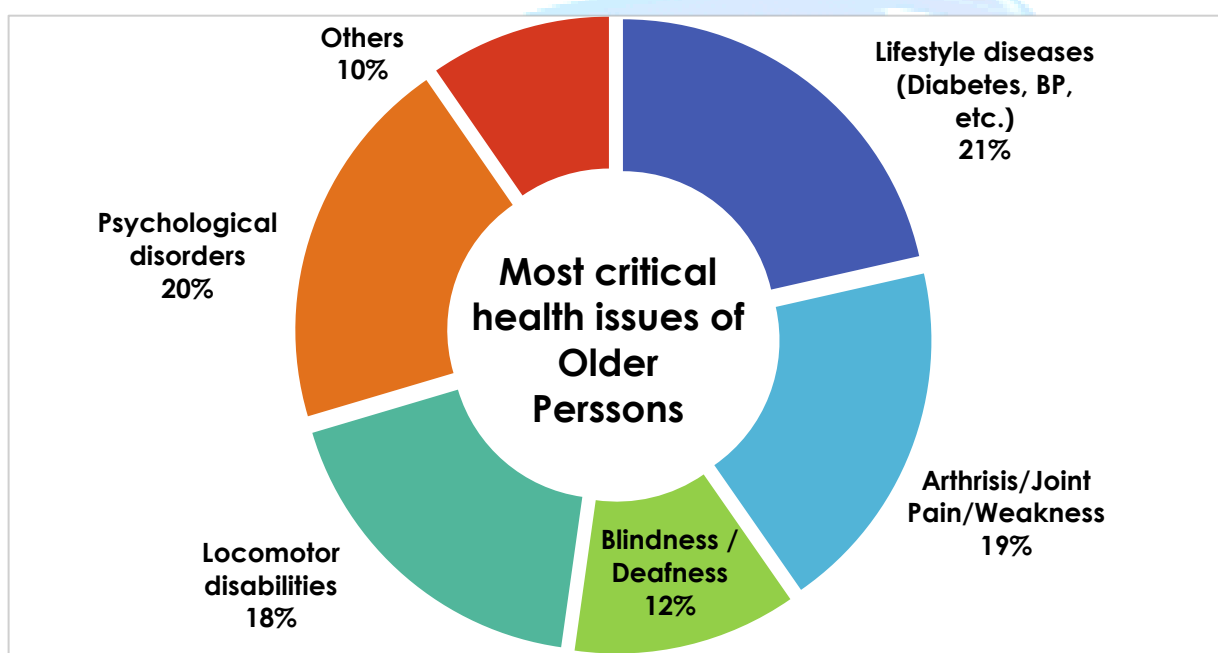


- 33.2% of elderly respondents reportedly admitted that they remain dependent on their children for their healthcare needs in old age.
- While almost 17% of elderly respondents expressed that they primarily depend on others including their relatives/friends in case of need.

Most Critical Health Issues in Old Age

In old age, people have comparatively longer lifespans today and they have to suffer a lot of health issues due to several factors like weakness, poor financial status, lack of family support, increased vulnerability and susceptibility to diseases and infections, failure of organs, and psychological disorders.

- When elderly respondents were asked about the most critical health issues in their opinion, it was discovered that lifestyle diseases like diabetes, blood pressures, etc. are among the most critical health problems. More than 21% of elderly respondents reportedly expressed this during interviews.

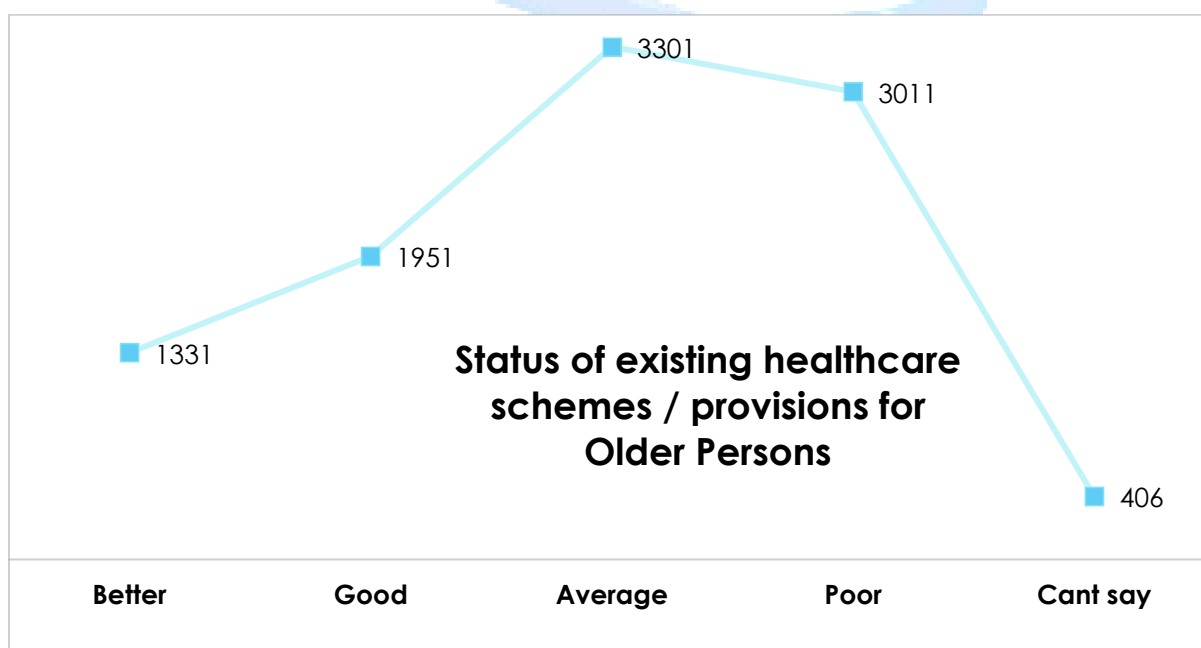


- According to 1/5th of respondents (i.e. 1996 out of 10000 elderly respondents), psychological disorders were the most critical health issues in old age.
- While almost 19% of respondents, claimed that in old age, health issues related to arthritis/joint pains/weakness, etc. are the most critical health issues.
- 18% of elderly respondents reportedly said that most older persons have to face locomotor disabilities which can be termed as the most critical health issue in their opinion.

- Among respondents, 12% of older persons were of the view that blindness/deafness is the most critical health issue in old age, as it makes life for the elderly more difficult.
- As per the 963 elderly respondents (9.6% subjects), there are other issues than above, which are more critical in their opinion.

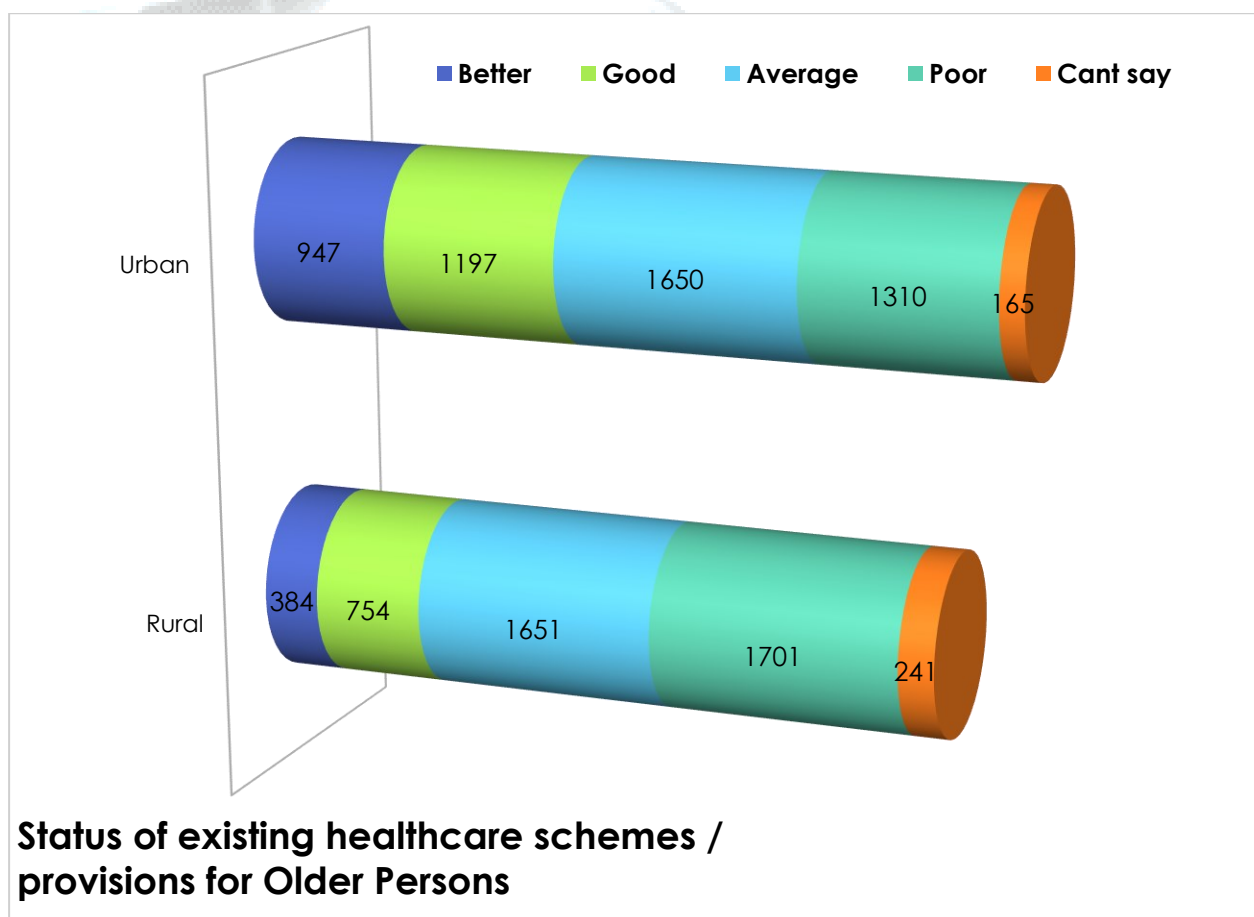
Status of existing healthcare schemes/provisions for Older Persons

- When it was attempted to assess the existing healthcare schemes/facilities/provisions for older persons based on data collected from sample elderly respondents, it was found that more than 32% of respondents expressed their satisfaction over the existing healthcare schemes/facilities/provisions available for the elderly.



- Among these respondents, 1331 claimed that the situation is better while as per 1951 respondents, the current overall situation of health services can be termed as good.
- During the survey, approx. 33% of respondents said that the status of the existing healthcare system is average in their opinion.
- According to 30.1% of respondents (i.e. 3011 elderly respondents) in India, existing healthcare schemes/facilities/provisions are not adequate, so far as the healthcare requirements of older persons are concerned.

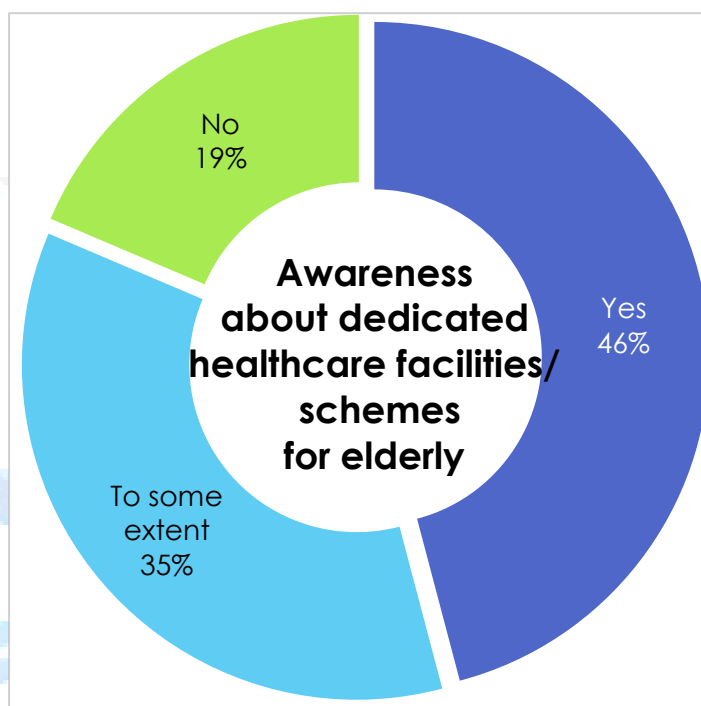
- When data pertaining to the status of health services was further analyzed area-wise, it was also discovered that in rural areas, the situation is comparatively dismal. As per the survey data, less than 1/4th of respondents (24.1%) claimed that the status of healthcare services in rural areas is good or better.
- In rural areas, according to 36% of elderly respondents informed that the status of the healthcare system is poor and approx. 35% claimed that the status of healthcare services can be termed as average.



- In urban areas, according to 40.7% of elderly respondents, the situation of the healthcare system was good or better from the older person's point of view. While 31.3% claimed that the status of healthcare services is normal and approx. 25% of urban elderly respondents said that the status of healthcare services and facilities is poor.
- 4% of elderly respondents (5.1% in rural areas and 3.1% in urban areas) expressed their inability to comment on the subject.

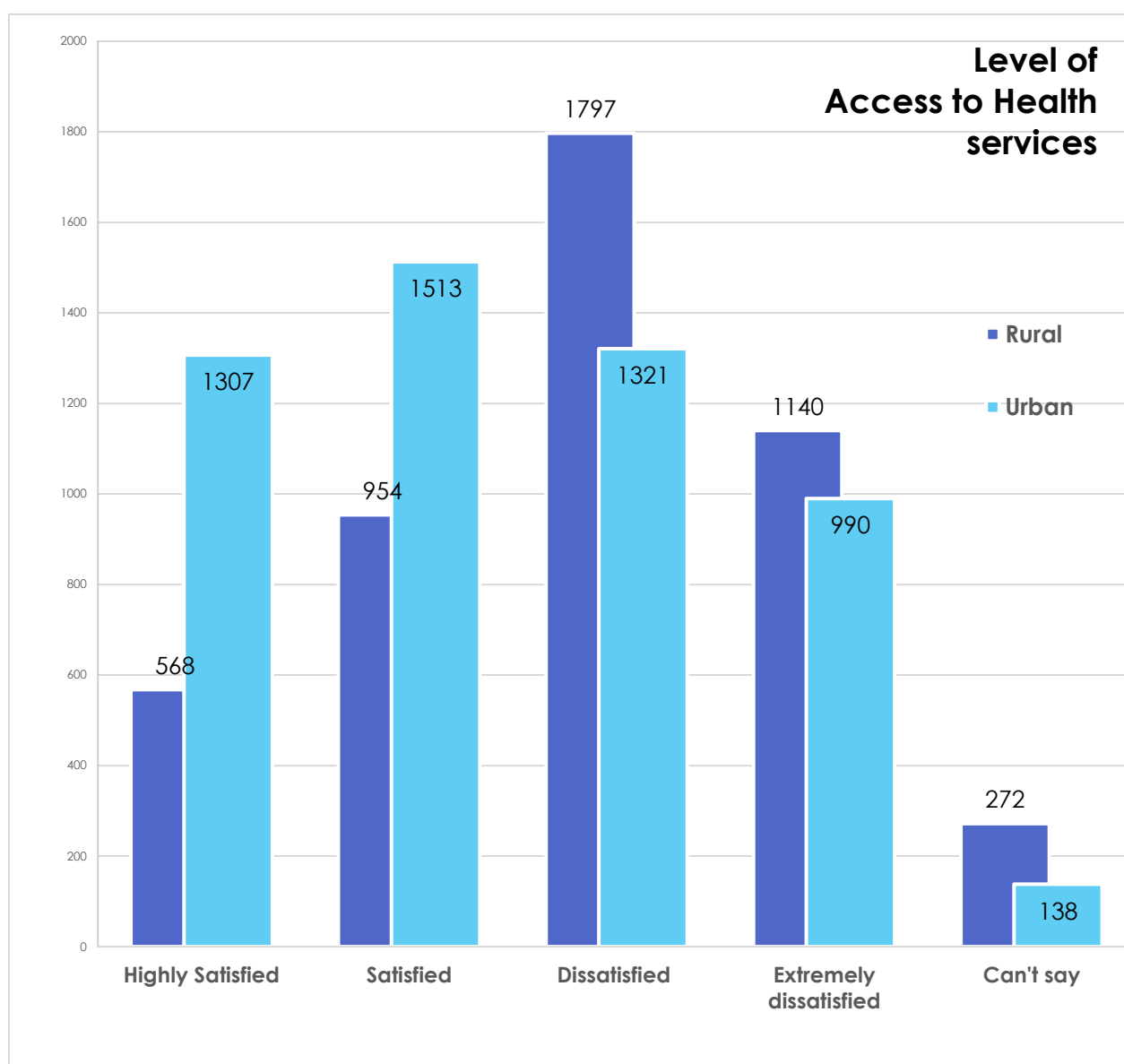
Awareness about healthcare facilities/schemes/provisions for Older People

- As per the survey data, less than half of respondents i.e. 45.9% of respondents were aware of existing healthcare facilities/schemes/provisions, available for older persons.
- 35.5% of elderly respondents said that they are aware of these facilities/schemes/provisions, but to some extent only.
- 18.6% of respondents expressed that they have no significant knowledge of these schemes or facilities.



Level of Access to Health Services

- When the level of access to health services was attempted to be measured through interactions with the elderly respondents, it was found that overall 43.4% of respondents were happy with the level of access to health services.
- 18.8% of the respondents were highly satisfied and 24.7% of the respondents agreed that the level of access in old age is satisfactory.
- On the other hand, overall, 52.9% of elderly respondents were not satisfied with the level of access to health services.
- Among these, 21.3% of such respondents were also included, who were extremely dissatisfied with the level of access to health services in old age.

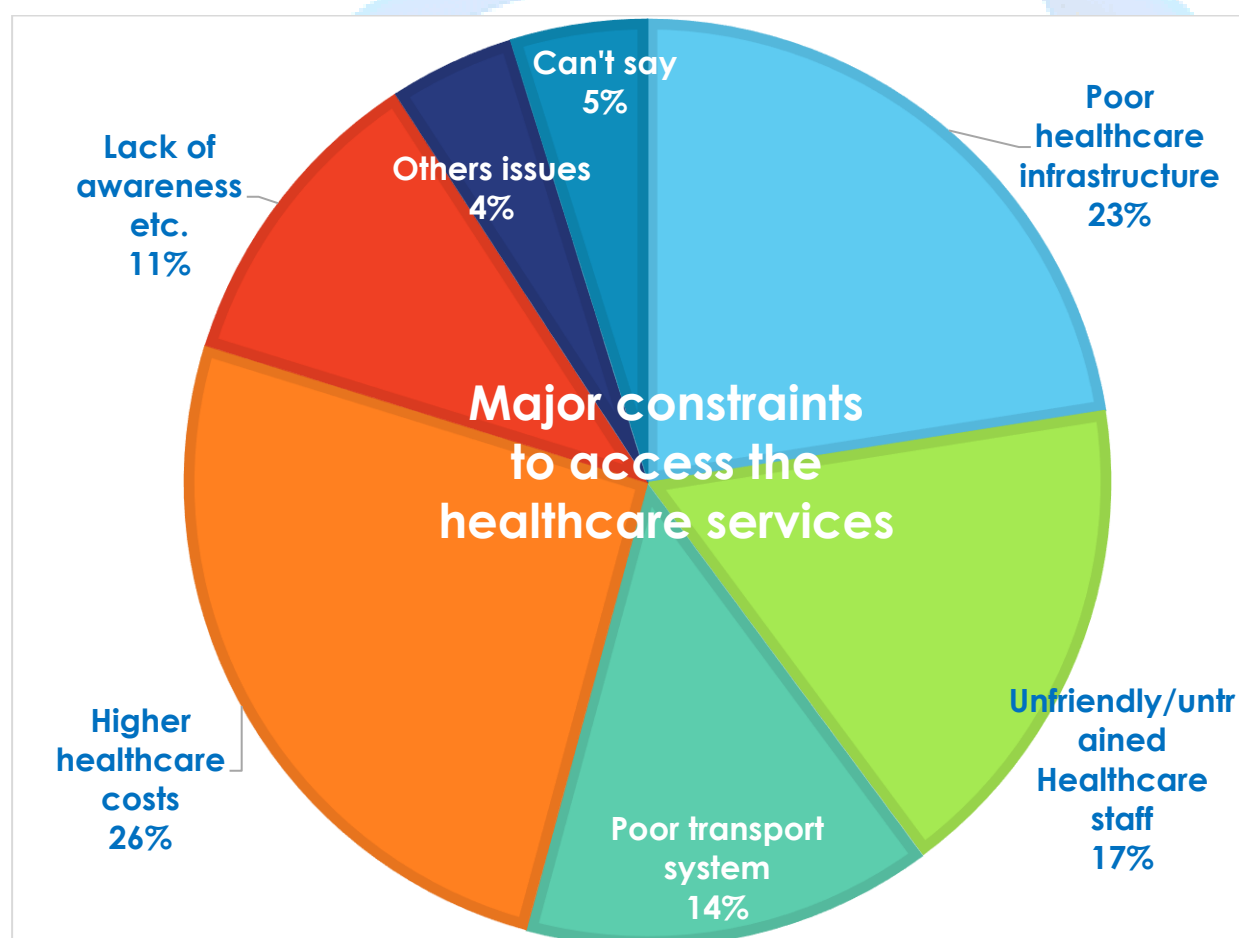


- In rural areas, 32.2% of the elderly respondents were found satisfied with the level of access to healthcare services in old age, while 62.1% of the respondents reportedly accepted that level of access to health services is poor.
- In urban areas, 53.5% of the elderly respondents admitted that they are satisfied/highly satisfied with the level of access to healthcare services in old age, while 43.9% of the urban respondents said that the level of access to health services is poor/extremely poor.
- Among all respondents, 4.1% (5.7% in rural areas and 2.6% in urban areas) did not reply to this question.

Major Constraints for Old People to Access the Healthcare Services in Old Age

There are many constraints or barriers to accessing healthcare services in old age. When elderly respondents were asked to comment on these, it was found that the most common constraint is the higher cost of healthcare services/products.

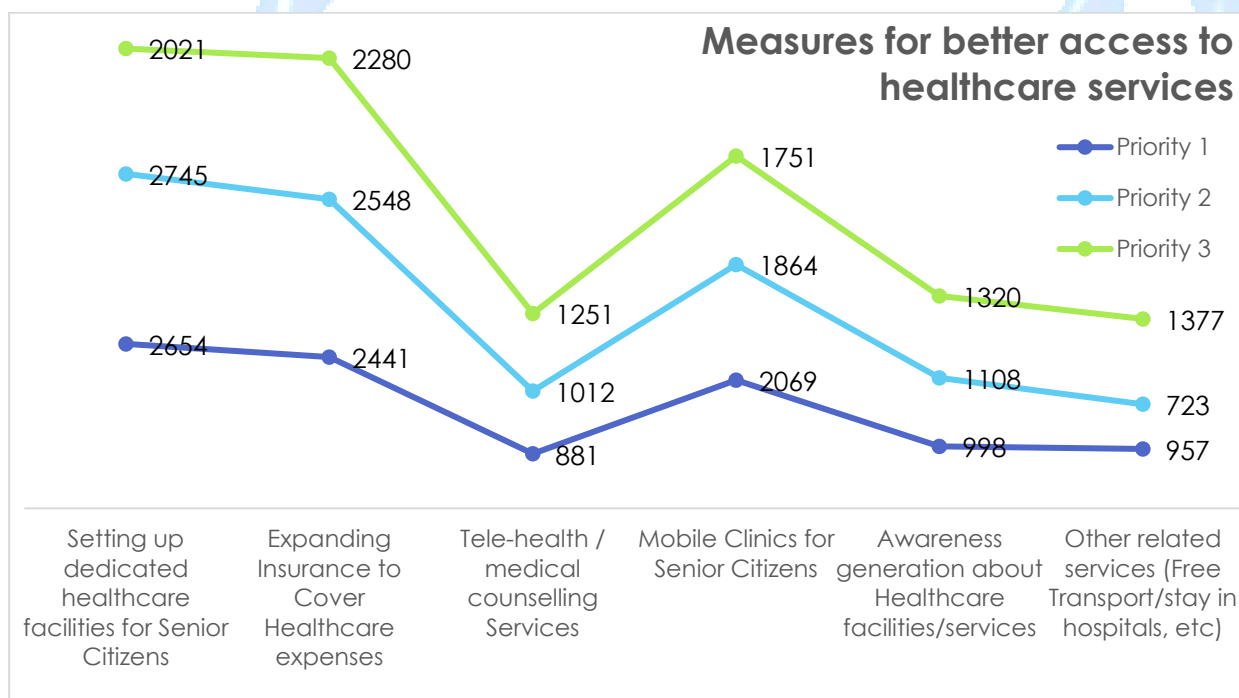
- During the survey, 26.4% of respondents said that in their opinion the high cost of medicines/healthcare equipment and services is the most common barrier to accessing health services.
- According to 23.5% of elderly respondents, poor healthcare infrastructure is a major constraint or hurdle in old age.
- 18.2% of the respondents complained that in their opinion unfriendly/untrained healthcare staff/workers are responsible for poor access to healthcare services in India.
- Among all respondents, 15% of older persons held poor transport systems and higher traveling expenses responsible for poor access to health services.
- 11.5% of elderly respondents claimed that there is poor awareness among older persons, which is a major hurdle in access to health services in old age.
- 5% of respondents expressed their inability to comment on the subject.



Measures to ensure better access to healthcare services

The survey questionnaire was also designed to collect older people's feedback on possible measures and solutions to ensure better access to healthcare services in old age.

- Based on data collected during the survey, it was discovered that a comparatively higher number of elderly respondents (26.5% i.e., 2654 out of 10000 respondents) suggested setting up dedicated healthcare facilities for older people. It was their 1st priority among other suggestions.
- Among all respondents, 24.4% of the elderly suggested that governments should give priority to expanding health insurance to cover healthcare expenses in old age.
- 20.7% of elderly respondents gave 1st priority to mobile clinics for older persons, particularly in rural and remote areas of the country.
- Approx. 10% of the elderly respondents were of the view that awareness about healthcare services/schemes must be increased among older people and their family members on a priority basis.
- 9.6% of respondents have other priorities in their minds as free transport/stay in the hospital, medical allowances, etc. in old age. While 8.8% of elderly respondents said that governments and concerned stakeholders should focus on telehealth/medical counseling, etc.



- As 2nd priority suggestion/recommendation, 27.45% of elderly respondents chose setting up dedicated healthcare services for older persons. 23.5% of elderly respondents

voted for expanding health insurance coverage in old age, and 18.6% said that they would like to suggest setting up mobile clinics for older people.

- As 3rd priority, most elderly respondents i.e., 2180 out of 10000 older persons claimed that they recommend expanding health insurance to cover the healthcare expenses of old people.
- When data about the three most priority areas were accumulated and analyzed, it was found that suggestions for setting up dedicated healthcare facilities for senior citizens received more responses (7420), followed by health insurance coverage in old age (6969) and setting up mobile clinics (5684).

Social Inclusion

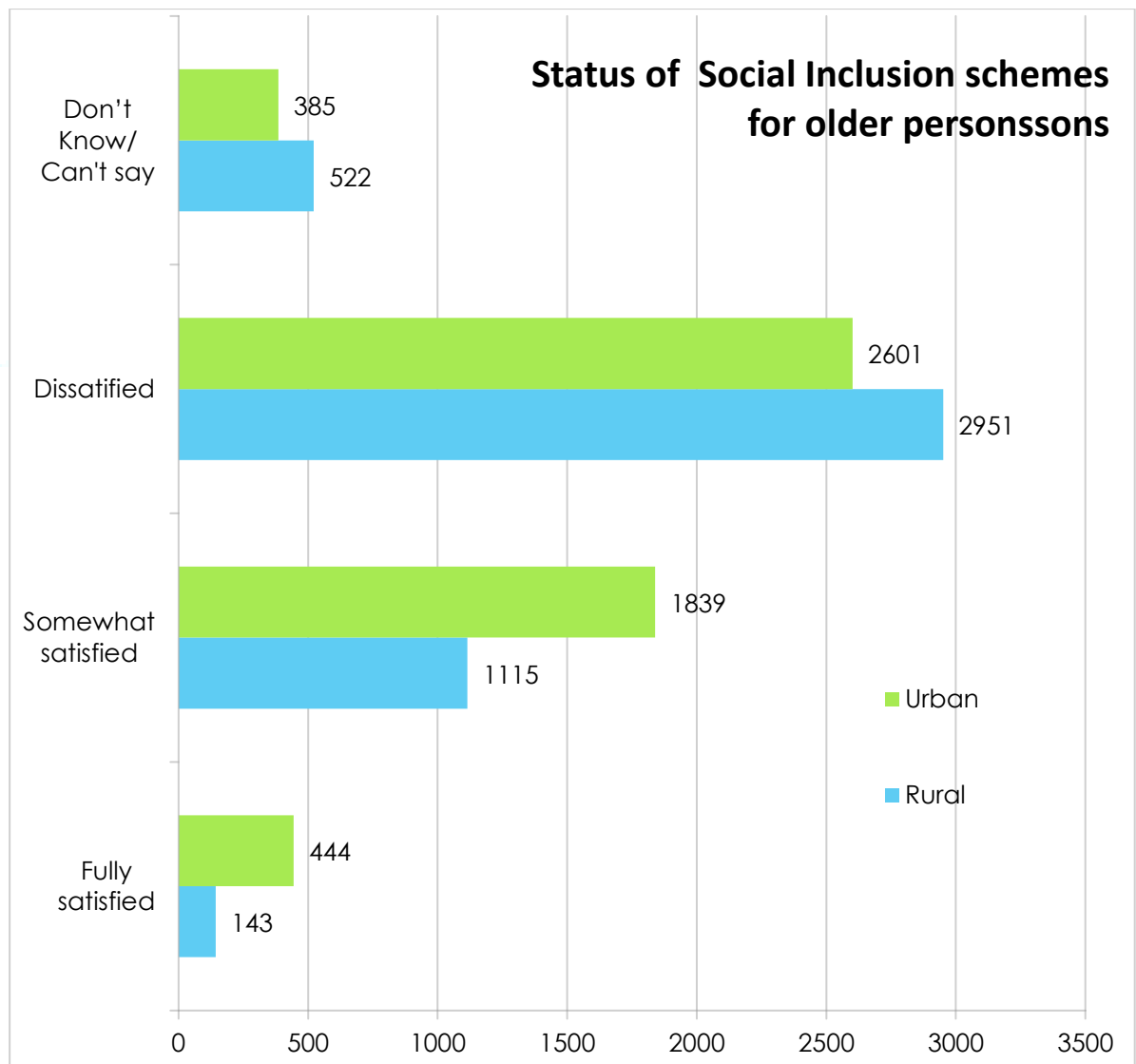
During the study special focus was given to the social inclusion of older persons, as it ensures better health and well-being in old age.

Status of Social Inclusion schemes for older persons

Based on data obtained from selected respondents, it was discovered that more than half of respondents i.e. 55.5% were not satisfied with the existing social inclusion schemes/measures for older persons in India.

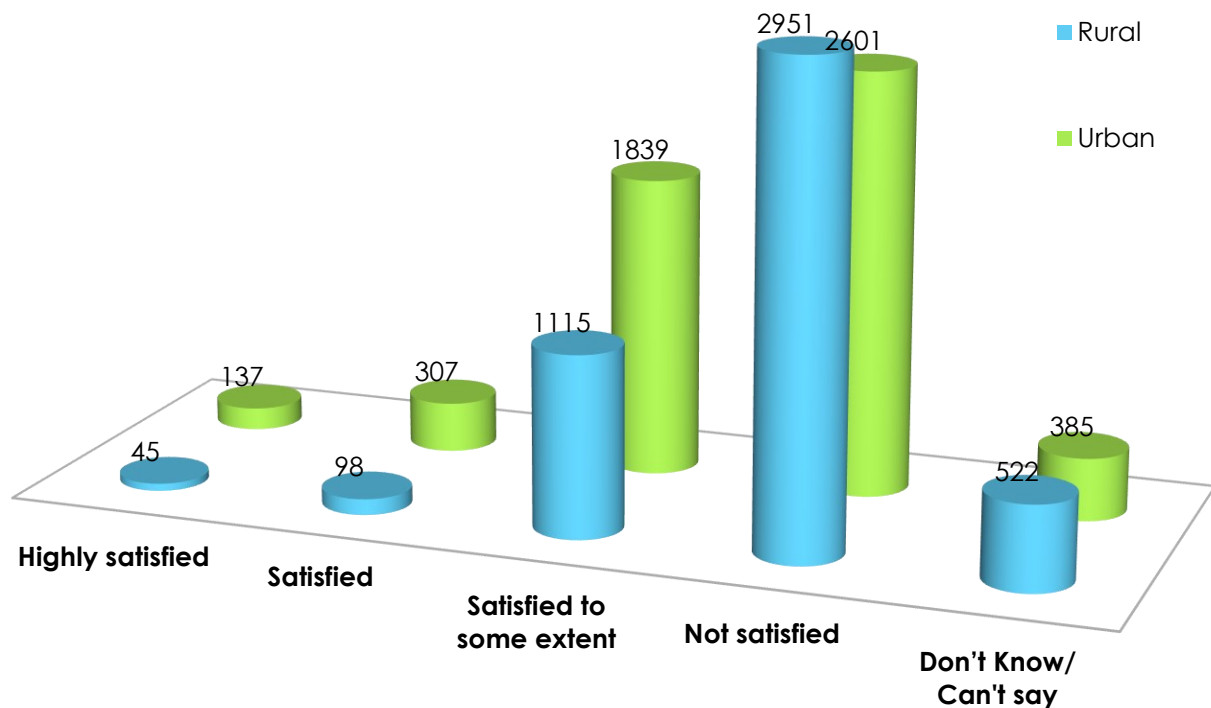
- 35.4% of elderly respondents, reportedly claimed that they were satisfied with social inclusion initiatives in India. Among these respondents, 29.5% of elderly respondents were included who said that they are satisfied to some extent only.
- Among all, 8.87% of respondents admitted that they are fully satisfied with the existing social inclusion measures in the country.





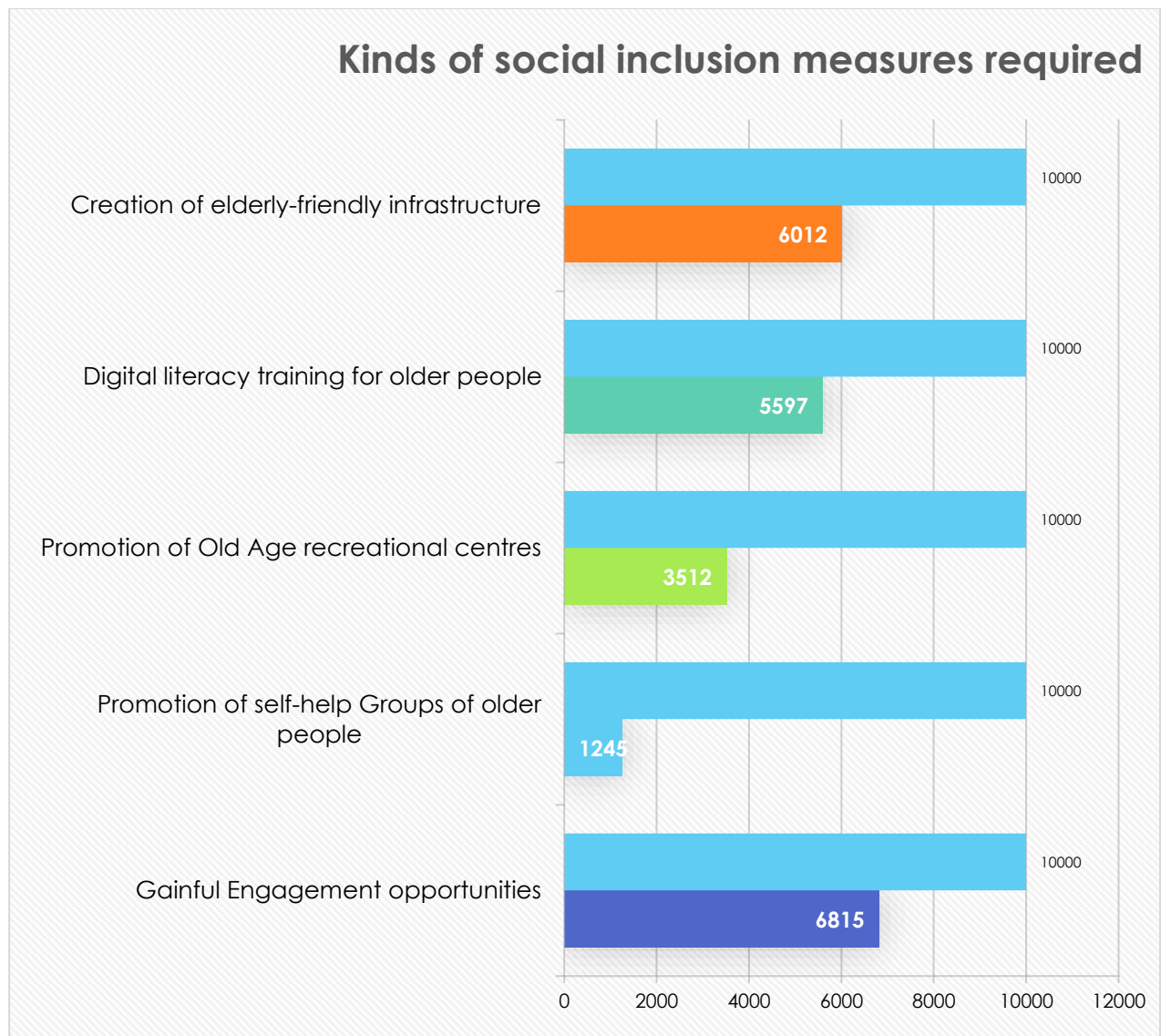
- Percentage of dissatisfied respondents in rural areas was quite higher (62.4%) as compared to urban areas (49.4%).
- In rural areas, 26.6% of respondents agreed that the status of social inclusion is satisfactory in the country. Among these respondents, 23.6% said that they are somewhat satisfied, and 3% were found fully satisfied with the situation of social inclusion, so far as older persons are concerned.
- In urban areas, approx. 35% of respondents reportedly found satisfaction with the social inclusion scenario to some extent, and 8.4% of urban elderly respondents admitted that they are highly satisfied with the current scenario of social inclusion schemes/measures/provisions for older persons.

Status of Social Inclusion schemes for older persons- Rural/Urban



Kinds of social inclusion measures required

- During the survey, when older persons were asked about the kinds of social inclusion measures required, it was found that most of the respondents i.e. 68.2% were in favor of gainful engagement opportunities in old age.
- 60.1% of the respondents opined that the creation of elderly-friendly infrastructure is the need of the hour, to ensure the social inclusion of older persons.
- 56% of the respondents said that digital literacy training/soft skills and retooling is also one of the most sought social inclusion measures in their opinion.



- More than 1/3rd of respondents (35.1%) reportedly claimed that old-age recreational activities must be promoted across the country.
- 12.5% of respondents said that the promotion of self-help groups for older persons is also needed to ensure social inclusion in old age.

V. OBSERVATIONS

For centuries, in India, older people are generally being treated with love, compassion, and respect. Due to the prevalence traditional joint family system, elderly care had never been a matter of concern for their respective family members. In most families, younger family members are often accustomed to acting as caregivers to their aging family members and providing them with all possible healthcare and palliative care in old age.

However, over the past decades, the scenario has changed remarkably due to fast-changing demographic structure, breaking up of the joint family system, migration of younger generations, and most importantly ever-increasing gap between generations. Now, it has been observed that most older persons have to struggle a lot to get the proper care and access to healthcare services.



Recognizing the grim reality of old age care and the healthcare system in the country, Governments and other concerned stakeholders have come up with many policies/plans and schemes. However, the situation of overall old age healthcare across the country is not pleasing. In old age, people have to struggle on many fronts, from social to financial, medical to psychological. With the ever-growing number of older people every day and in many cases, living alone for many years, dedicated healthcare services for older people are becoming a need of the hour.

In India, the ever-rising prices of medicines are a matter of concern. However, the concept of generic medicines has been introduced in the country to provide essential medicines at lower costs. This can be seen as strengthening the right to health for older persons.

While India's healthcare sector still has a long way to go in providing easy access to quality, affordable healthcare to the Indian public, the pandemic showed that the healthcare system of the country can stretch to accommodate vast challenges like old age healthcare.

In India, the social inclusion of older people is also a major concern, which affects their health-wellbeing as well. Old people have to confront many barriers that prevent them from fully participating in the mainstream. Due to social exclusion old people face issues like a lack of dignity, security, and the opportunity to lead a better life.

It has been observed that unless the root causes of structural exclusion and discrimination are addressed, it will be challenging to support the sustainable inclusive growth of older people.

During the study, it has also been observed that there is a huge gap between the availability, accessibility, and affordability of healthcare services in India, particularly from the older people's point of view. To ensure the health and well-being of older people, there is a need to adopt a compressive approach towards healthcare-related needs and the rights of older people.



VI. Representative Statements

I have been suffering from arthritis for 8-10 years and find walking difficult. I face a lot of difficulties to reach a nearby hospital when I fall sick and need medication. Due to limited income in old age, I usually prefer to avoid visiting good hospitals, as I cannot afford the high cost of traveling and transportation expenses and rely upon local doctors for medication and medicines.

- Shrikant Singh Rathore, 75, Jaipur, Rajasthan

After retirement, I settled in my hometown with my wife. Now, in our eighties, we are facing a lot of old age-related health issues, particularly psychological ones. Since we are living alone, we must take care of all our healthcare needs on our own. Sometimes we need family support and medical counseling for emotional support. We also find it extremely hard to organize trained and experienced caregivers and counselors in case of need.

- Janaki Vallabh Tiwari, 86, Patna, Bihar

I am a bedridden person and have been living in inhuman conditions for the last three years. Initially, my family members took good care of my needs in anticipation of my recovery. Due to old age, my health condition could not improve and my family members started overlooking my health. I need adult diapers on regular basis, but due to poor financial conditions, I could not buy adult diapers and compel to compromise with miserable circumstances.



- Hemi Devi, 69, Lal Bagh, Azadpur, Delhi

I am a retired government servant with no work to do. I am healthy, active, and keen to engage in some kind of gainful activity. However, I failed to get any suitable opportunities in my area. Since I do not know about computers, digital technology, and modern work culture, I find myself quite irrelevant in today's world of technology. I am desperately looking for digital literacy training so that I could get a job and keep myself engaged and active in old age.

- Trilokinath Mhatre, 65, Pune, Maharashtra

VII. Recommendations

To ensure better access to health services, particularly for older people, governments and concerned stakeholders need to focus on the following issues:

- Setting up more dedicated healthcare services and facilities for older people
- Setting up a network of Caregivers for Older Persons to look after elderly patients living alone without any family support in old age
- Medical and health insurance policies/ schemes for more years in old age
- Creating awareness about healthcare services and facilities, particularly available for older persons in rural and remote areas
- Free/concessional transportation services should be provided to elderly patients, particularly those living in rural/remote areas
- Setting up tele-healthcare initiatives like counseling services for older people
- Setting up dedicated Mobile clinics across the country, with special care for older people.
- Provisions of medicines/medical equipment/healthcare material like Adult Diapers free of cost/concessional rates for poor older people



For improving the existing status of social inclusion in old age, governments and concerned stakeholders should work together and focus on the following;

- Increase coverage of existing social inclusion initiatives and create innovative schemes for older people for ensuring their social inclusion
- Retired and older people should be promoted to self-employment in old age
- Organize digital literacy classes/soft skills training/retooling of retired and older people
- Retired and older people should be promoted to self-employment in old age
- Retired/ older people should be encouraged for setting up their self-help groups
- Retired/older people should be given opportunities to participate in the implementation of government schemes in their areas so that their experience, knowledge, wisdom, and time can be utilized
- Organize Social Inclusion / Social Empowerment Week or Day with a special focus on the social inclusion of older people



Agewell Foundation

*Agewell Foundation is a not-for-profit NGO that has been working for the welfare and empowerment of older persons of India since 1999. Agewell interacts with over 25000 older persons on daily basis through its volunteers' nationwide network. Recognizing the work being done by Agewell Foundation ECOSOC granted **Special Consultative Status** to Agewell Foundation at **United Nations** in 2011. It is associated with the Department of Public Information, United Nations (**UN-DPI-NGO**). Agewell Foundation is currently associated with the Working Group on Awareness and Capacity Building for Senior Citizens, Ministry of Social Justice & Empowerment; Sub-Group on Elderly Care, under NITI Aayog's CSOs Standing Committee and Committee of Experts on "impact of COVID-19 pandemic on human rights and future response", National Human Rights Commission.*

Agewell Foundation

(In Special Consultative Status with the ECOSOC at United Nations since 2011)

*(In association with **UN-DPI-NGO**)*

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