



## Old Age Care

This editorial is based on [“A New Vision For Old Age Care”](#) which was published in The Hindu on 10/03/2022. It talks about the old age homes and the elderly people in India.

**For Prelims:** Elderly in India, Economic and Social Development-Sustainable Development, Inclusion, Demographics, Social Sector Initiatives, UN World Population Ageing Report.

**For Mains:** Schemes for the Elderly, Maintenance and Welfare of Parents and Senior Citizens Act, Old Age Homes - Challenges faced by the elderly people, opportunities to make it a better place.

As India becomes increasingly urbanised and families break up into smaller units, **homes for the elderly have sprung up, typically in the urban and semi-urban areas.** The care of elderly people is managed by a set of professionals or voluntary organisations with support from the government, or by local philanthropists.

However, the **absence of a regulatory oversight** for these homes, lack of clearly established standard operating procedures, and due to **informal referral paths to health care**, these homes may have significant impact on physical and mental health of their residents.

A **formal approach to homes for the elderly** shall now be an important policy and planning concern for India.

### What is the Share of Elderly in the Population?

- The **UN World Population Ageing Report** notes that India's ageing population (those aged 60 and above) is **projected to increase to nearly 20% by 2050** from about 8% now.
- By 2050, the percentage of **elderly people will increase by 326%**, with those aged **80 years and above set to increase by 700%**, making them the **fastest-growing age group in India.**
  - A major reason for the steady growth of the elderly population has been the dramatic rise in life expectancy aided by sustained periods of economic growth and enhanced access to healthcare facilities.
- In a demographic where the growth rate of elders far exceeds that of the young, the **biggest challenge is to provide a range of quality, affordable, and accessible health and care services** to the elderly.
  - With this future in mind, it is essential that our policy framework and social responses are geared to meet this reality.

### Why are Old Age Homes (OAHs) for the Elderly becoming a Norm?

- The OAHs are **a consequence of the emergence of the nuclear family system.** Factors such

as **familial neglect, disintegration of families** necessitated by the migration of children and their **inability to keep pace with the new generation** in terms of education, technology etc pushes them towards these OAHs where they can live with people of their like.

- Even at times, elders feel comfortable in OAHs for the **freedom and friendly atmosphere with other elders** who keep them company, enjoying the time by interacting with each other.
  - They even show some detachment from family members and **feel more secure in OAHs**.
- These OAHs, however, **do not always provide good facilities**, not all elders are taken care of well by the management, some of them impose restrictions.
  - The food served is often reported to be of low quality and deficient in quantity in many of them. The bedrooms and toilets are often poorly maintained.
  - Some of the **managements do not utilise payments made to them by children** of these elderly people, leaving the helpless parents in the lurch.
  - Such abuse and misuse of OAHs come to the limelight often, but **seldom is action taken to rectify the situation**.

## How is the Deterioration of the Physical Health of the Elderly Linked to their Mental Health?

- A recent study titled **Hyderabad Ocular Morbidity in Elderly Study (HOMES)** conducted by a Hyderabad based not-for-profit organisation reveals that about 30% of the residents who were part of the study (over 1,500 participants from 40 homes) had a vision impairment of some sort.
- The study found some **'unseen' effects of vision impairment**: many were prone to **depression**. In fact, those with both vision and hearing impairment had a **rate of depression that was five times higher** than those without.
- Our homes, buildings and social environment are not built keeping the elderly in mind. As people age, and their motor skills weaken, they are at a greater risk of falling down and hurting themselves. **Having an impairment increases this risk**.
  - **Instead of planning for accessible and elderly-friendly structures** that allow them to operate safely, there are **common incidents of reducing their mobility**.
- People with functional skills are asked to stay away from daily tasks like cooking, sewing, cleaning, or washing up. This reduces their sociability, their sense of independence and well-being — all **leading up to mental health issues** and depression.

## What Steps Can Be Taken?

- **Basic Health Screening Facilities**: The state of homes for the elderly raises the need for **building formal pathways for basic health screening** between such homes and public health facilities.
  - This can include **screenings for blood sugar, blood pressure, periodic vision and hearing screening**, and a simple questionnaire to assess mental health.
  - Such interventions are inexpensive (such as a **motorcycle-operated screenings outside public grounds** for morning-walkers) and could go a long way in identifying health issues and offering support.
- **Role of Health Institutions**: The **next step would be to build formal pathways to address those health issues** that the screenings identify. Public, private and NGO-run hospitals have a major role to play in this aspect.
  - Health institutions will also need to offer a **comprehensive set of packages that are tailored for the elderly** — not piecemeal solutions for just diabetes, cardiology or cancer.
- **Policy Interventions**: It is crucial to have a **robust public policy to support homes for the elderly**. These old age homes must be guided by policy interventions to **make their facilities, buildings and social environment elderly-friendly**.
  - Design, architecture and civic facilities must be thought from the ground up — and these innovations must be available for all residents, not just those living in expensive ones.
- **Geriatric Healthcare Facilities**: According to a study by Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, there is **no specialised training in geriatrics in most medical schools**.
  - Whatever little geriatric care is available, it is restricted to tertiary hospitals in urban areas and is prohibitively expensive. Geriatric health care services **must be made part of the**

**primary health care services.**

- The **Centre must come up with a comprehensive preventive package**, which **provides awareness regarding common geriatric problems** with a focus on nutrition, exercise, and the promotion of mental well-being.
- **Building Elderly Inclusive Society:** One of the effective ways of ensuring proper health facilities to all the elderly in the OAHs is to **ensure a lesser number of the elderly people in these homes.**
  - Elderly are an asset to the society and not a liability, the best way of taking advantage of this asset is by **assimilating them into the mainstream** population **rather than isolating them in old age homes.**

### ***Drishti Mains Question***

Discuss why the Old Age Homes (OAHs) for the elderly are becoming a norm and what measures can be taken to improve the conditions of these care homes?

PYQ

Consider the following statements with reference to Indira Gandhi National Old Age Pension Scheme (IGNOAPS): (2008)

1. All persons of 60 years or above belonging to the households below poverty line in rural areas are eligible.
2. The Central Assistance under this Scheme is at the rate of ` 300 per month per beneficiary. Under the Scheme, States have been urged to give matching amounts.

Which of the statements given above is/are correct?

- (a) 1 only
- (b) 2 only
- (c) Both 1 and 2
- (d) Neither 1 nor 2

Ans: (d)

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