

**HUMAN RIGHTS OF THE ELDERLY PERSONS:
LAW, POLICIES AND IMPLEMENTATION: A
STUDY WITH SPECIAL REFERENCE TO
KERALA**

PROJECT REPORT



NATIONAL HUMAN RIGHTS COMMISSION

An Initiative by



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EXECUTIVE SUMMARY

Human rights are for all, regardless of age. The elderly are seen as vulnerable because biological, psychological and social ageing predispose the ageing person to frailty, infirmity, and in many cases dependency, setting the older person apart from the rest of the population in need of special protection and rights. Although implementation of legislation, policies, and a package of integrated programmes and projects to cater to the needs of older persons had helped them to uplift their status, more has to be done to stem the increase of the reach of laws in a more fruitful manner.

This study was flagged off with the hopes of bringing about positive legislative changes with regard to the protection of the rights of the elderly. The survey and study were conducted by a group of investigators, committed to the cause and pains of elderly. The study was designed to evaluate the need for additional and comprehensive set of rights for the elderly as such it identifies four main challenges older persons are facing in terms of human rights as, loneliness, economic instability, discrimination and abuse as well as the lack of specific measures and services. The report further stresses several key areas for responses to the challenges as strengthening the national protection regime, elimination of financial exploitation and employment discrimination, establishing adequate care facilities and participation in political life.

The report concludes with the enumeration of the possible alterations that can be brought about to initiate the desirable changes. The suggestions and recommendations put forward can fashion a response that validates the importance of our elderly population and the part they will play in securing a sustainable future. A substantial commitment to research is needed to inform and guide a caring society as its aim to cope with the challenges ahead.

ABBREVIATIONS

AIR	-	All India Report
AG	-	Auditor General
Art.	-	Article
BCCL	-	Bharat Coking Coal Limited
Bom	-	Bombay
CHC	-	Community HelathCentres
CMPF	-	Coal Mines Provident Fund
CPAO	-	Central Pension Accounting Office
CPWD	-	Central Public Works Department
CrPC	-	Code of Criminal Procedure
DPSP	-	Directive Principles of State Policy
FIR	-	First Information Report
FR	-	Fundamental Rigts
GPF	-	Government Provident Fund
GPO	-	Group Policy Object
HC	-	High Court
i.e	-	That is
ILR	-	India Law Reports
IGNOAPS	-	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)
Ltd.	-	Limited
NAOPS	-	National Association of Older Persons

NCT	-	National Capital Territory
No.	-	Number
NPHCE	-	National Programme of Health Care for the Elderly
NPSC	-	National Policy for Senior Citizens
NSSo	-	National Sample Survey Organisation
OPD	-	out-patient Department
PHC	-	Public Health Centres
PPO	-	Pension Payment Order
PRS	-	Passenger Reservation System
S.	-	Section
SC	-	Supreme Court
SCC	-	Supreme Court Cases
SCR	-	Socio-Cultural Regions
Sec.	-	Section
UT	-	Union Territory
v.	-	versus
WHO	-	World Health Organisation
W.P	-	Writ Petition

CHAPTER I

INTRODUCTION

Ageing is a process which occurs naturally in the human life cycle. It is the decline in the capacity of the functioning of the organs of human body. However, they constitute a reservoir of human resource, gifted with knowledge, deep insights and varied experiences. The population of the aged has been increasing over the years. Their rights are being encroached upon each day and protection of them comes naturally to balance the human rights scale. They are the most vulnerable class of our society.

The perception towards old people varies from one society to another and the process is inevitable. The estimated population growth rate of elderly increased to 10 crores as per 2011 census reports i.e. 8.6per cent of the total population¹. This created a lot of social, economic and political problems. When it comes to ageing population, the society and the government's focus is more on financial side, as when one gets older the dependency on others increases and the government has to allocate more money on making them stable and secure. India has the second largest global population of ageing people. In the years to come, the number of elderly persons may increase, but our country lacks basic expertise to support and respond to the needs of this section. Information gathered from various sources reveals that the senior citizens in our country are deprived of basic medical care, the expenses to maintain their livelihood, adequate financial support, and they face discrimination, mistreatment, lack of security and are isolated and abandoned too. The process of ageing is often

1. Chandramouli C. Census of India 2011 Registrar General & Census Commissioner, India. Ministry of Home Affairs. 2013.

associated with declining health, mental and physical ability, economic instability and to a certain extent, psychological problems².

Indian traditional society with its concept of joint family system was a strong pillar in ensuring the security and wellbeing of the elderly. But modernization and globalization paved way for the birth of nuclear families.³ The individualistic thoughts among the younger people encouraged them to live independently and this adversely disturbed the living arrangements of old people. In India, changes in the family pattern, existence of poverty, greater life expectancy, deterioration of the values, norms, beliefs and the difficulty of the elderly people to adjust with these changes were also enlisted in the challenges faced by them.

The Government of India had adopted 'National Policy on Older Persons' in January (1999). As per the definition laid down in the policy an 'elderly' is a person who is of age 60 years and above.

Impact of Globalisation

Globalization has affected all segments of population which includes the aged persons. It has both positive and negative impacts on them. Some of them are as follows:

The medical treatments have now become more efficient and easily accessible. The technology has given shape to a number of devices which help the elderly to gauge their health conditions. There is a positive increase in the average life expectancy and health because of the improvement in living standards, medical facilities and technology.

² <http://www.sciencedirect.com/science/article/pii/S1062030305001688>

³ *National centre on elder abuse. Types of Abuse.* <http://www.ncea.aoa.gov/index.aspx> accessed on Dec 2014.

The rapid growth in technology with respect to communication has made the world a small place. It is easier for the working population residing in foreign countries to provide monetary assistance to their old parents by sending money back home in fraction of seconds, granting a certain level of financial independence.

Regardless of the many positive impacts, the cumulative implications of industrialization, urbanization, globalization have imparted changes of irreversible nature into the structure of families in India. This has resulted in psychological distress and isolation of aged persons.

In earlier times, the expertise and experience of the aged people was utilized. However, with improved education, modernization and rapid technological changes, have rendered their knowledge and wisdom obsolete. Once they are about to retire, they are unclear about their role and this leads to loss of status, worthlessness and loneliness. It leads to various other problems when parents are economically dependent on their children. The result of such disintegration of families and increasing influence of modernization has thus resulted in the increasing concerns about the human rights of the elderly.

Issues faced by the Elderly Population and the Societal Reflection and Perception towards Ageing

Old age is that stage in one's life that requires both mental and social support from others, both of which are interconnected. A relatively convincing definition of social support can be given where we divide 4 classes of social support as ⁴

⁴Cobb, S. (1982, February). *An approach to the relation- ship between social networks, the sense of social And health*. Paper presented at the Sunbelt Social Networks Conference, Phoenix, AZ

1. **Emotional support** – providing empathy, caring, love, trust, esteem, concern, and listening.
2. **Instrumental support** – providing aid in kind, money, labor, time, or any direct help.
3. **Informational support** – providing advice, suggestions, directives, and information for use in coping with personal and environmental problems.
4. **Appraisal support** – providing affirmation, feedback, social comparison, and self-evaluation.

If in a society where there are poor facilities for sanitation, infrastructure, and health care, it is the elderly people who suffer the most.

In the Age Well Foundation's, "Human Rights of Elderly in India Survey", conducted in association with ECOSOC in 2015, it was found that the elderly in India suffers the following problems: ⁵

- Lack of gainful engagement opportunities
- Declining health status
- Lack of respect in family/society
- Loneliness/isolation
- Psychological issues
- Financial problems
- Legal issues
- Interpersonal problems

These are the main findings by the foundation which when read along with the classification propounded by Cobb, we can conclude that

⁵www.agewellfoundation.org

- The elderly has no institutional care or medical system around them and have to depend on community care/ family care to support them in India.
- Generally, elderly women are seen to have no time for leisure or recreation and have lesser possibilities than man to lead retired life.
- Elderly suffer lack of emotional care, support and elder abuse more in urban areas than rural areas
- Along with the social, medical and psychological issues there exist many economic issues.

Economic Problems:

- Economic dependency high among females. In case of disadvantaged section, the dependency level is even higher.
- Economic necessity forces the elderly people to work and earn the money. (This shows the lack of social security to support the old aged people). Even the government policies and norms are not efficient enough to assure the security.
- NSSO 2007-2008 report reveals the incidence of loan taken to meet the medical expenditure of the elderly.

Health Issues

The elderly people mainly suffers from the chronic diseases like cardio vascular illness, cancer, arthritis, hyper tension, diabetics, kidney problems Loss of vision, memory loss etc.

- Elderly with good health are viewed with respect. Elderly with poor health are considered to be a liability and burden. Sometimes they are abused.

- Emergence of nuclear family leads to marginalisation of the elderly. Social isolation, loneliness and desertion from society will lead to adverse effects on mental health.
- Psychological disorders – dementia, depression, delirium are the diseases common among elderly. Senile Dementia, Psychosis with Cerebral Arteriosclerosis

Family challenges

- The generation gap among the older and younger generation a matter of concern. Conflict of views often led to the division of family.
- Less inter-generational interactions.
- Cases of property grabbing resulting in abandoning the elderly.

Legal challenges

- The incongruence of the prevalent laws and its implementation.
- Less awareness in rural areas.
- Difficulty in translating their awareness into actual assistance

Therefore, the survey seeks to delve into the various laws prevalent in the southern states of the country and gauge the efficacy of the same in fostering and improving the welfare and standard of living of the elderly.

CHAPTER 2

RESEARCH METHODOLOGY

Introduction

The project followed both analytical and empirical method. Analytical method was adopted for studying the existing law and policies for the welfare and protection of rights of the elderly. Empirical method was followed through survey by accepted sampling method for studying the realization of the rights available for the elderly. The survey has used a comprehensive data collection system including primary and secondary data. Primary data was collected by way of survey which was undertaken in 6 chosen districts in Kerala. The survey was taken by way of personal interviews at the houses of the elderly and old age homes. Secondary data was collected by way of applications filed under the Right to Information Act, 2005 (hereinafter referred to as RTI) in the state of Kerala as well as other south Indian States and a detailed analysis of the same is available in the following tables.

Background

The demographic profile of aged population in Kerala shows that the elderly population aged 60 and above in Kerala as per 1961 Census, was nearly 1 million. Of this, 85000 were elderly and belonged to the category of age group 80 and above. The population trends in the state show that the older population in the state has increased and reached 1.9 million since 1961. For the period 1981-2001, the state had an increase of 75 per cent in the 60+ population and an increase of 109 per cent in the 80+ populations. People aged 70 and above has increased from 0.71 million in 1981 to 1.4 million in 2001. Population projections reveal that, compared to 2001, the population aged 60 and above is likely to triple by 2051. The fastest growing segment of elderly

population is those aged 80 and above. This age group is projected to augment by more than eight times reaching 3.2 million in 2051.

District wise census data indicates that, Ernakulam district has the highest number of elderly people (352743) followed by Thrissur (346943). Lowest number of elderly, aged 60 and above is in Wayanad (58097) followed by Kasargod (98838). The picture would be different if we examine the proportion of elderly to the total population of the districts. According to 2001 census data, the said ratio is the highest in Pathanamthitta district (14.62 percent). The age- wise distribution of the elderly shows that the highest proportion of elderly aged 80+ is reported in Pathanamthitta district (14.19 percent of total aged population) and the lowest in Malappuram district (10 percent). Census data 2001 show that 1/87th of population in nine districts was aged 60 and above. This is likely to go up to 20 percent in near future.

For the country as a whole, during the period 1961- 2001, the index value of ageing increased to 21 elderly persons per 100 children, while in Kerala, index value during the same period increased more than 3 times. The ratio of elderly to children was about 14 elderly persons to 100 children. As per 2001, for every hundred young children we have 40 older persons in Kerala. Statistics based on 2001 census show that there will be 97 older persons for every 100 children in Kerala by 2026.

The 60th round of National Sample Survey Organisation (NSSO) has provided information on the pattern of living arrangement of elderly in Kerala. Living arrangement of elderly shows that majority of the elderly in Kerala stays with either children (35.6 percent) or with spouse (45.5 percent). Marital status of elderly shows that nearly one-tenth of elderly men are widowers, while 58.7 percent of older women are widows. This gender difference is mainly due to high life expectancy of women

than men and due to the practice of women marrying men older than themselves. Further, there is lesser chance for widows to remarry than widowers. These trends lead to greater dependency among older women due to the lack of emotional support and greater dependency among older women. Occupational status and work participation rate of the elderly are closely associated. The economic necessities also force them to continue their participation in labour force.

The demographic trends show that Kerala is currently passing through the most critical stage of demographic transition as a result of fertility and mortality changes and the resultant structural transition in the different age categories. A direct consequence of fertility transition and mortality decline is population ageing. The shift in the age composition in favour of old age has profound implications on the state's socio-economic situation. Growing proportion of elderly in Kerala along with decline in availability of children, to support them is likely to create pressure on social support system and thereby increase the role of state in care-giving. In coming decades, the major challenge before the state will be regarding the provision of welfare schemes, social security and pension for the aged and keeping a check on the effectiveness of its implementation.

Methodology

A comprehensive research methodology was designed and adopted to make an in-depth study of the effective implementation of Maintenance and Welfare of Parents and Senior Citizens Act, 2007 as well as other State policies for the benefit of the elderly. The entire study was based on a research design consisting of both primary and secondary data collection. After detailed analysis, six districts were chosen from all over Kerala to conduct the survey as a part of the primary data collection.

Considering the fact that urbanization in Kerala was 50 per cent, special care was taken to include elderly population from both rural and urban areas to ensure due representation to various social groups.

A sample size of 1400 was covered from six districts by selecting two districts from each of the three Socio-Cultural Regions (SCRs) in Kerala. The entire state of Kerala was thus divided into North, Central and South zones among which 2 districts were selected from each zone for viable and approximately accurate results. The survey was carried out in Kannur and Malappuram from North zone, Palakkad and Ernakulam from central zone and Trivandrum and Pathanamthitta from South zone. The districts were selected on the basis of the highest and lowest proportion of elderly population in each of the SCRs. The villages/urban wards in each district were selected using the list of villages/wards available in the Primary Census Abstract published by Census of India.

The entire target of the field survey was to cover about 240 households having at least one elderly member in each house, who was to be interviewed. The sample size of 240 per district allowed a great deal in analysing some key variables at the district level. For rural/urban sample, the finalised design was to cover 10 elderly individuals from each village/urban ward. A total of 24 regions, consisting of 12 villages and 12 wards were thus surveyed. A survey team consisting of 8 members was allotted a district among which, a team consisting of two were assigned to visit households and old age homes.

On the other hand, survey in old age homes was proposed to cover about 210 inmates from the six selected districts. According to the data collected and managed by Government, NGO and private players about old age homes, there are only 8 old-age

homes in Malappuram. So, a total of five old age homes were covered in each district resulting in the coverage of 5-10 elderly individuals from each old age home, except in Malappuram where 20 inmates from three selected old-age homes were surveyed. Overall it resulted in the surveying of 40 elderly individuals from each district, excluding Malappuram.

The field survey was based on an extensive questionnaire covering all the major social schemes and basic facilities that has been provided by the government for the welfare of the elderly citizens. The field survey and personal interviews was undertaken with a sincere motive to assess the effectiveness and impact of the ongoing programmes for the senior citizens. Hence, all these categories of people, civil society, senior citizens, and selected respondents constituted the universe of the study. Two separate questionnaires were prepared comprising one for the household and the other for the elderly individual in case of a survey conducted in a household. Questionnaire was also prepared for elderly in old age homes and an interview with the manager/owner of the old age homes, in addition to the observation checklist that had to be filled in by the survey team after examining a set of basic requirements which includes:

- Cleanliness
- Facilities
- Space of rooms
- Number of inmates per room
- Fan
- Fridge
- Kitchen facilities
- Prayer hall
- Recreation facilities

The selection of households from each village or ward had been done using random sample techniques in such a manner that the samples were prevented from being geographically clustered. A total of 1400 samples/household had been approached using pre-tested questionnaires. Both men and women were interviewed in the selected sample villages/wards. Additionally, people residing in old age homes from these selected districts were personally interviewed.

Household Survey

Primary survey at the household level were undertaken to study the quality of life of elderly population in both rural and urban areas in order to assess the impact of the social sector programmes and its effectiveness. The following major variables of data were collected from the households.

- Availability of basic needs such as food, water and shelter.
- Financial status and well-being of households.
- Opportunities available for recreation.
- Economic condition of affording a caregiver.
- Amenities and Services available and required for the elderly.
- Awareness of the schemes and other special benefits implemented by the government.
- Senior Citizen's household access to entertainment.
- Household access to basic amenities such as electricity, sanitation facilities and pure drinking water.
- Need for any other support.
- Attitude of family members towards older people.

- Children's attitudes towards elderly people and the time spent with the elderly during a day.
- Availability of health, security and old age homes.

Old Age Home Survey

Apart from the personal interviews conducted among the inmates of the old age home, separate interview was made with the head of the old age home in which relevant questions relating to the functioning, procedure and management details were enquired. The questions mainly covered were as follows: -

- Ease of getting sanctions to start old age homes
- The number of the staff members.
- The number of the inmates.
- Qualification of the appointed staff.
- The nature of the appointment – permanent or temporary.
- Average tenure of employees.
- Requirement of prior experience in the staff appointed.
- Offer of training of sorts to the staff.
- Background check of the staff appointed.
- Procedure for admission of elderly.
- Nature and reason for the rejection of any applicants, if any.
- Personal difficulty in the maintenance of the old age homes.
- Mode and manner of the resolution of fights among the elderly inmates.
- Probability of the organisation of awareness programmes or counselling sessions.
- Term of stay of the elderly.
- Frequency of permitting visitors.

- Cases of neglect of the elderly
- Management of medical expenses.
- Source and availability of medicines.
- Frequency of routine check-ups, if any.
- Frequency of visits by the children or relatives of the inmates.
- Suggestions to improve the life of the elderly in old age homes.

Data collection through RTI applications:

RTI applications has been filed in the 5 southern states including Kerala, Karnataka, Andhra Pradesh, Telangana, and Tamil Nadu. Six District Hospitals and six District Collectors' Offices were selected from each state. One application is also filed in each Social Justice Department of the above five states. From this, we received only 13 successful replies. In most of the cases, the replies were incomplete or not giving proper answers. Many government offices return the application by stating that the required information is not available with them.

CHAPTER 3

ELDERLY RIGHTS IN INDIAN LAW

Constitutional Provisions

Upon approaching old age, physical and mental problems become daily affair. Due to such afflictions, he is unable to work and earn his own livelihood which in turn makes him dependent on others. In order to protect the interest of the most valuable assets of the country i.e. elderly people, our Constitutional framers have inserted certain provisions on this subject under Part IV of the Constitution. i.e. Directive Principles of State Policy. Furthermore, although not explicitly stated as a Fundamental Right, the judiciary reads the rights of the elderly as a facet of Article 21 of the Constitution.

Although Directive Principles are not enforceable unlike Fundamental Rights, it is an accepted norm that they must be taken into account while framing the state policy. Article 41 of the Constitution provides that, “The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.” It places obligation upon the State to provide job opportunities and other help to the elderly so that they can earn and live a respectful and independent life. Article 38(1) enjoins the State to strive to promote welfare of the people by securing and protecting as effective as it may a social order in which justice social, economic and political shall inform all institutions of the national life. In particular the State shall strive to minimize the inequalities in status, facilities and opportunities. Article 39(e) requires the State to secure that the health and strength of workers, men and women and children of tender age are not abused and that citizens are not forced by economic necessity to enter

avocations unsuited to their area of strength. To achieve these goals, State provides pensions as monetary benefit to former employees so that they can live meaningful life with dignity.

By keeping these Directive Principles in mind, legislations to protect the interest of the elderly have been enacted. This includes the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and Rules on the same along with other legislations.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

Up until 2007, there were no special or separate legislation exclusively addressing the elderly population. The Directive Principles, although mentions rights of the elderly, they were not applicable towards private citizens. For private citizens, two Acts—the Code of Criminal Procedure, 1973, and the Hindu Adoption and Maintenance Act, 1956—placed obligations regarding the care of parents by their children if they are unable to take care of themselves. It was only with the passing of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 that a specific legislation for the protection of senior citizens came into force in India. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 seeks to make it a legal obligation for children and heirs to provide sufficient maintenance to senior citizens, and proposes to make provisions for state governments to establish old age homes in every district.

The Act places an obligation on children and relatives to maintain a senior citizen or a parent to the extent that they can live a normal life. The definition of senior citizen includes both Indian citizens aged over 60 years, and all parents irrespective of age. This obligation applies to all Indian citizens, including those residing abroad.⁶ The

⁶ S.2(h), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

Act defines “children” as sons, daughters, grandsons and granddaughters⁷ and “parents” includes biological, adoptive or step parents.⁸ A senior citizen who is unable to maintain himself based on his own earnings or property shall have the right to apply to a maintenance tribunal for a monthly allowance from their child or relative.⁹ If he is incapable of filing the application on his own, he may authorise any other person or registered voluntary association to apply on his behalf.¹⁰ The maintenance tribunal may also, on its own, initiate the process for maintenance.¹¹

In case of childless senior citizens, relatives are obliged to provide maintenance. The Act defines “relative” as someone who is in possession of or would inherit a senior citizen’s property.¹² The Act, however, doesn’t seek to make it an absolute obligation on the relatives of a senior citizen; it states that a relative from whom such maintenance is being claimed must have sufficient means to maintain such claimant.¹³ Further, the Act also attaches a proviso to it, which states that such person should either have the possession of the property of such senior citizen, or he would inherit the property of such senior citizen. If more than one relative would inherit such property, the Act proposes proportionate payment by all relatives where the maintenance shall be payable by such relative in the proportion in which they would inherit his property. It is only on fulfilment the above-mentioned conditions that a relative can be asked to maintain the senior citizen. However, the Act fails to address instances where the senior citizen sells his property to a third party or if the relative who is said to inherit the property intends on refusing to accept it. Further, as wills are

⁷ S.2(a), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

⁸ S.2(d), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

⁹ S.5(1)(a), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹⁰ S.5(1)(b), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹¹ S.5(1)(c), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹² S.2(g), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹³ S. 4, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

changeable, it is unclear how one would determine who would inherit the property after death, and therefore who would be obliged to maintain the senior citizen.

Another controversial area is with regard to gift deeds; Section 23 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, deals with instances where the transfer of property is void in certain circumstances. This including when a gift deed is made with the condition that transferee shall provide the basic amenities and basic physical needs to the transferor, if the transferee does not do so, then the transfer is deemed to be made through coercion or such fraudulent means. This is in contradiction to what is provided in the Transfer of Property Act.

Section 5 of the Act specifies that application for maintenance shall be disposed of within 90 days. The Act also prescribes punishments to be awarded if there is default in payment of maintenance¹⁴ and establishes the Maintenance Tribunal to provide speedy and effective relief to elderly persons.¹⁵ Under Section 12 of the Act, 2007, an option has been given to the parents or senior citizen to claim maintenance even under Section 125 of Code of Criminal Procedure, 1973 but it cannot be claimed under both the Acts. Section 125 of Cr.P.C does not put any limit for the maintenance, whereas under the 2007 Act, the maximum limit of maintenance to be awarded is fixed as 10,000 /- under Section 9 of the Act.

The Act empowers the State with the entire responsibility of establishing Tribunals, enacting rules and such.¹⁶ Since there is no mandatory provision in the Act, State may or may not establish Tribunal to adjudicate the cases of senior citizens. Further, the Act grants only parents the right to appeal.¹⁷ There is no facility for appeal available

¹⁴ S. 24, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹⁵ S. 5(4), Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹⁶ S. 32, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹⁷ S. 16, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

to childless senior citizens, children or relatives. According to the provisions of the Act entry of Advocates is prohibited;¹⁸ while senior citizens and parents may be represented by a maintenance officer designated by the state government, neither relative nor children can have representatives.¹⁹

The Act mentions various duties of the State Government. The Act states that the state government may establish and maintain at least one old age home per district with a minimum capacity of 150 senior citizens per home.²⁰ The state government may also prescribe a scheme for the management of such homes which shall specify standards and services to be provided including those required for medical care and entertainment of residents of these old age homes. It shall ensure separate queues for senior citizens, expand facilities for treatment of diseases and expand research for chronic elderly diseases. While these are positive steps from the part of the State government, these are not mandatory. Further, the Act is silent regarding management and administration of such Old Age Home. Taking into account the current destitute conditions of old age homes established prior to this Act, it is clear that if no legal obligation or responsibility is specified, these provisions will not be fulfilled.

The Act also directs the state government to ensure that government hospitals and those funded by the government provide beds for all senior citizens as far as possible.²¹ These provision are found to be ornamental only as very few hospitals have geriatric care and medicine experts in India. In absence of expertise how senior citizens will get proper treatment and care is the important question. In that event

¹⁸ S. 17, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

¹⁹ S. 18, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

²⁰ S. 19, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

²¹ S. 20, Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

senior citizen will have to approach such hospitals having expertise in Geriatric care and will have to pay exorbitant fees for the same.

Implementation at State Level - Kerala

Section 1 of the Act specifies that it shall come into force in a State on such date as the State Government may appoint. Section 32 of the Act permits each State to form their own Rules regarding the Act. The State of Kerala has implemented the Act with effect from 29.08.2009 and the Kerala Maintenance and Welfare of Parents and Senior Citizens Rules 2009 from 29.08.2009.

The Rules specifies various works to be done by the Tribunal including recommending a panel of persons suitable to be appointed as a Conciliation Officer as under S. 6 of the Act.²² Section 4 of the Rules deals with procedure for filing out an application for maintenance and it's registration; this includes procedure to be followed in instances where the Tribunal taking cognizance *suomoto*.²³

In case of non-appearance of the opposite party, the Rules state that the Tribunal continues *ex parte*, by taking evidence of the applicant and making any inquiry it deems fit.²⁴ The Rules specifies that the maximum maintenance allowance a Tribunal can order is rupees ten thousand per month including income from all sources of the opposite party.²⁵

Chapter IV of the Rules deal with Scheme for management of old age homes established under S. 19. This includes the norms and standards to be followed by old

²² S.3(1), Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

²³ S.4(3), Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

²⁴ S. 7, Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

²⁵ S. 14, Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

age homes.²⁶ It also states that in case of illiterate and/or very infirm senior citizens, they can be admitted without any formal application if the District Magistrate is satisfied that he is unable to make a formal application. Other than this, the District Magistrate is to oversee and monitor the working of both the Maintenance Tribunals and the old age homes in the district, ensure regular and wide publicity of the provisions of the Act and such.²⁷ The Rules also state that each police station is expected to form and keep up to date a list of senior citizens living within its jurisdiction for the protection of life and property of senior citizens.²⁸

The Rules also deal with the setting up of state council and district committee of senior citizens for ensuring the effective implementation of the Act and the Rules.²⁹

Implementation in other south Indian states

The Tamil Nadu government implemented the Act in 2008 and the Tamil Nadu Maintenance and Welfare of Parents and Senior Citizens Rules in 2009. Similar to the Kerala Rules, the Tribunal is presided over by Revenue Divisional Officer of each of the Revenue Divisions of Tamil Nadu. The District Social Welfare Officer will be the maintenance officer and conciliation officer, who will conduct an inquiry and submit a report to the tribunal. The district collector will be the appellate authority.

The State of Karnataka adopted the Act and implemented the Karnataka Maintenance and Welfare of Parents and Senior Citizens Rules in 2009.

²⁶ S. 18, Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

²⁷ S. 19, Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

²⁸ S. 20, Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

²⁹ S. 21 and S. 22, Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

The Andhra Pradesh government had made rules in 2011 for implementation of the Act by designating the revenue divisional officers as presiding officers of the Tribunal to deal with complaints of parents claiming maintenance under the Act. The same rules were later adopted by the Telangana State after its formation.

Judiciary and Senior Citizens

The Judiciary plays a very important role as the protector of the Constitution and the basic guarantees given to citizens of the country. The rule of law is the bedrock of democracy, and the primary responsibility for implementation of the rule of law lies with the judiciary.³⁰ It is in the ambit of judicial review, to ensure that democracy is inclusive and that accountability is imposed on everyone who wields or exercises public power.

The Supreme Court has held that any legislation is amenable to judicial review, be it amendments³¹ to the Constitution or drawing up of schemes and bye-laws of municipal bodies which affect the life of a citizen³². Judicial review has empowered the Courts to look into matters such as the President's power to issue a proclamation on failure of constitutional machinery in the States like in *Bommai case*, and even issues relating to the highly discretionary exercise of the prerogative of pardon like in *Kehar Singh case* or the right to go abroad as in *Satwant Singh case*. Judicial

³⁰ Dr Justice A.S. Anand Justice N.D. Krishna Rao Memorial Lecture Protection of Human Rights — Judicial Obligation or Judicial Activism, (1997) 7 SCC (Jour) 11; Jain S.N., New Trends of Judicial Control in Administrative Discretion, 11 J.I.L.I., 544, (1969), Jain S.N., Legality of Administrative Discretion, 8 J.I.L.I. 349 (1966).

³¹ Shankari Prasad Singh Deo v. Union of India, AIR 1951 SC 458; Sajjan Singh v. State of Rajasthan, AIR 1965 SC 845; Golak Nath v. State of Punjab, AIR 1967 SC 1643; Kesavananda Bharati v. State of Kerala, (1973) 4 SCC 225; Minerva Mills Ltd. v. Union of India, (1980) 3 SCC 625; Sanjeev Coke Mfg. Co. v. Bharat Coking Coal Ltd., (1983) 1 SCC 147; Indira Nehru Gandhi v. Raj Narain, 1975 Supp SCC 1.

³² M.C. Mehta v. Union of India, (1996) 4 SCC 351.

review knows no bounds except the restraint of the judges themselves regarding justifiability of an issue in a particular case.

By expanding the concept of *locus standi* to include any public-spirited individual³³ and thereby promoting the advent of Public Interest Litigation was the first step towards expanding the horizons of Human Rights in India. The scope of writ jurisdiction has also been expanded to uphold the Human Dignity and other Fundamental Human Rights.

Cases dealing with issues of older persons

Yogesh Sadhwani v. Commissioner of Police, 2015 SCC Online Bom 959

A PIL was filed on behalf of Mrs Jayashree Gholkar. This case brought forth a complete failure of the execution of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. The Court directed the State Government to file affidavit mentioning therein the steps taken:

- i. To establish tribunal under Sec. 7.
- ii. Designate a maintenance officer under Sec. 18.
- iii. For establishment of old age homes under Sec 19.
- iv. To give medical support to the senior citizen as under Sec. 20.
- v. for publicity, awareness, etc. for welfare of senior citizen under Sec. 21

This case therefore is an example of judicial intervention to question the efficacy of the Executive.

³³ S.P. Gupta v. Union of India, AIR 1982 SC 149.

Santosh SurendraPatil v. SurendraNarasgopndaPatil, 2017 SCC Online Bom 3053

The litigating parties in the case were parents and their sons. The respondent was the son of the Petitioners and was appealing against an order of vacation of the residential premises owned and constructed by the Petitioners. The court went on to discuss the need for the enactment of Maintenance and Welfare of Parents and Senior Citizens Act, 2007. The moral duty to take care of one's parents was crystallised as a legal responsibility under this Act. The State also takes it upon itself the guardianship of Senior Citizens and old infirm parents. The eviction order was upheld by the court as such an order is permissible under Sec. 23 of the Act of 2007.

People's Union of Civil Liberties v. Union of India, 2007 1 SCC 728

As part of interim measures several directions were given by the Court regarding several schemes. Specifically, in regard to older persons the following order was made; The States were directed to identify the beneficiaries and state payments under the National Old Age Pension Scheme. Such payments were to be made promptly by the 7th of each month.

H. MariyamBeevi v. The Secretary to Government, Government of Tamil Nadu, Social Welfare and Nutritious Meals Scheme Department, W.P.No.22122 of 2010

A writ petition was filed challenging an order passed by the Special Tahsildar of Social Security Scheme. The petitioner was informed that her claim for pension for the old age will be taken up only if her name was included in the list of persons who are living Below Poverty Line.

As per the Muslim Personal law applicable to the petitioner, there is no obligation for the son-in-law to maintain the mother-in-law and her elder daughter had underwent an operation and incurred huge expenditure. Therefore, the impugned order stands set

aside and the respondents were directed to grant old age pension in accordance with the Indira Gandhi National Old Age Pension Scheme.

H.S. Subramanya v. H.S. Lakshmi, ILR 2014 KARNATAKA 4978

The petitioners have called in question invalidity of the order whereby the Maintenance Tribunal and the Assistant Commissioner has directed the petitioners and the third respondent to pay maintenance to their mother under Section 9 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

The first respondent was a widow whose husband had executed a Will bequeathing his properties in favour of his children. A provision was made in the Will for payment of maintenance to her and she was to be paid an amount by each of her sons. The petitioners stated that they were paying monthly maintenance to their mother regularly while the 3rd respondent did not do so. It was stated that the 3rd respondent pockets the maintenance amount paid to their mother which lead to the petitioners to stop payment of maintenance.

The Tribunal directed all the sons to pay a sum of Rs. 3,000/- every month for the sustenance of their mother, who is unable to maintain herself. The allegation made by the petitioner that that third respondent will be the beneficiary if maintenance amount is paid to the 1st respondent does not hold as the amount is insufficient for the maintenance of the 1st respondent. The petition was dismissed.

NHRC Cases

Non-Payment of Retirement Benefits to Widow of an Employee of Social Welfare Department, Government of Uttar Pradesh (Case No. 24824/24/22/09-10)

The petitioner stated that her husband who was working with the District Welfare Officer, Etah died on 21 December 2001, and that his retirement dues had not been paid to her despite repeated requests to the concerned authorities. The Commission called for a report from the Department of Social Welfare and was told that GPF link insurance could not be given to the employee because the Accountant General had not sent the balance amount of GPF payment orders. Pursuant to the D.O. letter it was stated that the complainant was paid Rs.30,000 towards GPF Link Insurance and the balance of GPF amounting to Rs.31,050.

The Chief Secretary, Uttar Pradesh informed the Commission that an amount of Rs 28,462 as interest on delayed payment of insurance was paid and the errant public servant has been punished by way of recovery of the interest on delayed payment along with appropriate disciplinary action. Orders for recovery of interest on delayed payment from negligent officers/officials had been issued as well as orders for initiation of action against three Clerks.

Delayed Payment of Dues to Widow and Job to Son of Deceased Employee by Bharat Coking Coal Limited (Case No. 636/34/4/2010)

The petitioner alleged that her late husband who belonged to a scheduled tribe community and worked in Bharat Coking Coal Limited (BCCL) died on 28 November 2002 but she had not been given any pension nor other retirement benefits including a job to her son on compassionate ground. On the directions given by the Commission, the General Manager, BCCL, informed that monthly pension to the petitioner at the rate of Rs.599 per month had been sanctioned and an amount of Rs. 61,945 including arrears was paid to her in October 2010. It was further informed that CMPF amount due to the petitioner was paid on 2 December 2010, and the CMPF amount to each of the son and daughter of the deceased employee on 9 February

2011. Accrued statutory interest on CMPF accumulation had also been paid. Further, it was informed that her son was appointed on compassionate ground vide office order dated 16 January 2012.

The Commission on 23 April 2012 noticed that the family of the deceased tribal employee was left without means of support for eight years because of the negligence of concerned public servants. It directed the Chairman-cum-Managing Director of BCCL to make an additional payment of Rs.1,00,000 as reparation for the victim for violation of the human rights of her family. This was paid accordingly and the officials were advised to be vigilant and careful while dealing with such kind of cases in future.

Stoppage of Family Pension to an Elderly Woman (Case No. 325/30/3/2011)

The Commission received a complaint from an elderly woman, stating that her husband was employed as Senior Mali in the Horticultural Department of Central Public Works Department and he had passed away while working on 4 July 1969. She used to receive her family pension in cash from the Government Treasury until October 2006. However, from November 2006 onwards she was not getting her pension. The Commission issued a notice to the Secretary, Department of Expenditure, Ministry of Finance calling for a report in the matter.

The report stated that the petitioner was taken up with Central Pension Accounting Office (CPAO) and it had informed that the Pension Payment Order (PPO) in her case has been issued by the Ministry of Urban Development and CPAO has authorized the Bank for payment. An amount was credited to the petitioner's bank account on 19 March 2011, which includes arrears of monthly basis pension with effect from November 2006. The remaining arrears would also be credited to her account after it received the money from Mumbai.

The Commission considered the matter again on 17 June 2011 and observed that a delay of more than five years cannot be justified by any logic. They held that an elderly widow needs money at this stage of life to live a life of dignity; inaction on the part of the Central Government in the matter has affected the complainant's right to live with dignity, which is a human right recognized by the statute. The Commission felt that the Central Government is liable to compensate the complainant for this violation and a notice under Section 18 (a) (i) of the Protection of Human Rights Act, 1993 was issued to the Government to show cause as to why the Commission should not recommend monetary relief on account of this inordinate delay.

In response, the Department of Expenditure informed the Commission that their Ministry was neither the pension sanctioning authority nor was it the pension disbursing authority and that it had played only a coordinating and facilitating role and had taken up the case with the CPAO, which was a subordinate organization under the Ministry of Urban Development. Subsequently, a show cause notice was issued to the Secretary, Ministry of Urban Development which stated that the matter remained pending either in the office of the CPAO which was a subordinate office of the Ministry of Finance or in the Pay & Accounts Office.

The Commission issued a show cause notice to the CPAO as to why the Commission should not recommend monetary relief to the complainant on account of inordinate delay. The Controller of Accounts opposed the grant of any compensation to the complainant and further stated that the complainant continued to get the family pension up to 31 October 2006 from the Treasury Office. For the purpose of getting family pension through bank, the Treasury Office, Delhi, transferred the original pension documents to CPAO on 14 November 2006 directly without special seal authority of AG Audit, Delhi. As per the approved procedure, CPAO forwarded the

original pension papers to AG Audit, Delhi on 8 December 2006 for embossing their special seal on the pension documents. The AG Audit replied on 13 March 2008 stating that the documents were not received by them. A request for a duplicate PPO was sent on 13 March 2008 by AG Audit and the CPWD took almost two years and five months in preparing it. The CPAO claimed that the delay was on the part of AG, Audit, Delhi and CPWD. A communication dated 16 August 2011 was also received from the Director (Administration), Ministry of Finance which stated that, “CPAO have admitted to a significant delay of more than four years and four months in the payment of pensionary entitlements to Smt. Bhagwanti Devi due to communication gaps/non-action/ other reasons by various authorities.”

Upon consideration of the response to the show cause notice, the Commission through its proceedings dated 11 June 2012 opined that given the facts and circumstances of the case, the initial point of delay occurred at the office of the CPAO, who claimed to have sent the documents to AG Audit, but the same never reached its destination. This resulted in the delay of almost five years and so the complainant is certainly entitled to some compensation. The compensation was to be paid by the Government of India and it is irrelevant as to which Department of the Government pays it. Since the cause of delay was at the office of the CPAO, the Commission recommended to the Secretary, Ministry of Finance, Government of India, and the CPAO to pay a compensation.

Non-Payment of Retirement Benefits to Class IV Employee (Case No 762/30/0/2012)

The Commission received a complaint from a Class IV employee who retired from the Office of Rehabilitation Services, Department of Social Welfare, Government of NCT of Delhi on 30 June 2010 alleging that his pay was not revised as per Rules

before his retirement on 30 June 2010 and he was paid retirement benefits on the basis of the old grade pay of 1,800 rupees instead of Rs.2,400.

After examination of the complaint, the Commission issued a notice to the Government of NCT of Delhi and obtained a report from them which stated that the case is being finalized shortly. A copy of the letter stating that the pay of the concerned employee had been re-fixed and the order of fixation issued was also enclosed.

The Commission considered the report on 26 March 2012 and observed that the employee retired on 30 June 2010 and even after lapse of more than 1 ½ years, the Department failed miserably in revising the retirement dues and no efforts were further made even after a notice was issued by the NHRC to recalculate the revised pension, gratuity, commutation and leave encashment on the basis of Grade Pay of Rs. 2,400 as claimed by the employee that was not refuted by the Department. Direction was issued to finalize the revision of pay of the complainant and other similarly situated retired Class IV employees without any additional delay and release the revised benefits to them as well as to institute an enquiry to identify the officials who were responsible for delay in processing the claims of the retired Class IV employees which deprived them of their legitimate dues.

Inordinate Delay in Settlement of Terminal Benefits (Case No. 1529/1/5/2011)

The petitioner stated that her son joined the Shipping Corporation of India Ltd. in 1996 as Engine Room Petty Officer and in 2003 she received a telegram that her son was missing on board MT Havildar Abdul Hamid PVT. He was last seen in the ship on 2 July 2003 subsequent to which a FIR was registered. However, even after a span of 7 years his family did not receive any compensation.

The Shipping Master, Ministry of Shipping, Government of India informed the Commission that a death compensation had been sent to the Commissioner for Workmen's Compensation, Chennai for disbursement. However, the Chennai Office demanded his death certificate and certificates of the legal heir of the complainant's son which she was unable to provide. She has been requested again to get the death/deemed death certificate in English language as early as possible.

The Commission upon consideration of the matter observed that in these circumstances, Deputy Commissioner of Labour-I should correspond with Shipping Corporation of India Ltd. to find out the name of the nominee mentioned in service record of the deceased for making the required payment. If no name of the nominee was mentioned in the service record, then the Deputy Commissioner should be directed to contact the complainant and find out the names of the legal heirs of the deceased, so as to pay the compensation to the widow of the deceased and his children, if he was married, and if he was unmarried to the mother of the deceased.

Non-payment of Terminal Benefits to Dependents of Ex-serviceman (Case No. 1365/35/9/2011)

The Commission received a complaint from a resident of District Pithoragarh, Uttarakhand, stating that her husband had died on 21 April 1993, but she is yet to receive the family pension. It was alleged in the complaint that she is not physically well and was unable to get proper treatment for want of money and that the concerned officers were delaying the matter on one pretext or the other.

In response to the notice issued by the Commission, the Under Secretary, Ministry of Defence, informed that the family pension had been forwarded to the Bank on 30 April 2011 and that the petitioner was advised to liaise with the Bank for payment of

family pension and in case of non-payment she may lodge a complaint with the Reserve Bank of India against the Bank.

Upon consideration of the matter the Commission observed that the report received from the Ministry of Defence was incomplete and the allegations made were not enquired. The Commission felt that no serious efforts were made by the authorities in the Ministry of Defence for redressal of grievances and so the Commission issued a notice to the Under Secretary, Ministry of Defence to get the matter enquired and accordingly inform the Commission about the action taken against the delinquent officers who had caused inordinate delay in disbursement of the family pension to the complainant. In response, the Under Secretary, Ministry of Defence submitted a report stating the petitioner had received family pension.

Non-payment of Special Pension to Widow of a Deputy Jailor in Mirzapur, Uttar Pradesh (Case No. 23002/24/2002-03)

In the complaint, the widow stated that her late husband who worked as Deputy Jailor was murdered in 1977 while performing his official duties and that she was not being paid extraordinary pension by the State Government despite her repeated requests. On examination of the case by the Commission the Chief Secretary, Government of Uttar Pradesh was to personally look into the matter and provide relief to the widow of deceased.

As per the 2011-2012 Annual Report it was observed that sanction had been accorded by the Governor of Uttar Pradesh to pay extraordinary pension to Savitri Devi and copies of the order had been sent to the Accountant General and PPO and GPO with a request to pay arrears at the earliest. After a delayed period of 35 years, the office of the Accountant General (A&E), Uttar Pradesh, Allahabad forwarded the compliance

report stating that the arrears of extraordinary pension amounting to Rs 5,48,081 was paid to the petitioner on 18 August 2012.

CHAPTER 4

WELFARE PROGRAMMES

Welfare Programmes are government funded schemes to provide financial aid and other such facilities to disadvantaged groups in the community. The United Nations had decided to observe the year 1999 as the 'International Year of Older Persons'. Pursuant to this India recognized to bring in the issues faced by Older Persons or Senior Citizens in the forefront by adopting a National Policy for Older Persons. A policy of such nature was first introduced in 1999 and later revised in 2011.

The National Policy for Older Policy, 1999

Demographic ageing was a phenomenon discussed in the National Policy for Older Persons. The following implications were highlighted:

1. Changes in Society- Societal values have changed owing to industrialisation, urbanization, education and exposure to lifestyles in developed countries.
2. Changes in economy- Higher life expectancy and higher costs to meet with their needs

The National Policy recognized that the older persons and their concerns were of national importance. Although a lot of broad goals were laid down such as need for an age-integrated society, more opportunities for the older generation and facilitate them to lead an active life. However certain principle focus areas were recognised such as:

- Financial Security: It was recorded that almost two thirds of the 60+ population is financially fragile. Old age pension, better and effective disbursement of

retirement benefits, expansion of pension coverage, favourable taxation policies, right of maintenance.

- Healthcare and nutrition: affordable and highly subsidised healthcare for older persons, trusts and charitable societies would be encouraged to take this up by providing them with tax incentives, special training in care of the elderly, state sponsored hospices, spreading awareness about the special needs of older people.
- Shelter: housing schemes specifically targeting the older generation such as the Indira AwasYojana, speedy development, easy availability of loan. Developing the housing society with specific services for instance group housing facilities with meals, laundry, common room etc. would be encouraged.
- Education: education and training in areas specifically relevant for this age group. continuing education programmes, out-reach programmes.
- Welfare: Among the older persons the most vulnerable group would be identified and welfare services would be provided to them on a priority basis. Old-age homes, voluntary organisations would be given grants to carry out these objectives, welfare fund for older persons would be set up.
- Protection of Life and Property: older generation has become an easy target for criminal elements. They are often victims of fraudulent dealings, physical and emotional abuse. Intervention of voluntary organisations and friendly vigils by Police would be appreciated.

Implementation of the above goals was to be done by the relevant ministry by inculcating the above points in their Five year and Annual Action Plans. Time-bound targets, special schemes etc. must be devised. The Annual reports of the Ministry

must indicate the progress made and every three years a review would be carried out by the Ministry of Social Justice. An autonomous registered National Association of Older Person (NAOPS) was established as a facilitative wing to undertake the activities and also advise the government on future programmes.

The National Policy for Senior Citizens, 2011

In 2011, a new policy, “National Policy for Senior Citizens 2011” was formulated. It refocused the new policy onto priority to issues of older women, implementation of the Madrid Plan of Action and Barrier Free Framework, increased employment opportunities, implementation of Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and living facilities of abandoned senior citizens.

It specifically highlighted areas of implementation with an ‘Implementation Section’ wherein concerned ministries have been assigned different policy elements. The focus areas remain more or less similar to the original National Policy. However, the implementation mechanism is substantially different.

1. ADHAAR was made integral for distribution of the benefits under the Policy
2. A separate Department of Senior Citizens under the aegis of the Ministry of Social Justice was formed and appointed as the nodal agency for all matter relating to the implementation of the NPSC 2011.
3. Directorates of Senior Citizens in State and union territories and National Council for Senior Citizens would be established.

The National Council of Older Persons was reconstituted in 2012 as National Council of Senior Citizens with wider national impact. The new Council has wider gamut of functioning in relation to

- Policies, programmes and legislative measures;
- Promotion of physical and financial security, health and independent and productive living; and
- Awareness generation and community mobilization.

The first meeting of the new Council was held under the chairmanship of the Minister of Social Justice & Empowerment Thaawarchand Gehlot on 30th August 2016. The agenda of the meeting was mainly to review the various aspects of importance highlighted in the 2011 Policy.

A second meeting of the Council was held on 19th June, 2017. The Minister for Social Justice announced distribution of free physical aids and assisted-living devices to seniors belonging to the below poverty line category. This scheme was launched in April, 2017. The Minister called for a Central legislation prescribing minimum standards for facilities to be provided for older persons. A resolution to include health related information in an ADHAAR based smart card has also been adopted in the meeting.

An Analysis of the Welfare Approach as Envisaged by the Five Year Plans

During the IXth Five Year Plan, the thrust of social welfare programmes was to provide welfare services to the handicapped, neglected and street children. Apart from creating social security schemes for the socially handicapped, there have also been schemes creating awareness amongst general public regarding the welfare measures of the department. New schemes were introduced in the social welfare sector for the improvement of institutional management. Similarly, in the Xth Plan the social welfare programmes were directed to all segments of disadvantaged groups with special

emphasis for empowerment of women and care for the elderly. The major achievements in this Plan can be summed up as follows –

- The amount of pension which was earlier enhanced from Rs. 200 per month to Rs. 300 per month in January 2002 was further enhanced to Rs. 350 in 2004. Old age pension system was being released through the electronic clearance system of the RBI.
- The scheme ‘All route concessional DTC passes to Sr. Citizens’ was introduced under this plan which required all senior citizens to contribute Rs. 50 per month and the remaining amount of Rs. 200 per month for each pass being provided by the Social Welfare Department.³⁴

Other benefits given by the Central Government

Facilities being provided by the Ministry of railways to senior citizen:

- As per the rules, male Senior Citizens of minimum 60 years and female Senior Citizens of minimum 58 years are granted concession in the basic fares of all classes of Mail/Express/Rajdhani/Shatabdi/Jan Shatabdi/Duronto group of trains. The element of concession is 40per cent for men and 50per cent for women
- Separate counters are earmarked at various Passengers Reservation System (PRS) centers for special category of people which including senior citizen physically handicapped people etc.
- In the computerised Passenger Reservation System (PRS), there is a provision to allot lower berths to Senior Citizens

³⁴National Policy for Senior Citizens, 2011.

Concession regarding the fare rate in flight tickets:

There is no uniformity in the concession regarding flight tickets. Primarily because these companies are private. The only government owned enterprise, Air India, gives a discount of 50per cent of basic fare on select booking classes in economic cabin for senior citizen.

Old age homes:

Under Sec. 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 related to the establishment of old age homes. Under this section:

1. The State Government may establish and maintain such number of old age homes at accessible places, as it may deem necessary, in a phased manner, beginning with at least one in each district to accommodate in such homes a minimum of one hundred fifty senior citizens who are indigent.
2. The State Government may, prescribe a scheme for management of old age homes, including the standards and various types of services to be provided by them which are necessary for medical care and means of entertainment to the inhabitants of such homes.

Explanation: For the purposes of this section, “indigent” means any senior citizen who is not having sufficient means, as determined by the State Government, from time to time, to maintain himself.

Health Care:

The Ministry of Health and Family Welfare had launched the National Programme for Health Care of the Elderly (NPHCE) in 2010 to provide dedicated health care facilities to the elderly people through State health delivery system at primary,

secondary and tertiary levels, including outreach services. Following facilities are being provided under the Programme:

- Geriatric OPD, 30 bedded Geriatric wards for in-patient care etc. at Regional Geriatric Centres. The Regional Geriatric Centres will also undertake PG Courses in Geriatric for developing Human Resource.
- Geriatric OPD and 10 bed Geriatric Ward at District Hospitals.
- Bi-weekly Geriatric Clinic at Community Health Centres (CHCs).
- Weekly Geriatric clinic at Primary Health Centres (PHCs).
- Provision of Aids and Appliances at Sub-centres.

As on date (4th December 2014), a total of 104 districts of 24 States/UTs and 8 Regional Geriatric Centres have been covered under the Programme. So far, 930 CHCs, 4439 PHCs and 28767 Sub-centres have been covered under the programme.

Number of districts selected from south Indian states:

- Andhra Pradesh (8 districts)
- Kerala (5 districts)
- Tamil Nadu (5 districts)
- Karnataka and the UT are not included in the scheme.

Welfare Schemes in Southern states

The various schemes that are introduced by the Central government are implemented by the State government as it is a more convenient arrangement in terms of overall oversight and specific knowledge about how the particular State functions. Therefore, following is an analysis of the various schemes that have been introduced at the State level in the southern region of the Country.

INTEGRATED PROGRAMME FOR OLDER PERSONS

The main objective of the Scheme is to improve the quality of life of the Older Persons by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/Non-Governmental Organizations/Panchayat Raj Institutions/local bodies and the community at large. Some examples of schemes that have been envisaged under the programme are:

- (i) Maintenance of Old Age homes to provide food, care and shelter for a minimum number of 25 destitute older persons.
- (ii) Maintenance of Respite Care Homes and Continuous Care Homes for a minimum of 25 Older Persons who live in old age homes but are seriously ill requiring continuous nursing care and respite.
- (iii) Running of Multi Service Centres for Older Persons to provide day-care, educational and entertainment opportunities, healthcare, companionship to a minimum number of 50 older persons.
- (iv) Maintenance of Mobile Medicare Units to provide medical care to the older persons living in rural and isolated and backward areas.
- (v) Running of Day Care Centres for Alzheimer's Disease/Dementia Patients to provide specialized day-care to the Alzheimer's disease patients.

³⁵<http://www.swd.kerala.gov.in/index.php/social-justice-a-empowerment/award/senior-citizens/273?task=view>
http://www.swd.kerala.gov.in/images/stories/pdf/integrated_programme_for_older_persons.pdf

VAYOSHRESHTASAMMAN AWARD FOR THE AGED

A very novel way of acknowledgement to the NGOs is the institution of the above Awards which are given in the following category:

- Institution Award for Knowledge for the institutions, which are generating and spreading the knowledge in the field of ageing. Institution Award for Service for the institutions which are providing outstanding services to the elderly. Centenarian Award for the individuals who are 90+ years and still working and contributing to the society.
- Best Mother Award for mothers who have fought against all odds so that their children may fulfil her dream.
- Courage and Bravery Award to the older people who displayed extraordinary courage in difficult situations.
- Lifetime Achievement Award to the senior citizens who have worked in the field of aging and made significant contributions in the field.
- Creative Art Award for the winners of the National/ International acclaim for their contribution to literature, painting, theatre, feature films and who are continued to be appreciated by the society despite advancing age and their efforts to train younger persons in the art.
- Best Panchayat Award to the Panchayats, which have done pioneering work for the cause of the older person at Panchayath Level.
- Sportsperson Award to the winners of National / International Championships during young age, continued contribution to the improvement of younger sportsperson.

Economic Leadership Award to the persons who have contributed to economic

and entrepreneurial development and continued contribution to improve standards in the industry.

TAMIL NADU³⁶

The policy for older persons follows a similar basic model with the following schemes:

OLD AGE PENSION (NORMAL) SCHEME (since 1.4.1962)

Under this scheme, pension was granted to all old aged persons who neither have any means of subsistence nor any relative to support them and are 65 years and above (60 years in case of destitute who are incapacitated to earn their livelihood due to blindness, leprosy, insanity, paralysis or loss of limb). To become eligible for the grant of Old Age Pension under this scheme, a person

- a) should not have any source of income or means of subsistence to support,
- b) should not be a professional beggar,
- c) should not be supported by son or sons aged 20 years or above and
- d) should not own property have valued above Rs. 5,000/-.

The Government of India contributed Rs. 200/- out of the total of Rs.400/- per month paid to the Old Age Pensioners covered under this scheme, which was part of the National Social Assistance Programme. The balance amount of Rs.200/- was borne by the State Government.

³⁶ http://www.tn.gov.in/scheme/beneficiary_wise/3

INDIRA GANDHI NATIONAL OLD AGE PENSION SCHEME (IGNOAPS)

The National Old Age Pension scheme has been renamed as Indira Gandhi National Old Age Pension Scheme was launched in Tamil Nadu on 19.11.2007, the birthday of former Prime Minister Smt. Indira Gandhi by then Hon'ble Chief Minister. As per the new scheme, the criteria of destitute has been relaxed and pension will be granted to persons who are 65 years of age or above belonging to households Below Poverty Line. The Central Assistance sanctioned for this scheme per beneficiary per month is Rs.200/-. The Government of Tamil Nadu contribute matching share of Rs.200/- per month per beneficiary as was done earlier in the case of National Old Age Pension Scheme. The beneficiaries under Indira Gandhi National Old Age Pension Scheme will get Rs.400/- per month on par with the other beneficiaries of the State Sponsored Pension Schemes.

DESTITUTE AGRICULTURAL LABOURERS PENSION SCHEME. (since 15.3.1981)

This scheme covers Destitute Agricultural Labourers aged 60 years and above. Conditions applicable to Old Age Pension (Normal) scheme are applicable to this scheme also. An amount of Rs.400/- per month is paid as pension under this scheme. Entire expenditure under this scheme is borne by the State Government.

Besides pension one saree per female pensioner and one Dhoti per male pensioner are distributed twice a year during Pongal and Deepavali Festivals. Government also provides a supply of free nutritious meal and free rice (since 15.9.1991) The Government has permitted beneficiaries of the above Pension Schemes to draw rice, free of cost at the following scales.

4 kgs of fine variety rice per head per month for those who do not take meals at the Nutritious Meal ProgrammeCentres. 2 Kgs. of fine variety rice per head per month for those who take meals at the Nutritious Meal ProgrammeCentres.³⁷

FREE TRANSPORTATION FOR ELDERLY

This is a novel concept that was inaugurated in 2016 by the then Chief Minister Jayalalitha. The target group are citizens who have attained the age of 60 years. They must have a valid id proof. They will be provided with ten tokens in each month which will act as tickets to travel in Chennai MTC buses. To get the tokens, one must fill the application forms of the scheme which is available in the bus depots and transport office. The application form is also available online in the website of the transport department. After successful submission of the forms, they will be provided tokens.³⁸

KARNATAKA

The Karnataka State Policy for Senior Citizens has come into force on 5-9-2003.³⁹

Objectives of the Policy

- The goal of the State Policy is to maintain the well-being of the older persons.
- The state shall extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation.

³⁷ http://silverinnings.in/wp-content/uploads/2016/10/social_security_net-TAMIL-NADU.pdf

³⁸ <http://www.thehindu.com/news/national/tamil-nadu/jayalalithaa-announces-free-public-transport-for-senior-citizens/article8252719.ece>

³⁹ Govt. order No. WCD/314/SJD/2003.

- Programme should be drawn for the older persons living in rural areas to ensure that they should be provided with equal opportunities as prevailing in urban areas
- The Senior citizens shall be provided with the opportunities to run active, creative, productive and satisfying life.
- The policy aims at having an age-integrated society.
- The State recognizes that elderly persons are also resourceful and render useful services to the family and the society.
- The policy recognizes the importance of proper budgetary allocation for the welfare of poor elderly persons.

A task force committee headed by Chief Minister is formed to implement the policy.

1. **Old age Homes:** State Govt. extend the financial assistance to NGOs to run Old Age Homes to take care of the elderly persons providing all the basic amenities and care protection to life etc.,
2. **Monthly Pension scheme for older person (Implemented by Revenue Dept.):**
Rs. 400/- is given as monthly pension to needy elderly persons to maintained themselves

Eligibility Criteria:

- a) He / She should be 65 years or more in age.
 - b) The combined annual income of the proposed pensioner and his or her spouse shall not exceed Rs. 20,000/- as certified by the local revenue authority.
3. **Help Line for Senior Citizens:** Help lines are established at 14 places in the State i.e., Bangalore, Mysore, Hubli-Dharwad, Gulbarga, Mangalore & Belgaum

Davangere, Raichur, Bellary and Shimoga with the help of Police Dept. and NGO's to redress the difficulties of senior citizens. (other 4 help lines)

- 4. Day Care Centre for Senior Citizens:** Day care centres are established at Bangalore, Hubli-Dharward, Gulbarga and Belgaum corporation areas. The main objectives of Day Care centre is to maintain the well-being of older persons, to provide social and emotional services, recreation, Health care etc.,
- 5. Identity Cards for Senior Citizens:** The Deputy Director Women & Child Development Department of the concerned district will identify NGOs to issue Identity Cards to Senior Citizens. The NGOs can collect Rs. 25 towards issue of Identity Cards to Senior Citizens.
- 6. SandhyaSurkasha Scheme (Implemented by Revenue Dept.)⁴⁰:** The purpose of the scheme to provide some relief to the age to providing financial assistance in the form of social security pension.

The Persons will eligible for pension of Rs.400/- per month under this scheme if she / he satisfy the following conditions.

1. He / She should be 65 years or more in age.
2. The combined annual income of the proposed pensioner and his or her spouse shall not exceed Rs.20,000/- as certified by the local revenue authority.
3. If the income is declared by beneficiary himself / herself, the income of Adult children will not be counted for calculation of the income of the proposed social security pensioner.
4. The total value of combined deposits held by the pensioner and his spouse shall not exceeding Rs.10,000/-.

⁴⁰ Govt. order No. RD/97/MST/2007, Dated: 2-07-2007

5. Such of the persons availing of old age pension, Destitute widow pension or physically handicapped pension or any other form of pension from public or private sources are not eligible for this scheme.

6. The beneficiaries under this scheme will be chosen from the following categories.

- a. Small farmers
- b. Marginal farmers
- c. Agricultural labourers
- d. Weavers
- e. Fishermen
- f. Labourers from unorganized sector but it shall not applicable to person covered under the Building and other construction workers" (Regulation of Employment and conditions of services) Act 1996.

7. Concessional Bus Pass: Elder persons above the age of 65 living in Karnataka are eligible to avail concessional monthly bus passes in KSRTC.

TELANGANA & ANDHRA PRADESH

The Department of disabled welfare and senior citizens handle the schemes relating to senior citizens. Separate appellate tribunals and maintenance tribunals have been established for senior citizens.⁴¹ As per the rules of the Maintenance and welfare of Parents and Senior Citizens Act, 2011 and Maintenance and Welfare of Parents and Senior Citizens Act, 2007. The district bodies ensure the hearing of complaints filed by senior citizens in the State. Telangana Chief Minister K Chandrasekhar Rao has

⁴¹ G.O.Ms.No.27 & 28 Dt.19.08.2008

launched the pension scheme 'Aasara' for the elderly, widows and the differently-abled. While widows and the senior citizens will get a monthly pension of Rs. 1,000.⁴²

NTR BHAROSA, ANDHRA PRADESH

To avail the benefits of the scheme person has to be above the age of 65 years. In case of weavers age relaxation is given i.e. 50 years. Government passed order Dated: 19.06.2014 enhancing the NTR Bharosa Pension amount from Rs.200/- to Rs.1000/- per month to Old Age, Widow, Weavers, Toddy Tappers and AIDS patients and from Rs.500/- to Rs.1000/- per month to People With Disabilities (PWD) having 40per cent to 79per cent degree of disability and Rs.1500/- per month for PWDs having 80per cent and above degree of disability, and that the above enhanced scale of pension came into effect from 2nd October, 2014 onwards.⁴³

TELANGANA AASARA PENSION SCHEME DETAILS

Under this scheme all residents of Telangana who are above age of 65 are covered and are not beneficiary of any other Pension scheme.

Insurance schemes, Health care/ Tax reduction, other benefits

- Sec 80 D of Income Tax Act: Deduction in respect of medical insurance premia

According to Sec 80 D (1) the amount which using for the medical insurance premia will be deducted from total income of the assessee which is chargeable to tax with respect to certain conditions specified in sub-section (2) or sub-section (3).

As specified in sub section (2) the amount till 25,000 rupees will be reduced from the tax chargeable income if it is used for the payment of insurance on the health of the

⁴² <http://www.thehindubusinessline.com/news/national/telangana-pension-scheme-for-the-aged-widows/article6580695.ece>

⁴³ <http://ntrbharosa.ap.gov.in/NBP/>

parent or parents of the assessee also a maximum amount of 30,000 rupees can also reduce from the tax chargeable income on account of medical expenditure incurred on the health of any parent of the assessee. The amount of insurance payment (25,000) will be substituted with 30,000 rupees if the parent is a senior citizen (above 60) or a very senior citizen (above 80).

- **Sec 80 DDB of the Income Tax Act: Deduction in respect of medical treatment**

According to this section an amount of 40,000 (maximum) can be reduced from the tax chargeable income if it is used for the medical treatment of his dependent or himself if it is prescribed by a specialist. But in case of a senior citizen the limit is 60,000 rupees if it is a very senior citizen then it will be 80,000.

Annexure

A. Deduction in respect of health insurance premia.

80D. (1) In computing the total income of an assessee, being an individual or a Hindu undivided family, there shall be deducted such sum, as specified in sub-section (2) or sub-section (3), payment of which is made by any mode as specified in sub-section (2B), in the previous year out of his income chargeable to tax.

(2) Where the assessee is an individual, the sum referred to in sub-section (1) shall be the aggregate of the following, namely: —

(a) the whole of the amount paid to effect or to keep in force an insurance on the health of the assessee or his family or any contribution made to the Central Government Health Scheme or such other scheme as may be notified by the Central Government in this behalf or any payment made on account of preventive health

check-up of the assessee or his family as does not exceed in the aggregate twenty-five thousand rupees; and

(b) the whole of the amount paid to effect or to keep in force an insurance on the health of the parent or parents of the assessee or any payment made on account of preventive health check-up of the parent or parents of the assessee as does not exceed in the aggregate ⁹[twenty-five] thousand rupees;

¹⁰[(c) the whole of the amount paid on account of medical expenditure incurred on the health of the assessee or any member of his family as does not exceed in the aggregate thirty thousand rupees; and

(d) the whole of the amount paid on account of medical expenditure incurred on the health of any parent of the assessee, as does not exceed in the aggregate thirty thousand rupees:

Provided that the amount referred to in clause (c) or clause (d) is paid in respect of a very senior citizen and no amount has been paid to effect or to keep in force an insurance on the health of such person:

Provided further that the aggregate of the sum specified under clause (a) and clause (c) or the aggregate of the sum specified under clause (b) and clause (d) shall not exceed thirty thousand rupees.]

Explanation. —For the purposes of clause (a), "family" means the spouse and dependent children of the assessee.

(2A) Where the amounts referred to in clauses (a) and (b) of sub-section (2) are paid on account of preventive health check-up, the deduction for such amounts shall be allowed to the extent it does not exceed in the aggregate five thousand rupees.

(2B) For the purposes of deduction under sub-section (1), the payment shall be made by—

(i) any mode, including cash, in respect of any sum paid on account of preventive health check-up;

(ii) any mode other than cash in all other cases not falling under clause (i).

¹¹[(3) Where the assessee is a Hindu undivided family, the sum referred to in sub-section (1), shall be the aggregate of the following, namely:—

(a) whole of the amount paid to effect or to keep in force an insurance on the health of any member of that Hindu undivided family as does not exceed in the aggregate twenty-five thousand rupees; and

(b) the whole of the amount paid on account of medical expenditure incurred on the health of any member of the Hindu undivided family as does not exceed in the aggregate thirty thousand rupees:

Provided that the amount referred to in clause (b) is paid in respect of a very senior citizen and no amount has been paid to effect or to keep in force an insurance on the health of such person:

Provided further that the aggregate of the sum specified under clause (a) and clause (b) shall not exceed thirty thousand rupees.]

(4) Where the sum specified in clause (a) or clause (b) of sub-section (2) ¹²[or clause (a) of sub-section (3)] is paid to effect or keep in force an insurance on the health of any person specified therein, and who is a senior citizen, ¹³[or a very senior citizen,]

the provisions of this section shall have effect as if for the words “¹⁴[twenty-five] thousand rupees”, the words ¹⁵[thirty] thousand rupees” had been substituted.

Explanation.—¹⁶[***]

(5) The insurance referred to in this section shall be in accordance with a scheme made in this behalf by—

(a) the General Insurance Corporation of India formed under section 9 of the General Insurance Business (Nationalization) Act, 1972 (57 of 1972) and approved by the Central Government in this behalf; or

(b) any other insurer and approved by the Insurance Regulatory and Development Authority established under sub-section (1) of section 3 of the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999).

¹⁷[*Explanation.*—For the purposes of this section,—

(i) "senior citizen" means an individual resident in India who is of the age of sixty years or more at any time during the relevant previous year;

(ii) "very senior citizen" means an individual resident in India who is of the age of eighty years or more at any time during the relevant previous year.]

B. Deduction in respect of medical treatment, etc.

80DDB. Where an assessee who is resident in India has, during the previous year, actually paid any amount for the medical treatment of such disease or ailment as may be specified in the rules²⁰ made in this behalf by the Board—

(a) for himself or a dependent, in case the assessee is an individual; or

(b) for any member of a Hindu undivided family, in case the assessee is a Hindu undivided family,

The assessee shall be allowed a deduction of the amount actually paid or a sum of forty thousand rupees, whichever is less, in respect of that previous year in which such amount was actually paid:

²¹[Provided that no such deduction shall be allowed unless the assessee obtains the prescription for such medical treatment from a neurologist, an oncologist, a urologist, a hematologist, an immunologist or such other specialist, as may be prescribed :]

Provided further that the deduction under this section shall be reduced by the amount received, if any, under an insurance from an insurer, or reimbursed by an employer, for the medical treatment of the person referred to in clause (a) or clause (b):

Provided also that where the amount actually paid is in respect of the assessee or his dependent or any member of a Hindu undivided family of the assessee and who is a senior citizen, the provisions of this section shall have effect as if for the words "forty thousand rupees", the words "sixty thousand rupees" had been substituted:

²²[Provided also that where the amount actually paid is in respect of the assessee or his dependent or any member of a Hindu undivided family of the assessee and who is a very senior citizen, the provisions of this section shall have effect as if for the words "forty thousand rupees", the words "eighty thousand rupees" had been substituted.]

Explanation. —For the purposes of this section, —

(i) "dependent" means—

(a) in the case of an individual, the spouse, children, parents, brothers and sisters of the individual or any of them,

(b) in the case of a Hindu undivided family, a member of the Hindu undivided family, dependent wholly or mainly on such individual or Hindu undivided family for his support and maintenance;

(ii) ²³[***]

(iii) "insurer" shall have the meaning assigned to it in clause (9) of section 2 of the Insurance Act, 1938 (4 of 1938);

(iv) "senior citizen" means an individual resident in India who is of the age of sixty years or more at any time during the relevant previous year;

²⁴[(v) "very senior citizen" means an individual resident in India who is of the age of eighty years or more at any time during the relevant previous year.]

CHAPTER 5

SURVEY ANALYSIS

TABLE 1: House-hold elderly

Survey analysis of house -hold elderly

During the survey, the investigators interviewed 1180 elderly people across 6 districts in Kerala. However, in some questions the frequency is only 721. This is because the in some household's people were reluctant to answer questions involving sensitive elements.

The findings of the survey are the following:

Table 1.1: Percentage distribution of age group of elderly

39.1 per cent of people who participated in the survey are between the age of 60 and 70 years. 32.0 per cent of people belong to the age group of 70 to 80 years. The percentage of people above 80 years is 28.9 per cent. More than 60 per cent of the interviewed are above 70 years, this should be read along with the life expectancy of Kerala. The average life expectancy in Kerala is about 74.9 years according to the data released by the Registrar General of India (2010-2014).

Age Group		
	Frequency	Percent
60-70	461	39.1 per cent
70-80	378	32.0 per cent
Above 80	341	28.9 per cent
Total	1180	100.0 per cent

Table 1.1

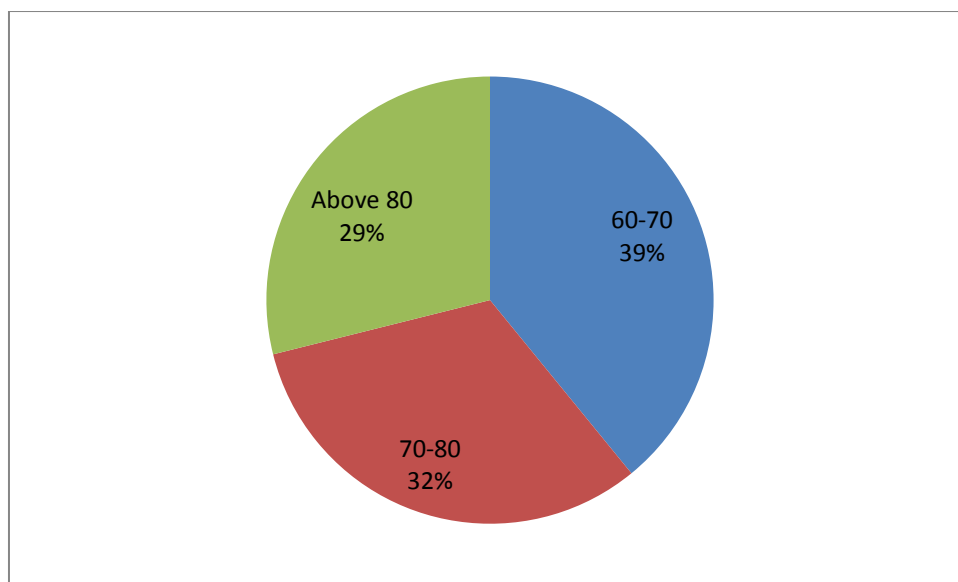


Figure 1.1

Table 1.2: Percentage distribution of educational qualification of elderly

16.9 percentages of elder people whom the volunteers interviewed were illiterate. Others (83.1 per cent) were literate but different in qualification. 12.9 per cent of people didn't received any formal education. The existence of informal educational systems such as "Pallikkoodam, etc" is the reason why the people are literate even without receiving formal education. 12 per cent of people attended school till or below 4th standard. 17.2 per cent of people studied between 5th to 7th standard. 10.4 per cent people studied at school between 8th and 10th standard. 6.7 per cent people finished their schooling after winning 10th standard. The major reason behind it was financial freedom and gender discrimination. Some women stopped their education because of the social situation existed during that time. 8.6 per cent and 15.8 per cent of people attained either Degree/Diploma and Professional course respectively.

Education Qualification		
Not Literate	199	16.9 per cent
Not Attended school	152	12.9 per cent
I-IV	142	12.0 per cent
V-VII	203	17.2 per cent
VIII-X	123	10.4 per cent
Passed 10 th std	74	6.7 per cent
Degree/Diploma	101	8.6per cent
Professional Course	186	15.8per cent
Total	1180	100.0per cent

Table 1.2

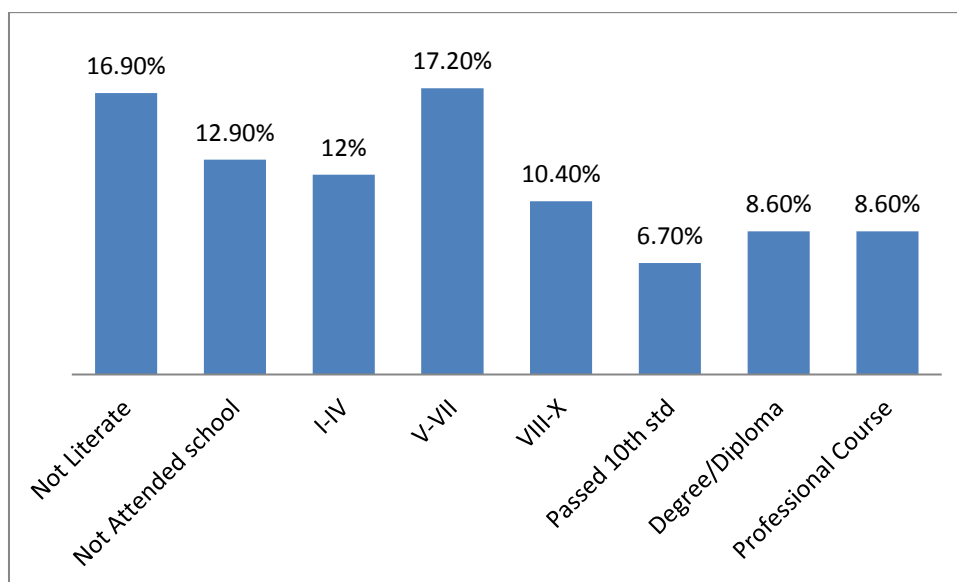


Figure 1.2

Table 1.3: Percentage distribution of elderly, interested in continuing education.

87.4 per cent of the elder people are not interested to continue education. Only 12.6 per cent are interested to continue education.

Interest in continuing education		
Yes, interested	149	12.6 per cent
Not interested	1031	87.4 per cent
Total	1180	100.0

Table 1.3

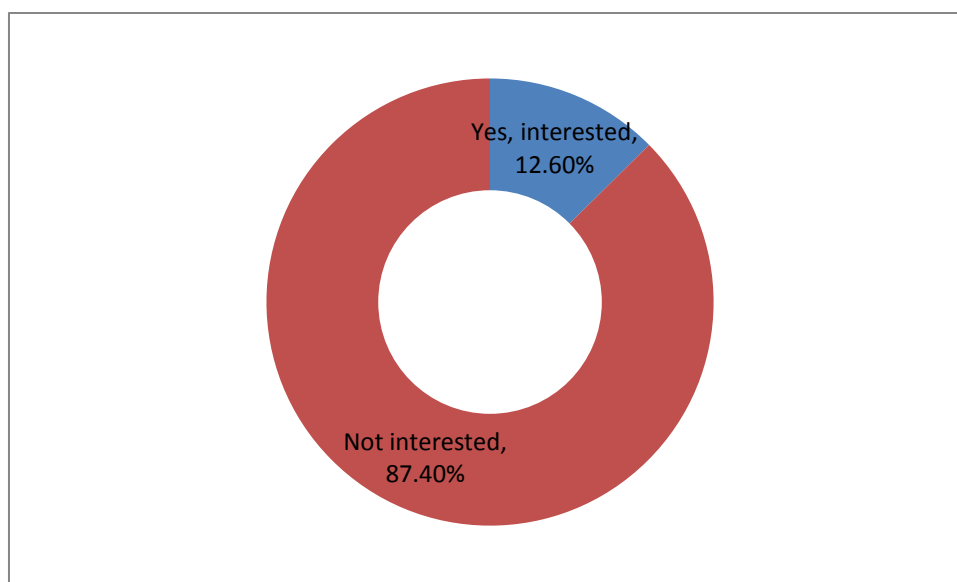


Figure 1.3

Financial Status of elderly people:

Table 1.4: Percentage distribution of elderly in search of a job

More than half of the elder people (53.6per cent) are searching for job. 46.4per cent of people don't want to do any work. The major reasons for job searching are financial

stress, family pressure, for feeling good, to look after grandchildren or to support family income.

Searching job		
Yes	632	53.6 per cent
No	548	46.4 per cent
Total	1180	100.0per cent

Table 1. 4

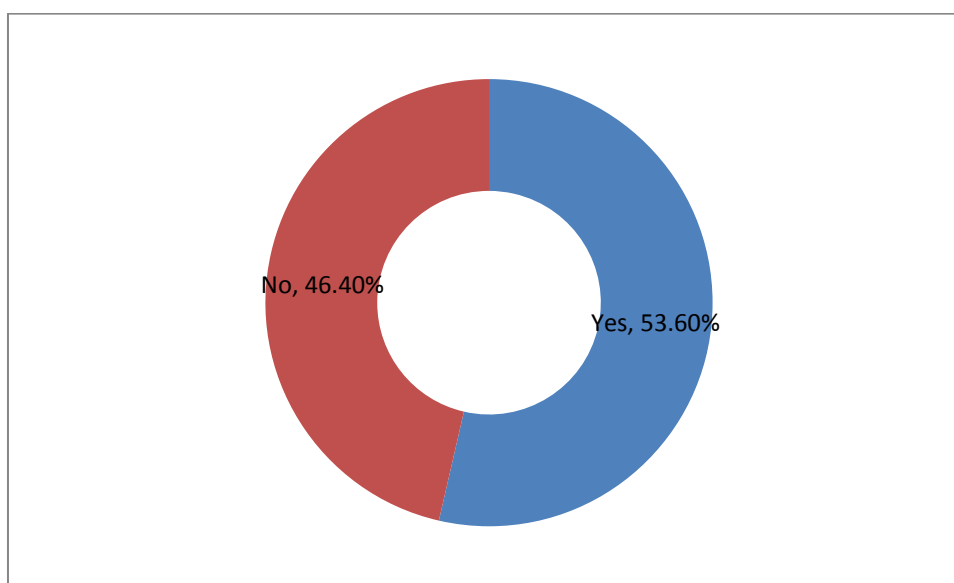


Figure 1.4

Table 1.5: Reasons for seeking employment

16.2 per cent of surveyed people are searching for job because of the financial stress. 9.6 per cent opinioned that family pressure as the reason for job searching. The family of the above category still expecting an income from them. 8.9per cent wanted to support their family income. 6.2per cent of people are searching job for their self satisfaction. 11.8 per cent of people are not satisfied with their current job. The

hardness of work or lack of sufficient income are the reason why they are looking for new job. 0.9 per cent of people wanted a job for taking care of their grand children. This situation arises because of the parents of the children are not capable of making income. The death or illnesses of the parents are main reason behind it. 46.4per cent of the interviewed don't want to engage in work because there is sufficient income available to them or the family is capable of handling their expenses

Reason for job search		
financial stress	191	16.2 per cent
family pressure	113	9.6 per cent
To supplement family income	105	8.9 per cent
For feeling good	73	6.2 per cent
Not happy with the current work	139	11.8 per cent
To look grandchildren	11	0.9 per cent
Total	632	53.6 per cent
Don't want to engage in work	548	46.4 per cent
Total	1180	100.0per cent

Table 1.5

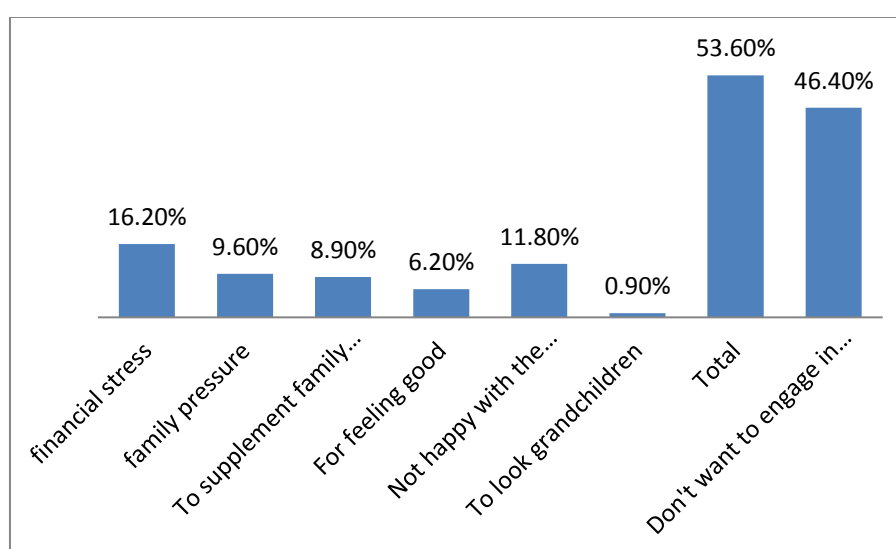


Figure 1.5

Table 1.6: Source of income of elderly

Only 32.2 per cent of the interviewed have income. The main sources of income are Salary/Wages, Employer's Pension, Social Pension, Rental Income, Business Income, Agricultural Income Interest on Savings and Fixed Deposits, Share, bond, mutual fund etc. 67.8per cent of the interviewed do not have any kind of source of income.

Source of income		
Salary/Wages	116	9.8 per cent
Employer's Pension	57	4.8 per cent
Social Pension	55	4.7 per cent
Rental Income	25	2.1 per cent
Business Income	45	3.8 per cent
Agricultural Income	16	1.4 per cent
Interest on Savings and Fixed Deposits	8	.7 per cent
Share, bond, mutual fund etc.	25	2.1 per cent
Others	33	2.8 per cent
Total	380	32.2per cent
No income	800	67.8 per cent
Total	1180	100.0per cent

Table 1.6

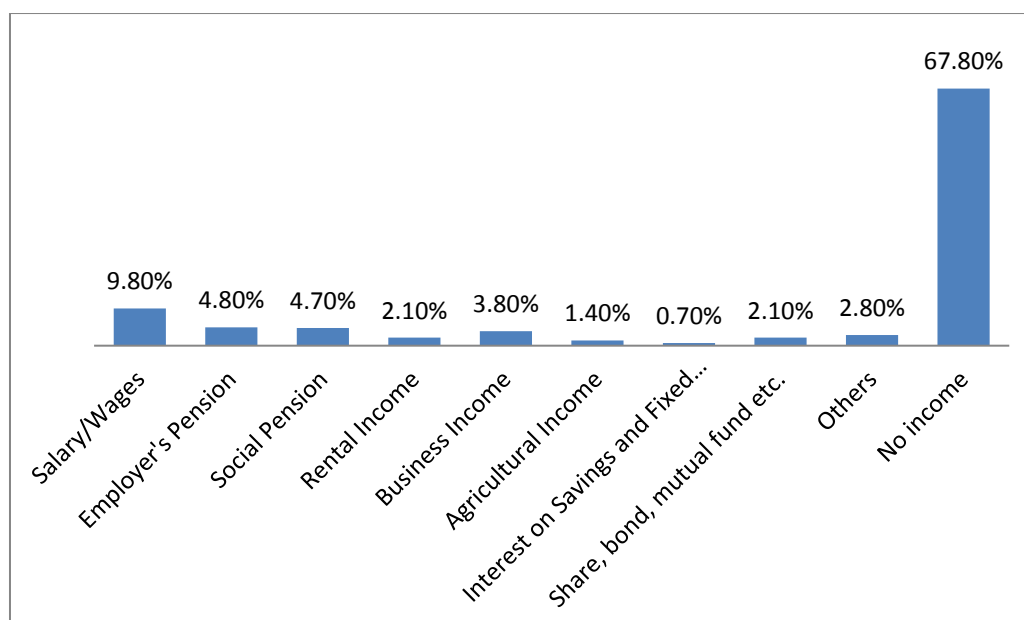


Figure 1.6

Health status of elderly:

Table 1.7: Percentage distribution of diseases affecting elderly

Most number of elder people is affected with Diabetics (34.4per cent) and all the interviewed elderly people have some kind of diseases.

Diseases affecting the Elderly		
Diabetics	406	34.4 per cent
Hypertension	73	6.2 per cent
Vericosvein	119	10.1 per cent
Arthritis	55	4.7 per cent
Heart Disease	80	6.8 per cent
Old Age diseases	129	10.9 per cent
Cancer	39	3.3 per cent
Respiratory Diseases	133	11.3 per cent
Alzheimer	25	2.1 per cent
Others	121	10.3 per cent
Total	1180	100.0 per cent

Table 1.7

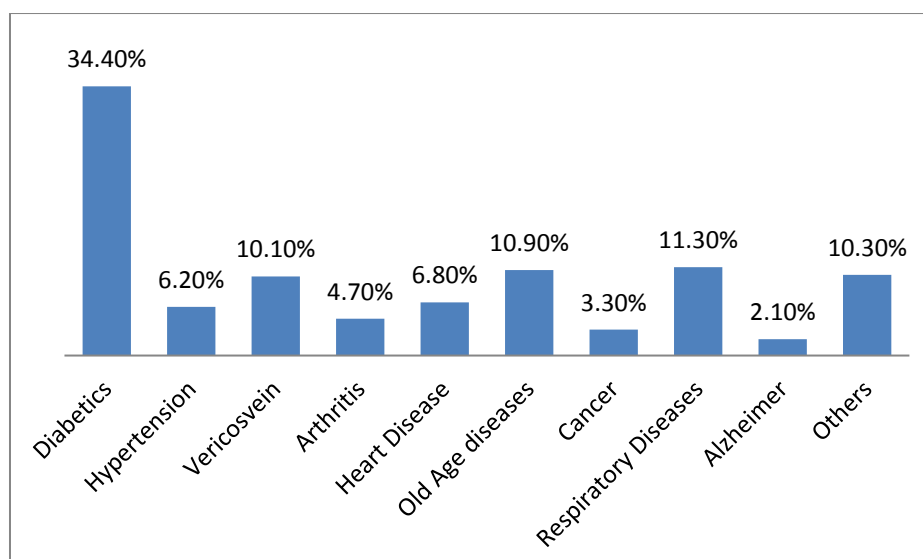


Figure 1.7

Table 1.8: Type of hospitals visited by elderly

Most of the elderly people approaching government health services (56.5per cent). 43.5per cent of interviewed were using the private health services which means they are capable of spending more money on matters concerning health.

Type of hospital		
Government	667	56.5 per cent
Private	513	43.5 per cent
Total	1180	100.0 per cent

Table1.8

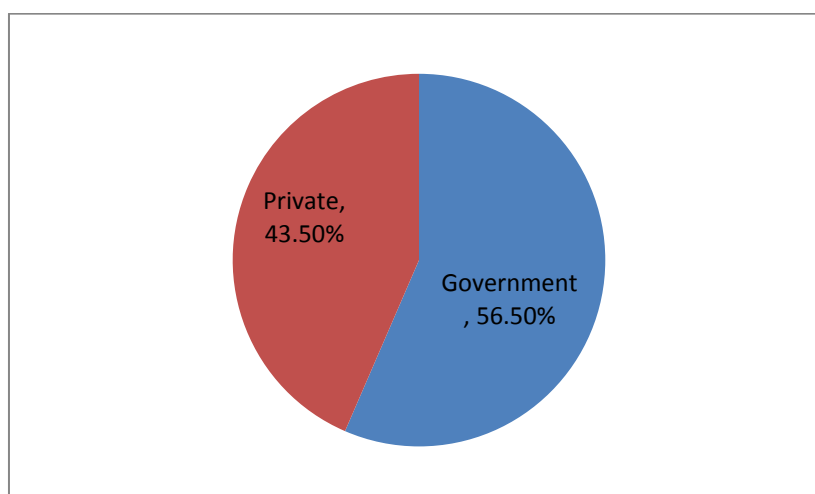


Figure 1.8

Table 1.9: Percentage distribution of elderly who availed concession in medicine

93.2 per cent of interviewed are not availing concession in medicine. 43.50 per cent of the interviewed approaching private hospitals (Above table), they won't get any kind of concession. In government hospitals, all the medicines prescribed by the doctor are not available in government pharmacy. Usually expensive medicines are not available in the government pharmacies. So, the interviewed need to buy the expensive medicines from private pharmacies which out of their reach.

Concession in Medicine		
Yes	80	6.8 per cent
No	1100	93.2 per cent
Total	1180	100.0 per cent

Table 1.9

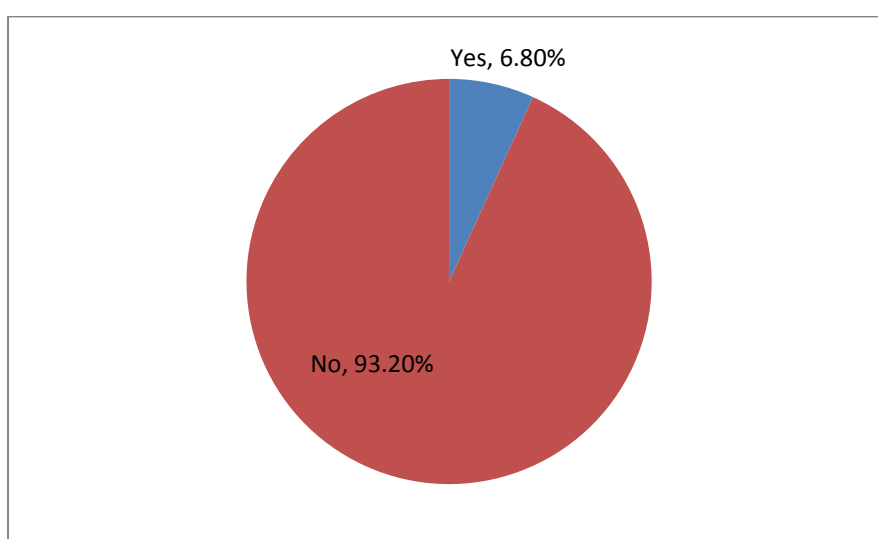


Figure 1.9

Table 1.10: Percentage distribution of elderly who availed concession in treatment

Only 1.8 per cent of interviewed are satisfied with the concession available for the treatment. The 43.5 per cent of interviewed who approach the private hospitals are not qualified for medical concession. In Government hospitals, even though the consultation is free, the interviewed need to pay money for the further treatment.

Concession in treatment		
Yes	21	1.8 per cent
No	1159	98.2 per cent
Total	1180	100.0per cent

Table 1.10

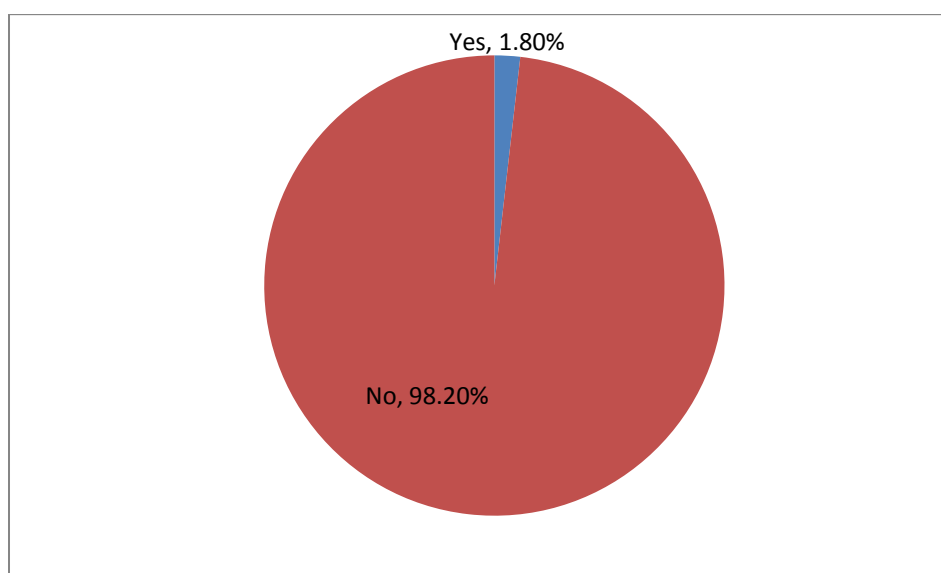


Figure 1.10

Living status of the elderly:

Table 1.11: Reasons for living alone

Only 13.7 per cent of interviewed are living alone. There are various reasons for living alone. 4.8 per cent of the interviewed prefer to be independent. They don't want to be a burden on others' lives. Most of the people in this category are have good health and sufficient economic support. 2.6per cent of the interviewed don't want to move out from their current living place. The emotional and social attachment is the main reason behind this. The 2.5 per cent of the interviewed are living alone because their children are abroad. 2.1per cent of people are living alone because of the conflict among the family members. 1.2 per cent of people living alone because they are abandoned by their children.

Reason for living alone		
No children	7	0.6 per cent
Prefers to be independent	57	4.8 per cent
Children abroad	29	2.5 per cent
Do not want to move out of this place	31	2.6 per cent
Family conflict	24	2.1 per cent
Abandoned by children	14	1.2 per cent
Total	162	13.7 per cent
Question not applicable (Living with the children)	1018	86.3 per cent
Total	1180	100.0per cent

Table 1.11

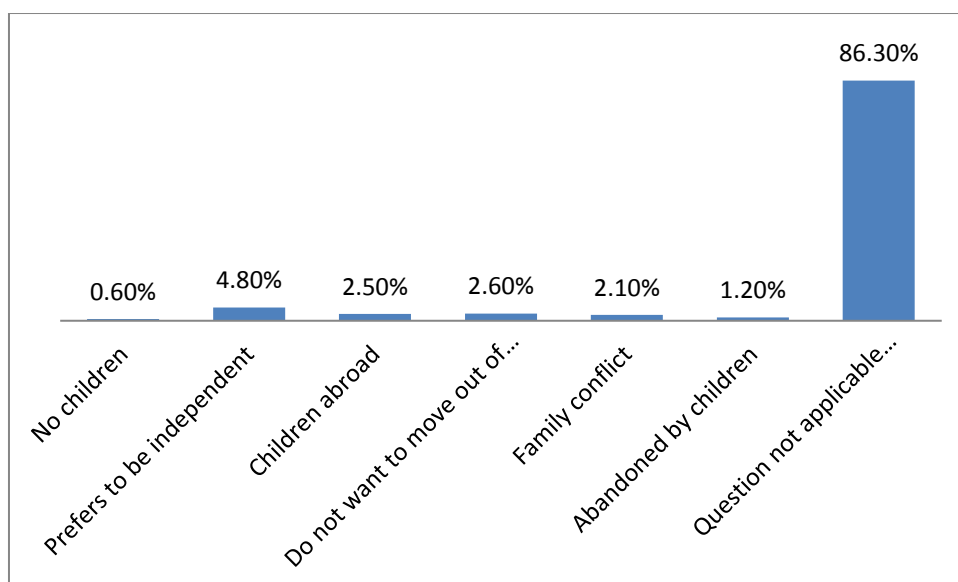


Figure 1.11

Table 1.12: Percentage of children abroad

This table includes the details of interviewed whose either of children are in abroad.

The above table includes the number of senior citizens whose all children are abroad.

The 'other category' includes interviewed whose all children are residing in India.

Children Living abroad		
Children living abroad	57	4.8 per cent
Other Category	1123	95.2 per cent
Total	1180	100.0per cent

Table1.12

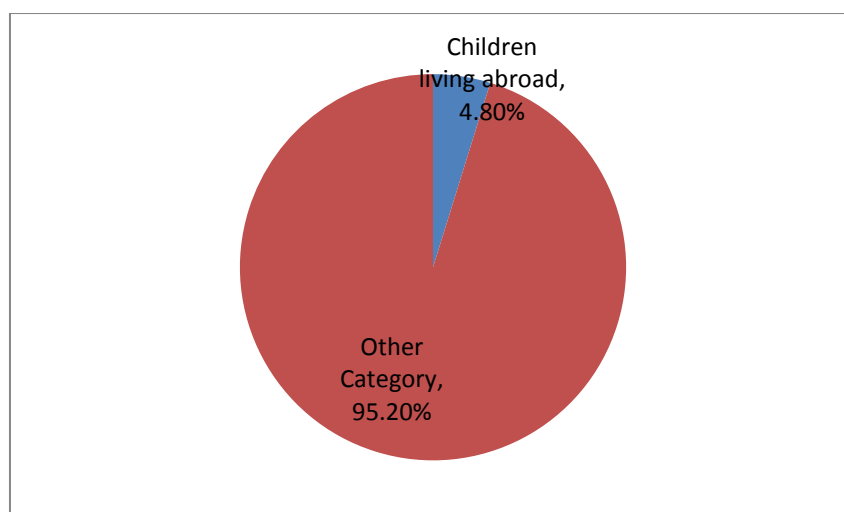


Figure 1.12

Table 1.13: Frequency of communication with children residing abroad

This table contains information regarding the communication between the interviewer and their children in abroad. Children of 57 elderly people are in abroad.

12.3 per cent children contact their parents on daily basis. 24.6 per cent will contact weekly. 31.6 per cent of children contact their parents on monthly basis and 19.3 per cent contacts their parents in duration of 3-6 months. 12.3 per cent of children never communicates with their parents.

Phone call		
Daily	7	12.3 per cent
Weekly	14	24.6 per cent
Monthly	18	31.6 per cent
3-6months	11	19.3 per cent
Never	7	12.3 per cent
Total	57	100 per cent

Table 1.13

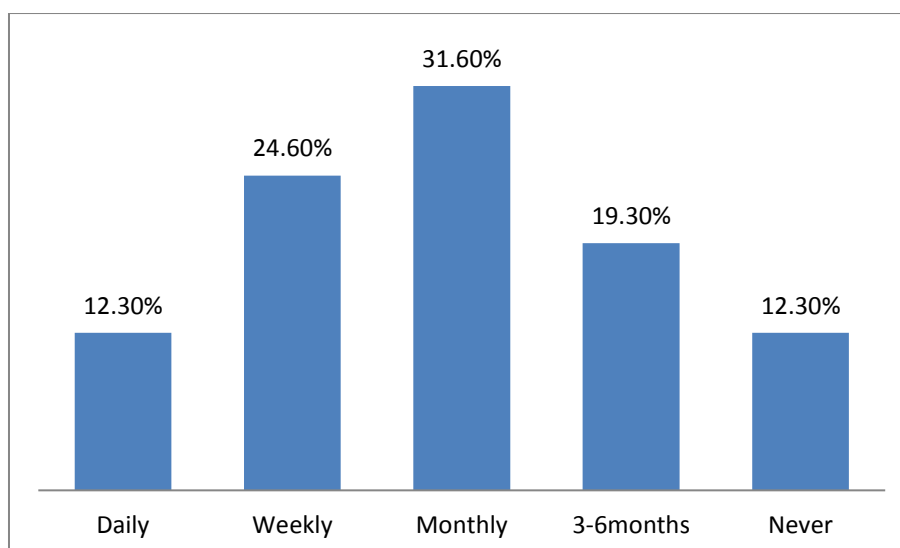


Figure 1.13

Table 1.14: Frequency in which children visit their aged parents

Visit to home: This table contains the information about the children who are not residing with their parents and the time interval during which they visit their parents.

13.5 per cent of the children or legal heir of the interviewed visits them in every 6 months. The most of the children (62.4 per cent) visit their parents at least once in every two year. 13.9 per cent children took more than two years to visit their parents. For 3.0 per cent of the children the gap between the visits is more than 5 years. 7.5 per cent of children never visit their parents. This is mainly because of the family conflict and some of the parents are abandoned by their children.

Visit to home		
Every 6 months	159	13.5 per cent
1-2 years	737	62.4 per cent
more than 2 years	164	13.9 per cent
more than 5 years	35	3.0 per cent
Never	85	7.5per cent
Total	1180	100.0per cent

Table1.14

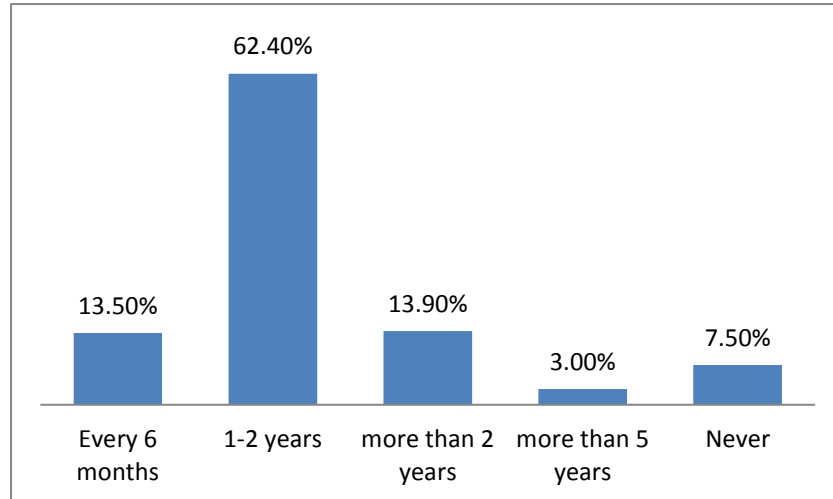


Figure 1.14

Table 1.15: Percentage of elderly who require assistance in daily chores

Only 3.9 per cent of elderly people need assistance in daily chores. Others are capable of doing their day to day work by themselves.

Assistance in daily chores		
No need	1134	96.1per cent
Need	46	3.9per cent
Total	1180	100per cent

Table 1.15

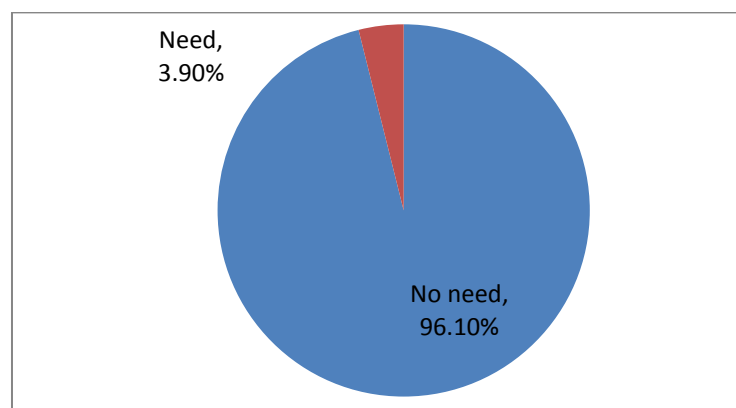


Figure 1.15

Cruelty faced by the elderly from other members of the household:

Table 1.16: Attitude towards elderly

More than half of the interviewed told that their children and other family members are not respecting them. 49.8per cent of elder people are satisfied with the respect which they are getting.

Respect towards Elder people		
Yes	359	49.8per cent
No	362	50.2per cent
Total	721	100per cent

Table1.16

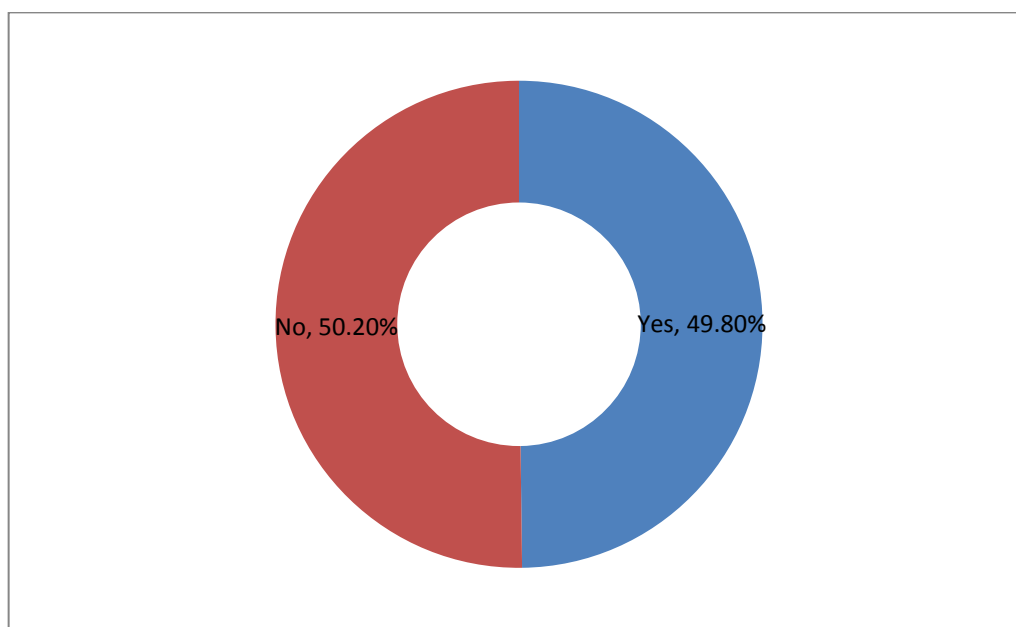


Figure 1.16

Table 1.17: Percentage of elderly subjected to physical harassment

4.7 per cent of elderly people are subjected to physical harassment. The physical harassment is caused by close family members, other relatives, neighbors, and even some times by strangers.

Physical harassment		
Yes	34	4.7per cent
No	687	95.3per cent
Total	721	100.0per cent

Table 1.17

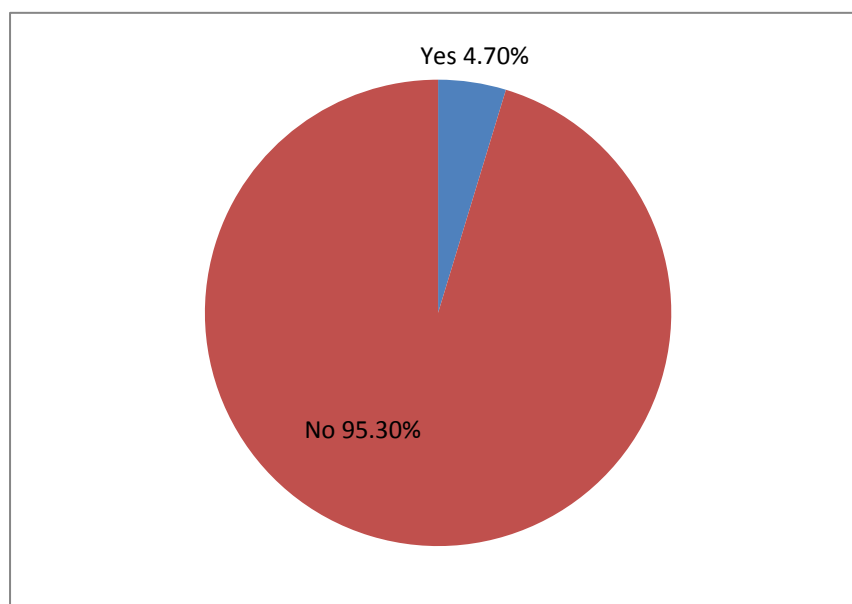


Figure 1.17

Table 1.18: Percentage of elderly facing verbal abuse

42.6 per cent of elder people faced verbal abuse from others.

Verbal Abuse		
Yes	307	42.6 per cent
No	414	57.4 per cent
Total	721	100.0 per cent

Table 1.15

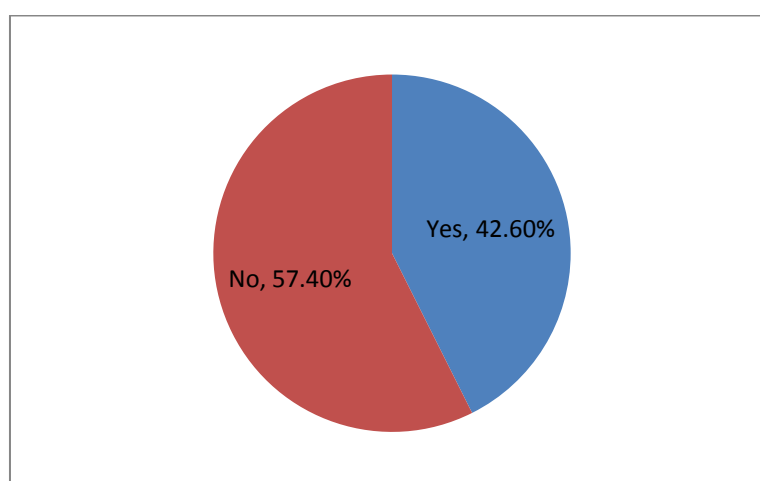


Figure 1.18

Table 1.19: Percentage of elderly who are locked up by other members of the household

19.3per cent elderly people who are locked inside the room by other members of the household.

Locked inside the room		
Yes	139	19.3per cent
No	582	80.7per cent
Total	721	100per cent

Table 1.19

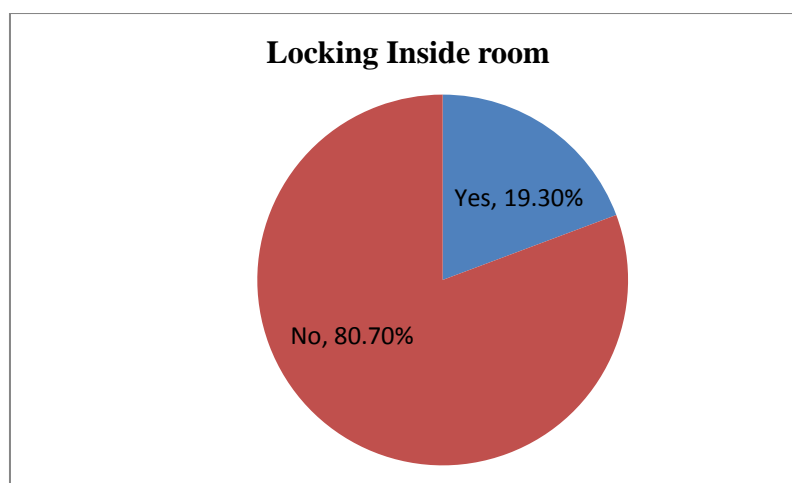


Figure 1.19

Table 1.20: Percentage of elderly forcefully removed from social gatherings

This table contains information about forced removal from attending family functions, social events etc. 6.9per cent of people opinioned they are forced to stay away from social events.

Forced removal		
Yes	50	6.9per cent
No	671	93.1per cent
Total	721	100per cent

Table 1.20

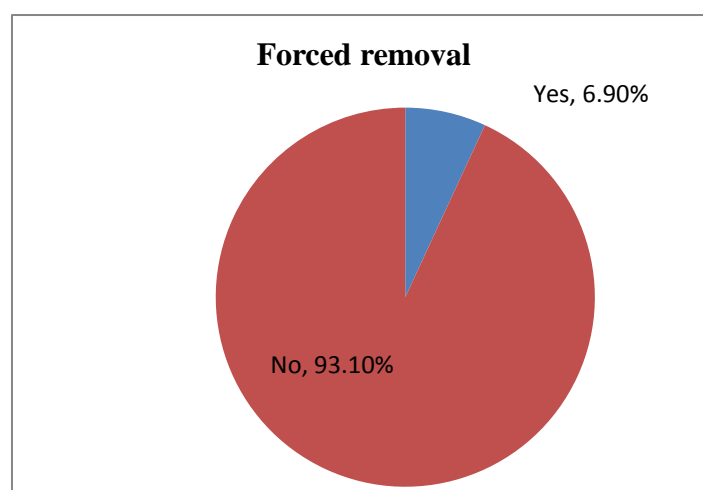


Figure 1.20

Table 1.21: Percentage of people restricted from socializing with friends and family members

This table contains information from restriction in visiting friends, relatives and other persons. 18.7per cent of elder people are facing restriction.

Restriction in visiting		
Yes	135	18.7per cent
No	586	81.3per cent
Total	721	100per cent

Table 1.21

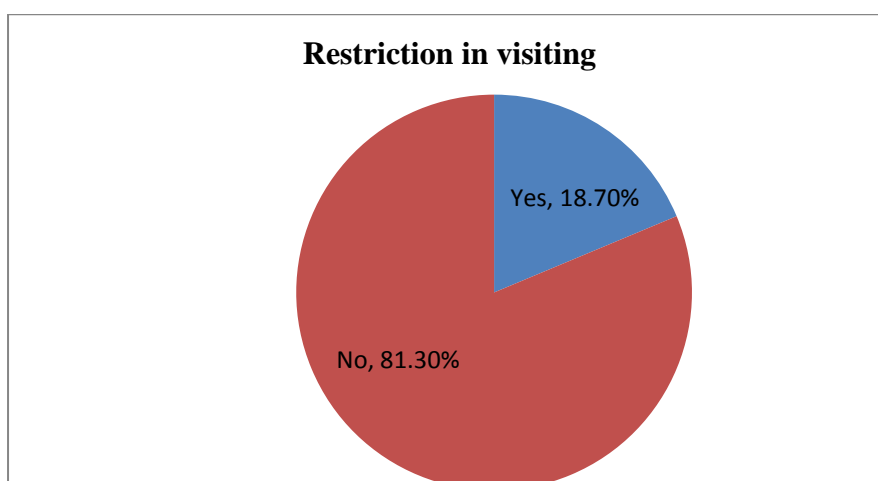


Figure 1.21

Table 1.22: Percentage of elderly forced to do household chore

19.9per cent of elder people forced to do household chore.

Forced household chore		
Yes	144	19.9per cent
No	577	80.1per cent
Total	721	100per cent

Table 1.16

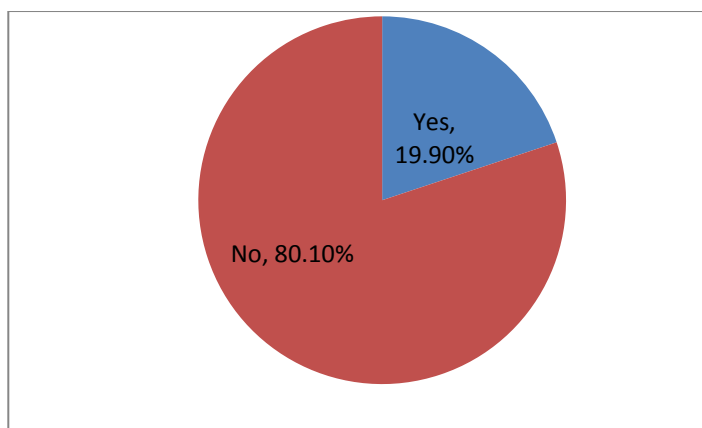


Figure 1.22

Table 1.23: Percentage of elderly forcefully separated from their spouse

This table contains information about the number of elder people (either husband or wife) who forced by others to stay away from spouse. In such cases the situation when his spouse lived is considered. 6.4per cent of elder people are forced to remove from spouse.

Separation from spouse		
Yes	46	6.4per cent
No	675	93.6per cent
Total	721	100per cent

Table1.23

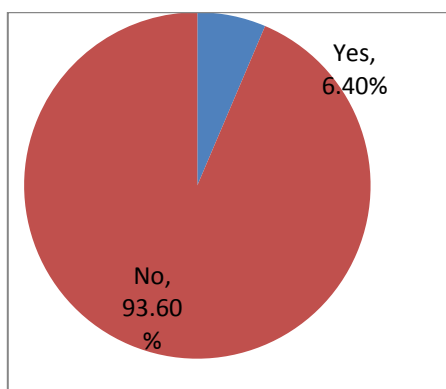


Figure 1.23

Table 1.24: Analysis of perpetration by relatives

In most of the instances the perpetrator is other relatives (94.2per cent). The other relatives include siblings, cousins and relatives in maternal and paternal families. But it is also noted that the members within the family (Son, Daughter, Son-in-law, Daughter-in-law, Husband and Wife) act as a perpetrator.

Perpetrator		
Son	18	2.5per cent
Daughter	2	0.3per cent
Son-in-law	2	0.3per cent
Daughter-in-law	5	0.7per cent
Husband	4	0.9per cent
Wife	9	1.2per cent
Other Relatives	679	94.2per cent
Total	721	100per cent

Table 1.24

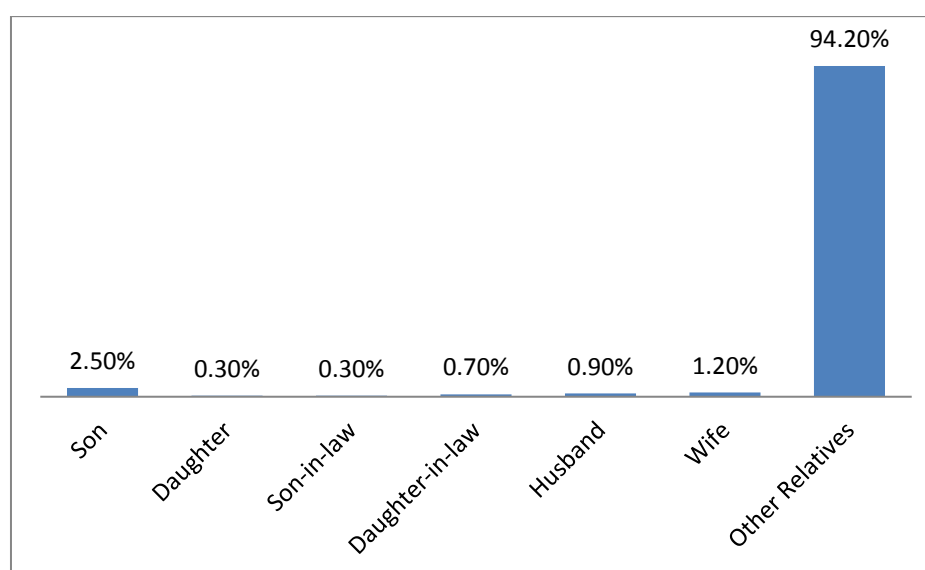


Figure 1.24

With regard to cruel treatment meted out to the elderly, the highly probable reason behind it would be the fact that they are deemed to be dependent. Elderly are dependent upon their family members for their own survival as they are frail and weak and cannot contribute substantially to the household income. Because of this reason they are cruelly treated by their family members – family members are not able to keep up with constant care that is required by the ailing elderly as well as the constant expenditure on medicines/treatment. This is a plausible cause behind cruel treatment being meted out. Negligence, apathy and ignorance are other reasons which supplement the above

Other Findings:

Table 1.25: Percentage of elderly managing money themselves

This table contains information about the number of elder people who are managing money themselves. Managing money means spend the money by themselves for their requirements. 73.5 per cent of elder people are capable of managing money. But 26.5per cent of elder people can't manage money. They need to rely on other people

Managing money		
Yes	867	73.5 per cent
No	313	26.5 per cent
Total	1180	100 per cent

Table 1.25

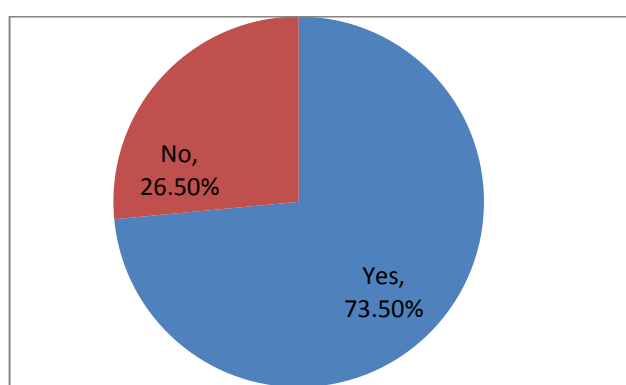


Figure 1.25

Table 1.26: Probability of communication with other family members

This table contains information about the communication with other members of family who are not residing with the senior citizen. 64.6 per cent of elder people opinioned that they are communicating with other members in family. But 35.4 per cent don't have any kind of communication with other family members. They don't have any kind of contact with others.

Phone/ letter		
Yes	762	64.6 per cent
No	418	35.4per cent
Total	1180	100per cent

Table 1.26

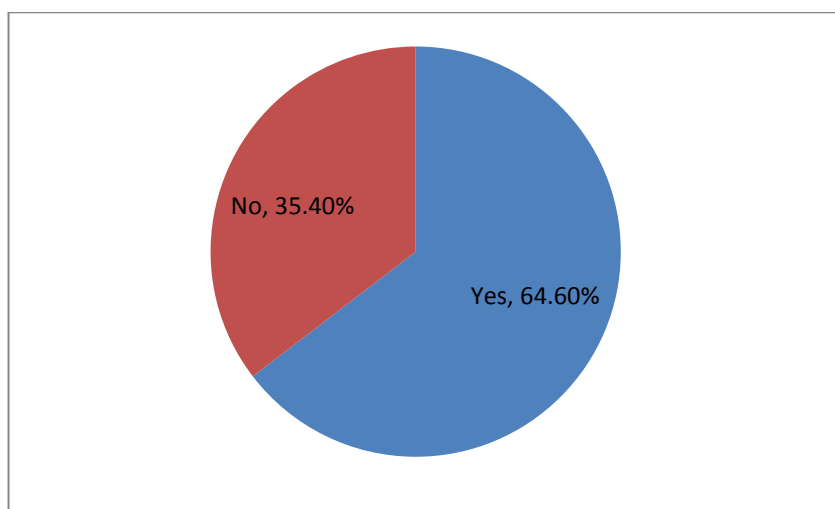


Figure 1.26

Table 1.27: Other social issues faced by the elderly

Other Social issues		
Loneliness	146	12.4 per cent
Discrimination	136	11.5 per cent
Anxiety	131	11.1 per cent
Physical Abuse	93	7.9 per cent
Mental Abuse/Verbal abuse	180	15.3 per cent
Lack of support and care	100	8.5 per cent
Total	786	66.6 per cent
No issues	394	33.4 per cent
Total	1180	100.0per cent

Table 1.27

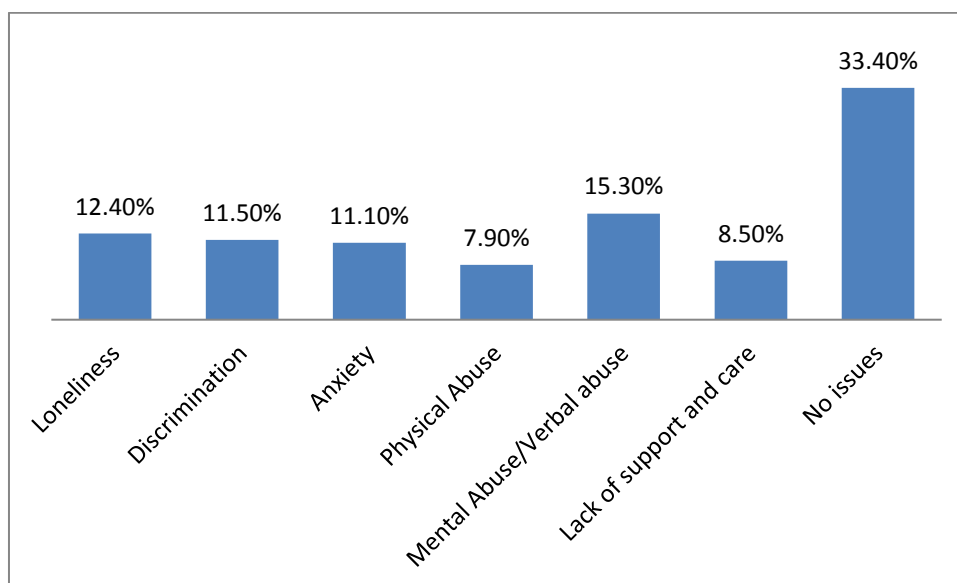


Figure 27

Availing of facilities by elderly:

Table 1.28: Percentage of elderly who are aware of train concession

This table contains information about the knowledge of the elder people about the train ticket concession available to senior citizen. 81.6 per cent of elder people aware about the concessions available.

Train Concession		
Yes	963	81.6 per cent
No	217	18.4 per cent
Total	1180	100 per cent

Table 1.28

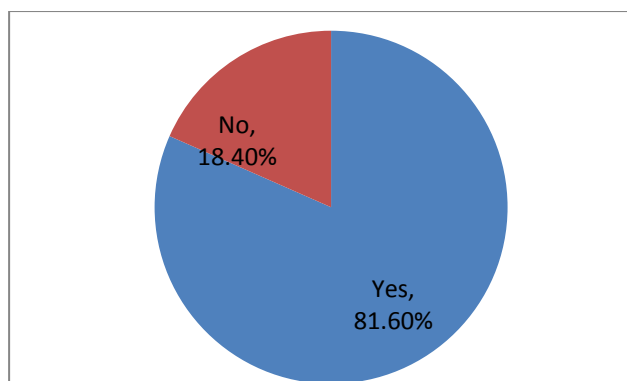


Figure 1.28

Table 1.29: Percentage of elderly availing reserved seats in buses

This table contains information about whether the senior citizen availed the reserved seats in bus. Only 32.1per cent of people availed the reserved seats in bus.

Seats in Bus		
Availed	379	32.1 per cent
Denied	801	67.9 per cent
Total	1180	100per cent

Table 1.29

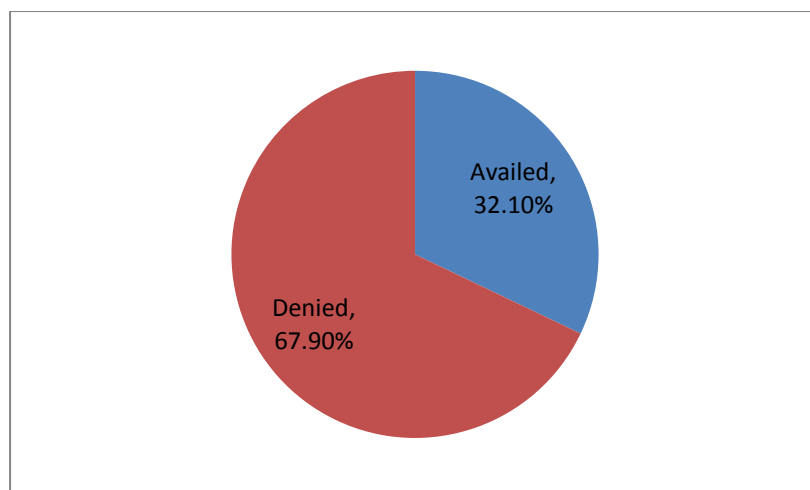


Figure 1.29

Table 1.30: Percentage of people availing concession in Railway station

This table contains information about whether the senior citizen availed a separate queue in railway station. Only 22.9 per cent of elder people availed with separate queue. In most of the railway station it is not available and even though it is available it is used by other passengers.

Queue in railway station		
Availed	270	22.9 per cent
Denied	910	77.1 per cent
Total	1180	100per cent

Table 1.30

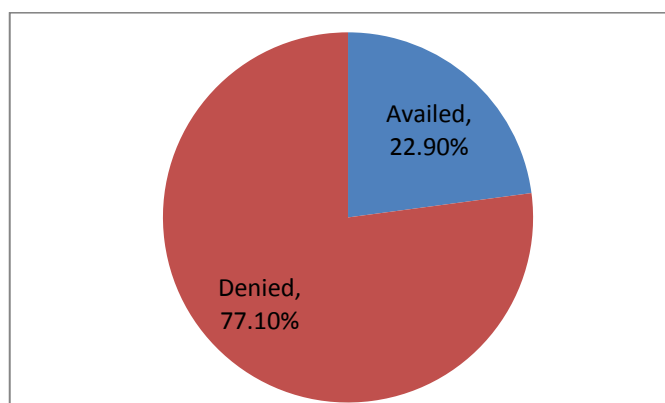


Figure 1.30

Table 1.31: Percentage of elderly availing the separate queue in hospitals

This table contains information about whether is there any queue available to senior citizens in hospitals. It includes both government and private hospitals. Only 13.4per cent of elder people availed separate queue in hospitals. In many cases other patients will use the queue for senior citizen. Because of that they couldn't avail the benefit of having separate queue.

Queue in hospital		
availed	158	13.4 per cent
denied	1022	86.6 per cent
Total	1180	100per cent

Table 1.31

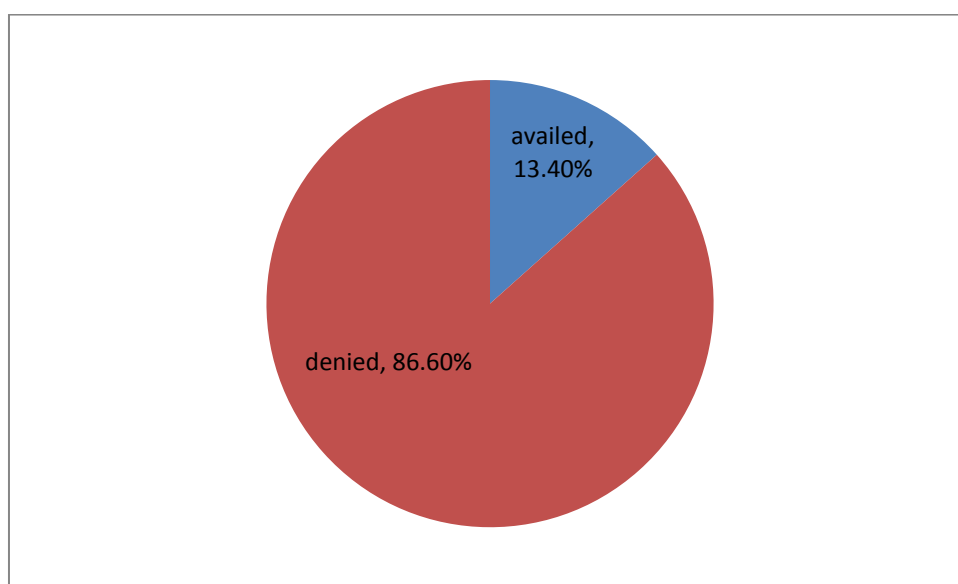


Figure 1.31

TABLE 2 Elderly in Old Age Homes

Table 2.1: Percentage distribution of elderly in various age groups

Of the 209 persons interviewed for the survey, 34per cent were between the ages of 60 to 70, 37.8per cent were between the ages of 70 to 80 and 28.2per cent were above the age of 80.

Age		
	Frequency	Percent
60-70	71	34.0per cent
70-80	79	37.8per cent
Above 80	59	28.2per cent
Total	209	100.0per cent

Table 2.1

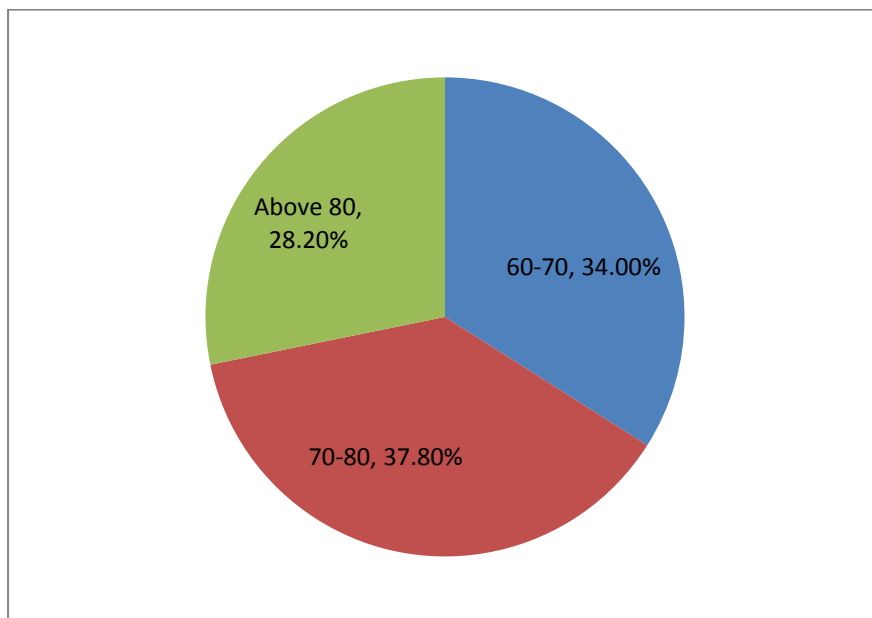


Figure 2.1

Table 2.2 :Marital status of the elderly

Regarding marital status, 64.4per cent were never married. Only 0.4per cent is currently married, while 3.5per cent are living together. 6.2per cent are widowed. 0.4per cent is divorced and 12.8per cent is separated. 4.4per cent is deserted by their husband/ wife.

Marital status		
Never married	146	64.6per cent
Currently married	1	.4per cent
Living together	8	3.5per cent
Widowed	14	6.2per cent
Divorced	1	.4per cent
Separated	29	12.8per cent
Deserted by your husband/ wife	10	4.4per cent
Total	209	100.0per cent

Table 2.2

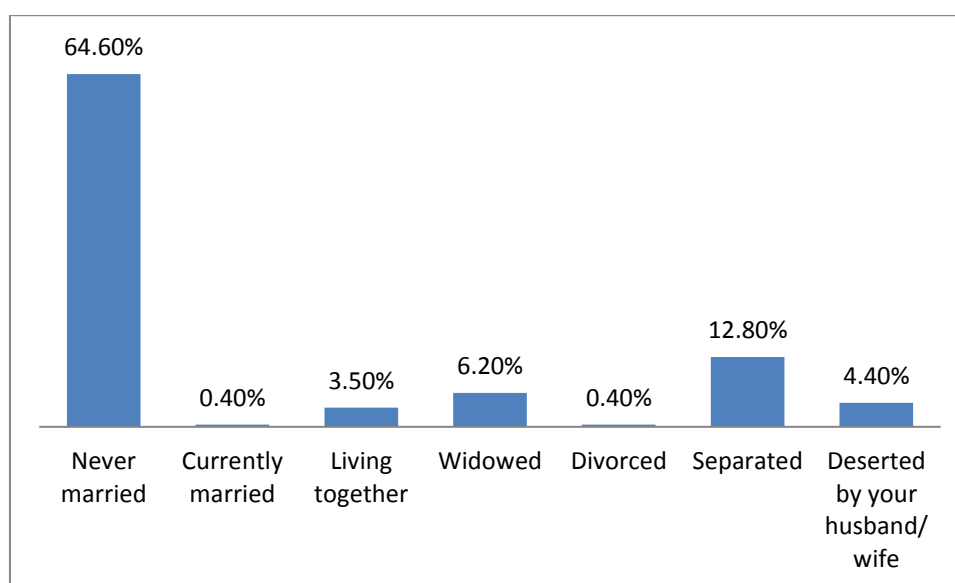


Figure 2.2

Table 2.3: Educational qualification of the elderly

Literacy rates of those interviewed are low. 18.7per cent are not literate, while 23.9per cent did not attend school. 16.3per cent has schooling until 4th standard, 11per cent attended until 7th standard and 7.2per cent attended high school. Only 5.7per cent attended higher secondary, while 13.4per cent attained degree or diploma and just 3.8per cent went on for professional course. These rates can be attributed to various reasons including the social restrictions placed on woman, financial restrains faced by the majority as well as lack of awareness and opportunities.

Education		
Not Literate	39	18.7per cent
Not Attended	50	23.9per cent
Schooling till 4 th	34	16.3per cent
Schooling till 7 th	23	11.0per cent
High School	15	7.2per cent
Higher Secondary	12	5.7per cent
Degree/Diploma	28	13.4per cent
Professional Course	8	3.8per cent
Total	209	100.0per cent

Table 2.3

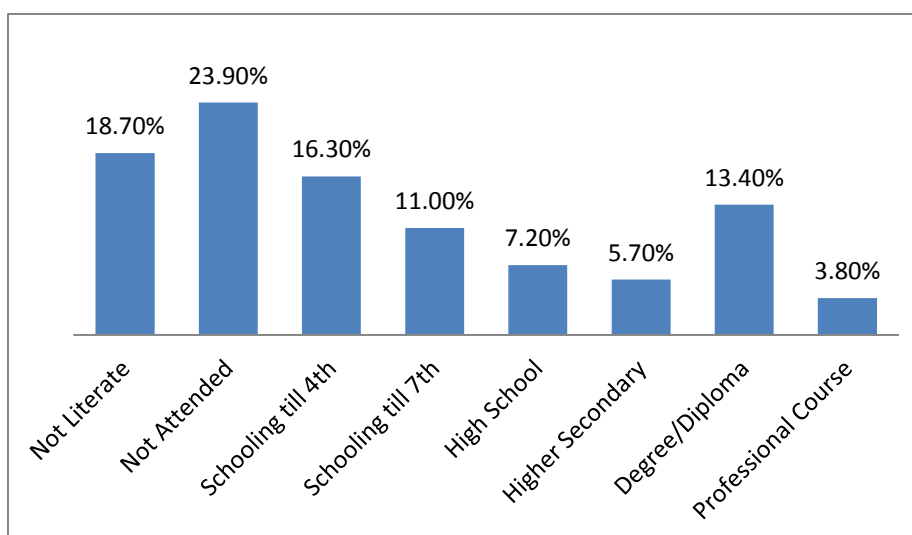


Figure 2.3

Table 2.4: Percentage distribution of the elderly interested in continuing education

Furthermore, out of the 209 persons interviewed, only 15.8per cent indicted interest to continue education while 84.2per cent did not.

Interested continuing education		
Yes, interested	33	15.8per cent
Not	176	84.2per cent
Total	209	100.0per cent

Table 2.4

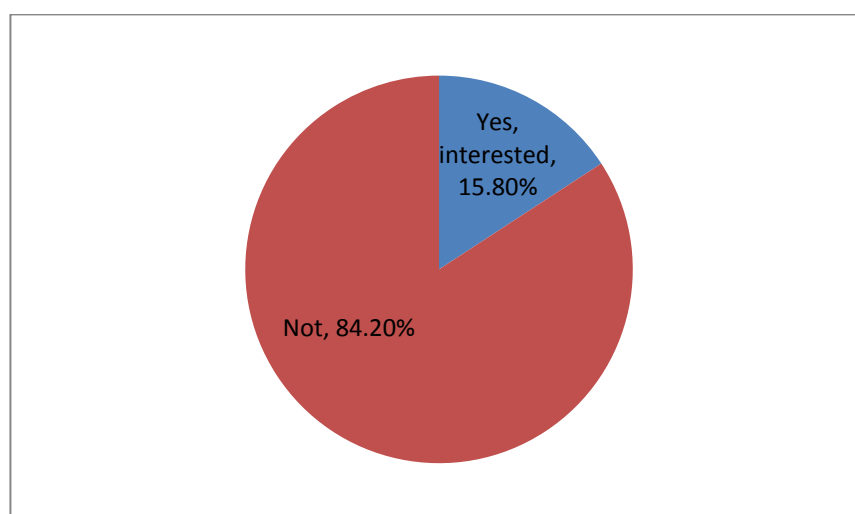


Figure 2.4

Table 2.5: Percentage distribution of the elderly seeking employment

27.3per cent of those interviewed are in search of a job. 72.7per cent are not interested or are content with their current job scenario.

Searching job		
Yes	57	27.3per cent
No	152	72.7per cent
Total	209	100.0per cent

Table 2.5

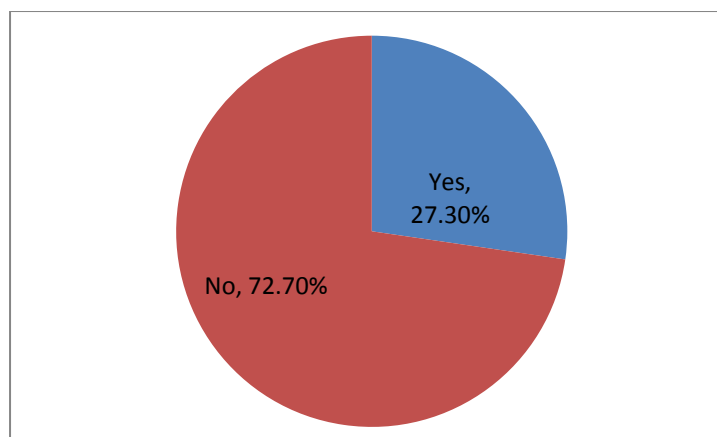


Figure 2.5

Table 2.6: Analysis of the reasons for seeking employment

Of the 27.3per cent who are searching for a job, 39.7per cent is due to financial stress. 15.5per cent is due to family pressure. 1.7per cent is in order to supplement family income. 43.1per cent want a new job because they are unhappy with their current job.

Reason for job search		
Financial stress	23	39.7per cent
Family pressure	9	15.5per cent
To supplement family income	1	1.7per cent
Not happy with the current work	24	43.1per cent
Total	57	100.0per cent

Table 2.6

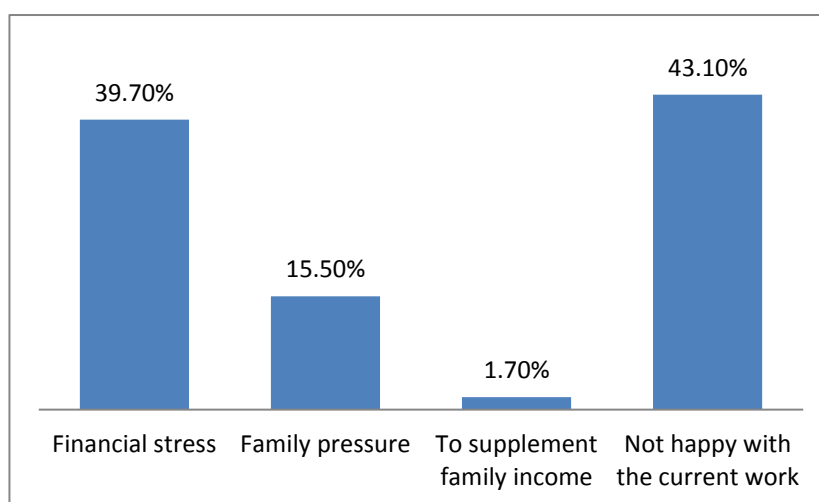


Figure 2.6

Table 2.7: Percentage distribution of the source of income of the elderly

Five primary sources of income were provided by those interviewed. This includes salary or wages 35.4per cent, employer’s pension, social pension, rental income and business income. Salary or wages formed the main source where 35.4per cent depended on it. 20per cent depended on employer’s pension. 21.5per cent relied on business income while 18.5per cent did on rental income. Only 4.6per cent stated social pension as source of income.

Source of income		
Salary/Wages	23	11.0 per cent
Employer’s Pension	13	6.22 per cent
Social Pension	3	1.43 per cent
Rental Income	12	5.74 per cent
Business Income	14	6.69 per cent
No income	144	68.9 per cent
Total	209	100.0per cent

Table 2.7

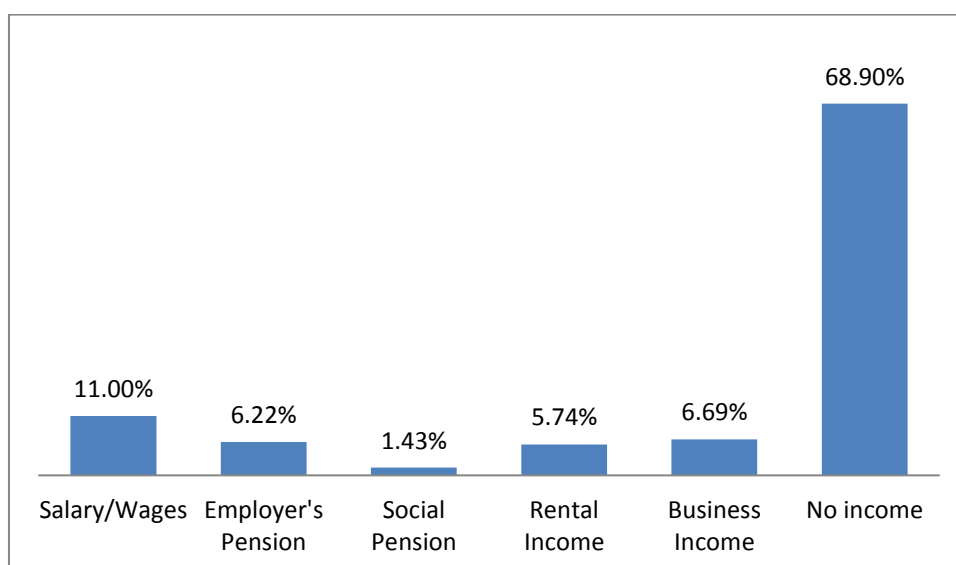


Figure 2.7

Health

Table 2.8: Percentage distribution of the diseases affecting elderly

Health problems are part and parcel in the life of the elderly. Of the various diseases affecting the elderly, 34per cent are affected by diabetes. 5.9per cent have hypertension. 10.8per cent have varicosevein. 4.9per cent have arthritis. 8.4per cent have heart disease. 10.3per cent have old age diseases. 3.4per cent are affected by cancer. 9.4per cent have respiratory diseases. 3.9per cent are affected by Alzheimer's.8.9per cent are affected by other diseases.

Diseases affecting the Elderly		
Diabetis	69	34.0per cent
Hypertension	12	5.9per cent
Varicosevein	22	10.8per cent
Arthritis	10	4.9per cent
Heart Disease	17	8.4per cent
Old age diseases	21	10.3per cent
Cancer	7	3.4per cent
Respiratory Diseases	19	9.4per cent
Alzheimer	8	3.9per cent
Others	18	8.9per cent
Total	203	100.0per cent

Table 2.8

Table 2.9: Percentage distribution of the elderly availing concession in medicine

Concession in medicine used by the elderly can be a huge relief for them. Concession in medicine was not available to 95.2per cent; 4.8per cent say they availed it.

Concession in Medicine		
Yes	9	4.8per cent
No	180	95.2per cent
Total	189	100.0per cent

Table 2.9

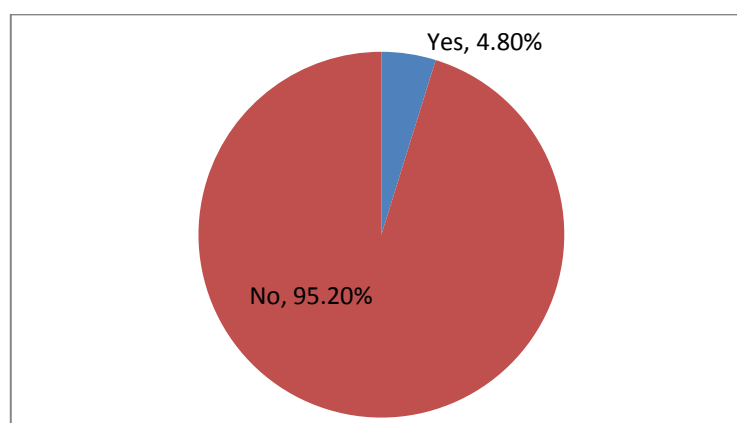


Figure 2.9

Table 2.10: Percentage distribution of the elderly availing concession in treatment

Similarly, concession in treatment was not available to 99per cent of those interviewed.

Concession in treatment		
Yes	2	1.0per cent
No	207	99.0per cent
Total	209	100.0per cent

Table 2.10

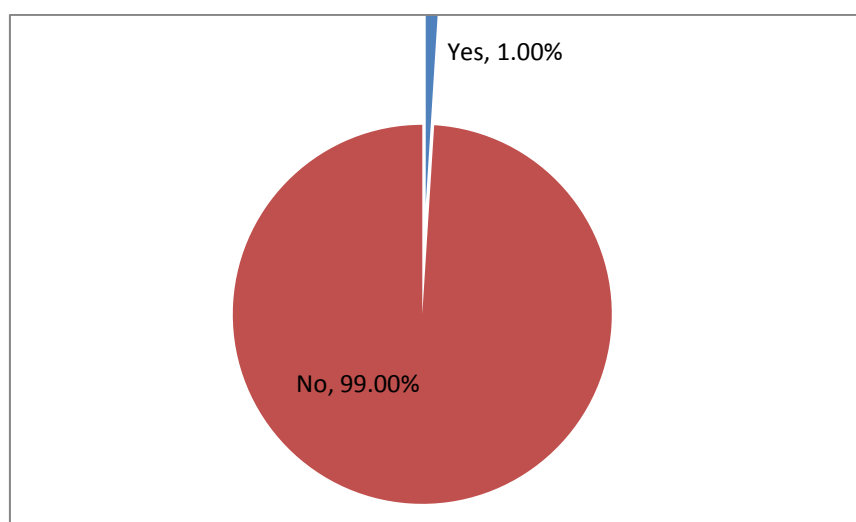


Figure 2.10

Table 2.11: Percentage distribution of the various health facilities available in the old age home

In case of a medical emergency, 3.8per cent stated that they would approach a clinic in old age home. 23per cent depend on medicines available. 39.7per cent opted to go to a nearby hospital. 16.7per cent stated they would contact relatives while 16.7per cent stated they would not take any action or would prefer self-treatment.

Medical Emergency		
Clinic in old age home	8	3.8per cent
Medicines available	48	23.0per cent
Go to nearby hospital	83	39.7per cent
Contact relatives	35	16.7per cent
Will not do anything/self- treatment	35	16.7per cent
Total	209	100 per cent

Table 2.11

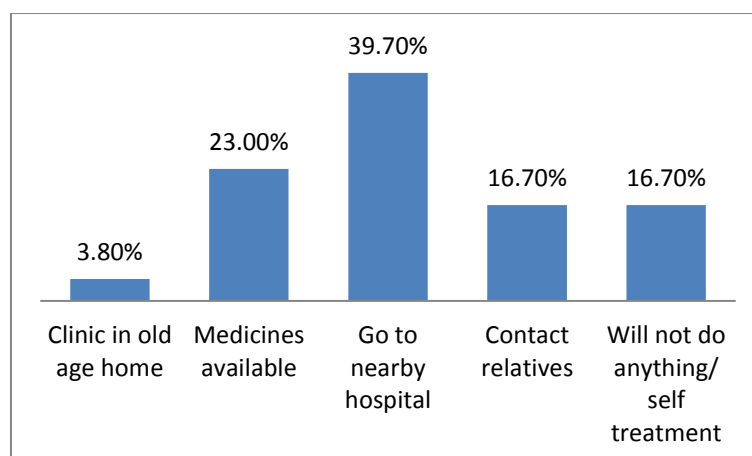


Figure 2.11

Table 2.12: Percentage distribution of the various sources of money available for treatment

Regarding money for treatments, majority (80.4per cent) depend on the old age home to provide. 12per cent have deposit. 3.8per cent depend on relatives while 3.8per cent have their own savings.

Treatment money		
From old age home itself	168	80.4per cent
Deposit	25	12.0per cent
Relatives	8	3.8per cent
Own	8	3.8per cent
Total	209	100.0per cent

Table 2.12

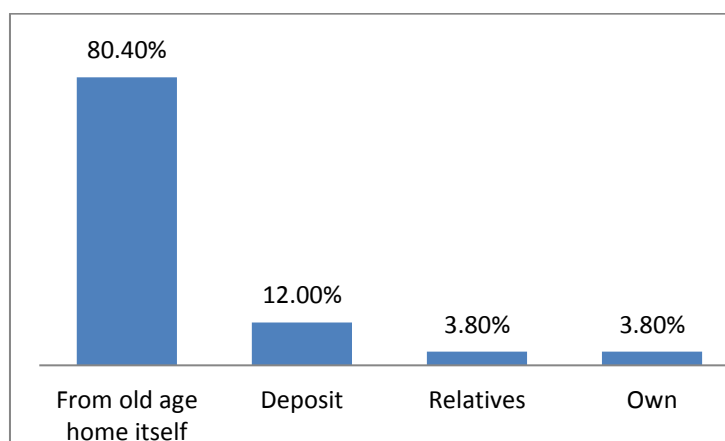


Figure 2.12

Table 2.13: Percentage distribution of the availability of the doctor's service

27.8per cent of the interviewed persons said they have access to facilities such as doctor's service. 72.2per cent stated they do not.

Facilities (Doctor Service)		
Yes	58	27.8per cent
No	151	72.2per cent
Total	209	100.0per cent

Table 2.13

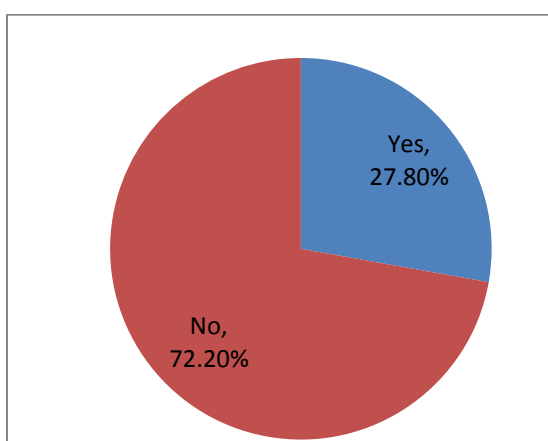


Figure 2.13

Table 2.14: Analysis of the frequency of visits by the doctor in every one month

With respect to doctor visits every month, 73.2per cent go once a month. 19.6per cent see a doctor twice a month. 7.1per cent see a doctor thrice in a month.

Doctor Visit Frequency (in one month)		
Once	41	73.2per cent
Twice	11	19.6per cent
Thrice	4	7.1per cent
Total	56	100.0per cent

Table 2.14

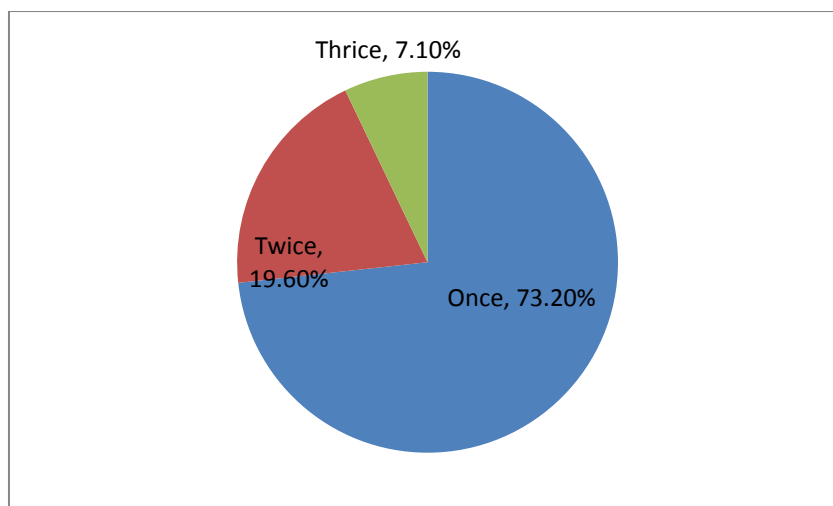


Figure 2.14

Table 2.15: Analysis of the availability of pharmaceutical facilities in old age homes

Only 2.9 per cent of the old age home has pharmacy facility.

Pharmacy		
Yes	6	2.9per cent
No	203	97.1per cent
Total	209	100.0per cent

Table 2.15

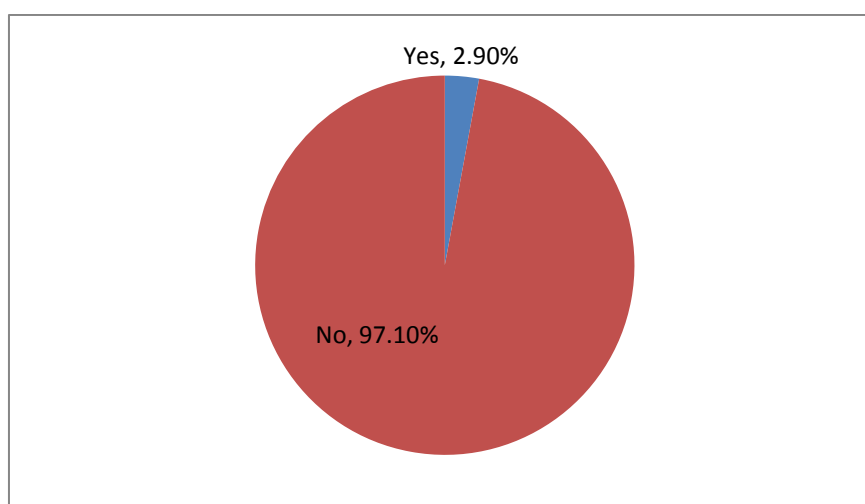


Figure 2.15

Table 2.16: Percentage distribution of elderly under medication

With old age, the intake of medicines also increases. 66.5per cent take medications while 33.5per cent do not.

Medicine		
Yes	139	66.5per cent
No	70	33.5per cent
Total	209	100.0per cent

Table 2.16

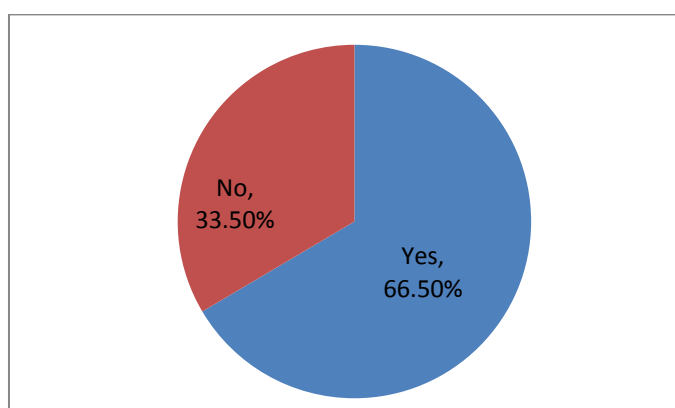


Figure 2.16

Table 2.17: Percentage distribution of elderly being offered the service of routine check-ups

Only 5.3per cent of the elderly have check-ups. 94.7per cent said they do not.

Checkup		
Yes	11	5.3per cent
No	197	94.7per cent
Total	209	100.0per cent

Table 2.17

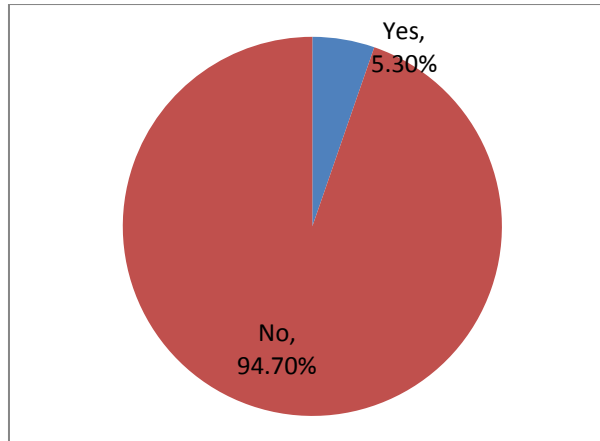


Figure 2.17

Table 2.18: Analysis of the behavior of the doctors

Doctor's behavior is an important factor. Majority (85.2per cent) stated that doctors were duty bound, caring, etc. 8.1per cent felt that the doctor had come for the sake of money

6.7per cent felt that doctor

and cent felt the was arrogant.

Doctor Behaviour		
Duty bound, caring etc	178	85.2per cent
Come for the sake of money	17	8.1per cent
Arrogant	14	6.7per cent
Total	209	100.0per cent

Table 2.18

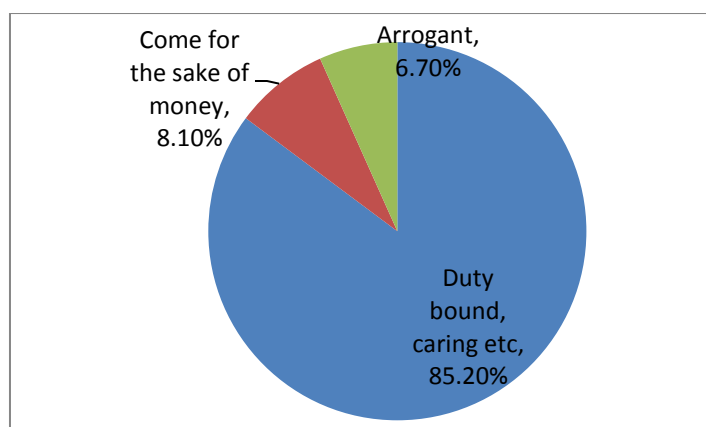


Figure 2.18

Dependence:

Table 2.19: Percentage distribution of elderly who need help to take medicines

For taking medicine, 71.3per cent is depending on someone else for help in taking medicines. 28.7per cent were capable to have their own medicines.

Taking medicine		
Yes	149	71.3per cent
No	60	28.7per cent
Total	209	100.0per cent

Table 2.19

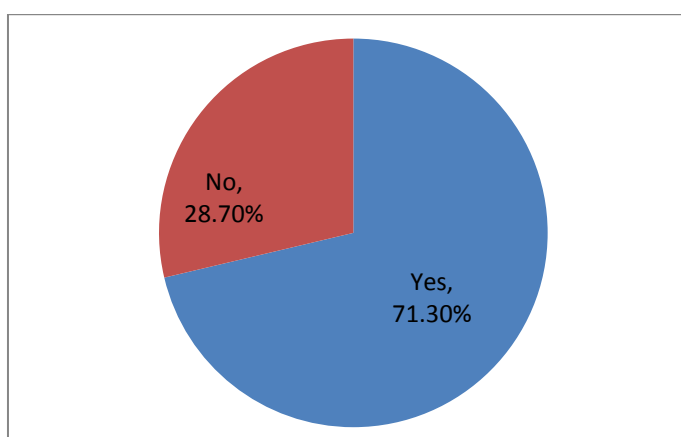


Figure 2.19

Table 2.20: Analysis of the ability of the elderly to manage money independently

70.3per cent of the elderly felt they were able to manage money. 29.7per cent felt they could not.

Managing money		
Yes	147	70.3per cent
No	62	29.7per cent
Total	209	100.0per cent

Table 2.20

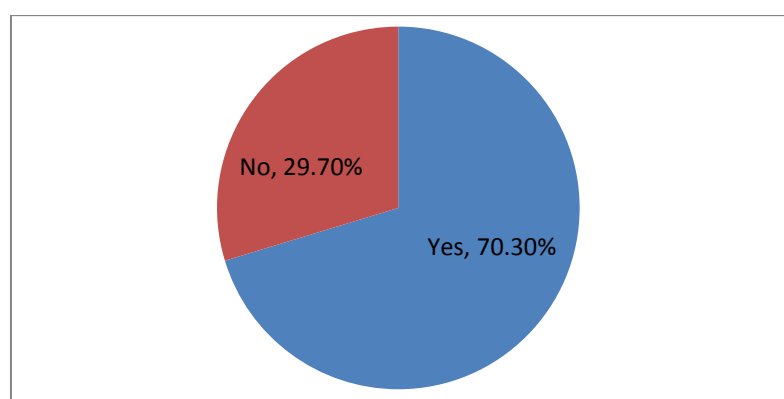


Figure 2.20

Table 2.21: Analysis of the ability of the elderly to take care of themselves

65.9per cent said they could take care of themselves while 34.1per cent said they could not do so.

Personal care		
Yes	137	65.9per cent
No	71	34.1per cent
Total	208	100.0per cent

Table 2.21

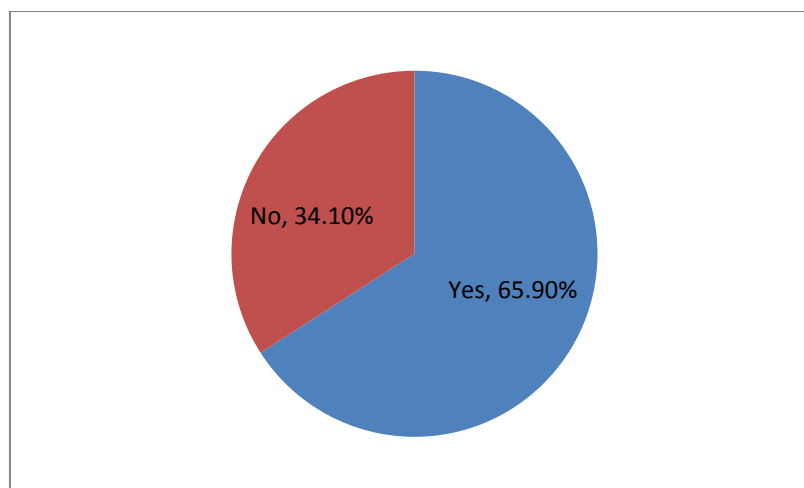


Figure 2.21

Table 2.22: Analysis of the frequency of receiving phone calls

Only 8.0per cent got phone calls on a daily basis. Majority (32per cent) got phone calls on a weekly basis. 20per cent received calls every month. 16per cent received calls every 3-6 months. 24per cent never received phone calls.

Phone call		
Daily	2	8.0per cent
Weekly	8	32.0per cent
Monthly	5	20.0per cent
3-6months	4	16.0per cent
Never	6	24.0per cent
Total	25	100.0per cent

Table 2.22

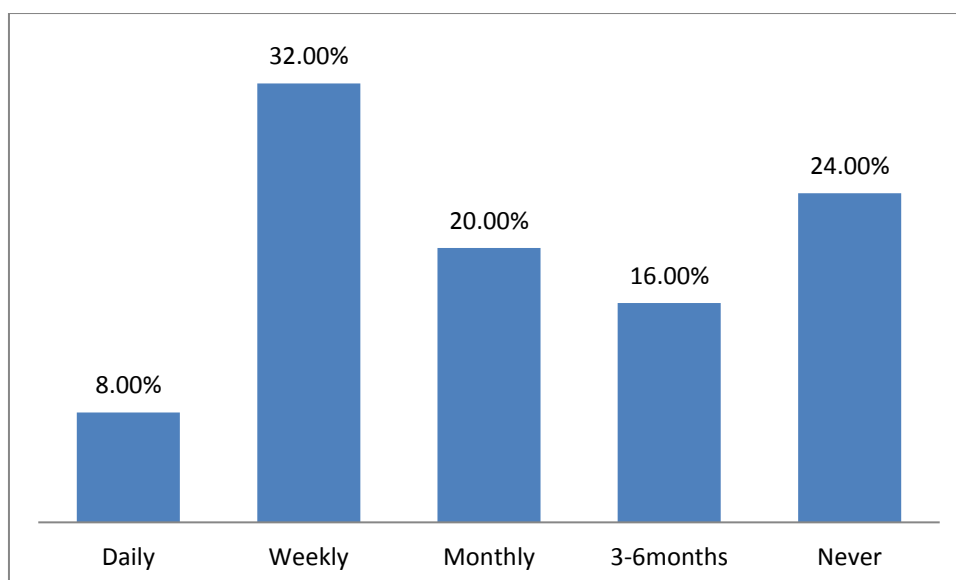


Figure 2.22

Awareness of legal rights

Table 2.23: Percentage of elderly aware of their right to maintenance

Majority (77.5per cent) of the elderly are aware about their right to maintenance. Only 22.5per cent are not aware.

Maintenance		
Yes	162	77.5per cent
No	47	22.5per cent
Total	209	100.0per cent

Table 2.23

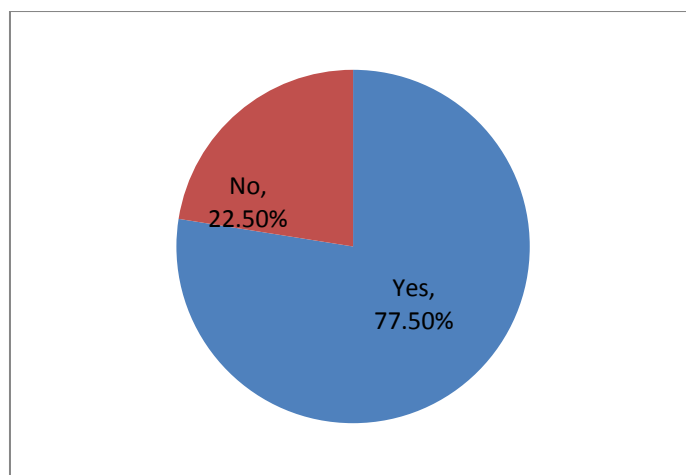


Figure 2.24

Table 2.25: Percentage of the elderly aware of the availability of seats reserved for them in public transport

38.5per cent of the elderly avail the seat in buses reserved for the elderly. 61.5per cent have been denied this right.

Seat In Buses		
Availed	80	38.5per cent
Denied	128	61.5per cent
Total	208	100.0per cent

Table 2.25

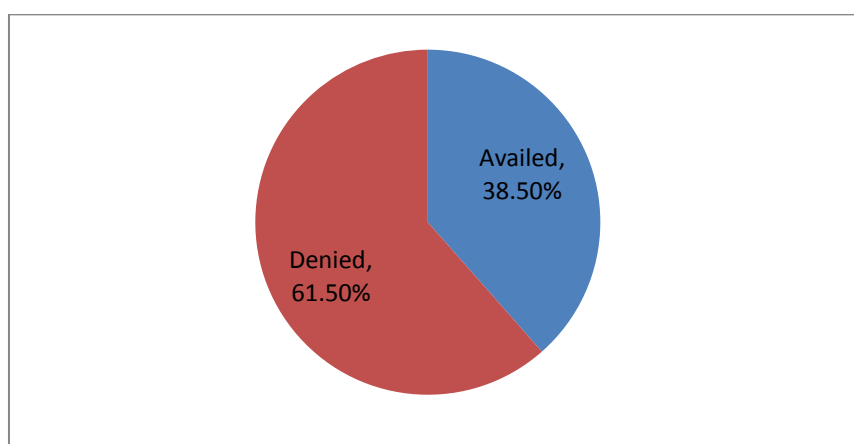


Figure 2.25

Table 2.26: Percentage of elderly who avails the facility of special queue in Railway Station

23.1per centof the elderly have availed the facility of special queue while 76.9per cent have been denied it.

Special Queue in Railway Station		
Availed	48	23.1per cent
Denied	160	76.9per cent
Total	208	100.0per cent

Table 2.26

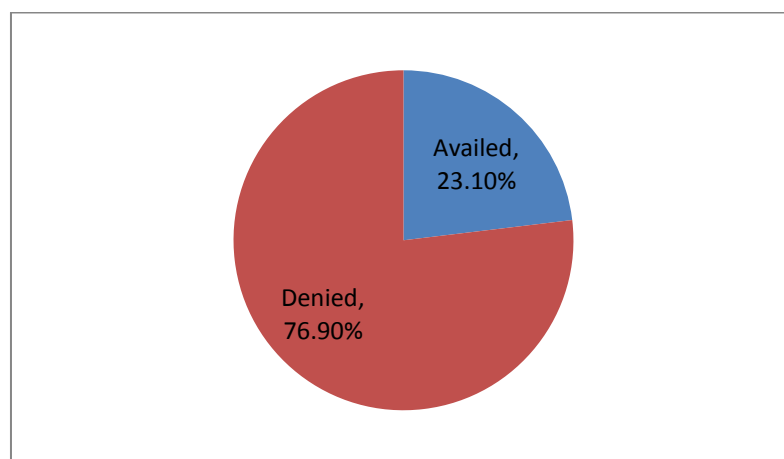


Figure 2.26

Table 2.27: Percentage of elderly who avails the special queue system in hospitals

15.4per cent have availed this facility while majority(84.6per cent) have been denied.

Special Queue in Hospital		
Availed	32	15.4per cent
Denied	176	84.6per cent
Total	208	100.0per cent

Table 2.27

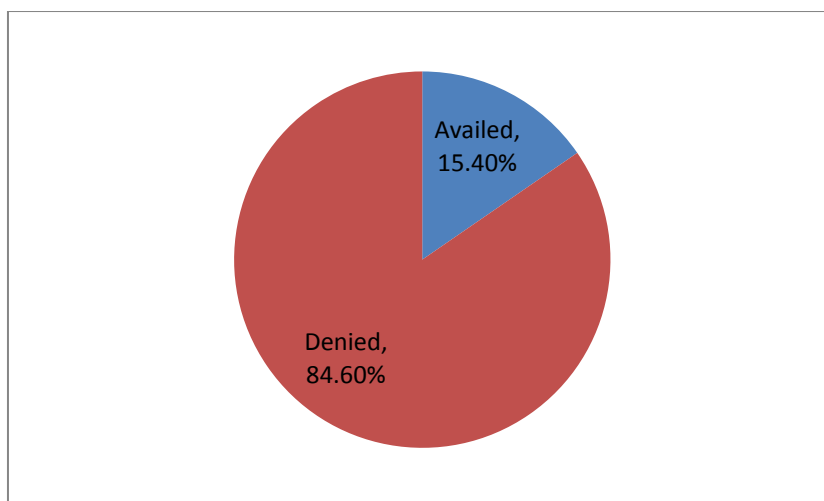


Figure 2.27

Table 2.28: Percentage of elderly who avails concessions in trains

Majority(84.6per cent) of the elderly are aware and have availed concession in trains. Only 15.4per cent have not.

Train Concession		
Yes	176	84.6per cent
No	32	15.4per cent
Total	208	100.0per cent

Table 2.28

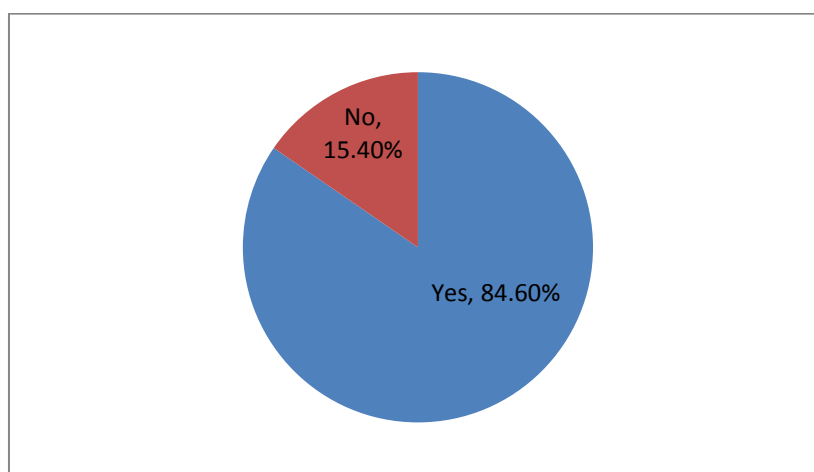


Figure 2.28

Social Interactions

Table 2.29: Percentage of the elderly permitted to go outside

84.7per cent have the permission to go out. 15.3per cent opined that they don't have the permission to go out.

Permission		
Yes	177	84.7per cent
No	32	15.3per cent
Total	209	100.0per cent

Table 2.29

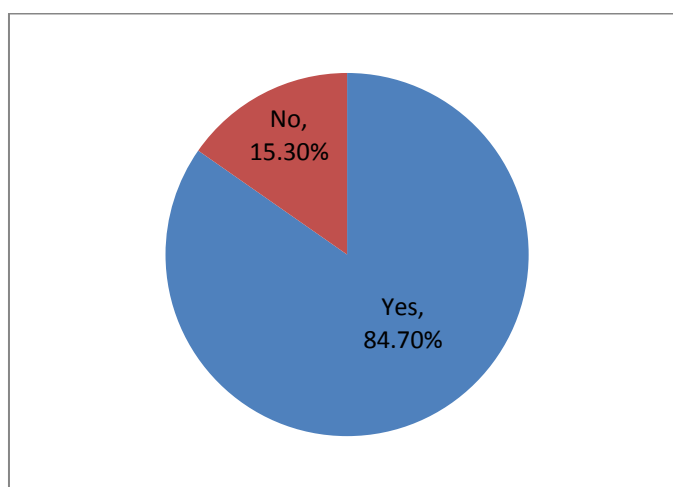


Figure 2.29

Table 2.30: Percentage of elderly in need of care takers during travel

Travelling for the elderly can be difficult for various reasons including health. Almost half(45.5per cent) said that they need care takers or staff while travelling. 28.2per cent need the help of relatives or friends. Only 26.3per cent are able to travel by themselves.

Travel		
Care takers/ staffs	95	45.5per cent
Own	55	26.3per cent

Relatives/friends	59	28.2per cent
Total	209	100.0per cent

Table 2.30

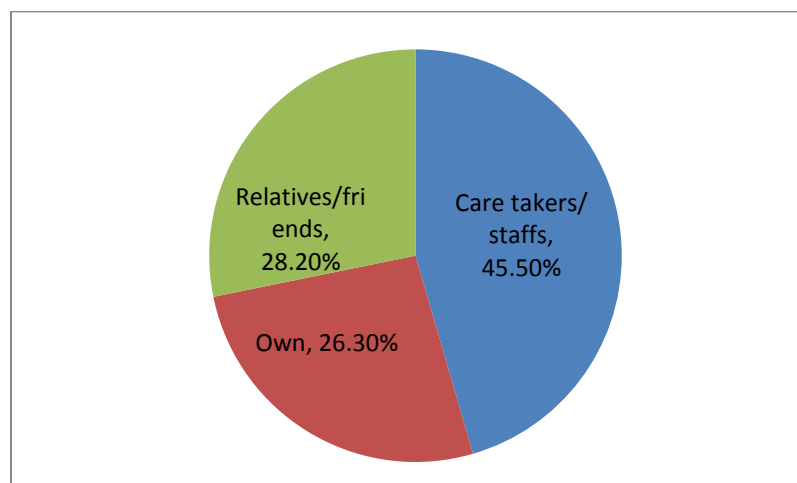


Figure 2.30

Table 2.31: Percentage of elderly who take part in social gatherings

Humans are social beings and functions and entertainment play a role in our mental wellbeing and general happiness. Most of the elderly (41.1per cent) said they never attend functions. 24.9per cent rarely do. Only 29.7per cent go often. 4.3per cent cited health condition restricting their ability to attend functions.

function/entertainment		
Never	86	41.1per cent
Rarely	52	24.9per cent
Often	62	29.7per cent
Cannot go out due to health condition	9	4.3per cent
Total	209	100.0per cent

Table 2.31

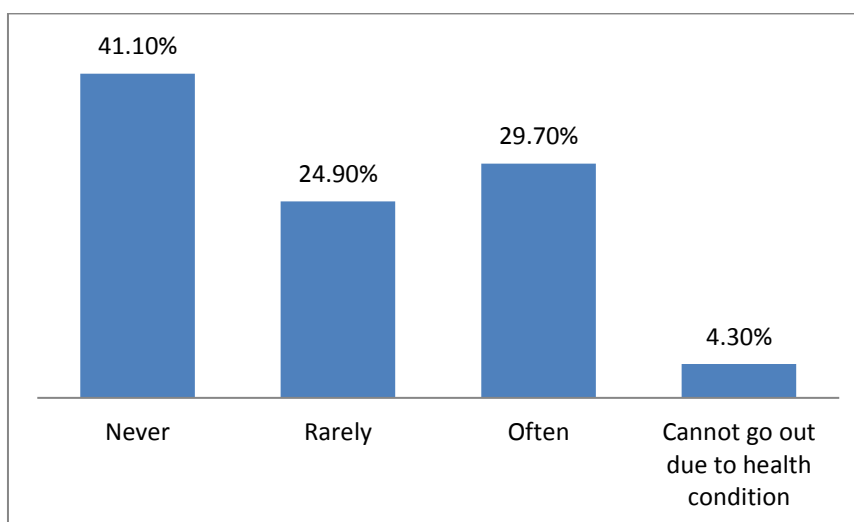


Figure 2.31

Table 2.32: Percentage distribution of the preferred group work

Gardening is the most popular group work preferred by the elderly with 46.9per cent option for it. 30.4per cent prefer agriculture. 14.4per cent prefer small business, 8.2per cent prefer pets.

Group work		
Agriculture	59	30.4per cent
Pets	16	8.2per cent
Small business	28	14.4per cent
Gardening	91	46.9per cent
Total	194	100.0per cent

Table 2.32

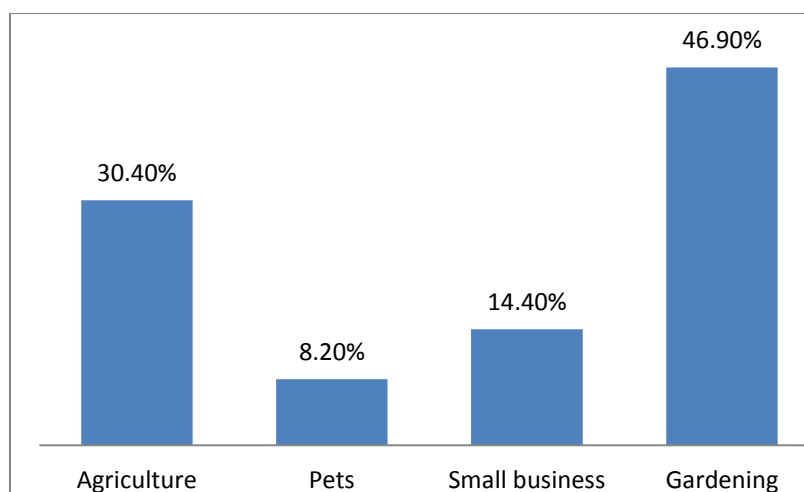


Figure 2.32

Family Relationships

Table 2.33: Analysis of the number of children

Most of them (69.5per cent) don't have children. 14.7per cent have only one child. 10.5per cent have 2 children. 5.3per cent have 3 or more children.

Number of children		
No children	146	69.5per cent
Only 1 child	31	14.7per cent
2 children	22	10.5per cent
3 Children or more	10	5.3per cent
Total	209	100.0per cent

Table 2.33

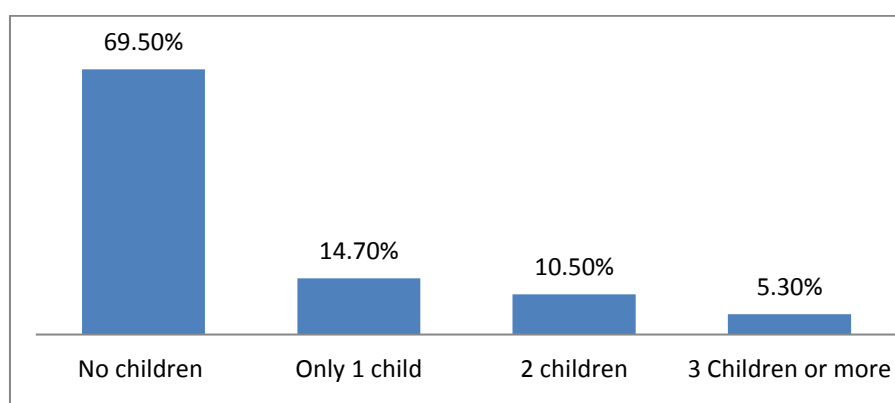


Figure 2.33

Table 2.34: Analysis of the reasons to avail the facility of old age home

There are various reasons the elderly move into an old age home. It may be because their children are abroad, economic instability or illnesses, among others. 24.9per cent moved in in their own accord. 14.4per cent due to family separation or deaths. 7.7per cent moved in because their children are abroad. 9.1per cent moved because their children forced them. 16.3per cent moved due to financial instability at home.

Reason for stay		
Children abroad	16	7.7per cent
Economic instability at home	34	16.3per cent
Son/daughter forced	19	9.1per cent
Own decision	52	24.9per cent
Illness	32	15.3per cent
Family separated/died	30	14.4per cent
Others	26	12.4per cent
Total	209	100.0per cent

Table 2.34

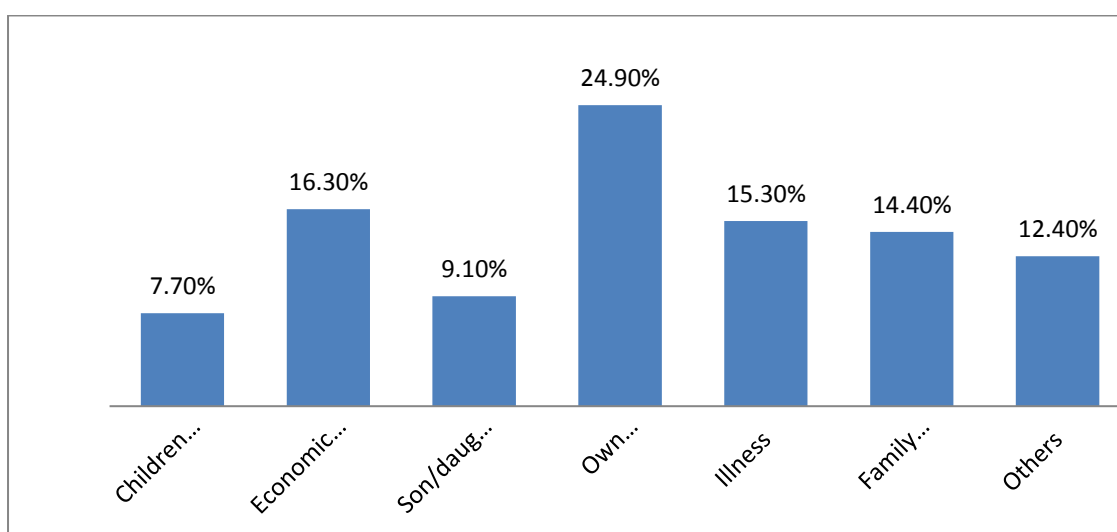


Figure 2.34

Table 2.35: Percentage distribution of elderly whose children reside abroad

76.9per cent of the elderly stated that their children are abroad. 32.1per cent stated no.

Children Living abroad		
Yes	19	67.9per cent
No	9	32.1per cent
Total	28	100.0per cent

Table 2.35

Table 2.36: Analysis of the frequency of home visits of the elderly

Home visits are special occasions for the elderly living in an old age home. Only 7.1per cent visit home every 1 or 2 years. 35.7per cent visit home every 2 to 5 years. 25per cent visit home more than 5 years. 32.1per cent have never visited home.

Visit to home		
1-2 years	2	7.1per cent
More than 2 years	10	35.7per cent
More than 5 years	7	25.0per cent
Never	9	32.1per cent
Total	28	100.0per cent

Table 2.36

Table 2.37: Analysis of the proximity from residence

One of the factors while selecting old age homes is its distance from home. This is clear as 44.5per cent state that their home is less than 5km away. 29.7per cent are in the same district. 25.8per cent have homes in another district.

Distance from home		
less than 5km	93	44.5per cent
Same district	62	29.7per cent
other district	54	25.8per cent
Total	209	100.0per cent

Table 2.37

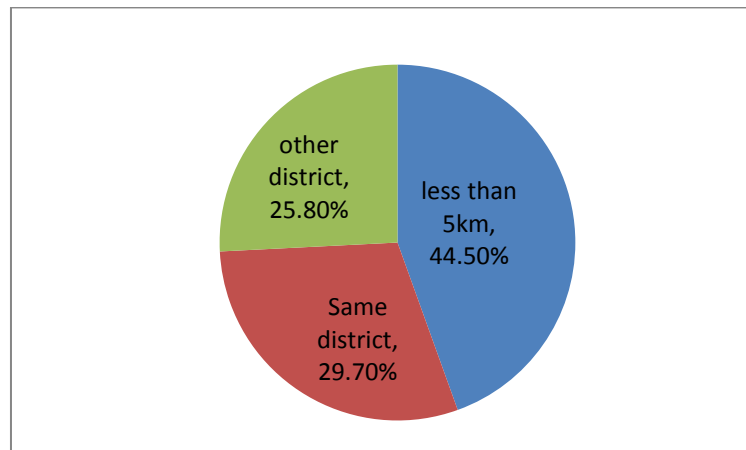


Figure 2.37

Table 2.38: Analysis of visit by relatives

Majority (58.4per cent) of the elderly have relatives visiting them. 41.6per cent do not.

Visit Of Relatives		
Yes	122	58.4per cent
No	87	41.6per cent
Total	209	100.0per cent

Table 2.38

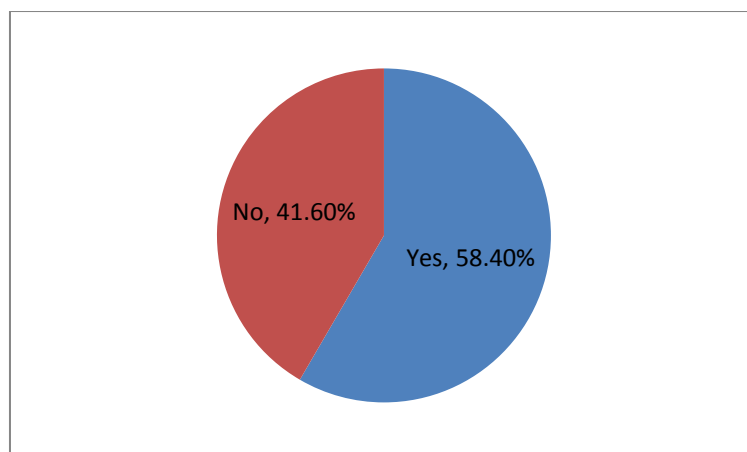


Figure 2.38

Table 2.39: Percentage of elderly receiving calls

Calls from home are not as frequent as visits. Only 33.5per cent have calls from home while 66.5per cent do not.

Call from Home		
Yes	70	33.5per cent
No	139	66.5per cent
Total	209	100.0per cent

Table 2.39

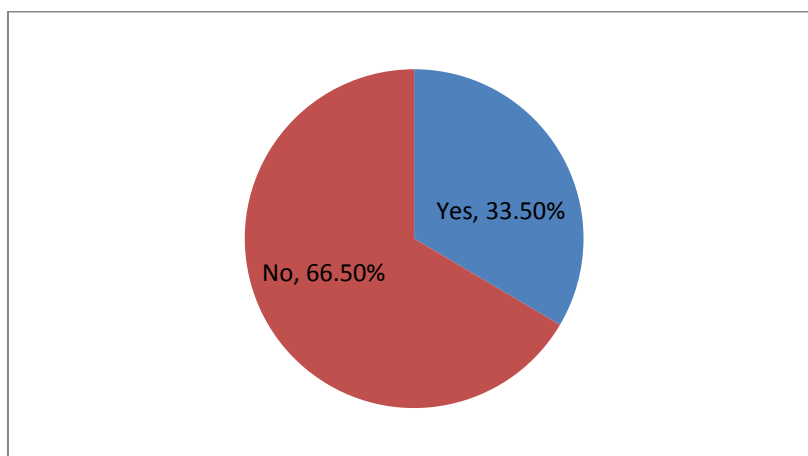


Figure 2.40

Table 2.41: Percentage of elderly who have family get- together

46.4per cent have family get together. 53.6per cent do not.

Family together		
Yes	97	46.4per cent
No	112	53.6per cent
Total	209	100.0per cent

Table 2.41

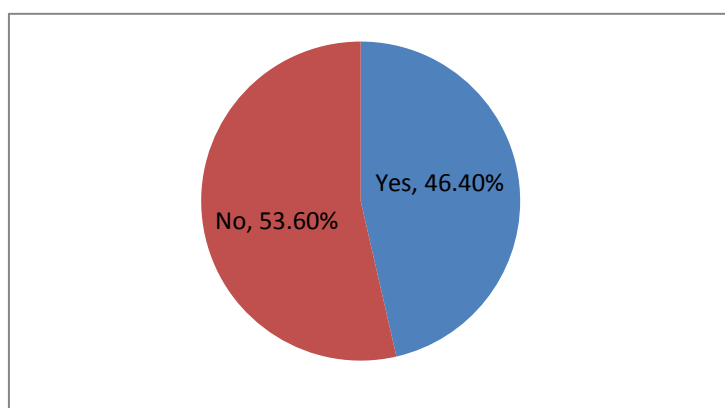


Figure 2.41

Other Issues in Old age home

Table 2.42: Analysis of staff behaviour

Staff behaviour is a crucial aspect in old age homes. Only 32.5per cent are of the opinion that the staff are affectionate and caring. 61.2per cent feel the staff only take care the basic needs. 6.3per cent of the elderly find the staff in old age homes to be arrogant and angry.

Staff behaviour		
Affectionate and caring	67	32.5per cent
Basic needs will be taken care	126	61.2per cent
Arrogant and angry	13	6.3per cent
Total	206	100.0per cent

Table 2.42

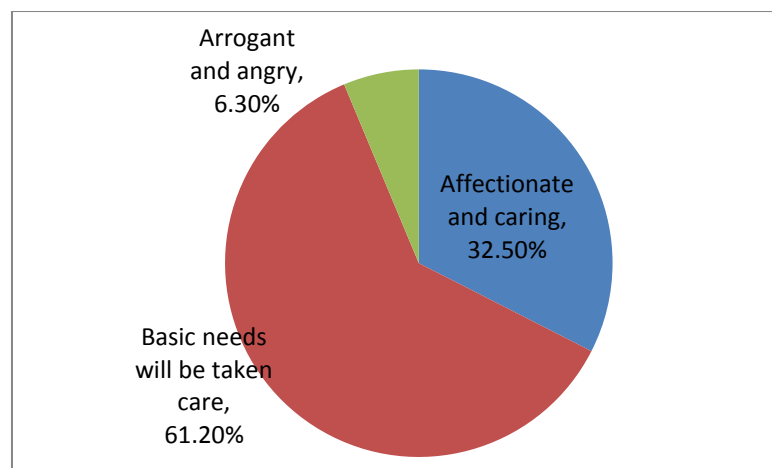


Figure 2.42

Table 2.43: Analysis on the food choices available for the elderly

Majority (42.6per cent) of the elderly find there to be enough food choices. 18.2per cent agree that there is variety dishes on special days. 34.4per cent find the food monotonous, while 4.8per cent state that there is not enough food.

Food choices		
Enough	89	42.6per cent
Variety dishes on special days	38	18.2per cent
Monotonous food	72	34.4per cent
Not enough food	10	4.8per cent
Total	209	100.0per cent

Table 2.43

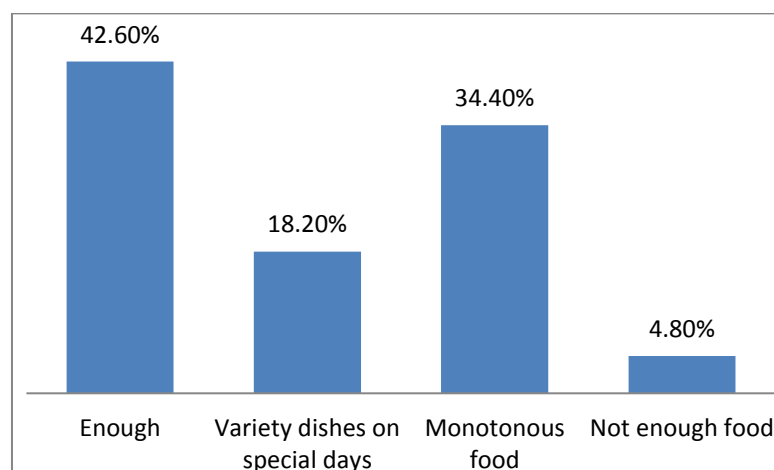


Figure 2.43

Table 2.44: Analysis of the problems faced by the elderly in old age homes

Problems faced by the elderly in old age homes are many and vary from loneliness to physical abuse. Not all those interviewed stated to have problems; however, majority did. 15.3per cent stated loneliness as a problem. 20.4per cent stated to face discrimination. 16.1per cent suffer from anxiety. 12.4per cent face physical abuse while 22.6per cent face mental or verbal abuse. 13.1per cent face economic instability.

Problems		
Loneliness	21	15.3per cent
Discrimination	28	20.4per cent
Anxiety	22	16.1per cent
physical abuse	17	12.4per cent
Mental Abuse/Verbal abuse	31	22.6per cent
Economic instability	18	13.1per cent
Total	137	100.0per cent

Table 2.44

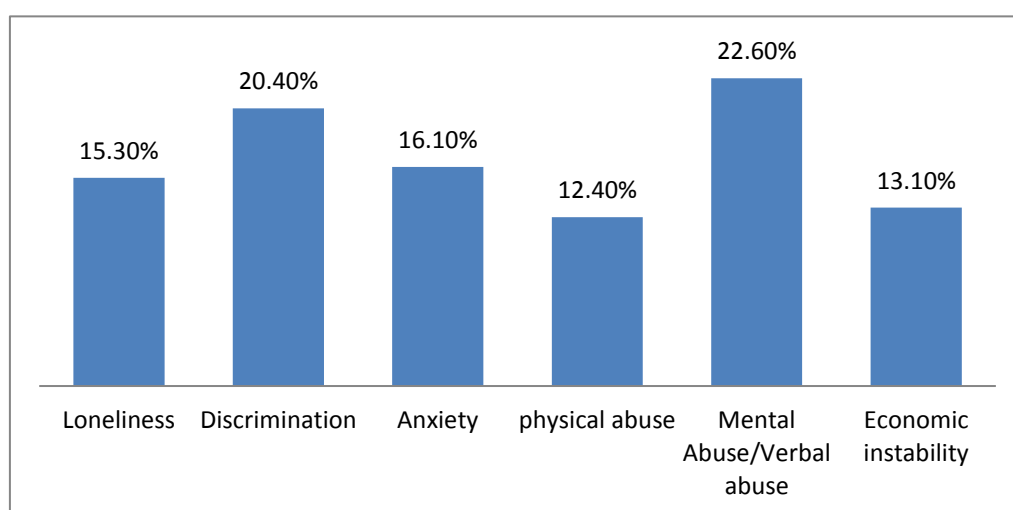


Figure 2.44

TABLE 3: Old Age Home Staff**Table 3.0: Analysis of the educational qualification of the staff members**

22.7per cent of the interviewed are not literate while 23.2per cent did not attend school. 16.2per cent has attended school till 4th standard, 14.1per cent attended until 7th and 6per cent attended High school. 5per cent attended higher secondary, while 10.1per cent attained degree or diploma and just 3per cent went on for professional course.

Education		
Not Literate	22	22.2per cent
Not attended	23	23.2per cent
Schooling till 4 th	16	16.2per cent
Schooling till 7 th	14	14.1per cent
High School	6	6per cent
Higher Secondary	5	5per cent
Degree/ Diploma	10	10.1per cent
Professional Course	3	3per cent
Total	99	100per cent

Table 3.0

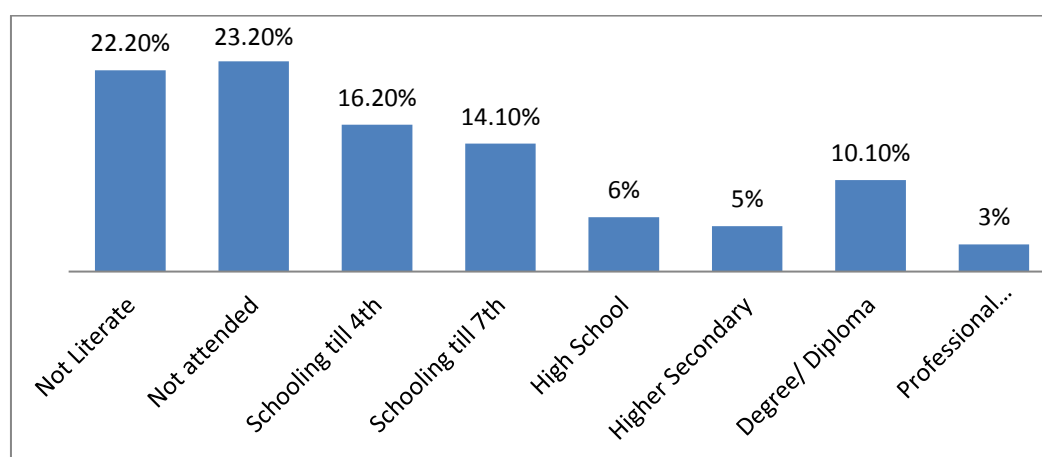


Figure 3.0

Table 3.1: Percentage distribution of the staff members who have undergone training

Only 15.2per cent of the interviewed (staff) received job training. 84.8per cent does not received any job training

Job Training		
Yes	15	15.2per cent
No	84	84.8per cent
Total	99	100per cent

Table 3.1

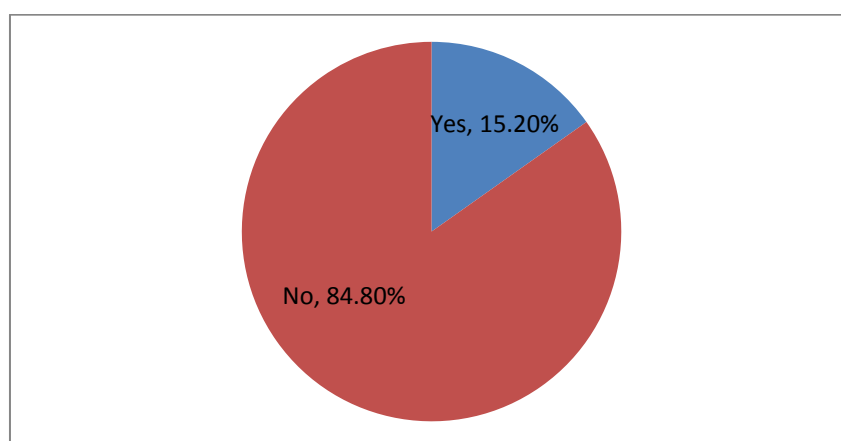


Figure 3.1

Table 3.2: Percentage distribution of staff members who encourage exercise for elderly

Only 15.1per cent of the staff instructs the elder people to engage in some kind of exercise. Majority (84.9per cent) do not instruct the senior citizens to do any exercise.

Exercise		
Yes	15	15.1per cent
No	84	84.9per cent
Total	99	100per cent

Table 3.2

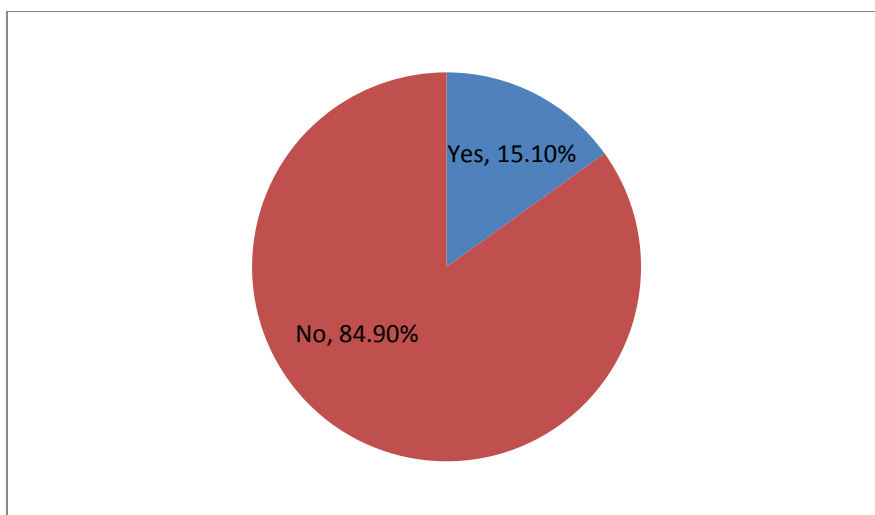


Figure 3.2

Table 3.3: Percentage of staff members aware of the right of maintenance of the elderly

Majority of the staff (94.94per cent) is well versed with the right to maintenance available to senior citizens. Only 5.05per cent is not aware of the right to get maintenance.

Maintenance		
Yes	94	94.94per cent
No	5	5.05per cent
Total	99	100per cent

Table 3.3

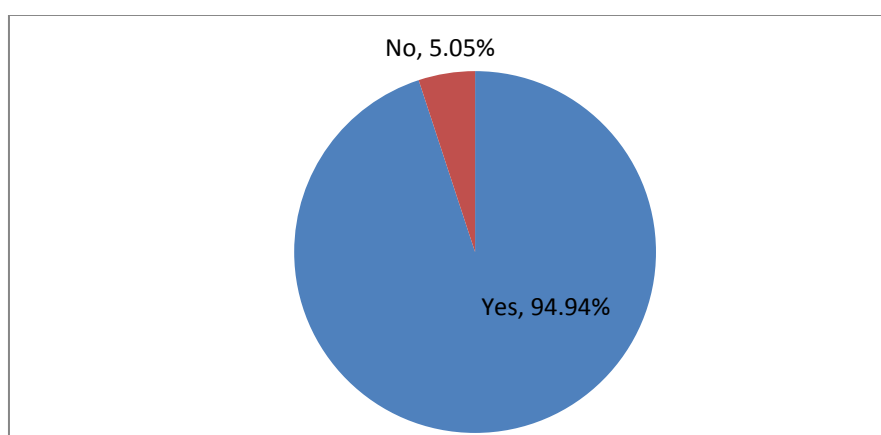


Figure 3.3

Table 3.4: Analysis of the number of elderly accommodated in a room

This table consist information about the number of elder people who residing in a room. None of the old age home provides a room for 2 people. At least three people need to reside in a room. 49.5per cent of the old age homes providing one room for 3 to 5 people. 34.3per cent of old age homes provide one room for more than 5 people. 16.2per cent has giving one room for more than 10 people.

Number of elderly accommodated in a room		
1 to 2	0	0per cent
3 to 5	49	49.5per cent
More than 5	34	34.3per cent
More than 10	16	16.2per cent
Total	99	100per cent

Table 3.4

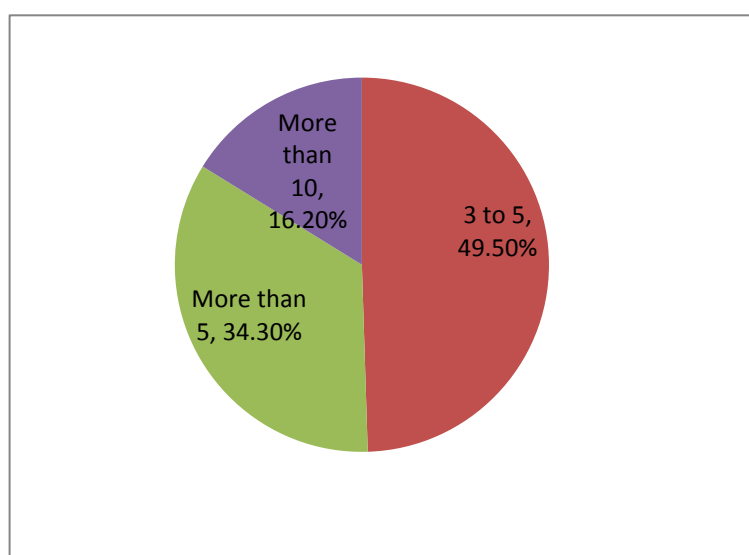


Figure 3.4

Table 3.5: Analysis of the management of affairs in the absence of

the appointed staff

In most of the cases (82.8per cent) other staff will take care of the elderly in the absence of main staff. In 17.2per cent of cases no one else will take care of the elderly in the absence of staff.

Off day		
Other staff	82	82.8per cent
No one	17	17.2per cent
Total	99	100per cent

Table 3.5

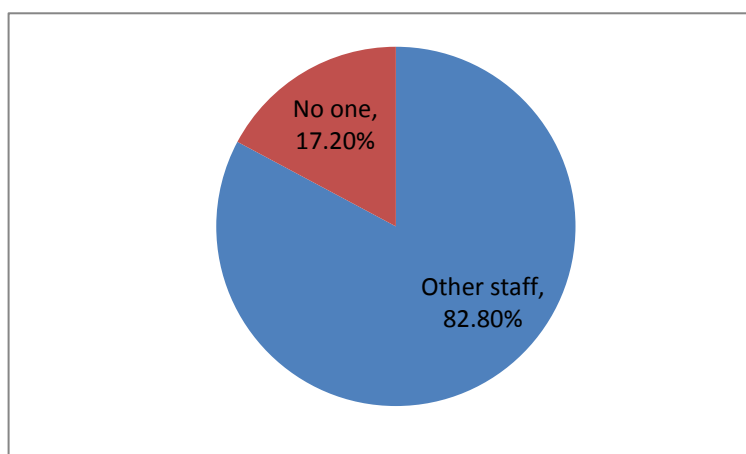


Figure 3.5

Table 3.6: Percentage analysis of the factors that cause difficulty in the delivery of job

According to the interviewed people, the most difficult job in old age home is giving medicines. 20.2per cent opinioned unhygienic conditions as the most difficult thing in the job. The other difficulties in jobs are giving food (17.2per cent), Cleaning (6.1per cent), talking with them (3per cent), work load *14.1per cent) and no leave for entertainment.

Difficulty in Job		
Giving Medicines	28	28.3per cent
Unhygienic Conditions	20	20.2per cent
Giving food	17	17.2per cent
Cleaning	6	6.1per cent
Talking with them	3	3.0per cent
Work Load	14	14.1per cent
Emotional Stress	0	0
No leave or Entertainment	11	11.1per cent
Total	99	100.0per cent

Table 3.6

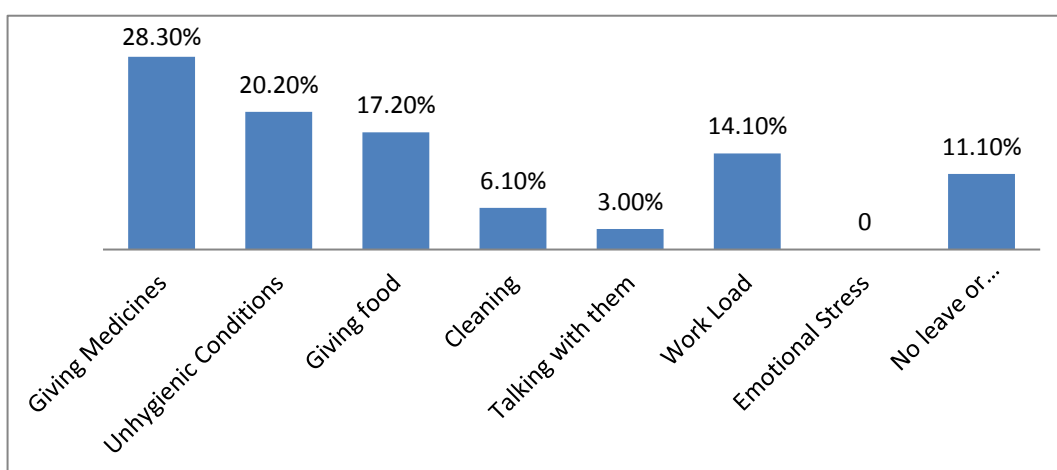


Figure 3.6

Table 3.7: Percentage distribution of frequency of counseling sessions

Most of the staff (49.5per cent) is not aware about counseling. 39.4per cent of old age homes arrange the facility for counseling in every week. 4per cent will arrange it in every month. 7.1per cent old age homes never arranged any counseling.

Counseling		
Not aware	49	49.5per cent
Yes, Once a week	39	39.4per cent
Once a month	4	4.0per cent
Never	7	7.1per cent
Total	99	100.0per cent

Table 3.6

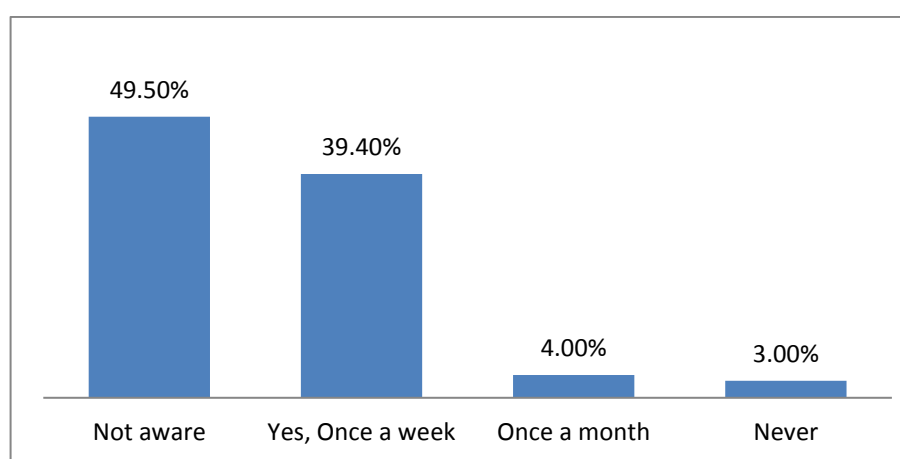


Figure 3.6

TABLE 4: Analysis of the facilities related to health service etc.

Data collected from District Hospitals in five south Indian States:Kerala, Karnataka, Andhra Pradesh, Telangana, and Tamil Nadu

Table 4.0: Analysis on the availability of separate OP facility

In the received replies, only 4 hospitals have separate OP for senior citizens. But in few hospitals, even though there is no separate OP, but gave priority to elder people among other patients. Some other hospitals have separate registration counter for elder people.

Separate OP	
Yes	4
No	9
Total	13

Table 4.0

Table 4.1: Analysis on the availability of separate Geriatric ward

In the received replies only 5 hospitals have separate ward for elder people. But in some hospitals, even though there is no separate ward for senior citizen, beds will exclusively available to senior citizens.

Geriatric ward	
Yes	5
No	8
Total	13

Table 4.1

Table 4.2: Analysis on the availability of Gerontologists

In the received RTI replies, none of the hospitals have specialized doctors in Gerontology. But in District hospital Chittoor, Andhra Pradesh, specialized doctors will attend on calls if there is any emergency.

Specialized Doctor	
Yes	0
No	13
Total	13

Table 4.2

Table 4.3: Analysis on the concessions provided

Ten hospitals replied that they are providing concessions to the patients under various schemes. Even though there is no consultation fees in Government hospitals, the people has to pay fees for facilities such as Digital X- Ray, CT Scan etc. The concession is providing under BPL Scheme, RSBY, Tribal Health Scheme, S-CHIS, and CHIS PLUS. But none of these concessions is exclusively for senior citizens.

Concession		
Yes	10	76.9per cent
No	3	23.1per cent
Total	13	100per cent

Table 4.3

Data on Senior Citizen maintenance tribunal:

Revenue Divisional Officers (RDO) are appointed as presiding officers of Maintenance Tribunal under the Senior Citizen Maintenance Act for each Sub-division. District Collectors are appointed as presiding officers of Appellate Tribunal for each District. District Welfare Officers are designated as Maintenance Officers for each District.

Section 4 of Act provides that a senior citizen or parent unable to maintain himself/herself may make an application for maintenance to the Maintenance Tribunal. Such applications are to be filed in the case of parent or grandparent against one or more of his children and in the case of child less senior citizen against the relative who under law would inherit his property. The application is to be filed in form No. 'A' appended to the Rules. The Tribunal may also initiate proceedings for maintenance suo moto. On receipt of the application the same has be referred to

Conciliation Officer who has to hold meetings with the two parties. Within one month of receipt of the reference the Conciliation officer shall return the papers received by him with report of settlement formula if any arrived by him or with a report of the steps taken by him for a settlement. If no settlement is reported the Tribunal has to pass an order for maintenance making in to consideration the following aspects:

- a. Amount needed by the applicant to meet his basic needs, specially food, clothing, accommodation, and health care;
- b. Income of the opposite party;
- c. Value of and actual and potential income from the property, if any, of the applicant which the opposite party would inherit and/or is in possession of.

Provisions are also there for preferring appeal against the orders passed by the Tribunal.

The information about the cases in the Senior Citizen Maintenance Tribunal were collected through RTI application. Initially we approached the tribunals personally, however we could not receive sufficient data. The RTI had been filed across five southern states, but only from Kerala, we received proper replies.

Kerala:

RTI has been filed in six districts in Kerala. There has been 3202 complaints has been registered in the tribunals from 2009. In that, 2534 complaints are disposed. But 668 cases are still pending in the tribunals. Even the cases registered in the year 2010 are pending before the tribunal.

	No. of complaints Received	No. of complaints Disposed	No. of cases Pending
2007	Nil	Nil	Nil
2008	Nil	Nil	Nil
2009	31	31	Nil
2010	117	112	5
2011	181	173	8
2012	307	282	25

2013	410	354	56
2014	533	469	64
2015	547	487	60
2016	586	460	126
2017	490 (Till July)	166 (Till July)	324 (Till July)
Total	3202	2534	668

Table 4.4

	Frequency	Percentage
No. of complaints disposed	2534	79.14per cent
No. of Complaints pending	668	20.86per cent
No of Complaints Received	3202	100per cent

Table 4.5

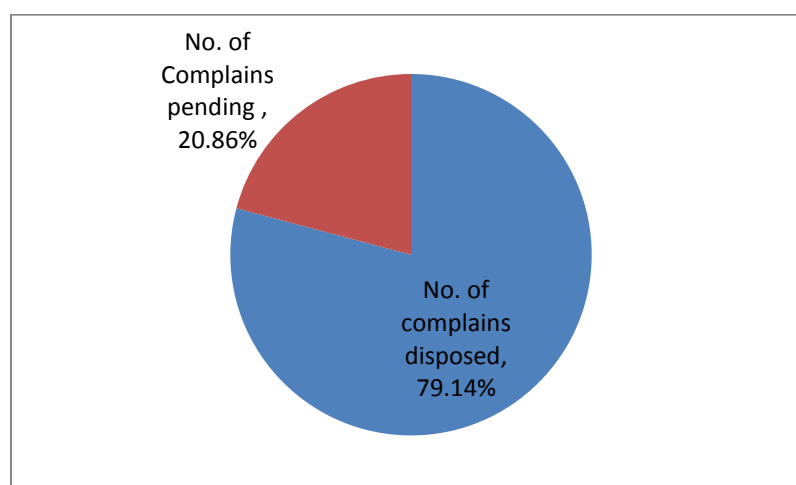


Figure 4.5

Type of cases:

Kerala: The following data is also collected through RTI application. The most number of cases registered in the tribunal is related to maintenance (548 cases). 292 cases have been related to property. Also 167 cases registered for seeking protection order.

	No. of cases related to property	No. of cases related to maintenance	No. of cases seeking protection order
2007	Nil	Nil	Nil
2008	Nil	Nil	Nil
2009	Nil	Nil	Nil
2010	15	14	5
2011	12	23	8
2012	22	37	11
2013	22	57	14
2014	58	133	27
2015	67	102	49
2016	36	103	21
2017	62 (Till July)	79 (Till July)	32 (Till July)
Total	294	548	167

Table 4.6

Cases related to property	294	29.1per cent
Cases related to maintenance	548	54.3per cent
Cases seeking protection order	167	16.6per cent
Total	1009	100per cent

Table 4.7

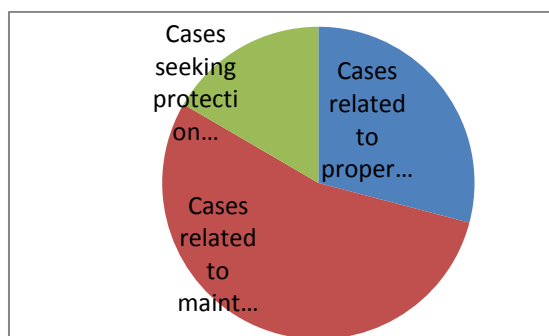


Figure 4.7

CHAPTER 6

CONCLUSION AND SUGGESTION

Findings and Inferences:

On the basis of the analysis done on the survey results as well as the relevant data, the following inferences can be drawn:

Table 1: Survey analysis of elderly population in house hold

- Age group distribution is indicative of the high life expectancy of Kerala.
- The schemes to continue education are not favoured by majority of the elderly. This indicates that continuing education is not a priority in this age group (Fig. 1.3). However, the main reason why they do not want to pursue education is because they are well settled already or because they think they are incapable of learning more.
- There is a prevalence of professional courses over degrees and diplomas. An interesting ‘extremity’ element here. How the highest percentages are in Illiterate and Professional category, emphasis is laid on the extremity of the situation (Table 1.2)
- Majority of the elderly work force search for job because of the family pressure and financial difficulties. If given the option, most of them would prefer a stress free retired life (See, Table 1.4 & Table 1.5). However, to ‘supplement family income’ shows that elderly people are accepted as earning members in the family. This can be considered as a positive aspect.
- A sizeable proportion of the population opt to work for reasons of feeling good. Thus, there exists a correlation between the mental health of the surveyees and the opportunities to work. It positively contributes to a healthy mental state. (Table 1.5 & Fig. 1.5)
- Working conditions become especially important for the elderly work force as a sizeable part of the elderly population is in search of jobs (Fig. 1.4 & Table1.4) as with the progression of age, hard-labour and similarly difficult

job profiles are harder to perform because of age related health issues (See, Table 1.7)

- Despite nuclear families, grandparents still may have to take care of grandchildren – as shown by the 1.9 % (Table 1.5 & Fig. 1.5)
- The elderly population depends heavily on the pension schemes and other kinds of monetary assistance for sustenance as that is the only source of income for most of them (Table 1.6 & Fig. 1.6)
- Concession is not availed by majority of the population but it stems more from lack of availability of the medicines in the government pharmacies (Fig. 1.9 & Fig. 1.10)
- There is a clear need for more frequent medical check-up and promotion of exercise among the elderly. Prevalence of diseases such as diabetes need regular monitoring and exercise etc. (See, Table 1.7 & Fig. 1.7)
- Occurrence of hypertension also points towards to incidence of high levels of stress among the elderly population. (Table 1.7 & Fig. 1.7)
- Older population is plagued with deteriorating health and thus there exists a need for greater coverage of medical insurance (Table 1.7)
- There are perpetrators harassment to the elderly persons both within and outside family render. (See, Fig 1.24)
- Old age as not a bar to handling money. However, physical efficiency and economic efficiency are not co-incident (See, Table 1.25)
- Elderly not able to get reserved seats shows the following 1. Lack of awareness of reservation; 2. Poor enforcement of fines for those who take the reserved seats. (See, Table 1.28, Table 1.29, Table 1.30, Table 1.31)
- The number of incidents regarding the cruelty of elderly indicating the need of awareness about the remedies available.
- Majority of the problems faced by elderly is related to mental health (Table 1.31).

Table 2: Survey analysis of elderly population in age homes

- The Majority of the elderly (66%) are above the age of 70. This is indicative of the high life expectancy of Kerala.
- The absence of a strong family can be found as reason for the elderly life in old age homes. Most of the inmates (64.6%) never married. The second majority of old age home inmates are the people who are not with the spouse. This includes the people who widowed, divorced and separated (Table 2.2)
- Number of people (15.8%) who are interested to continue education is comparatively less (Table 2.4). This may be indicative of the impact of the psychological factor in a more severe form.
- Number of people from old age home searching for a job is lesser than those from house hold in. 52.6% of the elderly from household are searching for job (Table 1.4). Only 27.3% of elderly from old age home are searching for a job (Table 2.5). Even though the people are in old age home, they are forced to take responsibilities. (Table 2.6).
- Most of the inmates (68.9%) from old age home do not have any income. Social pension and other similar benefits are not frequently available to the old age home inmates (Table 2.7).
- Most of the elderly effected with life style diseases such as diabetes (34%), hypertension (5.9%). The other diseases such as heart disease (8.4%) cancer (3.4%) are also connected with life style.
- Most of the elder people are not availing concession in medicines and treatment. Only 9% and 1% of elderly availed concession in medicines and treatment respectively. (Tables 2.9 and 2.10).
- In case of medical emergencies, only 39.7% of people are directly approaching the hospitals (Table 2.11)
- In most of the cases (80.4%) treatment money is spent by old age home itself. It needs to be read with the financial difficulties faced by an old age home. The major reason for the financial difficulty faced by the old age home is the expenses spending for the treatment of inmates (26.3%) (Table 3.9). This indicating the need for the concession in medical treatment.

- Only 27.8% old age homes are availing the service of a doctor (Table 2.13) and most of the doctors (73.2%) visit the old age home only once in a month (Table 2.14). Majority of the inmates (85.2%) are satisfied with the doctor's service (Table 2.18).
- Only 2.9% of old homes have a pharmacy.
- Majority of the elderly (71.3%) required the help of others in taking medicines (Table 2.19) and most of the inmates (66.5%) have taking regular medicines (Table 2.16).
- 1/3rd of the old age home inmates are not capable of taking care themselves. The staffs in old age home need to give personal care to them (Table 2.21).
- The majority of elder people have the legal awareness about the maintenance. (Table 2.23).
- Most of the elderly denied the facilities such as reserved seats in bus (61.5%), separate queue in railway station (76.90%), Separate queue in hospitals (80.60%), concession in train tickets (84.6%) (Tables: 2.24, 2.25, 2.26, 2.27).
- Almost 1/4th of the elder people from old age home are completely out of contact with their family members.
- Most of the elder people are not engaging with the outside world. Their world is limited into the four walls of old age home. Most of the interviewed people are do not attend any functions or entertainment (Table: 2.30)
- Most of the old age home engaging in Gardening (Table 2.31).
- Majority of the old age home inmates (69.5%) does not have children. (Table 2.31)
- Most of the old age home inmates are only five kilometres away from their home
- 41.6% of elderly are not meeting with their relatives (Table 2.35). Only 33.5% inmates have received regular calls from home while 66.5% do not (Table 2.36).
- None of the old age homes accommodate only one or two inmates in the room, which would have been ideal. Accommodating more people in one room, surely is against the interest of the inmates. It can be viewed in the context of, the inmates experiencing various problems as identified in the survey. This is indicating towards the need for more infrastructures facilities in old age homes.

- While majority (42.6%) of the inmates find there to be enough food choices. 34.4% find the food monotonous. However, it is a matter of serious concern that for 4.8% of the inmates there is not enough food.
- Among the problems stated by the inmates, discrimination and physical and mental abuse needs special attention.

Table 3: Survey analysis on old age home staff

- The majority of Staff in old age homes only has elementary education. Only 18.18% staff has studied up to or above Higher Secondary (Look Table 3.1 and Figure 3.1). Even though the education qualification is low, majority of the staff (94.4%) are well informed about the right of the elderly to get maintenance. (Table 3.4 and Figure 3.4)
- Only a small percentage of staff (15.2%) received formal job training. (Table 3.2 and Figure 3.2). The training is very important for the job in old age home. The staff in the old age home needed to be well versed with the legal, physiological and health matters related to senior citizens. The table 2.8 explains that most of the elder people have life style diseases. The better way to prevent such diseases is to make a change in the daily activities. The table 3.3 speaks that only 15.1% of the staff gave instructions to the inmates to do exercises.
- The survey data indicates that the staff finds it hard to undertake activities like giving medicines (28.3%) which involve certain level of training and familiarity with the medicines and the process (Table 3.7). This also indicates towards the need for proper training to the old age home staff.
- There is lack of facilities to take care of the inmates in the absence of a staff. In 17.2% of cases no one else will take care of the elderly. In 82.8% cases the other staff is in charge of the inmates. None of the old age homes providing a new person for taking care of elderly in the absence of existing staff. (Table 3.6 and Figure 3.6).
- None of the interviewees opined emotional stress as the difficult part of the job. The most difficult parts of the job are giving medicines, giving food, work load etc. (Table 3.7 and Figure 3.7)

- Very few of the old age staff (49.5%) are aware of counselling (Table 3.8 and Figure 3.8). Counselling is very important for elder people. The table indicating that most of the elder people are facing issues such as loneliness, anxiety etc. The most effective remedy for such issues can be found from counselling. So, it is really important that the staff need to be aware of counselling. This data is also indicating the need of training to the staff.
- The table 3.9 indicates that 89.9% of old age homes have some kind of financial difficulties. The major financial difficulties are the expenses for treatment (26.3%) and infrastructure (39%).

Table 4: Data Analysis regarding Health Services etc.

- Most of the District hospitals lack specialized facilities for elder people. Separate O P, Geriatric Ward are not available in every hospital. None of the hospitals have specialized doctor in gerontology. No concessions are specifically available to elder people.(See tables: 4.1, 4.2, 4.3, 4.4)
- The number of cases filed before the Senior citizen maintenance tribunal is increasing every year. This indicates the increasing awareness of people about elderly rights. There are cases, even though in a small number, which is even pending from the year 2010. The complaints received by elderly need to be finished as soon as possible. Because the cases likely to be closed with the death of parties and no remedies are given, except for the trauma they suffer with the efforts they take to receive remedies. (See table: 4.5, 4.6 and Figure. 4.6)
- Majority of the cases are filed for maintenance; further, there is a clear growth in the number of cases filed for maintenance
- This shows that there is a rise in the number of elderly are unable to look after themselves financially and are aware of their right to maintenance. (See Tables: 4.7. 4.8 and figure 4.2)

SUGGESTIONS AND RECOMMENDATIONS

The inferences drawn by the project team identified a few core areas which need to be addressed for the realisation of the human rights of the elderly population.

Core Area	Issues	Suggestions
Health	<ul style="list-style-type: none"> ▪ Schemes to provide concessions in medical expenses are not adequate ▪ Health service not equally affordable to every senior citizen ▪ Elderly are lawfully guaranteed medical concessions but where these lacks is when the issue involved is requires consultation with expert for specific problems such as neurosurgery or oncologist 	<ul style="list-style-type: none"> ❖ Karunya pharmacy and such government medical stores which are established on a State level shall offer subsidies to the elderly and also have provisions for free home delivery of medications regularly taken. Now only selected medicines have subsidies and the availability of medicines is not meeting the demands. ❖ In addition to the general concessions, such special concessions must be made available to this age group in hospitals. ❖ Full body check-ups with subsidized rates musts be offered to elderly of low income in government hospital. ❖ Medical camps to be set-up in every panchayat twice a month for providing free health check-ups and supply of medicines for common illness.

	<ul style="list-style-type: none"> ▪ Lack of effective programs to ensure availability of medicines 	<ul style="list-style-type: none"> ❖ Introduction of Tele-Medicine Services and Mobile Medicine Facilities. Such a facility must be implemented in remote areas where there is a lack of pharmacies and hospitals. A 24-hour helpline can be opened up for the elderly citizens or their care takers to call up when there is an urgent requirement of medicines. ❖ Mobile pharmacies can be introduced in such remote and backward areas that will provide door-to-door facilities for the sick and the needy. Doctors/ paramedical officers can also accompany these mobile pharmacies for on the spot medical care and attention and to ensure that correct medicines are being prescribed.
	<ul style="list-style-type: none"> ▪ Most of the District hospitals lack specialized facilities for elder people. Separate O P, Geriatric Ward are not available in every hospital 	<ul style="list-style-type: none"> ❖ Establishment of geriatric department in each medical college with a full-time staff including doctors and nurses shall be ensured. ❖ Ensure the availability of a specialized doctor in Gerontology in every district hospitals.

		<ul style="list-style-type: none"> ❖ If there is practical difficulty in maintaining separate ward for elder people, allow beds in the general ward exclusively to senior citizens. ❖ If there is no separate OP, give priority to elder people in the exiting OP. Also ensure separate queue system for elder people at pharmacies and hospitals including at billing counters. ❖ Geriatric care shall be made part of medical students' bonds.
	<ul style="list-style-type: none"> ▪ Majority of the elderly population faces mental stress 	<ul style="list-style-type: none"> ❖ Mental health camps with seminars and sessions with therapists must be organized. These therapists can later be visiting specialists in local hospitals where the special timings and days can be allotted just for the older people.
Financial Security	<ul style="list-style-type: none"> ▪ Employment opportunities are scarce due to decreased productivity 	<ul style="list-style-type: none"> ❖ They must be provided formal training for vocations that could be undertaken by them. This can be given a formal structure such as evening classes or even organized following the model of cooperative societies or self-help groups.

		<ul style="list-style-type: none"> ❖ Jobs such as baby sitting, stitching and other suitable vocation that would put their expertise and at the same time would not be so physically taxing. ❖ Government shall offer vocational training for the elderly as is being offered in the case of the youth. ❖ There can be a provision to provide incentives and tax deduction for the companies who employ the elderly. ❖ The knowledge and tenderness of the elderly can be utilized in day care centre for children.
	<ul style="list-style-type: none"> ▪ Social pension and other similar benefits are not frequently available to the elders 	<ul style="list-style-type: none"> ❖ There is a need to avoid disruption in the disbursement of the amount to the beneficiaries. The amount must be dispersed at least on a monthly basis. ❖ Need to make quick changes to the loss of beneficiaries, especially in cases of death and addition of new beneficiaries. The applications of new beneficiaries must be processed quickly. ❖ Need for social auditing to ensure that the funds reach the rightful beneficiaries.

		<ul style="list-style-type: none"> ❖ Special schemes for investment by the elderly in mutual fund can be introduced with relaxation in deduction.
	<ul style="list-style-type: none"> ▪ Properties of senior citizen are often sold or transferred which leaves them with no option for living 	<ul style="list-style-type: none"> ❖ Properties of the senior citizen are to be protected and it is necessary that a clause is to be added that bars senior citizen's caretakes from selling the property without their consent. ❖ Further, a clause is to be added in the Act for revoking the property which is already transferred if they are not provided basic amenities . This case is to be applicable even if there is no specific clause in the transfer deed.
Legal Rights	<ul style="list-style-type: none"> ▪ Lack of legal awareness among the elderly 	<ul style="list-style-type: none"> ❖ Organizing themselves into self-help groups can also be useful in holding regular legal awareness classes. This can also be done following a pyramid scheme, for eg. one older person can be selected from each Taluk of a particular district for a state-wise awareness camp. Thereafter these

		<p>representatives can be given funds and requisite training to hold similar camps in their respective residential areas.</p> <ul style="list-style-type: none"> ❖ Sensitization through various medium can be introduced. ❖ Social Justice Departments shall publish booklets, introduce advertise during prime time in television regarding the legal rights of the elderly.
Old age homes	<ul style="list-style-type: none"> ▪ Inmates of the old age homes faces difficulty in availing health care services 	<ul style="list-style-type: none"> ❖ It is necessary that old age homes are properly managed and regulated ❖ Need to have a program for regular medical check-up in old age homes. Public Health Centres shall have a tie up with the nearest old age homes where a doctor and a nurse visit every 2 weeks. ❖ Medical students shall be made required to work for a fixed number of hours in an old age home while fulfilling their bond requirements. ❖ A local hospital can adopt nearby old age homes. Doctors can make regular visits to such places and give

		<p>standing instructions to the staff for the care of the elderly persons.</p> <ul style="list-style-type: none"> ❖ Pharmacy facility should be made available in old age home. ❖ Need specially trained Doctors and Palliative care unit for monitoring the health issues in an old age home. ❖ Diet chart shall be prepared by the doctors and published and circulated in the old age homes.
	<ul style="list-style-type: none"> ▪ Staff of the old age homes- issues related to the inadequacy in number and skill 	<ul style="list-style-type: none"> ❖ Compulsory job training is required to the staff in old age homes. The training shall aim <ul style="list-style-type: none"> ▪ to improve the legal awareness about elderly rights ▪ to give a better understanding about the Importance of mental health and treatments such as counselling; a session shall also be given by a nutritionist from the district hospital to ensure a healthy diet. for the same have the visiting doctors conduct classes every 6 months for all the staff in the old

		<p>homes.</p> <ul style="list-style-type: none"> ❖ The basic qualifications of old age home staff must be regulated and a legislation or rules must be made in consultation with expert bodies such as ICMR. The staff must be trained in basic life-saving skills. ❖ A system of accountability for caretakers shall be introduced so as to keep these instances in check. Periodic surprise inspections can be introduced in order to assess the living conditions of the inmates, whether 24-hour medical facilities are available and the behaviour of caretakers. ❖ The man power ratio in the old age homes must be strictly inspected on a regular interval. The number of inmates and the staff shall be proportional. However, to appoint a minimum number of staff in such homes, a minimum pay scale regarding the remuneration of such staff appointed must also be ascertained by the government. ❖ Government must follow a protocol to set standards of care for senior citizens care
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		centres and day care centres. It is suggested that proper monitoring of these institutions every month is highly necessary
Set up of SHGs	<ul style="list-style-type: none"> ▪ Social life, productivity and interaction is low during old age 	<ul style="list-style-type: none"> ❖ Senior citizen can voluntary come together to save regular small sums of money, mutually agree to a common fund and to meet their emergency needs on the basis of mutual help. ❖ Moreover, this SHGs will improve interaction and help them to socialize among themselves. They can come together can bring out changes in their desired areas and engage themselves in activities such as gardening, nursing, crafting etc. ❖ An awareness on formation of senior citizens SHG in villages or panchayats in every District will be a good venture. They already have the model of Kudmbasree, which make small regular savings contributions and are linked to banks for delivery of microcredit. Most of the villagers are aware of the working of the Kudumbasree. Thus, a

		campaign for the kick-start for SHG for senior citizen would suffice to engrave the idea.
Working of Maintenance Tribunals	<ul style="list-style-type: none"> ▪ Clogging of property cases in Maintenance Tribunals ▪ There is delay in disposing cases as good number of them relate to property. Property cases require site inspection, village officers' report or that of the tahsildar, and hence more time is needed to settle out these disputes. During an interview with Divya S. Iyer, Sub-Collector, Trivandrum, she said 'around 40% of the cases received by the tribunal revolve around property disputes. Some 10% of cases are intended to hurt others. And only 50% of them are genuine ones'. ▪ As the table shows, there is no significant increase in the filling of cases, however the delay caused by larger number of property cases has had an impact of their disposal. 	<ul style="list-style-type: none"> ❖ It is highly necessary that property cases have to be separated for the Maintenance Act to become really effective.
	<ul style="list-style-type: none"> ▪ Non-appearance of parties ▪ During an interview with an official at the Senior Citizen Tribunal at Trivandrum, she said that during that last 	<ul style="list-style-type: none"> ❖ Powers must be give to the RDOs to demand attendance. Issuing summons or warrant, in serious cases can be

	<p>hearing both parties were preset only in 10 out of 21 cases taken. There is further delay if parties are settled abroad and non-appearance of parties leads to delay as matters have to be routed through embassies.</p>	<p>introduced.</p>
	<ul style="list-style-type: none"> ▪ Petitioners go to the High Court though they have approached the tribunal. 	<ul style="list-style-type: none"> ❖ The Court may not be aware of the proceedings of tribunal and there needs to be a mechanism so that cases are sent back to the Collector.
	<ul style="list-style-type: none"> ▪ Over-burdened tribunal and poor infrastructure ▪ Sub-Collectors and Collectors office setup is already crowded with plenty of other cases and special needs of the elderly is hardly met. 	<ul style="list-style-type: none"> ❖ The working of the tribunal is overburdening the RDOs and its officials. They already have plenty of works which they are empowered to do. And adding more powers and duties of tribunal, without any provision for adding any staffs makes them overtaxed. ❖ It is suggested that a separate wing of Tribunal is setup with adequate staffs which are well trained and well-informed of provisions of the Act and equipped to cater the needs of the elderly.

		❖ An elder-friendly infrastructure with adequate facilities to cater their needs is also recommended.
	<ul style="list-style-type: none"> Maximum amount of maintenance that can be awarded as per law is Rs.10000/- and it is highly inadequate. 	<ul style="list-style-type: none"> Ceiling of maximum amount of maintenance as Rs.10000 is to be taken away by introducing amendments Fine of Rs.5000 for abandoning parents is too meagre and it has to be increased along with an increase in years of imprisonment.
	<ul style="list-style-type: none"> No interim reliefs in maintenance cases 	<ul style="list-style-type: none"> Introduce interim orders in maintenance cases under the Act. When the case settlement gets delayed, the interim reliefs will provide a relief for the suffering elderly.
	<ul style="list-style-type: none"> Documentation is inadequate The tribunal does not have statistics on different types of cases it receives. In some of the tribunals, it is reported that old case file are missing and cannot be found. 	<ul style="list-style-type: none"> It is suggested to introduce a well organised mechanism to maintain files and old records.

Others

- ❖ Data base of elderly people who lives alone shall be maintained by the Local Self Government.
- ❖ Visit by police to the houses of elderly living alone must be done systematically and ordered as a mandate duty to them.
- ❖ Regular interactions with elderly and overviews shall be done by LSG with the help of SHG workers.
- ❖ Local companies can adopt elders in a village or the inmates of an old age home using their CSR fund.
- ❖ Introduce day care for elderly in every Districts
- ❖ Engage elderly productively in Children's day care for effective interaction and sociability
- ❖ Introduce special queue counters in railway stations, hospitals and Government institutions
- ❖ Reservation of seats in buses should be implemented mandatorily and fine should awarded by the ticket checker in case of non-compliance