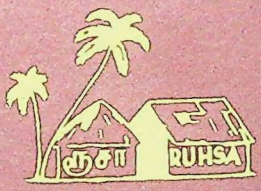
Problems and Approaches to the Care of the Elderly



RUHSA DEPARTMENT

CHRISTIAN MEDICAL COLLEGE
RUHSA CAMPUS P.O. 632 209
VELLORE DISTRICT.
TAMIL NADU,
INDIA

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ACKNOWLEDGEMENT

This publication is the result of the efforts put in by a number of individuals covering nearly a five year period. It is the pooled effort of these individuals that has finally resulted in this booklet.

The first efforts were initiated through an exploratory study carried out by Ms. Marion Crozer and Ms. Pam Peterson in 1999. They carried out a survey among the elderly and arrived at some conclusions.

The second effort was made by Ms. Linda Pater and Ms. Nella David in 2001. In addition to a survey of elders, two seminars were also organised with key resource persons providing the inputs. They also visited a number of projects pormoting the care and welfare of the elderly. Based on their study and with RUHSA faculty inputs, a number of strategies were identified and described.

A camp was organised earlier for the elderly and the various strategies earlier identified were discussed as to their appropriateness. Along with these elders a set of messages on promoting the care of the elderly was also prepared. The third effort also consisted of a survey. Besides social aspects, it also covered health and nutrition assessment of the elderly. This was carried out by Mr. Ralf Jonas and Ms. Patricia Senior. The third group had the major responsibility of summarising the findings and recommendations from the previous students' work and a final ready to print draft was prepared by them. They also tried out some of the strategies listed.

While the three sets of students from the University of South Australia, Adelaide have contributed significantly to prepare this booklet, significant contributions have been made by RUHSA staff also. Ms. S.Jayalakshmi coordinated the work of the first set of students as well as contributing to the work of the third set of students. Ms. E.Vijayakumari coordinated the work of second set of students. Mr. V.Jebaraj coordinated the work of the third set of students. The inputs of these have been considerable.

Formally as the overall programme coordinators Dr. Frank Tesoriero from the University of South Australia and Dr. Rajaratnam Abel from the RUHSA Department have supported the students in different ways to ensure that there was progressive gain in knowledge of the care and welfare of the elderly. Necessary and timely inputs were provided so that the strategies presented here were clearly conceptualised and described so that they can be readily applied not only within RUHSA but by others as well.

Table of Contents

1. Introduction
2. Studies carried out at RUHSA
   - 2.1 Summary - Report 1
   - 2.2 Summary - Report 2
   - 2.3 Summary - Camp Cum Seminar
3. The Problems
   - 3.1 Health
   - 3.2. Socio-economic
4. Strategies
   - 4.1 Government Old Age Pension (OAP)
   - 4.2 Food Programs
   - 4.3 Psycho-social Support by Peer Elders
   - 4.4 Health Care
   - 4.5 Funeral Scheme
   - 4.6 Income generation Scheme
   - 4.7 Elders Self Help Group
   - 4.8 Old Age Homes
   - 4.9 Day Care Centers
   - 4.10 Remarriage of Elderly
   - 4.11 Care of Elderly by own Family
5. Feedback from the elderly
6. Messages
   - 6.1 For the Elderly
   - 6.2 For the younger Generation
   - 6.3 For the Community
7. Schemes of assistance
   - 7.1 Direct to the Elderly
   - 7.2 Government scheme of assistance to Voluntary Organisations
8. Conclusion
9. References
10. Appendix 1
11. Appendix 2

Please do not despise me if I am too old in the head and shoulders, too inadequately schooled in the ins and outs of today, but since I live here three score years and I am not high or low, wise and wealthy, I would be grateful if I am accepted.

Source : 1 & 2 Asian and Pacific Women's Resource and Action Series : Health

1. Introduction

In India 10 crores of older people make up 10% of the population. It is anticipated that this figure will increase to 15 crores by the end of 2020. The social problem commonly known as the "Greying of the Nation" is starting to preoccupy the minds of everyone as to how to positively respond to the needs of the millions of elderly in the nation. (CHETNA NEWS 2001). Two major socio demographic changes have contributed to bring about significant changes within the family and are having a major impact on communities throughout India. The first one is the increased longitivity of people due to improved health and development services. The second one is break up of the joint family due to improvement in the condition of women and the economic and political changes that have taken place nationally and internationally. Both have considerably affected the living condition of the elderly population in the community. Intergenerational conflict, filial expectations, familial power structures, and the general well-being of the elderly have become a major concern to the elderly. (R.L. Coles 2001).

While major health problems are being handled effectively through both the Government and private sectors, the time has come to devote more efforts to ameliorate the condition of the elderly, which if not handled correctly could cause tremendous problems not only for the elderly but also the community at large for generations to come. However, even in those countries where programs for the elderly are in place, they do not meet all the needs of the elderly. While the young people place their elderly in respective homes, there is inadequate interaction between the generations, resulting in loneliness among the elderly. To respond to this emerging situation, RUHSA has taken up a program for the elderly so that appropriate interventions could be provided in a sustainable manner protecting the interest and needs of both elderly and the subsequent generations within the cultural context of India. This report is based on attempts by RUHSA to define its own strategy for achieving the goals to provide for the care of the elderly.

2. Studies carried out at RUHSA

Previous studies on the elderly have been carried out in the K.V. Kuppam Block. In 1999, a study was undertaken by University of South Australia students Ms Croser and Ms Peterson. The report entitled *"The In-depth Study of the Problems and Needs of the Elderly and Strategies for Addressing Them"* is available to view in full at the RUHSA library.

In the following year in 2000, Ms Davis and Ms Porter, also from the University of South Australia completed a study entitled *"An Analysis of Aged Care Programs Suitable for Implementation in K.V.Kuppam Block Tamil Nadu"*. This report is also available for viewing at the RUHSA library.

In 2003, Mr. Ralf Jonas and Ms. Patricia senior attempted to implement a program for the welfare of the elderly. In addition to utilising the information obtained from a camp organised in 2002, a survey on the elderly including their health and nutritional status was carried out. Finally they attempted to implement as many of the strategies documented earlier.

2.1 Summary - Report 1

"The In-depth Study of the Problems and Needs of the Elderly and Strategies for Addressing Them"

The Researchers interviewed 90 aged people from 3 villages of the K.V.Kuppam Block and extensively examined health, social and economic factors. The report revealed that in 1999 an estimated 2.76 million aged people nationwide were receiving the government OAP (Old Age Pension), approximately one third of those who met the eligibility requirements. This left an alarming 5.5 million elderly who were likely to be needing assistance. According to RUHSA statistics in 1998 approximately 17,000 people in the K.V.Kuppam Block were aged 60 and over.

Of the sample group of ***90 elderly,*** the survey found that :

* 73% were satisfied with the care they were receiving at home.
* 22% felt that their meals were inadequate
* 14.5% were receiving the government OAP
* 40% were relying on their sons for support
* 25% worked as coolies in agriculture
* 30% felt that their poor economic situation (Low or no income) was their greatest difficulty
* 18.9% felt the non-marriage of their children was a continuing problem.
* 59% of the group felt that there was a need for the government to provide a pension to meet their basic living needs.

Despite all the hardships 70% of this group reported that they would not like to live in a home for the aged.

2.2 Summary - Report 2

"An Analysis of Aged Care Programs Suitable for Implementation in K.V.Kuppam Block, Tamil Nadu"

Visits were made to agencies providing services to the aged to gain background information into organisational structures, funding bodies, client groups and the range of programs provided. A one day learning seminar was conducted with guest speakers from the agencies visited. A continuation half day seminar was also conducted to gain input from RUHSA staff on the suitability of a diverse range of programs for the K.V.Kuppam Block.

The village of Sethuvandai in the K.V.Kuppam Block was selected for the purpose of researching the needs of elderly residents and implementation of pilot programs to address the identified needs. A 2 day training and information workshop was developed and imple

mented for the representatives of the six Women's Self Help Groups from Sethuvandai with the aim of educating the women on the needs of the elderly and in the completion of Old Age Pension (OAP) applicants. The *"Passing on the gift"* program was also implemented.

2.3 Summary-Camp Cum Seminar

Camp Cum Seminar on developing strategies for care of the elderly

35 elderly people participated in the camp conducted at RUHSA on the 19th August 2002 over 3 days. A number of experts in the field of Age Care had also been invited to participate and together with the Elderly explore their concerns. In response to the problems, a number of strategies have been explored and their effectiveness, usefulness and advantages were discussed with the elderly.

3. The Problems

The previously mentioned studies in addition with other participatory processes involving a variety of community groups from various ages have identified a number of problems regarding their health and their socio-economic status. In general poverty or the impact of poverty relating to no or low income was identified by the majority of elderly permeating into almost every aspect of their lives. Elderly stated that the lack of income contributed to many of the present health and social problems. This was especially noticeable within the backward castes.

3.1 Health

The most outstanding health problems that the elderly were suffering were poor eye sight and cataracts, joint pain in their arms and legs and problems relating to their teeth like missing and decayed teeth and tooth aches. Also a significant number of the elderly have been identified as suffering from asthma, associated with wheezing and dry cough and severe back pain.

Due to their heavy workloads in their daily life, the overall health and well being was affected. The nutritional intake of the elderly also seemed inadequate with only two thirds of the elderly stating that they consumed 3 meals per day.

3.2 Socio-economic

Many elderly had expressed a feeling of isolation and in particular, those who have lost their husband or wife were suffering from financial hardship as well as a lack of emotional support and the inability to share information with others. Another concern was the inadequate conversation in particular with the younger members of the family leading to a lack of respect and misunderstandings within the family. The younger generation also finds it increasingly difficult to support the elder members of the family due to their own financial situation with many expecting the parents to contribute to the family budget. Many leave their village in search for work leaving the elderly behind. It restrain them from supporting the Elders.

4. Strategies

Identifying and evolving strategies for the care and welfare of the elderly has been an ongoing process. Two sets of social work students from the university of South Australia, input by experts and those involved in programmes for the care of the elderly, staff of RUHSA, backed by relevant literature review together contributed to describing each of the following strategies in greater detail.

4.1 Government Old Page Pension (OAP)

Theoretically the Government Old Age Pension should be available to all eligible people over the age of 65 years. This pension varies considerably in value from state to state in India. In Tamil Nadu it is Rs. 200 per month and the entitlement also includes 4 kgs of rice per month and 2 pieces of clothing per year, either two saris or two lungis.

The eligibility criteria in Tamil Nadu excludes those with a son over 18 years, although this is waived if he is severely disabled. It also excludes those who own land, or have other pension income and those living in housing other than thatched huts. If an aged person is disabled or a cardiology patient, a certificate is required from the authorized specialist and forwarded with the application form.

For the aged there are many difficulties involved with applying for their entitlement. The form is lengthy and presents a problem for those with no literacy skills. The aged person must find someone willing and able to complete the form on his or her behalf. Proof of age is required, and due to births generally not being registered 65 years ago, a government doctor must verify this. A photograph is also required, which can be difficult to obtain for some residents of rural villages.

When the application form is completed it must be verified by the local Panchayat Board President and then ultimately passed to the Deputy Thasildar in the Revenue Department of Taluk Office. During research of this model of service the project team received re

ports of 'leakage' in the form of money being demanded. by officials, at various stages of the application process. This was reported as being between Rs. 300 to 700 per application.

Despite the growing number of aged people eligible for government assistance in the form of the Old Age Pension, the Deputy Thasildar in KV Kuppam block reported that only 20% of the need is being met locally. This is due to the limited budget allocated to this area of service and the quota given for each region annually. Once this quota has been filled the applications of other needy aged people are rejected, creating a situation where, theoretically as aged people expire, another person can receive the benefit.

To assist the eligible aged people to avail themselves of this benefit a procedure needs to be put in place, in their community, to assist them to make the application. Ideally a central register should be kept of people at the eligible age and a person in the community, appointed to be responsible for coordinating the scheme. By training this person, or persons, to complete the application form and meet the requirements in the community, it will become a self-sustaining project.

As the aged population of India grows the whole community would benefit from the elderly having a secure income, as they would ultimately be less of a financial burden on others. This aspect adds to the incentive for this model to be a self-sustaining one in each community.

Research has shown that the eligibility criteria, for the OAP, has not moved in line with the changing pattern of family life in India. Many elderly are not living in joint families as sons often migrate to urban areas and are therefore not taking the responsibility for the rural aged in the family. With these changes in mind, it is envisaged that the government could be lobbied to review the eligibility criteria. Important aspects for review would be the ineligibility of those elders who have sons over 18 years, as research has shown that many

of the aged in rural areas live alone, or with their spouse. There are also many daughters who are looking after the aged parents.

4.2. Food Programs

The need for the provision of a food program for the aged is often linked to the destitution caused by their inability to rightfully obtain the government old age pension.

So strongly did Djurfeldt & Lindberg (1980) feel about the hungry, destitute, aged in India that he described the notion of dying of old age as an euphemism for dying of starvation (cited in de Souza, p.13).

At present some aged are entitled to a midday meal at the Balwadi centre. However, this is restricted to those in receipt of a government pension and leaves the destitute aged still in need of assistance.

The project personnel could identify the needy aged within the community and issue them with identity cards, entitling them to the regular meal. A suitable venue could be chosen that is in an accessible location for the majority of the recipients. Ideally the midday meal program can be implemented as part of an established day care centre or support group service.

The benefit of the food program would be two fold. The nutritious meal would improve their general health and it would also serve as a form of social interaction and support within their community.

By recording the daily attendance, using the identity cards, it would become apparent to the coordinators who was not attending. The more able-bodied members could then visit the absent person and offer further support or assistance if it was required. This community support is valuable for the lonely, destitute and aged in rural areas, who have no family regularly caring for them. It also builds up a strong support network, which will contribute to the food program becoming self-sufficient in the community.

4.3 Psycho-social Support by Peer Elders

This model of service could take a number of forms. Peer elders are people in the age group of 55 years and above who provide support to one another. A younger person may be linked up with frail, weak and destitute elders or the economically well to do elders may be linked up with those suffering economic hardships. The entire group of elders in an area may be trained to provide peer support to one another according to their needs, capability and availability of time. Primarily this relationship provides emotional and psychosocial support and very rarely the physical needs of money, food, clothing, shelter and health Care.

Peer elders will generally be those skilled in listening to the problems of fellow elders and have good communication skills. There is no expectation that they are to solve the problems of the elders, but that they will provide social and emotional support by regular communication.

Some of the peers may have more skills ability to provide further support. Elders may be facing an acute crisis in their life, which may include loneliness, conflicts with children, lack of food, or health problems etc. The peers with higher level of skills and ability can be trained to be resourceful to access the appropriate community resources, such as community leaders, charitable and service-minded individuals and self help groups to meet the needs of their fellow elders.

The benefits of this model are to reduce the isolation, which many rural elders face, thereby becoming a reliable source of psycho-social support. Many elders have the available time to motivate others, provide counselling and encourage change. It could assist with depression by modifying behaviours and attitudes that have become self-defeating.

A possible weakness of the peer elder model is the unpredictable length of time available to establish an association between the two

parties. There could also be restrictions on the part of either the peer elder or the persons in need of assistance due to physical problems or the time required to meet the needs of the relationship.

To carry out an effective peer elder's program in the community, trained project personnel need to identify all the elders in the specific habitation or village. They need to be categorized by age, sex, physical ability, socioeconomic status and their willingness to be part of the peer elder's program. Those suitable for the role of a counselor need to be trained to develop their capacity to play the role of peer elders and be made aware of suitable community resources. Subsequently, they may be linked up to elders, based on their shared skills, interests and aptitudes. Project personnel need to periodically interact with participants and evaluate the service.

There is no major cost in monetary terms. A person's time and willingness to assist in the community is the essence of the program. Once established, and with periodic and timely follow up, peer elders can become a sustainable model of service which meets some important needs of the elders within a rural community.

Support by peers offers many advantages

4.4 Health Care

Established models of health care for the aged in KV Kuppam block include RUHSA hospital facilities and mobile health clinics and the government hospital at Gudiyatham.

The Mobile Health Clinics are presently operating on a weekly basis and are catering for the community. The aged are using this service and the necessary medication is being provided. However the elders living in habitations away from the clinic, access is difficult.

This service could be expanded and upgraded to further meet the needs of the aged in the community. Those who are physically disabled or chronically ill and receiving no family care may have difficulty getting to the centre.

By introducing a system of identifying the needy aged and allocating identity cards it would enable the project personnel to give free treatment to the poor and chronic elderly patients. Individuals could be monitored on a regular basis and health progress charts kept. This would assist if their health deteriorated and they were without adequate care at home.

Project personnel could identify a volunteer in the community to give specific training regarding the recognition of common diseases, common medicine requirements, educational needs and the appropriate activities for the aged. The women's Self Help Group could be utilized to assist with this.

4.5 Funeral Scheme

Funeral expenses and arrangement are usually taken care of by the son or the daughter of the deceased. This scheme is mainly aimed to assist the middle aged without siblings and would be ideally linked to their savings plans. If this was the case it would then alleviate some of the financial distress of old age and the additional economic burden on their families.

Poor financial circumstances created by economic insecurity can create anxiety about future costs. This can cause further emotional distress and add to the problems of the destitute who cannot rely on family for their needs in their old age.

To enable this specific model of service to operate, a specific savings scheme could be implemented within an established support service. A support group or self help group for the aged could be formed in the community and could meet at regular intervals in a pre-determined place.

This scheme can be self sufficient in the community as the savings would be both a personal and a joint commitment of the group members. The savings are held individually in a personal account, but also recorded as a group activity. Saving together becomes a bonding experience giving valuable social support for each other, while the personal aspect adds to their sense of empowerment.

4.6 Income Generation Scheme

A variety of simple schemes are available which can help the elders to earn some income. Their selfworth in enhanced when they contribute from their own earnings to the common family expenses, without feeling dependant on others. However it must be realised that every elderly person could earn an income. One sustainable model is discribed below :

To generate an income, a gift of young goats or young chicks are given to the needy aged, who are able to care for them. By raising these goats and chickens they are eventually able to become self-sufficient.

The scheme for giving young goat kids to the poor, aged is called "Passing on the gift". To take advantage of this scheme the elderly

must be mobile enough to be able to move the goats to new pastures. A single young goat is given to a person to care for and after 6 months it is mated and generally produces two kids. An average of 4 offspring can be expected each year and by selling one goat every three months a person can become financially independent. By continuing to breed from the goat or goats every six months, the herd will increase and give financial security and a sense of psychological satisfaction to the owner.

The owner of the goat that was gifted to him/her is expected to give the first-born female kid to another aged person. This ensures that the scheme is self-sustaining and that it guarantees future assistance to another needy person in the village. The 'Backyard Poultry' scheme involves giving 5 young chicks to a person who then raises them at a minimal cost. After 6 months they can be sold for a profit, or some of the chicks can be kept for egg production which can provide additional income.

Keeping occupied can be beneficial for the old person as well as the community

4.7 Elder's Self Help Group

The self-help group model has proven a successful method for assisting and empowering a diverse range of groups. The concept has

been applied to marginalised sectors of the community such as, people with a mental illness, physical disabilities, women and the aged (Sneh Lata Tandon 2001, P.25). The Self-Help Group model can challenge 'the systematic oppression of excluded groups' (Ward 1998, P. 157).

Self-help groups can develop the socioeconomic status of elderly people and strengthen the joint family system in the society with the objectives to

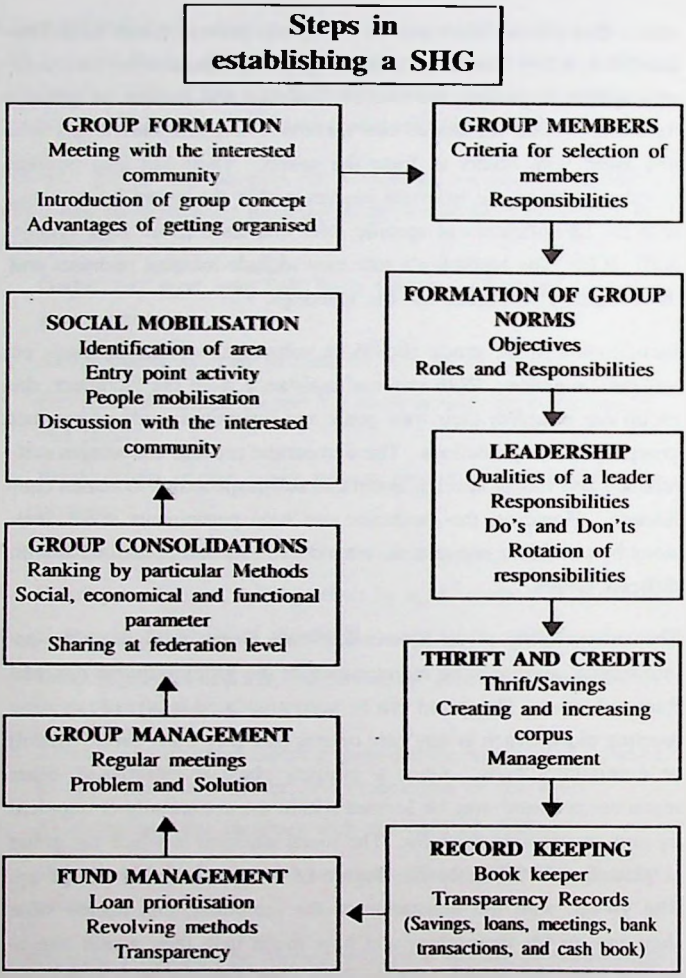
* Gather the aged into Self Help Groups and guide them for group activity.
* Adopt saving systems in their SHG's.
* Get recognition and respect for older persons from the society and family.
* Inculculation of the credit system among the SHGs of older persons.
* Avail government services for the aged through SHGs.
* Develop the habit of helping others by aged members of the SHG.
* Guide the members of the SHGs to do trades of their choice.
* Encourage rural and agro based income generating activities by the older persons.
* Arrange and organise meetings between the aged and the youths to appreciate the abilities and experiences of the aged.
* Avail the medical facilities with the help of SHGs
* Discuss and find solutions to issues affecting the life of older persons.

No self-help group can be formed without a worker or community member recognising the needs of the elderly and the set of circum

stance that can be addressed by the group process (Sneh Lata Tandon 2001, P.27). The Elder's Self-help Groups require the assistance of a worker to perform the role of facilitator and initiate the group's formation. The facilitator can identify interested individuals and link them with others to form the group. They can also provide moral support to the informal leaders within the group by assisting with the identification of specific roles and tasks (Sneh Lata Tandon 2001, P.26). The facilitator's role may include locating premises and the necessary resources for the meetings.

Participation in the group should be voluntary, with an emphasis on self-determination. With minimal assistance from the facilitator, the group can establish their own goals and objectives, code of conduct group rules and guidelines. The democratic process encourages self-reliance and independence, maintains self-respect and increases confidence. However, the facilitator can help participants make decisions by providing relevant information and resources and assist with difficult issues.

The sustainability of an Elder's Self-help Group is high, as the establishment and ongoing maintenance of the group requires minimal financial input. The group can be accommodated in already existing meeting places, such as day care centres (see Day Care Centre Model) or community halls. Once a meeting place is established, other resources required may be located within the community or supplied by non-government agencies. The social situation in which the group is placed, will influence the degree of independence of the group. The group, with the assistance of the facilitator, can decide what they can do for themselves and how much help they would like to accept from the outside world (Sneh Lata Tan-don2001, P.26).



Source : Help Age India

4.8 Old Age Home

Old Age Home (OAH) models of institutional care provide residential accommodation for the elderly. OAHs vary considerably, from government run institutions to privately operated homes based on a philanthropy model. Residents in privately run homes can pay substantial contributions for services in contrast to those based on charity model and managed by church organisations or other non-govermnent organisations with the residents being poor and destitute.

In India there are nearly 1,000 OAHs (Help Age India, 2000, P. 12). According to Gurumurthy (1 998,P. 142) the establishment of OAHs is a recent phenomenon in India. Traditionally, the elderly parents relinquish his home and property to his sons and then remains with the family in the family home. The son inherits the property and takes on the responsibility of repaying his parents for the care they demonstrated when raising him through his childhood years (Gurumurthy 1998, P. 142). This sense of moral obligation and duty to the elderly parents has eroded over time, leaving many needy elders without the essential care and provisions they require.

Government based homes were developed to assist the poor and destitute elderly. The homes are often in the cities and the elderly are required to break ties with their familiar rural settings to receive the benefits. Private agencies also developed OAHs to meet the growing need.

OAHs provide an 'all of life' approach to elderly care, providing accommodation for both men and women, from different religious backgrounds and marital status. Men and Women, are segregated in either dormitory type rooms or individual or married couple quarters. Meals are typically prepared and served by the staff. The quality and variety of accommodation and meals varies significantly between OAH models. It is greatly determined by both the socio-economic status of the residents, the organisation and its funding body.

OAHs provide medical services, some being attached to hospital facilities whilst others employ trained nursing staff and utilise hospital and medical services in the community. Recreational and social.activities, based on the skills and abilities of the client group, may also be provided.

The organizational structure and maintenance for OAHs require substantial funds and trained staff. With the significant increase in the ageing population through extended longevity, it has become economically unviable for governments, worldwide to fund OAHS. There is a concern that with increasing aged population, the government revenue will be insufficient to meet the growing demands.

Given the global concern, a comparison can be made with current policies, within western nations such as Australia. Government policies in Australia, as with other industrialised countries, which have been faced with age related issues for sometime now, are placing an increasing emphasis on the families of the elderly to take responsibility in performing the care giver role. Australia has the 6th highest life expectancy for men and women aged 65, following Japan, Hong Kong, France, Switzerland and Canada (Tongue & Ballenden 1994, P.4).

Government policies are now promoting 'community care' and have established government funded bodies to assist the elderly to remain at home. In Australia, from 1963 to 1985, the number of nursing home beds per 1 000 people aged over 65 increased from 29 to 47 with ten times the amount being spent on institutional services as compared with community based services (Minichiello & Coul-son 1999, P.35). It became evident that such a trend was not financially sustainable and the necessary shift to home-based care was initiated. In 1985 services were developed with the objective of providing a range of programs to assist primarily older persons to remain in their home and thereby reduce numbers seeking accommodation

The United States' policy trends for the ageing has also de-emphasised institutional care and promoted the development of in-home and

community based services as a strategy for containing the rising costs of long-term care' (Krout 1994, P.133). Despite the changing global trend, there will always remain a percentage of the ageing population who will require accommodation in an institutional aged care framework.

The improved medical and life-style changes have also extended the life-span of people with an intellectual disability and for people with acquired head injuries. A proportion of the population will require more intense, long term care. Weiner. Brok and Snadowsky (1978) state that people requiring institutional care in their later life have not been able to cope adequately and are unable to utilize existing support systems. This is the case of the elderly and persons with a disability in rural India, who do not have the support of the family system (p.56)

As previously mentioned staffing and funding of OAHs on a sustainable basis is costly. Without adequate social backing, the establishment, maintenance and ongoing management is greatly prohibitive. Help Age India have provided support to 15 OAHs in 1999-2000 (Help Age India 1999-2000 p.12) but this does not meet the capital costs of large institutions. Some OAHs operate income generation programs to supplement their incomes.

This is the case with St. Anne's at Gudiyatham, where residents make match sticks. At the Grace and Compassion Nursing Home at Tiruvannamalai, residents are involved in art and crafts activities and the handicrafts are then sold. The Little Drop Public Charitable Trust in Chennai is self-sufficient due to its income generation program operating on the premises in the form of a goat farm (Help Age India 1999-2000, p.12). Staffing requirements can also be problematic as dedicated and trained staff are necessary to provide the quality care for the elderly (Gurumurthy 1998, p. 144).

In the rural areas the proportion of the people over 60 years is increasing. Gurusarmy (2001) states that is due to the elderly having

close ties to their villages, and thus preferring to remain in their familiar surroundings (P.5). Given adequate community and / or family support, many elderly may be able to maintain independent living within their village environment.

However, it must be acknowledged that, despite the costs, OAHs provide a much needed service for the aged with a mental illness, people with an intellectual disability, those who are frail and the poor and destitute. An important role of community support agencies is to formalize systems to best identify those in need of institutional care and refer to established OAHs in close proximity to their traditional homes.

4.9 Day Care Centre

Day Care Centres (DCCs) provide an important service to meet the ongoing needs of the elderly and their families in the community. DCCs are meeting places, where the elderly can gather on a formal and regular basis, in an environment conducive to their physical, mental, psychosocial and spiritual well-being. It is not only the elderly that benefit from the DCC model, they also provide a useful function for the primary care givers of the elderly.

With the global trend towards providing community support to assist in maintaining the elderly in their homes, thereby avoiding institutional care in nursing homes, an increased burden on an elderly spouse and other family members who perform the primary caregiver role, can often occur. The DCC model provides services to the elderly whilst providing a respite service to their families. When the elderly family member attends the DDC, their spouse/family is free to pursue employment or recuperation activities. The impact of care giving on the general health, including the physical and emotional well being of the caregiver has often been neglected (Schofield & Terman 1993, p21). The supportive role of the DCC can ameliorate the circumstances of caregivers and care recipients.

DCCs vary in service provision, and organizational structure. They are occasionally attached to hospital services with the focus on the health needs of the participants. Old age homes can also have a day care center within the facility, with the primary objective of providing leisure and recreational activities for the residents. However, in both rural and urban settings, there are DCCs that are separate, individual institutions, often established by voluntary organizations and supported by community involvement (Services for the Elderly 1997, p. 189).

People attending DCCs are generally frail aged community members, younger people with a disabling condition and retired aged, who are still physically active and in good health. A DCC with individualized program is able to provide a diverse range of services and programs to satisfy the diverse needs of people from varying backgrounds.

Programs implemented within the community based DCC model, with a primary focus on enhancing the quality of life of the elderly, are based on the identified needs of the elderly and their families. They include the provision of a shared meal, recreational activities and social interaction opportunities (Hills Maquire 1985, p. 1 89).

The general areas of attention include the provision of leisure and social resources for the elderly. Loneliness is prevalent amongst the aged and isolation can be overcome by elders meeting together for a range of activities such as arts and crafts, games, sport and fitness programs and group discussions. Programs encourage the elderly to continue with 'former, current and potential interests, abilities and skills' (Hills Macquire 1985, p.186). DCC programs also assist in maintaining current physical, intellectual, emotional and social skills and can provide opportunities to extend their abilities to more challenging levels.

Humans are social beings and as such need a sense of relationship with others (Weiner, Brok & Snadowsky 1978, p. 177). The social needs can be enhanced through programs which encourage social interaction with other participants. It provides for self-expression

and creativity and experiences that support the development of a feeling of self-worth, usefulness and independence (Hills Macquire 193 5 p. 1 86).

The DCC model provides a central venue for health professionals to visit to consult with the elderly on health, nutrition and fitness issues and to promote improved health practices. Community education programs with an emphasis on the elderly can also be conducted from a DCC facility.

DCCs can be housed in available centrally located venues in the community, thereby limiting the transportation difficulties. Basic furnishings, such as tables and chairs, kitchen facilities and a range of activity items are required to establish the service initially. Additional items can be acquired as the need arises.

Staffing structures vary between centers. They can be staffed by volunteers, with a coordinator to oversee the general operations. Community participation ensures community ownership of the project whilst providing an economically viable and sustainable structure. Trained professionals such as diversional therapists and social workers can assist with training volunteers to perform program tasks while health aides and family care volunteers can refer clients with health problems to the health professionals.

Ongoing costs may be met by a 'user pays' approach where participants who can afford contribute. Initial capital costs may be overcome by funding proposals to agencies such as Help Age India, which has assisted with the establishment of DCCs in the past. While the DCC model would successfully provide services for the elderly and their families, it requires significant funding, planning and a responsible co-coordinator during the planning and implementation stages.

4.10 Remarriage of the Elderly

Retirement blues and loneliness of the elderly referred as "the empty nest syndrome" is driving an increasing number of elders to remarry for support, care and companionship.

Many elite have remarried and are basking in the joys of companionship, thus combating retirement blues, loneliness and the prospect of sage celibacy thrust on them after spousal death.

Marriage of the elderly need not mean remarriage of a widow or widower, it could also mean marriage of the older bachelor or older spinster.

The elderly who want to marry say, "I need love, understanding , companionship and mutual support'.

That is not old age, but age of reason.

4.11 Care of the elderly by own family

In Indian culture children especially males are responsible for the care of the elderly. When the joint family system operated, this was followed more systematically. With the break of joint families and with the establishment of nuclear families, and with increasing urbanisation, children with their families leave the elderly parents in rural areas to fend for themselves and move over to urban areas. Simulltaneously, daughters are taking up the care of parents more than sons. However many elders are left on their own. This is not healthy for both the elders and the younger families. Grandparents and grand children need one another. With most families having only two children it would be ideal if all children can take care of their elderly parents.

If elders can stay with their children and grand children it would be the ideal. For various reason this is not always possible. Therefore when distances separate both families should plan to frequently visit one another. Elders should visit their children and grandchildren and vice versa. As far as possible elderly should not become a burden on any one child but should visit different children in turn. As often as possible, grand children and grand parents should interact with

one another. The loving affection and care of grand parents to their grand children is entirely different from that of the parents and this relationship should be nurtured. Elders should avoid showing partiality to any one child's family, but treat them equally as far as possible. Children should understand the problems of the elderly, their needs and change in moods. If relatives could retain this age old tradition then almost half the needs of the elderly would be met. Elders should be encouraged to work as long as possible.

Children should provide some monthly allowance to their elderly parents on a regular basis. It must also be realised that some elders would like to be on their own. This should be respected and supported. Plan for one's old age on the day of your first child's marriage.

This is the most cost effective way of caring for the elderly.

Perhaps one of the best solutions.
The family that works together and looks after each other

5. Feedback from the elderly

During a camp for the elderly , which was conducted at RUHSA in 2000, 10 core strategies to assist the aged were presented and explained to them to obtain their feed back.. The following responses have been received.

Old age pensions

In rural areas, the aged people are finding it very difficult to lead their life. The sons and daughters are not always looking after them. The government should consider modifying the requirements for entitlement and to give pensions, also to those people who have sons and daughters.

Food program

The midday meal scheme is not appreciated by many elders. They prefer to have 4 Kg of rice instead so that they can cook according to their taste and requirement. Alternatively, a suitable venue for all elderly should be chosen that is in an accessible location for the majority of the elderly. Also the Midday Meal Program can be implemented as part of an established Day Care Centre Support Service.

Psychosocial support by Peer Elders

First of all elders should be identified for forming an elderly Group. This would involve the age group of 55 years and above. The entire group of elders may be trained to provide support to one another according to their need, e.g. capability and availability of time. The relationship provides emotional and psychosocial support and the physical needs, e.g. money, food, clothing, shelter and health care etc.

Health Care

RUHSA already has 16 out-reach clinics functioning for 1/2 day once a week. Preference and priority in treatment should be given to the elderly in Mobile Clinic and the RUHSA Hospital. Similarly a separate geriatric clinic could be arranged in the RUHSA Hospital, so that elderly need not wait long hours. Health check ups and risks factors to be identified and appropriate counseling to be given. Blood sugar, examinations should be done on concession rates. Subsidised and free medication could be given to all poor and chronically ill elderly in Mobile Clinics and the RUHSA Hospital. RUHSA should provide appropriate and relevant medical services for the elderly. Home Health care should be provided. This should be inexpensive, training can be given to the young unemployed persons in the villages.

Income Generation Scheme

Many simple schemes can be implemented to generate income for the elderly . A gift of chicks or a goat could be given to the needy aged who are able to care for them. By raising the stock, they will eventually be able to become self sufficient.

Elders Self Help Group (ESHG)

The aim is offering psycho-social support to others. The income generation may be one of the objectives of the self Help Group. They should be given training in the various aspects. It can offer the participants a feeling of motivation and hope.

Funeral Scheme

ESHG should form small groups of 10 and each should try to save Rs.5 to 10 per month and the amount should be deposited in the bank and taken out only for the specific purpose of funeral expenses.

Women's Self Help Groups or Self Help Groups for the aged could be formed in the community which could meet at regular intervals and predetermined place to operate this program.

Old Age Home

The participants are fortunately not aware of the existence of OAH. The elderly are also very reluctant to stay in those homes as they mainly wish to stay with their sons or daughters.

Day Care Centres

All elderly considered this to be a good approach. Programmes could be implemented within the community. Day Care Centres would primarily focus on enhancing the quality of life of the elderly persons and on the identified needs of the elderly and their families. This may widen the provision of shared meals, recreational activities and social interaction opportunities.

Remarriage of the Elderly

All participants condemned the remarriage of elderly women as it is against Tamil culture. Only two men said that it is a good suggestion.

6. Messages

To ensure that an appropriate programme of support is provided at the community it was felt that education of the entire country would from the major component. For effective education a need for key message was identified. Initially RUHSA staff prepared a set of messages. The elders at the camp further developed this. The following set of messages is the result.

6.1 For the Elderly

1. Understanding the situation of the younger generation and acting accordingly will help to reduce the problems of the elderly.
2. Help your family members in whatever way you can.
3. Considering and treating the daughter-in-law as a daughter will reduce the problems in the family.
4. Remember, your son is now also responsible for another women.
5. When your son spends time with his family, either inside or out-side the house, don't condemn it. Remember it is nature's law and their right.
6. If you are in a family where both husband and wife are employed, don't feel neglected, when you do not get the needed attention.
7. When your children forget to enquire about you due to their work load, don't take offence. Instead you go and enquire about them.
8. Never blow small problem out of proportion and leave your children. By cultivating a tolerant attitude many problems can be solved amicably.

9. To meet your day to day economic needs, try to start a small income generation programme based on your experience and capability.

6.2 Messages for the younger generation

1. Consider your father-in-law and mother-in-law as parents and treat them with love and respect.
2. Along with your busy schedule, try to provide the elderly the needed care (food, medicine etc.) that is due to them at the right time.
3. Spending a lot of time with the elderly may be difficult for you. At least spend 10 minutes a day to enquire about their needs. This will make them very happy.
4. Spending time with the grand children will make them happy. Allow your children to play with their grand parents.
5. When your husband or wife wants to spend time with his or her parents, don't prevent them. Remember it is their right and they enjoy it.
6. Never blow small problem out of proportion and leave your parents to start a nuclear family. Remember, a family with elders has also many advantages.
7. Don't forget the fact that you will also become elderly one day. Prepare yourself for that role now itself.
8. Consider the elderly as a asset to your family. Their help and advice can act as pillars of strength to uphold your family life.
9. Taking good care of your health from the age of 30 years will help you to have a healthy life during old age.

Young people also need to know about the problems of the elderly. They can help and one day they will be old too.

6.3 Messages for the community

1. Do whatever is possible to make the elderly in your village happy.
2. Ensure that there are no elderly in your village who are isolated and lonely without care.
3. When you see an elderly struggling to meet the basic needs, get their relative or friends to help them in time.
4. Encourage young couples to continue to have their elders live with them.
5. Help the elderly in your village to obtain old age pension and other benefits from the Government.
6. Realise that both the younger generation and the elderly need each others' support.
7. Each one can contribute to the welfare and happiness of the other.
8. Remember that elders lamp with their children is the best solution for all the problems of the elderly. Hence promote system in your village. Which will facscultate such care of the elderly.

7. Schemes of Assistance

A number of Schemes are available through the Indian government directly to the elderly and for services provided by Non Government organisations.

7.1 Direct to the Elderly

ANNAPURNA SCHEME

SCHEME : The Annapurna Scheme, launched with effect from 1 April 2000

OBJECTIVE : The Annapurna Scheme aims at providing food security to meet the requirements of those Senior Citizens who though eligible have remained uncovered under the National Old Age Pension Scheme (NOAPS). Under the Annapuma Scheme, 10 kg of food grains per month are to be provided 'free of cost' to the beneficiary. The number of persons to be benefited from the scheme will, in the first instance, be 20 per cent of the persons eligible to receive pension under NOAPS in States / Union Territories.

ELIGIBILITY : Central assistance under Annapurna Scheme will be provided to the beneficiaries fulfilling the following criteria:

* The age of the applicant should be 65 years or above
* The applicant must be 'destitute' in the sense of having little or no regular means of subsistence from his/her own source of income or through financial support from family members or other sources. In order to determine destitution, the criteria (if any) currently in force in States/UT's could also be followed.
* The applicant should not be in receipt of pension under the OAPS or State Pension Scheme.

As mentioned above, the Beneficiary would be entitled to 10 kg of food grains (wheat or rice) per month free of cost.

IMPLEMENTATION PROCESS AND PROCEDURE : The Department of Public Distribution, M/o Consumer Affairs and Public Distribution will ensure the supply of required quantities of prescribed quality food grains from the god-owns of the FCI to the agency designated by the State Government.

At the State level, the State Departments of Public Distribution (D/o Food and Civil Supplies) and at the District level, the Collector/District Magistrate/Chief Executive Officer, Zilla Panchayat will be responsible for the implementation of the scheme.

The Panchayats will identify the Beneficiaries and communicate the same to Collector/CEO. The Nodal Department implementing the NAPS in the State would have the list of identified Beneficiaries awaiting coverage under the NOAPS. The State Food and Civil Supplies Department may make use of these lists. The State Government should communicate to the Union Ministry of Rural Development for each quarter ending June, September, December and March every year.

IDENTIFICATION OF BENEFICIARIES : The Grain Panchayats will give wide publicity to the Scheme and will also be responsible for the dissemination of information in regard to the procedure for securing benefits under the scheme. The Gram Sabha will select the Beneficiaries for the Scheme and the lists of beneficiaries, so selected by Gram Sabhas, will be displayed by the gram Panchayats. The Gram Panchayats will distribute the Entitlement Cards to the Beneficiaries in Gram Sabha meetings.

The Municipalities will be responsible for the above activities in the implementation of the Scheme in their respective areas.

The State Government would communicate the targets for Annapurna to the Panchayats/Municipalities for identification of the Beneficiaries.

NATIONAL OLD AGE PENSION SCHEME (NOAPS)

OBJECTIVE :

The objective of the National Old Age Pension Scheme is to provide financial assistance to old persons who are destitute in the sense of no regular means of subsistence from their own sources of income or through financial support from family members or other sources.

SALIENT FEATURES OF THE SCHEME :

* Age of the applicant (male or female) should be 65 years or above.
* The applicant must be a destitute in the sense of having little or no regular means of subsistence from his/her own sources of income or through financial support from family members or other sources.
* The amount of pension is Rs. 75/- per month per beneficiary. The State Government may add to this amount from their own sources.
* Upper ceiling on the number of beneficiaries for a State / UT is prescribed by the Central Government.

FUNDING PATTERN :

The National Old Age Pension Scheme (NOAPS) is a Centrally sponsored scheme for which 100 per cent Central assistance is made available to the States/UTs to provide benefits to the older person according to the norms, guidelines and condition laid down by the Central Government. The funds are released directly to the districts in two installments during the year.

IMPLEMENTING AGENCIES :

The scheme is implemented by the district level implementing authorities headed by. the District Collector / Magistrate / Deputy Com

missioner. It is implemented with the assistance of the Panchayats and Municipalities in the delivery of social assistance to make it more responsive and cost-effective

Beneficiaries have to directly apply to the state government agencies on their prescribed performa.

7.2 Government scheme of assistance to Voluntary Organisations

The State Governments have been providing old age pensions, maintaining old age homes for the destitute aged and providing grants-in-aid to voluntary organisations maintaining such home. So far, there is no specific scheme of the Government of India to take care of the aged, though some assistance to voluntary organisations under the General Grant-Aid Scheme in the field of Social Welfare is given for the aged welfare.

Objective : The scheme aims at providing physical, social, emotional psychological and economic support to the aged (60 years and above) with a view to help them to continue to be usefully active members of the community. The aged who lack family support and are unable to fend for themselves and / or do not have assured income usually will have a prior claim of the benefits available under the scheme. The object of the scheme is to encourage voluntary organisations in general and organisations of the elderly in particular to provide old age homes, day care centres, medical services / adoption services and non institutional services for the aged.

Eligibility for Assistance : The scheme will be implemented through voluntary organisations / institutions, statutory bodies like panchayat raj institutions, red cross activities, municipal bodies including charitable trusts or other registered bodies set up by the industrialists / business houses etc, which have a performance record in welfare work (especially those which are already providing services for the

The aim of this programme is to keep the aged integrated in their respective families and to supplement the activities of the family in looking after the needs of the aged. Both groups of the aged viz., well-to-do and the poor in the age group of 60 years and above should benefit from the program.

A day centre for the aged will aim not only to provide services to its members but also to work as local point of services to the elderly in the area.

Old Age Homes (Maintenance and Service of Old Age Homes)

The Old Age Home will be the residential unit for at least 25 poor / destitute aged persons of 60 years and above. Aged persons coming from lower income group and middle income group of society without any income, in desperate need for shelter can also be considered for admission in these Homes subject to thorough enquiry and discretion of the Voluntary Organisations concerned.

Under this program, physical and psychological well-being of the aged inmates will be taken care of by way of provision of part-time Medical Officer and Trained Social Worker / Counselor. Medicines up to limited extent will be provided.

Under the scheme, the voluntary organisations/institutions can establish Old Age Homes in a rented accommodation or in a building owned by themselves.

Grant for construction of Building or Extension of Building for Old Age Homes

The assistance for construction of building or extension of existing building or Old Age Homes is being given (staff quarters are excluded except in the case of Warden, Dhowkidar etc). In this case, the rent of the building housing the old age homes is not claimed to the organisation. Normally no construction grant shall be funded except in very rare cases.

Supporting and Strengthening Non Institutional Services for the Aged

In the wake of various forces of change at work in familiar relations and value systems, the care of old persons is day by day becoming a problem. The present scheme aims at providing physical, social, emotional, psychological and economic support to the elderly (60 years and above) with a view to help them to continue to be usefully active members of the community. The aged who lack family support and are unable to fend for themselves and / or do not have assured income, usually will have a prior claim to the benefits available under the scheme. However, in order to encourage the elderly to organise themselves better for their own welfare, minimal infrastructure facilities and supports will be provided to organisations catering to aged of other income groups also.

An integrated Program for Older Persons

Goal : Building a Society for all Ages.

Aim: To empower and improve the quality of life of older persons

Objectives:

1. Reinforce and strengthen the ability and commitment of the family to provide care to older persons.
2. Foster amiable multi generational relationship
3. Generate greater awareness on issues pertaining to older persons and enhanced measures to address these issues.
4. Popularise the concept of Life Long Preparation for Old Age at the individual level as well as at the societal level.
5. Facilitate Productive Ageing
6. Promote Health Care, Housing and Income Security needs of Older persons.
7. Provide care to the Destitute elderly.

8. Strengthen capabilities on issues pertaining to Older Persons of Local Bodies / State Governments NGOs and Academic / Research and other institutions.

Strategy : Developing awareness and providing support to build the capacity of Government, Non Governmental Organisations and the Community at large to make productive use of older persons and to provide care to older persons in need, Sensitising children and youth towards older persons, reinforcing the Indian family tradition of providing special care and attention to older persons and organising older persons themselves into coherent self help groups capable of articulating their rights and interests.

Target Group : While the basic thrust of the program will be on the older persons (of age 60 years and above) particularly the infirm, destitute and the widows among them, broad based interventions targeting the family and the community shall also be undertaken within the overall context of improving the quality of life of Older Persons.

Programmes Component :

* Programmes to reinforce and enhance the commitment and ability of the family to take care of older persons.
* Programmes to build and strengthen, intergenerational, relationships particularly between children/youth and older persons.
* Programmes emphasising and contributing towards the need to undertake Life Long Preparation for Old Age.
* Programmes facilitating productive ageing
* Programmes enabling formation of Self Help Groups / Associations of older persons and advancement of their rights and interests.

* Programmes facilitating and improving the health care of older persons including development of trained manpower / para medicos to provide care and attention to old persons.
* Programmes attending to the housing needs of older persons particularly shelter to the destitute elderly.
* Programmes aimed at promoting the income security needs of older person particularly those engaged in agriculture, non formal sector and those living in rural areas.
* Programmes for providing institutional as well as non institutional care / services to older person.
* Advocacy and awareness building programmes in the field of ageing.
* Research, Training and Documentation in the field of Ageing and
* Any other programmes in the best interests of Older persons.

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* Advocacy and awareness building programmes in the field of ageing.
* Research, Training and Documentation in the field of Ageing and
* Any other programmes in the best interests of Older persons.

8. Conclusions

Preparing and consolidating the information on the strategies for the care and welfare of the elderly is the first step in organising appropriate programmes. This document is primarily a blue print for RUHSA to carry out work among the elderly. Even as these strategies were finalised, an attempt was made to apply some of them in the community gaining valuable feed back.

This booklet also forms one way in which RUHSA's experience is being shared with others who are interested in initiating programmes for the eldelry. Efforts have been made to describe each strategy in as great a detail as possible. However as others apply this, further refinements may need to be incorporated. In that sense, this is available for further development.

Except for the strategy on remarriage all others appear to be culturally acceptable especially in the Indian context. Therefore, different agencies might choose one strategy over another. In the long run it would be most useful to network among various partners so that ongoing experiences are shared.

Although these strategies have been clearly articulated, it does not necessarily mean that all of them can be readily applied. Some such as providing health care, pension and insurance are aspects that need reasonably heavy inputs. Therefore, further local level planning may become necessary.

Besides these strategies, a set of messages on the care of the elderly have been presented. These were prepared in consultation with the elders in local camps at RUHSA. These may need further revision, refinement and additions to make it more widely relevant.

The programmes of government support of the care of the elderly has also been provided. This could be a means of support to organisations interested in initiating programmes for the elderly.

Sustainability has been given adequate thought while formulating these strategies. Some are more sustainable than others. However, there is every desire to move away from centre based programmes to community based and owned programmes. It is recognised that because of the nature of their problems as well as very advanced age some elders may need homes or centres. Ultimately the goal of these strategies is to keep the elders in their homes and or communities as long as possible.

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10. Appendix 1

Resource Persons and Institutions

A number of resource persons and their institutions provided inputs in developing RUHSA's programme for the care of the elderly. These are listed below.

1. Dr. Alka Ganesh
   Head, Medicine - III
   CMCH, Vellore.

2. Mr. Dass
   Senior Project Office
   Helpage India, Chennai.

3. Mrs. Prema Singh
   Shanthi Malai Research & Development Trust
   Thiruvannamalai.

4. The President
   SANDS
   Suvisheshapuram, Ittamozhi.

5. P.C. Jayaraman & Sons
   Sri. Kumaran's Charitable Trust
   61, Usman Road, T. Nagar, Chennai.

6. St. Ann's Home for the Aged
   Shanthi Illam, Gudiyatham.

7. Benedictine Order of our Lady of Grace and Compassion
   Old Age Home
   57, Anna Salai, Thiruvannamalai.

8. Dr. T.S. Kanaka
   Sri Santhakrishna Padmavathi Health Care
   & Research Foundation
   Amarnath
   5, Santhakrishna Street,
   Nehru Nagar, Chromepet, Chennai - 600 044.

11. Appendix 1I

Elders Camp

Systems Approach

INTRODUCTION

Ten percent (11,505) of the total K.V.Kuppam block population consists of elderly who are above 60 years of age. The elderly population is increasing day by day also due to epidemiological transition. Elderly has the problem of understanding the need and problems of the today's younger generation. Lack of understanding creates problems and paves way for the emergence of nuclear families. As a result, the elderly are left in isolation without care. Migration of the younger generation to urban areas for job together with emerging nuclear families, has severe impact on the care of the elderly. Hence it is necessary to develop strategies for the care of the elderly, so that they can cope up with life and lead a happy life till they finish their race in this world. This 3 days camp cum seminar is organised with the goal of "Developing appropriate strategies for the care of the elderly in K.V.Kuppam block.

OBJECTIVES

1. To discuss the problems of the elderly.
2. To analyse the problems and needs of the younger generation and its impact on them.
3. To discuss the skills needed to cope up with life during old age.
4. To identify strategies appropriate for the care of the elderly in to-day's generation within Indian culture.

METHODOLOGY

Lecture, Group Discussion, Role Play, Games.

RESOURCE PERSON :

Dr.Kanaga, Dr.Rajaratnam Abel, Dr. Inbakumar Joseph, Mr.Jebaraj, Mrs. E.Vijayakurnari, Mrs.Jayalakshmi, Mr.Selvakumar, Mr.Kalaimani, Mr.Subash and Mr.Mathew Asirvatham,.

External Resource Persons.

IMPLEMENTATION

Duration : 3 Days

Venue : RUHSA Campus

Co-ordinator : Mr. V.Jebaraj

11. **Appendix 2**

PROFILE OF THE PARTICIPANTS				
1.	Amirtham	F	64	Latteri Colony
2.	Chinnathai	F	65	P.K.Puram
3.	Hari Krishnan	M	51	-
4.	Kalyani	F	60	Kilvilachur
5.	Kannamma	F	-	Rajapalayam
6.	M. Raman	M	53	Kavanur
7.	Lakshmi	F	55	Senji
8.	Neela	F	60	Melkavanur
9.	Manickam	M	75	Senji
10.	M. Mani	M	67	Kavasambattu
11.	Mahalakshmi	F	61	Annangudi Colony
12.	Muniammal	F	63	Panamadangi
13.	Maragatham	F	45	-
14.	Munuswami	M	63	B.N.Palayam
15.	Mahadevan	M	70	Keelmuttukur

16.	Nagammal	F	70	Sethuvandai
17.	Padmavathi	F	61	K.V.Kuppam
18.	Periakulandai	F	55	Annangudi Medu
19.	Padmanabhan	M	40	Panamadangi
20.	P.Pattu	M	65	Annangudi
21.	Rani	F	62	Kamatchiamman Pettai
22.	K.Rajagopal	M	78	Pudupettai Old Krishnapuram
23.	Seethammal	F	65	P.K.Puram
24.	Sulochana	F	60	Kavasambattu
25.	A Selvam	M	60	Netteri
26.	C Sambanthan	M	-	-
27.	Vallikannu	F	50	Melmoil Colony
28.	Vinayakam	M	53	Kanguppam
29.	Valliammal	F	72	Rajapalayam
30.	Valli	F	60	P.K.Puram

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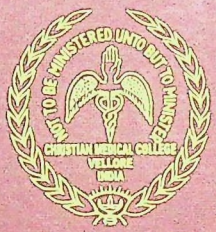

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