

**NATIONAL COLLOQUIUM ON THE AGED AND THE AGING IN INDIA:  
WHERE DO WE STAND? WHITHER SHOULD WE PROCEED?  
Thiruvananthapuram, March 14-16, 2018**

**REPORT AND RECOMMENDATIONS**

**Report**

The three days' National Colloquium on the Aged and the Aging in India; Where do we stand? Whither should we proceed? was organized by the Centre for Gerontological Studies, Thiruvananthapuram on March 14-16, 2018 at Mascot Hotel, Thiruvananthapuram with the support of the **Social Justice Department, Government of Kerala** and the **Indian Council of Social Science Research**, New Delhi. The Colloquium was inaugurated by Smt. K. K. Shailaja Teacher, Hon'ble Kerala Minister of Health and Social Justice.

The Hon'ble Minister briefly discussed the programmes for the elderly in the State and highlighted the Vayomithram Project. Referring to the request made by Dr. Nayar at his Introductory Speech, she said that the cabinet is contemplating the formation of a State Commission on Senior Citizens.

. The Valedictory Address was given by the Hon'ble Kerala Minister for Local Government, Sri K.T. Jaleel. He assured the gathering that he will do everything possible to make local self government institutions age friendly.

Altogether 98 delegates from 22 States in India attended the Colloquium. Besides the Inaugural and valedictory sessions, the Colloquium had 5 Plenary Sessions and 6 Parallel Sessions besides a Brainstorming Session. Altogether 52 papers were presented at the colloquium. These papers dealt with the main theme of the paper.

The first plenary session dealt with the Indian aging landscape and the various programmes introduced by the Central and State Governments. The discussion

also embraced the gaps in existing policy and made a peep into the nature of programmes that are required for the senior citizens of India

Plenary Session II dealt with women and aging. The speakers who handled this session brought out the significance of the session. Since women outnumber men among the aged and since women have special feminist-oriented health and social problems, it is necessary to deal with their problems and needs as a separate issue. The panelists observed that even so, the Central Government and most States do not pay any special attention to this aspect in their aging policy and programmes. The members then made a few suggestions to ensure that women get their due share in any programme for senior citizens.

Another Plenary Session was devoted to a discussion on the Maintenance and Welfare of Parents and Senior Citizens Act 2007.

The Panel observed that by and large this Act has been accepted by all the States and Union Territories even though some of them are yet to implement its provisions fully. It was observed that this is a very unique act and should be considered as the First Charter of Rights of senior citizens in India. However, there are a few inadequacies in the Act which have to be rectified to enable its full use by the stakeholders (For suggestions please see next section)

Another Plenary session was devoted to the aging issues and programmes in Kerala. Since Kerala was hosting the Colloquium and since Kerala has many unique features related to aging, a special session devoted to Kerala was found to be quite in order. Here most speakers were from Kerala. Kerala made its policy and programmes for the elderly as early as 2006 and finding its inadequacies modified it in 2013. The experts from Kerala mentioned several projects for the elderly in the state, including Vayomithram and some other programmes launched by the Kerala Social Security Mission. It has to be specially mentioned that the participants very eagerly listened to the speakers and made notes on the different programmes mentioned by them. (Please see suggestions for details)

There was a special Plenary Session on Youngsters' Views on Aging. The key speakers were young participants from the Colloquium. The relevance of this

session was not only because the youth are the older people of tomorrow and also because much of the problems of senior citizens come from the younger generation. Studies on abuse of the elderly have found that between 70 and 80 per cent of abuse suffered by older persons is committed by close kin – sons, daughters, sons-in-law and daughters-in-law.

It may be noted that around one third of the delegates of the Colloquium belonged to the younger age group. However, the young delegates were against abusing elders and spontaneously came forward with suggestions for harmonious inter-generational harmony and coexistence (For suggestions please see net section)

There were six parallel sessions and 52 papers were presented. In these sessions. Parallel sessions were necessary because of the very large number of papers all of which cannot be presented in the limited number of scheduled sessions. The paper presentations and following discussions were quite lively and generated a lot of suggestions and new ideas.

The last Plenary Session was a brainstorming session. It was intended to generate ideas from the delegates based on the presentations and discussions that took place in the previous sessions. Indeed a lot of suggestions came up in this session. The most relevant suggestions are included in the section on suggestions.

The Colloquium was coordinated by Dr. P K. B Nayar, Chairman and Dr. John Kattakayam, Director of the Centre for Gerontological Studies which organized the Colloquium. As mentioned earlier, the major part of the financial support for the Colloquium came from the Government of Kerala. Sri Biju Prabhakar, IAS, Special Secretary and Sri P.B. Nooh, IAS, Director, Department of Social Justice, Government of Kerala, whole-heartedly supported the Colloquium and were eager to help us out even in the midst of their heavy office work. The Organizers expressed their profound thankfulness to them for this yeoman support.

# Recommendations

## General

1. Each State should prepare its policy and programmes for senior citizens without delay. This document should spell out all the details relating to the problems and needs of senior citizens and their proposed solutions. The programmes should not only mention the items but should elaborate the mode of implementation and the persons responsible for implementation, specific budgetary provision, time frame, mode of supervision of implementation and evaluation of achievements. A mere document giving details of policy and programmes will not serve the purpose of senior citizens. Failure of the National Policy for Older Persons 1999 and its revised version the National Policy for Senior Citizens 2011 and of the State Policies, it was noted, was largely due to lack of details on the above mentioned details..
2. There should be a separate Department for looking after the affairs of senior citizens. In most states, work relating to senior citizens is merged with other items so much so that the work relating to senior citizens get marginalised. In view of the fact that population aging is going to be the most important socio-demographic problem of the 21<sup>st</sup> century, the creation of a separate department to look after the affairs of senior citizens is not only administratively indispensable but socially necessary.
3. There is need for a National Commission on Senior Citizens. The Commission should have judicial powers like the National Human Rights Commission. Currently there are commissions for women, children, youth, disabled and so on. The need for a commission for a segment of the population which is already nearing 10% of the population and increasing at a rapid rate, need not be exaggerated. Today, the senior citizen is the least wanted and most despised segment of the population. A Commission on Senior Citizens is not only necessary but highly warranted.

4. Similarly there should be Commissions on Senior Citizens in every State for reasons *a fortiori* advanced for the National Commission.

5. There should be a National Institute on Aging. At one point of time, Government of India had mooted this proposal and went some way in establishing it but after some time it was allowed to lapse. A national Institute will be able to collect and disseminate statistics on aging and on the elderly and publish learned/studied articles and other needed materials on aging for use of a variety of audience – legislators, scholars, and even the lay public.

Similarly institutes on aging studies and research should be established in each state also.

There is paucity of data on this subject and plans are prepared on the basis of half baked knowledge on the problem. This should not be permitted to go on indefinitely.

### **Maintenance and Welfare of Parents and Senior Citizens Act.**

The delegates pointed out that the Maintenance and Welfare of Parents and Senior Citizen Act. It becomes more important when the children deliberately avoid maintaining the parents. However, the Act has many inadequacies which have to be corrected. Also, knowledge about the Act among the stakeholders is very limited. A Helpline Study shows that this knowledge is limited to around 30% of the stakeholders only. This has to be corrected.

The suggestions of the delegates for the effective implementation of the Act are: In most States, the Tribunal is part-time. This gives little time for the Tribunal to deal with cases promptly especially when cases have to be disposed of in three months. Hence full time tribunals have to be appointed where they do not exist.

1. Use of the word “may” appearing in many clauses has to be replaced by “**shall**” wherever it is appropriate.
2. Involve an active local organization working with the issues of elderly at the ground level in implementing the provisions of the act. Senior citizen shall be included for **consultation**. It was suggested that in many states such consultation with the senior citizens enabled the successful implementation of the Act.

3. There should be a Fund for payment to beneficiaries under the Act in case the defendant refuses to make this payment or makes arrears in payment. This Fund should be created by the Government.
- 4 The maximum amount for award of compensation to the victim should not be fixed at Rs. 10, 000/- as at present. This should be left to the discretion of the Tribunal. award amount should not be fixed at Rs.10,000/ as at present. The Tribunal should be given the freedom to fix higher amounts when warranted
- 5 The Tribunals need to be sensitised to ensure empathy with the elderly persons who seek justice from the Tribunal..
- 6 Government shall act proactively to support an **association for senior citizens** at various level from village to the national level and give recurring-non recurring fund as suggested in the policy.
- 7 Awareness on the act among various sections of the elderly and the community in general needs to be strengthened.
- 8 Since there is no monitoring mechanism after the judgement is passed, some measures must be incorporated to ensure compliance to the judgement.

## **Financial**

Delegates have argued that most of the positive policy initiatives as well as programmes for elderly has been staggered due to inadequate funding from the state machinery. The recommendations on financial sector has been given below:

1. **Special budgetary allocation** for ensuring the rights of senior citizens must be there on line with the gender budgeting.
2. **The Corporates have a huge Responsibility** for the welfare of the elderly. Hence a portion of the funds under CSR should be earmarked for the welfare of senior citizens.

3. A certain percentage of the budget (minimum 10%) of Local Self Government institutions should be earmarked for the welfare of the elderly.
4. **Old age pension** need to be substantially increased, with a **minimum of Rs. 3,500/- per month.**
5. In Kerala State Board; the pension paid to the labourers on the basis of contributions made by them during employment is being deducted from the old age pension paid by the Government. This must be stopped instead full old age pension must be paid in full.
6. **Additional pension** may be granted to **disabled elderly.**
7. **Exemption from income tax.** Senior citizens must be exempted from payment of income tax.
8. Senior citizens must be exempt from payment of **GST.**
9. In order to promote re-employment of elderly in the respective institution/industry, **subsidy for the employer** should be provided for **“promoting continued employment”.**
10. Government need to initiate sensitization / awareness programmes to mainstream **‘Reverse Mortgage Scheme of the Banks** among the elderly. Currently, there is little awareness of this scheme among the elderly. Therefore, a larger social conscientization programme needs to be evolved.
11. **Uniform interest of 8% per annum on reverses mortgages** must be fixed for senior citizens irrespective of amount involved. State needs to support the banks to reduce the interest rate for Reverse Mortgage. If necessary.
12. Special programmes shall be introduced for more **income generation activities** among the elderly.

## Health Sector

Morbidity rate of elderly is increasing very fast and specialized centres have to address these issues as this is a need of the hour. In Kerala, the cost of health care to the older people has been relatively affordable in comparison with the services provided by private hospitals. The NPHCE needs to be made effective in providing better services to the older people. More effective implementation of the National Programme for Health Care of the Elderly is the need of the hour.

In the health sector the following recommendations have been made.

1. Introduce **Geriatric Clinics in all medical colleges**, hospitals and Taluk hospitals. The geriatric clinic shall have a team of experts to conduct awareness talks, immunization clinic, dementia clinic and helpline for older people in the region.
2. Each state shall set up a **state level geriatric hospital**. A super specialty hospital for the elderly in each state has to be made mandatory.
3. The alternative medicines like Ayurveda, and Siddha should be promoted for quality geriatric care and such treatments shall be put under the purview of health insurance. AYUSH must be integrated with each geriatric clinic or hospital for an inclusive health care approach
4. Establish **mobile health care facility** for elderly for regular monitoring of health as in many contexts the patients may be bed-ridden or the family may not be interested in taking them to health care facilities. The problem of accessibility to institutional health care system has been identified as the major problem of the ailing elderly in different parts of the country.
5. There shall be a **monitoring mechanism to identify cases of fraudulent treatment** of elderly with life support devices in the hospitals, costing unnecessary health care expenditure. The market logic of health care has been deeply embedded in the private institutional care



system and many such fraudulent procedures are often being practiced for maximizing the profit at the cost of the life of elderly or terminally ill persons.

6. There must be **subsidized medicine** at the hospitals as well as at the mobile clinics available at the doorsteps of the elderly who are bedridden.
7. **Tele-medicine facilities** shall be extended to all rural areas of the state. Such innovative health care model can address the regional disparities in health care.
8. Special programme for '**Residential care for elderly with Dementia**' shall be introduced at the primary health care system. People with dementia require special care and attention.
9. Mainstream '**Newer assisted technology**' for healthy and active ageing. The development in newer assisted technologies is rapid and familiarization of the same with the masses is necessary.
10. **Specialised programmes for mental health challenges** such as depression shall be introduced. The elderly with differential psychological issues need to be taken care within the institutional arrangement itself. Further medicalization in terms of mental challenges will be counterproductive among the elderly with minor to moderate levels of psychological disturbances.
11. The **fall prevention programme** need to be strengthened. There are programmes existing in different states but require more attention.
12. Providing specific programmes on '**oral health**' will improve the quality of life of the older people. Less emphasis has been given in addressing the oral health issues of older people.
13. The policy on **passive euthanasia** needs to be looked from multiple contexts such as the legal, social, humane, etc

## **Living Arrangements**

Living arrangements for the elderly has been an important concern among the delegates. In most of the states 'old age homes' have emerged as one of the

solutions to address the physical, emotional and social issues of elderly. Majority of the 'old age homes' are run by private organizations. Most of the inmates across the old age homes are waiting for their final call. It is the responsibility of the society in general and the states in particular to ensure dignified life to the elderly. The state as well as non-state actors have done concerted efforts in introducing old age homes in most of the urban centers of India. However, studies suggest that we need to evolve more exploratory options as well as policy guidelines for the existing institutional structures. It is argued that we need to go beyond the conventional 'universal' models of 'old age homes' to a better integrated model of institutional elderly care.

The delegates specifically suggested the following to go further in securing a dignified living arrangement for the elderly:

1. Living arrangements for the elderly call for serious attention especially for **more vulnerable categories** such as '**living alone**', '**victims of abuse**', and '**living with non-relatives**'.
2. Establish **integrated old age homes** in which elderly and orphan children live together. In this regard, it was suggested to follow the Tamil Nadu's integrated Complex model .
3. **Modalities for running old age homes** and its functional role need to be revised comprehensively. Lack of comprehensive guidelines for its functioning has affected the overall services provided by the old age homes. Currently old age homes are run on "welfare" principle. The modern "rights" oriented concept should be introduced in these homes.
4. It is important to **identify fraudulent old age homes**, which receive funds from the state or central governments. The monitoring and evaluation mechanisms for the old age homes are not in place in many states. A social audit on the functioning of each old age home needs to be undertaken with the initiative from the concerned state machinery.
5. It is desirable to encourage NRI's to set up **old age homes**. At the same time, specific initiatives are necessary to bring transparency and accountability in the functioning of old age homes

6. Community based models of old age homes should be popularized and subsidized. Active involvement of the community in elderly care will have more effectiveness in alleviating the emotional requirement of the elderly in institutional care..
7. The elderly who are mentally challenged or alcoholics need prior rehabilitation before getting admitted to the old age home. Keeping them secluded under medical gaze forever or keeping them with others in old age homes cannot be the solution. Specific rehabilitation and resettlement plan must be part of the integrated elderly care for such categories.
8. Promote professional as well as community based **Day Care Centres** for elderly.
9. Exclusive housing complexes for senior citizens can be an alternative arrangement to old age homes.

### **Elderly Women**

The Colloquium noted that the problems and needs of old women differ from those of old men. An omnibus plan prepared for all the aged will not do justice to the old women who suffer from quintuple handicaps – being women, being old, being widowed, being poor and being stricken with morbidity. To begin with they outnumber old men, they live longer than men and the vast majority among them will be widows. Since old age is a period of privations, they will have to face these privations for longer period than men. A good segment of them will be suffering from gender related morbidity which requires gender specific treatment and care. Hence in the policy on senior citizens they will need a sub policy and not any additional provisions or appendages. The sub plan will cover all the special and specific gender issues.

An item that has not attracted the attention of scholars is the care giving role of women. Traditionally they were treated as care-givers in the family. But because of changes in domestic roles, the old woman will not have anybody to care for herself. The cases of widows, the childless and those who live alone merit special attention. Abuse, neglect and even abandonment are the outcome of this plight. Hence, the Colloquium pointed out the need for special attention to be paid to the care of older women.

1. Programmes shall be introduced for the **economic empowerment of elderly women**. Economic dependency of the elderly women made their plight pathetic. They rarely have any ownership to the property or bank account, even if they belong to a wealthy family background. The empowerment initiatives for the elderly women shall be integrated with other empowerment initiatives for the women in general and a specific privileges/subsidies/allocation may be given to the elderly women in each context.
2. **Special programmes** may be introduced to address the issues of elderly women who are further marginalized such as **widows, childless women, never married**, etc. The elderly women need to be looked from a disaggregated manner as if they no longer form a uniform category. In this context it is desirable to consider a sub-plan in the general old age policy and action programme exclusively for older women
3. There are **nutritional disparities** among the elderly women and special programmes may be initiated to address this issue.
4. Property of husband shall be transferred to wife, without any registration fee.

## **Involvement of Stakeholders**

A multi-sectoral approach is essential to address the issues of elderly. The social justice department needs to coordinate various state departments more effectively to enable speedy action at the ground level.

1. The involvement of **Local self-governing institutions, NGOs, community leaders, health care professionals, social activists**, etc. is important in addressing the issues.
2. A **network of Social Workers** at appropriate levels needs to be developed.
3. **Involve the corporates** in the process of ensuring the rights of the elderly through their 'corporate social responsibility programmes.
4. Active involvement of **National Service Schemes** can be planned in each educational institution.
5. **Senior citizen units at police stations** shall be introduced

6. **Kudumbashree programme** adopted in Kerala is a good model to emulate for elderly welfare programmes

### **Community Sensitization**

In order to improve community sensitization on the rights of elderly, the delegates made following specific suggestions:

1. Identify **different target groups** such as children, adolescents, youth, etc and specific campaign may be initiated.
2. The **IEC activities** need to be given importance to change the negative perception on elderly.
3. Awareness programmes in the **vernacular** need to be done.
4. **Geriatric tips for school children** shall be planned and can be part of the curriculum.

### **Capacity Building for Care Givers**

Providing capacity building programmes for the care-givers of elderly was suggested by few delegates.

1. **Workshops / Training modules** may be developed for the caregivers.
2. For Care coordinators- **certified programme** shall be made available.
3. **Special incentives for care givers** shall be announced. Caregivers need support and hence they must get incentives when they look after their elderly at home. One such privilege can be “caregiver leave” or income tax deductions
4. **Counseling centres** for care givers need to be established. This will be imperative for those care givers who are providing services to the elderly who are in critical / vulnerable situations.

### **Positive Living**

Living the ‘elderly life’ is associated with a lot of negative social baggage and the elderly themselves and the people around them have internalized that they are ‘waiting for their final call’. The fear of death coupled with bio-medical issues of elderly forces them to live in a state of despair and depression. It is further accentuated by the social alienation they experience from their immediate kith and kin. Therefore, the outlook towards elderly needs to be re-negotiated. They

need to be actively engaged in a more productive and social life for a positive living at the fag end of their life. This can be done at home or institution or in the community level itself. The delegates suggested the following in this regard:

1. Senior citizens have a second life with **volunteered activism** for the welfare of the needy elderly. Promote such activism.
2. As the **national skills programme** offered does not cover people after a certain age, it was proposed that senior citizens must be eligible to get trained in skills that befit their capacities.
3. **Tailor made skill development programmes** for the aged can be introduced.
4. **Re-engagement of senior citizens** in income generating activities to utilize the human resource as well as encourage active ageing.
5. **Programmes for social empowerment** of the aged shall be introduced. Elderly self-help groups can be one such possible method to empower them.
6. **Involve neighborhoods, community leaders, and grass root workers** to work with elderly.
7. **ICT enabled social networking facilities** will help the elderly to connect with the wider world outside.
8. **Organized activity-based day care centres** with daily exercises or yoga will help them to be active. Picnics, lectures, walkathons and income generating activities can also be incorporated there.
9. Innovative ways of social engagement such as **Music Therapy** shall be introduced in all old age homes.
10. **Promote intergenerational solidarity** through
  - a. Tips on caregiving for grandparents and senior citizens to be prepared and distributed
  - b. Care of elderly must be included in the educational curriculum in schools
  - c. Use of NSS programme can play a significant role in improving the understanding of the needs and aspirations of elderly among the youth and efforts must be aggressively taken to engage them

- d. It was proposed that all conference on Gerontology/Geriatrics must make sure that at least 10% of attendees represent younger generation

### **Rural & Tribal Elderly**

Little attention has been given to rural and tribal elderly within the Policy framework or Programmes. Therefore, it is important to consider the large population of elderly living in the rural and tribal areas and their issues need to be addressed in the ensuing policies and programmes for the elderly.

1. Elderly in rural areas need consoling, resolution for conflicts in the initial stages and legal counselling wherever necessary.
2. Day care centres in rural / tribal areas should be introduced.
3. Culture specific solutions need to be identified at the ground level.

### **Other Suggestions:**

Accessibility is a major factor as Indians have started living longer. Infrastructure must be created to make the communities accessible friendly to senior citizens. As the Government of India announced a few years ago about disabled friendly access, it is suggested that efforts must be taken to lobby for the senior friendly aspect on such lines. There are new ways of doing things emerging in daily lives. Senior citizens must not feel marginalised. Therefore, they must be included in such education and awareness creation.

1. **Retirement age** must be common across the country. It currently ranges from 55 onwards. With the rise in longevity, the age of retirement must be increased to 65 years in Governments.
2. Age of retirement should be connected to performance evaluation also. If a person is competent enough to contribute to the Organisation, he/she may be allowed to continue his/her work.
3. **Neglect/Abuse/Violence against elderly** is becoming common and the Governments must act to ensure that elderly don't live a life in uncertainty and fear. Police force across the country must be trained to handle this menace. They must be sensitized to handle such issues promptly.

4. Elderly abuse should be made part of **Domestic violence Act**.
5. A careful **monitoring of non-relatives** living with the elderly must be introduced as often the elderly become victims at the hands of such individuals.
6. **Empower police personnel** to reach out and prevent
7. **Introduce technology** wherever applicable to ensure accessibility of benefits to the elderly.
8. **Improve awareness through IEC** materials including use of media
9. **Public transport** should be age friendly.
10. Build **team of experts** to work at field level.
11. Mobilize **funds from public** for the programmes in ensuring the rights of the elderly.
12. **Mobile library** for elderly shall be introduced.
13. Social Justice Departments must ensure that **clearance of children** for foreign trips should be given only after their making provisions for elder care in their absence.

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