

Study Report
on
A study of effectiveness of Social Welfare
Programmes on Senior Citizen in rural
Rajasthan, Chhatisgarh, Gujarat
&
Madhya Pradesh

Submitted to;
Planning Commission
Government of India



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Preface

Development alone cannot bring peace and prosperity unless social justice and equality of older people are ensured. It has been well accepted that various welfare and development programmes are bypassed older people especially the older people of rural India, who constitute major chunk of our population. A global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for both males and female has shown a steady rise. Life expectancy has contributed to an increase in the number of persons 60+. International convention and concurrences, legal enactments, constitutional provisions etc highlighted the imperative need for equality and empowerment of older people.

Present study reviews the socio economic background of the older people of rural Rajasthan, Gujarat, Madhya Pradesh and Chhatisgarh. The study is organized in six chapters, Chapter-I deals with introduction and background, Chapter II research methodology, Chapter III situation of older persons in India, Chapter IV elderly people at a glance and useful information, Chapter V Data analysis and presentation of data, and Chapter VI summary and main findings. Investigators and researchers express deep sense of gratitude to the Planning Commission for proving financial support for conducting the study.

I would like to place on record my gratitude to the Planning Commission, Backward Classes Division and all the Officers and Officials of SER Division for their financial support and encouragement. A word of thank to all colleagues who shared long hours of work for collection of data, analysis, tabulation and preparing the study report. It is hoped that the study would be found useful for policy makers and planners.

President
Sonali Public Shksha Samiti, Guna Madhya Pradesh

Executive Summary of the Study

The Executive Summary should be simplified and concise, yet clear and substantial. It should use a highly structured page layout and avoid the use of jargon and abbreviations. The executive summary should not be more than 5-7 pages or 10 percent of the report whichever less is. The font and line space of typed material should be the same as in the report. The format for the executive summary strictly will be as follows: -

INTRODUCTION/OBJECTIVES:

I. A global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951 – 58 to 60 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90) to 2011-16), in the case of females, the increase in expectation of life has been higher, about 11 years, during the same period, from 58 years in 1986-90 to 69 years in 2011-16, At age 60 too, the expectation of life shows a steady rise and is a little higher for women. Increased life expectancy has contributed to an increase in the number of persons 60+. From only 12 million persons 60+ in India in 1901, the number crossed 24 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical group on population projections (1996) indicate that the 100 million mark is expected to reach in 2013. Projections beyond 2016 made by the United Nations (1996) has indicated that India will have 198 million persons 60+ in 2020 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996) have indicated that 2.1 percent of the India Population will be 60+ by 2050

II. Industrialization, urbanization, education and exposure to modern India life style in countries bring in changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of shares of income for the care of parents. Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care-giving. Also, adoptions of small family norms by a growing number of families, daughters, too are fully occupied. Pursuing their educational career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care for non-lineal relatives. So also is the situation of widows.

III. Although current estimates of poverty among the elderly are not available, we can be sure that there is millions of elderly persons below the official poverty line and majority of elderly people are living in the rural areas. The facilities created such as old age homes and caregiver to senior citizens are mainly in the urban areas. Dependency, Living Arrangements, Health problems and Physical Disabilities are more in the rural

areas as no care givers, institutional support, health facilities are generally available in the rural areas. Almost all the State Government has the Social Welfare Department to look after the senior citizens. Not only the Government but corporate houses, civil society and NGOs are also working to protect and promote the welfare of senior citizens. However, elderly people in the rural areas are worst sufferer in compare with urban people.

IV. Both State as well as Central Government has implemented a number of social sector programmes in the states. Therefore impact and effectiveness of social welfare programmes on Senior Citizens was assessed to sensitize the Government and the policy planners for their mid term corrections. Generally for social sector programmes no possible information available on the performance of the programmes. Therefore, it is felt necessary to conduct an impact and effectiveness study of social sector programmes in states especially in rural areas to find out the short – coming and loopholes of the programmes and suggest suitable measures to improve in programme planning and implementation.

Objectives of the Study

The main objective of the study has been to explore the following:

- To find out the impact of development plan on elderly people
- To find out the nature of social, psychological and economic problems being faced by elderly people in India.
- To find out the sociological conditions responsible for their vulnerability.
- To find out the effectiveness of the existing social welfare programme for older people.
- The level of happiness among rural elderly people in the country
- The factors behind the level of happiness.
- To suggest viable measures to get them rid of their plight and also to bring out effectiveness of existing programme and future strategy.
- State intervention in this regards needs to be reviewed and its success effectiveness and failure to be pointed out, and
- The nature and extent of involvement of Non-Governmental Organization in combating the existing geriatric social problems.

Research Methodology

States of Chhatisgarh, Madhya Pradesh, Gujarat, and Rajasthan were taken into consideration for the study. After detailed discussions with the State Government Officials 4 States, 4 districts, 2 blocks in each district were selected. Care has been taken to include rural population of the district. It has been ensured to include rural tribal and Scheduled Castes concentrated areas. In each district two blocks were selected and each block two villages selected for field survey, with a view to give due representation to various social groups. Survey teams using integrated methodology visited selected villages. Extensive questionnaire based field survey has been undertaken. Two separate questionnaires, one each households questionnaire and older people questionnaire were developed, field tested and finalized in consultation with the Planning Commission. Through random sample techniques households were selected from each social group and the numbers of households selected from each group were proportional to the group's representation in the entire village

population. A total of 800 samples/household have been interviewed using pre-tested questionnaires. Men and women both were interviewed in the selected sample villages. Additionally, 200 older persons were interviewed in all the selected districts of the states. The following major variables of data were collected from the households.

- Basic Need Food- Number of day's household members remaining hungry or half fed.
- Well-being of households needs health support and its availability.
- Opportunity for recreation, availability of caregiver, children's attitudes towards rural older people.
- Amenities and Services available and required.
- Senior Citizens household access to entertainment
- Household access to basic amenities
- Households access to toilet
- Households access to electricity
- Need for any other support
- Knowledge of recent enactment
- Attitude of family members towards older people
- Availability of health, security and old age homes.

Two different sets of questionnaires were used for collecting the data from the household and individual older people. Also direct observation and focus group discussion were done for completing the study. Both primary and secondary data were for analysis for the study.

Findings/ Conclusions:

Rural older people overwhelmingly identified themselves as peasant farmers (83 per cent). As farmers, older people said their households rely first on agricultural crops for income. Although they are poor, nearly all (98 per cent) get enough to eat. Half of older people in sample rural areas were unable to read or write, and another 28 per cent can read or write only a little. Older men had an average of 5.8 years of schooling and older women 2.8 years. Older women were twice as likely as men to be living alone, were more likely to be widowed, had half as much schooling as men on average, were more likely to be illiterate, and were less likely to travel outside the village for medical care.

Rural older people often mentioned their health issues suffering commonly by joint pains, stomach problems, and high blood pressure. Older people rely mostly on their spouse for care when sick (42 per cent), followed by their son or his wife (35 per cent). When they get sick, over half of older people (55 per cent) go first to the local village doctor, while another 27 per cent go to a county or township hospital. Some 26 per cent had not visited a village doctor at all in the past year, while roughly one in five older persons said they visit a doctor at least monthly on average. Four out of five older people believe they should get healthcare support more often. They do not go to doctor due to lack of money (29 per cent), lack of information about where to go (15 per cent), and lack of motivation (11 per cent).

Migration of adult children is changing older people's lives. Many children of older people have left the village in search of work. About 87 per cent of these older people have one or more children living outside the village currently. After agricultural crops, wages from migrant workers are the next most frequent source of income for older people's households.

Migration also brings greater responsibility for grandchildren. Migration brings both benefits and burdens. Older people are often caring for the grandchildren left behind by migrant workers. In nearly a quarter of the households where older people and their grandchildren were living together, those grandchildren were living without either of their parents. The most common reason why the grandchildren were living without their parents was that they were working elsewhere (63 per cent).

Village-based Older People's Associations (OPA) have untapped potential to address the issues of the growing number of older people in rural areas. Some of the villages have OPA, most OPAs are not recognized, without resources and older people generally not participate in the activities. Rural older people said that OPA should be financially supported by the local Government and its activities need to be recognized by the village Gram Panchayats in order to full fill the following needs in their villages: - helps the older people whose life is in trouble to overcome their problems - helps the village committee to solve family conflicts - calls for respecting older people including ageing parents and grandparents

RECOMMENDATIONS: Key suggestions/recommendations provided on the basis of the research findings and depicted in bullet form.

- Older people play a critical role in the rural economies. In most parts of the sample villages they participate in crop production and livestock care, provide food, water and fuel for their families, and engage in off-farm activities to diversify their families' livelihoods. In addition, they carry out vital reproductive functions in caring for children. It was observed that older men/women have restricted social interaction, limited earning possibilities, several medical complications, emotional isolation (in many cases even from their own children), very limited knowledge or awareness of their legal rights and natural reluctance to seek justice. In rural societies older men/women are considered second-class citizens. They have been lagging behind in almost all walks of life for centuries. They have never been financially independent. Due to less social interaction they even don't know about their rights and powers. They are always dependent on children/ family for their basis needs, even for day-to-day requirements. Therefore, there is a need to have comprehensive development policy of rural older people and all the Central Ministries/Departments who are looking after their welfare such as social welfare, health, rural development and security related department may design a comprehensive development policy for rural older people.
- Rural older men/women are not a homogeneous group; there are important differences among men/ women older people in rural areas based on class, age, marital status, ethnic background, race and religion. Gender-based stereotypes and discrimination deny rural older women equitable access to

and control over land and other productive resources, opportunities for employment and income-generating activities, access to education and health care, and opportunities for participation in public life. It was observed that older women have restricted social interaction, limited earning possibilities, several medical complications, emotional isolation (in many cases even from their own children), very limited knowledge or awareness of their legal rights and natural reluctance to seek justice. In rural societies older women are considered second-class citizens. They have been lagging behind in almost all walks of life for centuries. They have never been financially independent. Due to less social interaction they even don't know about their rights and powers. They are always dependent on Male members of the family for their basic needs, even for day-to-day requirements.

In the rural areas older women have more critical problem than older men. Due to social and traditional family structure they are forced to live with many limitations. Hence they find themselves marginalized and isolated all the time. Although due to the changing economic scenario in the country, rural areas are also affected by it especially in empowering women through various mediums, and laws have also been made for protection and empowerment of women, older women lead a marginalized life and many women rural areas still live a neglected and miserable life. It is due to various nutritional deficiencies in the rural areas and non-availability of proper health services, health delivery system observed was very poor in the sample villages. **Therefore, it is suggested that related line Ministries of Women and Child Development, Social Justice and Empowerment, Rural Development, Health and Family Welfare should initiate specific programme to create awareness among the older rural women as they are the back bone of the family and live longer.**

It is also suggested that the basic provisions of the Act should be taught to Local block level officials and Panchayat officials need to be sensitized for its implementation. Overall young people attitude towards the rural older people was found good. As the older population is increasing day by day and their problems is also increasing, **therefore, specific training across the country should be imparted among the young youth to sensitize them. All the youths of the country should be taught about the geriatric care and solving problems of the older people.**

- Rural older people are indeed in a very helpless situation with eroding social value system. It was observed that older people abused, in rural area. In broad prospective, older people Abuse comprise all such situations, in which older persons think that they are not leading or could not lead a respectable or independent life in rural areas. **Therefore proper mechanism needs to be placed to ensure the comprehensive protection, promotion and security at the village level. All the available Government programmes should have Older People Component (OPC) and programmes designed exclusively for older people need to be implemented in later and spirit by the Panchayat Raj Institution (PRI).**
- The rural older people who are not physically incapacitated do not require short-term relief measure to meet their immediate needs for subsistence. **But what they really need is a long-term assistance,**

which can sustain them to spend the evening of their lives with some dignity.

- Older people are unable to take advantage of Government run social welfare programmes. **Therefore, it is suggested that Government should include awareness generation component in all their schemes initiated for the welfare and development of older people and fund should be released directly to Panchayat level for generating awareness among the rural older people. In this regard NGOs should also be supported with financial assistance to become pro active to generate awareness among the older rural people. More and more awareness generation programme among the rural older people required to be created in order to tell them about the benefits and facilities available for them. Also, it is recommended that under the existing scheme of the Ministry of Social Justice and Empowerment, priority should be given to those NGOs who are ready to construct old age home in rural areas. NGOs involvement is good alternative for the welfare and development of the rural older people. They need support of the Government in order to provide them social security and dignity.**
- While interacting these issues with the rural older people in sample villages, they have emphatically impressed that the **new legislation for the older people need to be displayed at the Panchayat Bhavan in local language and Panchayat Members should know its pros and cons and tell all the eligible older people so that they can be benefited. Also the merit of this Act needs to be told to the rural older people through NGOs, as they are access to the rural areas. Therefore, it is suggested that the basic provisions of the Act should be taught to Local block level officials and Panchayat officials need to be sensitized for its implementation.**
- Various rural development programmes were assessed and discusses with the rural older people on the basis of the fact, **it is, suggested that NREGA should provide regular work for the people at least 300 days in a year, corruption need to be dealt with firmly, wages of the worker under the NREGA need to be enhanced in accordance with the high inflation, all kinds of transperancy need to be maintained at the Panchayat level and eligible people should know their right under the programme.** It was found that generally job cards are kept by the Panchayat sewak and no entry is recorded, therefore, **it is suggested that job cards should not be taken from the worker and its entry is required to be done regularly and authentically.** Assets created by the activities of NREGA are not fully utilized for the purpose it is created, **therefore, an asset created under NREGA need to be utilized fully for the purpose it is created. Similarly, under NREGA priority should be given to the works of soil and moisture conservation, minor irrigation, rejuvenation of drinking water sources and augmentation of ground water, traditional water harvesting structures, work related to watershed schemes (not watershed development), formation of rural roads linking villages with other villages/Blocks headquarters and roads linking the villages with agricultural fields, drainage works and forestry. Rather, building of Government office buildings, Panchayats**

Buildings, compound walls, building for higher secondary schools, colleges.

- Indira Awas Yojana- for allotting the house site to the eligible BPL families, **beneficiaries list should be maintained at Panchayat level properly and with sincerity, quality of the house site under IAY should be improve by creating more amenities so that its proper use could be ensured. Toilet facilities and Chulha as has been written in the guidelines of IAY need to be ensured for its maximum utilization. Further, the allotment of dwelling units under IAY should be in the name of the female member of the beneficiary household. Alternatively, it can be allotted in the name of both husband and wife. IAY house should not to be constructed and delivered by any external agency, such as, Government Departments, NGOs, etc.**
- It was observed that credit is the critical component in SGSY in rural areas, subsidy being only is the critical component in SGSY in rural areas. **Therefore, greater involvement of banks needs to be ensured under the SGSY. SGSY should be promoted multiple credits rather than a one time credit 'injection'. The credit requirements of the Swarozgaris should be carefully assessed.** Rural people should be allowed and in fact, encouraged for increasing their credit intake. SGSY beneficiaries in the rural areas should be emphasized on skill development through well-designed training courses.
- Overall young people attitude towards the rural older people was found good. **However, specific training across the rural areas of the country should be imparted among the young youth to sensitize them all aspects for caring elderly people. All the youths of the country should be taught about the geriatric care and solving problems of the older people.**
- Rural older people have mainly interested for **economic benefit programmes & health and emphasized to enhance the rate of old age pension.** It is suggested that **Government should create basic facilities for the older people in the villages such as, 'Bachnalaya, (reading Center), health delivery service should be strengthened and provided free of cost, knowledge of ongoing programme should be extended to rural population and to give direct funding to Panchayat for the benefits of older people.**

Chapter-I

1.1 Introduction

Well-being of older persons has been mandated in the Constitution of India. Article 41, Directive Principle of State Policy has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securities, right to public assistance in case of old age. There are other provisions too, which direct the state to improve the quality of life of its citizens. Right to equality has been guaranteed by the Constitution as Fundamental rights. This provision applies equally to older persons. Social security has been made the concurrent responsibility of the central and state Governments.

1.2 Demographic Profile of the Elderly in India

India, a sub-continent that carries 15 per cent of the world's population, is gradually undergoing a demographic change as a result of many factors including specific development programs. With decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of older people. In 1951, 60+ populations were around 20 million. Three decades later in 1981, it was a little over 43 million, a further decade later in 1991, this had increased to 55.30 million and for 2001 it is 76 million. These demographic facts and trends make the older people in India an increasingly important segment of the population pyramid in the coming years.

Table - 1.1
Growth of Elderly Population (60+) by Gender, India
Population 60+ (millions)

Year	Total Population	Males	Females
1901	12.06	5.50	6.56
1911	13.17	6.18	6.99
1921	13.48	6.48	7.00
1931	14.21	6.94	7.27
1941	18.04	8.89	9.15
1951	19.61	9.67	9.94
1961	24.71	12.36	12.35
1971	32.70	16.87	15.83
1981	43.98	22.49	21.49
1991	55.30	28.23	27.07
2001	75.93	38.22	37.71

Source: Ageing in India: Occasional Paper No.2 of 1991, Office of the Registrar General & Census Commissioner, India.



- i) A global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951 – 58 to 60 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90) to 2011-16), in the case of females, the increase in expectation of life has been higher, about 11 years, during the same period, from 58 years in 1986-90 to 69 years in 2011-16, At age 60 too, the expectation of life shows a steady rise and is a little higher for women.
- ii) Increased life expectancy has contributed to an increase in the number of persons 60+. From only 12 million persons 60+ in India in 1901, the number crossed 24 million in 1961 and 55.30 million in 1991 and in 2001 it had gone to 76 million. Population projections for 1996-2016 made by the Technical group on population projections (1996) indicate that the 100 million mark is expected to reach in 2013. Projections beyond 2016 made by the United Nations (1996) has indicated that India will have 198 million persons 60+ in 2020 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996) have indicated that 2.1 percent of the India Population will be 60+ by 2050.
- iii) Growth rate on a larger demographic base implies a much larger increase in numbers. The decade 2001-11 is expected to witness an increase of 25 million persons 60+, which is equivalent to the total population of persons 60+ in 1961. The twenty-five year period from 1991 to 2016 will witness an increase of 55.4 million persons 60+, which is nearly the same as the population of persons 60+ in 1991. In other words, in the twenty-five year period starting from 1991, the population 60+ will nearly double itself.

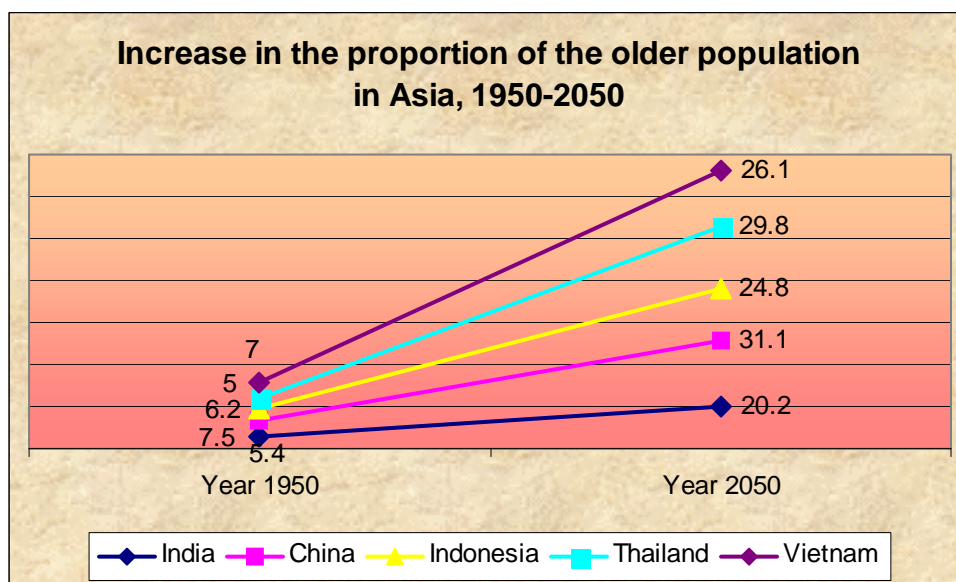
1.3 Demographic highlights in India 1950-2050

Within a span of a hundred years from 1950-2050, the proportion of the old population (60+ years) in India is expected to quadruple.

Table 1.2: Increase in the proportion of the older population in Asia, 1950-2050

Country	1950	2050	Increase
India	5.4	20.2	3.74
China	7.5	31.1	4.15
Indonesia	6.2	24.8	4.00
Thailand	5.0	29.8	5.96
Vietnam	7.0	26.1	3.73

Source: UNDESA, 2006.



In 1950, only China and Vietnam had an aged structured population. Indonesia, India and Thailand had older population (60+ years) still below 7%. After 100 years, all the countries mentioned will have an older population proportion of above 20%. Thailand will have the highest proportion estimated at nearly 30% together with China’s older population. Indonesia and Vietnam’s older population will be around 25%, and India’s older population will be slightly over 20% (Table 1.2).

1.4 Poverty among the Elderly in India

The problems faced by this segment of the population are numerous owing to the social and cultural changes that are taking place within the Indian society. The major area of concern is the health of the elderly with multiple medical and psychological problems. Falls are one of the major problems in older people and are considered one of the “Geriatric Giants”. Recurrent falls are an important cause of morbidity and mortality among the older people and are a marker of poor physical and cognitive status.

There are no specific official data is available on the income of the older people in India. The estimated number of poor persons in the total population of India was 272 million in 1984-85. It estimated that about 6 per cent of the poor persons i.e., about 16.3 million persons were above the age of 60 years and

poor. Vast majorities of the poor older people were not receiving old-age pensions. Although current official estimates of poverty among the older people are not available, we can be sure that there are millions of older people below the official poverty line. But, it is important for us to bear in mind, the many limitations of official poverty estimates. Despite the fact that official poverty estimation relies almost completely on monetary sources of income, Census data cover the other aspects such as illiteracy, employment, dependency, living arrangements, and health problems among the elderly.

1.5 Illiteracy

In India, literacy levels have increased between 1961 and 1981 in the general population and in the population aged 60 years and above. In 1981, among the elderly males, only 34.79 percent were literate as against 46.89 per cent in the overall male population. Among the female elderly, only 7.89 per cent were literate as against 24.82 per cent in the overall female population. Although there seems to be an increasing trend, it is disturbing to note the fact that, in 1981, majority of male and female elderly were remaining illiterate. Moreover, the situation seems to be worse in the case of the elderly females. During the last decade, the government implemented many literacy programs throughout the country very vigorously. In many parts of the country, many districts have been declared as 100 per cent literate. But, there are no official data regarding the improvement in the literacy level among the older people.

1.6 Employment

When we see the data pertaining to the employment of rural and urban older people during the period from 1961 to 1981, there seems to be a marked downward trend. This decline may be due to adoption of new technology or methods of production difficult for the elderly or work conditions have become harder and unsuitable for them. Whatever be the reason, the very fact that more older people are out of the work force shows that there is increasing risk for them to become totally or more economically dependent. It is also important to note that a vast majority of the elderly persons in the rural areas are working in informal and unorganized sectors of the economy and hence, not being covered by any social security programme.

1.7 Dependency

To obtaining accurate data from older population on their income is difficult. Even if respondents were willing to report incomes, several factors complicate data gathering such as seasonal variations in income, self-employment in agriculture and the extent of informal or non-monetized economy in the country and also the frequent pooling of household resources. The human life cycle begins and ends with stages of dependency, this applies on average to age groups, but not necessarily to individuals so far as old age is concerned. The average shape appears to be universal, although ages and extent of dependency may vary widely from population to population. Majority of the women elderly in both rural (77.51 per cent) and urban (86.04 per cent) areas are totally dependent on others for economic support. Similarly, 16.20 per cent male of the older people in rural areas and 16.90 per cent of the older people in urban

areas are partially dependent on others. Elderly people (51.06%) who were non-dependent in rural areas and 45.71% in urban areas.

Table – 1.3
Economic Dependency among the Elderly (Percentage) in rural areas and urban areas

Gender	Totally Dependent		Partially Dependent		Non Dependent	
	Rural	Urban	Rural	Urban	Rural	Urban
Male	32.74	37.39	16.20	16.90	51.06	45.71
Female	77.51	86.04	13.71	9.13	8.78	4.84

Source: Sarvekshna, Vol. XV, No.2, Issue No. 49, October-December, 1991

Table – 1.4
Economically Dependent Elderly and supporting Persons

Supporting persons	Rural elderly		Urban elderly	
	Male	Female	Male	Female
Spouse	7.06	11.51	6.14	11.30
Own children	74.95	73.84	78.03	72.32
Grand children	6.24	6.38	6.11	6.52
Others	11.78	8.27	9.72	8.86

Source: Sarekshana, volume XV, No. 2, Issue No. 49, October – December, 1991.

1.8 Situation of Older Persons

- I. The lower rate of total dependency among the older people in the rural areas appears that the rural families are more supportive to the older people. There are many reasons for this phenomenon. In rural areas, there is a greater continuity in the occupational and familial roles of the elderly, particularly among the males. They continue to be active until physical incapacity prevents them from working. Whether a man is self-employed as a cultivator, or an artisan, or is working as a farm laborer, the chances are that he will continue to remain 'employed' longer in the rural areas than in urban areas.
- II. Industrialization, urbanization, education and exposure to modern India life style in countries bring in changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of shares of income for the care of parents. Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care-giving. Also, adoptions of small family norms by a growing number of families, daughters, too are fully occupied. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care for non-lineal relatives. So also is the situation of widows
- III. In our country rural older people suffer with various health problems such as high blood pressure, heart disease and urinary problems are more common

among the elderly in the urban areas. As far as physical disabilities are concerned, in the rural areas, 5.4 per cent of all the elderly (6.8 per cent females and 4.4 per cent males) are physically disabled while in the urban areas, 5.5 per cent of all the elderly (6.7 per cent females and 4.7 per cent males) are physically disabled. In both rural and urban areas, more females than males are physically disabled (Kohli, 1996).

- IV. The official statistics reveal that large segments of the elderly in India are illiterate, out of work force, partially or totally dependent on others and suffering from health problems or physical disabilities. A review of the Government of India Five Year Plans shows very limited and inconsistent concern for the older people. The only welfare measure for the elderly considered by the government until the Seventh Five Year Plan was the running of old age homes. The Eighth and Ninth Plans, however, incorporated fairly more specific and comprehensive welfare measures for the elderly such as provision of old age homes, day care centres, Medicare and no institutional services. Initiatives for Older Persons during Tenth Plan as contemplated in the National Policy on Older Persons (NPOP), a National Council for Older Persons (reconstituted in 2005) has been set up to advise and aid the government on policies and programmes for older people.
- V. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 stipulates construction of at least one old age in each district of the country to accommodate deserving and destitute senior citizens. In addition to NPOP & senior citizen Act various concession, benefits are extended to the older people and incentives include income tax rebate, higher rates of interest in saving schemes, 30% concessions in all railway travel and 50% discount on basic fare for all domestic flights in the economy class in Indian Airlines, Jet Airways and others. A pension of Rs.200 per month provided and States have been requested to add another 200 to this scheme. The Eleventh Plan proposes to further the right-based approach and also focus on bridging the gap between rural and urban areas. A National Association for older persons, as per NPOP, has been set up to protect the life and property by utilizing the services of Panchayats/ Senior Citizens Association and other community – based groups and sensitizing and reorienting the law enforcement machinery to the vulnerability and special protection needs of older persons during Eleventh Plan. The National Old Age Pension schemes have been extended to all BPL persons above the age of 60 years. However, the issue of older persons' learning has not been given any importance in the government policies and programs.
- VI. In a country where the majority of the population is barely able to live above the poverty line, the most important function that the state performs is to be able to provide to its citizens a good health - it ensures a medical system, which aids people in living a normal life. The problem arises when a large percentage of the older people become handicapped because of health problems. These problems become obstacles in their everyday lives because most problems of the elderly begin with their biological decline; it became essential to lay emphasis on the quality of life of the elderly. It is true that family ties in India are very strong and an over whelming majority live with their sons or are supported by them. Also, working examples find the presence of old persons, emotionally bonding and of great help in managing the household and caring for children. However,

due to the operation of several factors, the position of a large number of older people has become vulnerable due to which they cannot be taken for granted that their children will be able to look after them when they need care in old age, specially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.

- VII. Twenty years ago the nations of the world had gathered at Vienna for the First World Assembly on Ageing and brought out the International Plan of Action on Ageing. The Plan of Action was drawn up with clear understanding of the implications that the increase in the ageing population would have on the socio-economic structure of both the developed and developing countries. The basic aim of the Plan of Action was to ensure that ageing is both a graceful and a productive process. The Madrid Assembly provides us with an opportunity to review what has been done so far and draw up a plan for the future by mainstreaming the Ageing agenda with current global developmental issues. Now we have to see the impact & effectiveness of the social welfare programme so far implemented for the benefits of older people especially in rural areas.

1.9 Justification of the Study

Although current estimates of poverty among the elderly are not available, we can be sure that there is millions of elderly persons below the official poverty line and majority of elderly people are living in the rural areas. The facilities created such as old age homes and caregiver to senior citizens are mainly in the urban areas. Dependency, Living Arrangements, Health problems and Physical Disabilities are more in the rural areas as no care givers, institutional support, health facilities are generally available in the rural areas. Almost all the State Government has the Social Welfare Department to look after the senior citizens. Not only the Government but corporate houses, civil society and NGOs are also working to protect and promote the welfare of senior citizens. However, elderly people in the rural areas are worst sufferer in compare with urban people.

Both State as well as Central Government has implemented a number of social sector programmes in the states. Therefore impact and effectiveness of social welfare programmes on Senior Citizens was assessed to sensitize the Government and the policy planners for their mid term corrections. Generally for social sector programmes no possible information available on the performance of the programmes. Therefore, it is felt necessary to conduct an impact and effectiveness study of social sector programmes in states especially in rural areas to find out the short – coming and loopholes of the programmes and suggest suitable measures to improve in programme planning and implementation.

References:

- Shankardass, Mala Kapur. (1995). Towards the Welfare of the Elderly in India. *Bold*, Vol.5, No.4, pp 25-29.
- Gore, M.S. (1992). Aging of the Human Being. *The Indian Journal of Social Work*, Vol.L.III, No.2, April, pp 212-219.
- Bond,J., Coleman, P., and Peace, S. (1994). *Ageing in Society: An Introduction to social Gerontology*, Second Edition, Sage Publications, London.
- Kohli, A.S. (1996). *Social Situation of the Aged in India*. Anmol Publications Pvt. Ltd. New Delhi.
- Martin, L.G., and Preston, S.H. (1994). *Demography of Aging*, National Academy Press, Washington.

Chapter-II



2.1 Objectives of the Study

The main objective of the study has been to explore the following:

- To find out the impact of development plan on elderly people
- To find out the nature of social, psychological and economic problems being faced by elderly people in India.
- To find out the sociological conditions responsible for their vulnerability.
- To find out the effectiveness of the existing social welfare programme for older people.
- The level of happiness among rural elderly people in the country
- The factors behind the level of happiness.
- To suggest viable measures to get them rid of their plight and also to bring out effectiveness of existing programme and future strategy.
- State intervention in this regards needs to be reviewed and its success effectiveness and failure to be pointed out, and
- The nature and extent of involvement of Non-Governmental Organization in combating the existing geriatric social problems.

2.2 Research Methodology

States of Chhattisgarh, Madhya Pradesh, Gujarat, and Rajasthan were taken into consideration for the study. After detailed discussions with the State Government Officials of 4 selected States, 4 districts, 2 blocks were selected. Care has been taken to include rural population of the district. It has been ensured to include rural tribal and Scheduled Castes concentrated areas. In each district two blocks were selected and each block two villages for field survey, due representation to various social groups were included. Survey teams visited selected villages. Extensive questionnaire based field survey has been undertaken. Two separate questionnaires, one household's questionnaire and another older people questionnaire were developed, field tested and finalized in consultation with the Planning Commission. Through random sample techniques households were selected from each social group and the numbers of households selected from each group were proportional to the group's representation in the entire village population. A total of 800 samples/household have been interviewed using pre-tested questionnaires. Men and women both were interviewed in the selected sample villages. Additionally, 200 older persons were interviewed in all the selected districts of the states.

Information have been collected from both the sources; i.e. primary and secondary. The collection of secondary data was through various administrative sources as well as through many formal and informal institutions; however the collection of primary data was done through;

- Field Investigations
- Observations, and discussions
- Questionnaires (Two Questionnaires were used)
- Open Discussions and focused group discussions (FGDs)
- Personal interaction with older people experts on rural development and social welfare programmes were local leaders of political parties also civil society organizations were consulted.

- The major variables for data collection wherein, different categories of statistical tools were identified and used for the data collection Government Officials those who were having experience working with district and block level, Ex-members of Gram Panchayats as well as local Political leaders, Civil society organizations, NGOs, Trust etc. were also consulted.

Efforts have been made to assess the effectiveness and impact of the ongoing programmes for the senior citizens. Hence, all these categories of people, civil society, senior citizens, and selected respondents are constituted the universe of the study. In addition, key level functionaries in the block and district and elite of the community have also been consulted to gather their observations and suggestions for implementation of the senior citizens programmes.

2.3 Household Survey

Primary survey at the household level were undertaken to study the quality of life of rural older people and to assess the impact of the social sector programmes and its effectiveness. The following major variables of data were collected from the households.

- Basic Need Food- Number of day's household members remaining hungry or half fed.
- Well-being of households needs health support and its availability.
- Opportunity for recreation, availability of caregiver, children's attitudes towards rural older people.
- Amenities and Services available and required.
- Senior Citizens household access to entertainment
- Household access to basic amenities
- Households access to toilet
- Households access to electricity
- Need for any other support
- Knowledge of recent enactment
- Attitude of family members towards older people
- Availability of health, security and old age homes.

2.4 Group Discussion

Group discussions was held and conducted the participatory Rural Appraisal techniques where Interaction among rural older people in a group, which stimulated for qualitative research. Discussions were also held with the relevant officials at district and block levels on aspects relating to programme implementation for older people.

2.5 Direct Observation

Direct observations made at the Village and household level to ascertain the socio economic conditions and opportunities available etc. Main sources of data, on various aspects of social sector programmes implemented were collected from a variety of sources by adopting various social research methodologies. This includes personal interaction with number of offices to collect required information by scanning through different records, documents, reports etc.

2.6 Sampling Frame

Sample of the study: For the purpose of the present study, one district selected from the each identified States. Overall 4 Districts from 4 States, which has more rural areas, were selected for the study. From every selected district, two blocks and from every block, two sample villages were picked up. Overall, 4 districts, 8 blocks, 16 villages and from each village 50 households were surveyed. In addition to it, 200 older people were also consulted and interviewed at the district level. Overall, 1000 samples were taken up for the study. Thus the Sample frame of the study is as follow;

Number of States:	4
Number of Districts	4
Number of Blocks	8
Number of Sample Villages	16
Number of Households in each village	50
Focus Group Discussions (FGDs)	2
Number of district level officials	16
Number of Older people consulted	200
Number of samples for the study	1000

Detailed sample plan; Table-2.1

Name of the State	Name of the selected sample districts	Number of the selected Block	Number of the Village and number of households	Total Questionnaire filled up
Madhya Pradesh	Ashok Nagar	2	4 villages in each block (50 households in each villages surveyed)	200 household Questionnaire +25 Questionnaire for individual Older People
Gujarat	Godhra	2	4 (50 households in each villages surveyed)	200 household Questionnaire +25 Questionnaire for individual Older People
Rajasthan	Kota	2	4 (50 households in each villages surveyed)	200 household Questionnaire +25 Questionnaire for individual Older People

Chhatisgarh	Surguja	2	4 (50 households in each villages surveyed)	200 household Questionnaire +25 Questionnaire for individual Older People
4 States	4 selected districts	8 Selected Blocks	16 selected sample Villages	800 + 200

In addition to it 2 Focus Group Discussions (FGDs) were held at district level by involving local NGOs, social activists, grassroots village older people and district/block level functionaries such as teacher, panchayat functionary, health personnel, rural development officials, agriculture extension official, social welfare officials and implementers of Social Welfare Schemes for older people. All the FGDs were conducted as brain storming and interactive session.

2.7 Household Questionnaire: Questionnaire was designed for elicitation of information from the respondents which consist of various items like social profile, method of implementation of the programmes, involvement of Voluntary organization, care, maintenance and protection of older population, monitoring of the programme, response of the senior citizens and over all activities under taken in the district for the care, maintenance and protection of the senior citizens in rural areas.

2.8 Individual Questionnaire: For generation data from older people in rural areas and to get feedback and information of their experience in the areas of social welfare programmes. Relevant information was collected from 200 older people in addition to household survey.

2.9 Field Work Organization

Research team members' work directly under the supervision of the Project Director mainly to ensure proper understanding of various concepts, clarification of doubts, if any, and refining the approach in the field of data collection. An attempt was made to find out the critical factors responsible for impact and effectiveness of the social sector programmes.

2.10 Data Collection and Analysis:

Work on present research study was started late due to non – respect of timely financial support. Both Male and female respondents were interviewed in the selected sample villages. Spiritual leaders, teachers, village level officials and different Social workers and Social activists were also consulted. Primary data collected during the field survey was consolidated and tabulated. Selected literature for the study was also reviewed and relevant information was compiled. The data collected by the Investigators through Structured Questionnaires various norms; parameters were adapted on the nature of the problems concerning the objectives of the study. Special attention has been put on the reliability, comprehensiveness and appropriateness of the responses from the selected respondents to the extent possible for proper analysis and interpretation of the data so obtained. Well qualified Senior Research Officer,

Research Officer, Field Supervisors and Investigators were engaged in data collection, compilation, tabulation and analysis.

2.11 Problems faced during fieldwork:

The first reaction of the individual house holds when approached for filling up the household questionnaire was that 'no body does any thing for us as we are poor, so many people come to take interview but nothing happens. There is no change in our situation. So why should we talk to you people'. When the local agencies and institutions were approached, they too were hesitant. Some of them especially older women were ready to talk with the Investigator but not allowed by the community. However, after long persuasions, we were able to collect information from older women also. Many of them did not even understand the concept of development of older people. They were hardly familiar with the administration and administrative units and recent enactment of Senior Citizen Act, 2007

2.12 Reporting Plan

The interpretations of the data were made in the chapters of the report. Study report contains background of the study, objectives methodology of the study. Subsequent chapters contain details of social sector programmes. Senior citizen at a glance and useful information/suggestion for them is included in another chapter. The next chapter discusses improvement in delivery of Social Development Programmes. People participation in various social sector programme, planning and implementation as fact analysis has outlined in another chapter. Finally study ends with conclusion and recommendations and executive summary.

Research Study 'report' is an extended essay type. The report consists of 7 chapters as under;

- Chapter - I deals with introduction including Background
- Chapter - II deals with objectives and Research Methodology
- Chapter - III Situation of the Older Persons in India
- Chapter - IV Elderly People at a Glance and useful information
- Chapter - V Fact analysis
- Chapter - VI Recommendations
- Chapter - VII Executive summary

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Chapter-III

Situation of the Older Persons in India

3.1 India, a sub-continent that carries 15 per cent of the world's population, is gradually undergoing a demographic change as a result of many factors including specific development programs. With decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons (accepting 60 years as a practical demarcation for defining the elderly). In 1951, the sixty plus population was around 21 million. Three decades later in 1981, it was a little over 43 million, a further decade later in 1991, this had increased to 56.68 million and for 2001 it is 75.93 million (medium projections).

Table 3.1
Growth of Elderly Population (60+) by Gender, India

Year	Total Population	Males	Females
1901	12.06	5.50	6.56
1911	13.17	6.18	6.99
1921	13.48	6.48	7.00
1931	14.21	6.94	7.27
1941	18.04	8.89	9.15
1951	19.61	9.67	9.94
1961	24.71	12.36	12.35
1971	32.70	16.87	15.83
1981	43.17	22.02	21.15
1991	56.68	29.36	27.32
2001	75.93	38.22	37.71

Source: Ageing in India: Occasional Paper No.2 of 1991, Office of the Registrar General & Census Commissioner, India.

3.2 The distribution of elderly in broad age groups shows that in 1991 census 62.8% of older people were between 60 and 69 years, 25.9% between 70 and 79 years, 9.1% between 80 and 89 years, 1.92% between 90 and 99 years, and 0.27% were a centenarian which in absolute number was 151,646. The data presented below depicts the drift in the increased growth of the older people of India.

Table: 3.2

Ageing scenario in the country

Year	Total population (million)	Population of 60+ (million)	Percent aged 60+
1950	357.56	20.10	5.60
1975	620.70	38.48	6.20
2000	1008.94	76.84	7.60
2025	1351.80	168.50	12.50
2050	1572.05	324.31	20.60

The above table indicates a rapid increase in the proportion of the older people in the country, the consequences of which manifest themselves in various forms. The collapse of joint family system, emotional alienation, migration of youth to cities and spiraling costs of health care are a few of the aggravating problems of the older people in India. The unconditional respect, power and authority that older people used to enjoy in rural extended traditional families are gradually eroding. Indian older women face triple jeopardy: that of being women, and of being poor. Women live longer than men with more disabilities, as a result of demanding workloads, repeated childbirths, inadequate nutrition and access to healthcare. Care – giving functions are largely assigned to older women. Women’s greater longevity does not translate into healthier lives. They are more prone to chronic disabilities – Osteoporosis, diabetes, hypertension, arthritis and Alzheimer’s disease than men.

3.3 Source of income of the elderly, their poverty level and working status

Inadequate financial resources are one of the major problems of the older people in the country. In India approximately 60 percent continue to work beyond 60 years whereas in some developed nations only 2 percent over 65 years are part of the labour force. In India, even above – 80 age group, about 20 percent are forced to work. It is not that the elders who do not participate in the workforce do not contribute to the economy – only it is not taken into account. They contribute by bringing up grandchildren, doing voluntary service, caring for the sick and often counsel and resolve conflict by virtue of their position. In many cases they are also repositories of knowledge, experience, culture and religious heritage.

Table: 3.3

Percentage of elderly dependents in India

Degree of dependence	Male		Female	
	Rural	Urban	Rural	Urban
Not dependent	51.06	45.71	8.78	4.84
Partially dependent	16.20	16.90	13.71	9.13
Fully dependent	32.74	37.39	77.51	86.04

Compiled from 42nd NSSO, 1986/87

Demographic data suggest that majority of the working elderly population are found in the rural areas. However, their work participation rates are gradually declining. Further, having an agrarian economy, among the main workers in the 60 plus age group, 78 percent of males and 84 percent of females are in agriculture sector, and 2 percent of males and 3 percent are engaged in the household industry. The Census data reveals that around 60 percent of the elderly widowed work in rural areas and with growing difficulties to maintain their livelihoods, elderly in India continues to work even after 60 years of age. Further analysis indicates that elderly men are predominant in cultivator's category (76.5 percent) whereas elderly women are predominant in agriculture labour category (51.1 percent).

There is a transformation occurring in households in India, where the traditional extended family make-up of households is moving to a nuclear one. There is also a trend of migration from rural to urban areas, leaving many older people without familial support in rural areas. In addition, according to a World Bank estimate, the number of people living below poverty line (\$1.25/day) increased from 420 million in 1981 to 455 million in 2005. However, given the growing population, the share of the population in poverty fell from 60 per cent to 42 per cent. Almost half of India's poor population are concentrated in the three states of Uttar Pradesh, Bihar and Madhya Pradesh. The weakening familial and social support system and the growing numbers of older people resulted in the Government of India playing a bigger role in providing a social safety net for destitute older people. In 1995, the Government adopted the National Social Assistance Programme (NSAP), which is made up of three components: the National Old Age Pension Scheme (NOAPS), the National Family Benefit Scheme (NFBS), and the National Maternity Benefit Scheme (NMBS).



Under the NOAPS guidelines, assistance are provided on fulfillment of the following criteria: 1) The age of the applicant (male or female) should be 65 years or more; 2) 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 the old age pension in 1995 was Rs.75 per month per beneficiary. Changes to the NOAPS occurred in November 2007. At that time, the Government renamed the pension programme the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). The pension amount was raised to Rs.200 per month per beneficiary, and the State governments were allowed to contribute over and

above this amount. In addition, eligibility under this scheme was now based on older people age 65 and over who are living below the poverty line. Following the institution of the pension programme, the Government introduced a food security scheme, called Annapurna, in April 2004. This scheme provides food security to older persons, who though eligible, have remained uncovered under NOAPS. Under the Annapurna scheme 10 kilograms of food grains are provided to the beneficiary every month at no cost.

3.4 Housing and Living arrangement of the older people

Under the social welfare housing is given priority under the social welfare programmes housing is given priority however in India this is the most neglected issue under the government welfare schemes. Some of the agencies like Railway Employees Welfare Association. LIC, HUDCO have floated housing schemes for the retirees, which is confined to a few who can invest their savings in such schemes. Suitable housing is more important to the elderly, since their abodes are often the Centre of all their activities, however, both in rural and urban areas, many elderly residents live in low quality housing and majority of them cannot afford even to upgrade or maintain their homes.

3.5 Health of the elderly

In the next twenty years, over 3/4th of the deaths in the developing world will be due to non-communicable disease, surpassing communicable diseases and injuries (WHO). This remarkable transformation in the profile of ill health requires the provision of costly services for the disabling non-communicable diseases while continuing investment in the prevention of communicable diseases. The elderly depend on community health services for most of their health problems. Even among the reasonably healthy persons, there is a constant need for regular health care supervision, monitoring of blood pressure, early detection and treatment of chronic illnesses, monitoring of the effectiveness and side effects of routine medication, assessment of nutritional status and instruction in healthy lifestyles. In rural India observed that there are high prevalence of cardiovascular diseases as well as neuro – psychiatric disorders include the increase in life expectancy, changes in lifestyles, stressful living and working conditions and general lack of support systems.

3.6 NGO initiatives and programmes for older persons

The non-governmental/voluntary organizations substantially contribute towards the welfare of the Indian elderly.

NGO working for the cause and care of the older people reaching out to as many elderly destitute as possible and addressing community healthcare issues at a local level. However, their presence in rural area is negligible.

3.7 Health Security, Chronic Diseases and Causes of Death

Around half of the older people in rural areas have chronic diseases and disabilities. The number increases to 95% among those who seek health screening. Information on acute health problems and service requirements is not available in rural areas. The common diseases among the rural older people are cataract, osteoarthritis, hypertension, chronic obstructive pulmonary disease, irritable bowel syndrome and depression. The commonest causes of death in the Indian in rural older people area are bronchitis and pneumonia

and tuberculosis. A common myth in the rural society about the health of the elderly is that they are chronically ill and quite often disabled and hence, much priority is not given to the health care of the elderly in rural areas. We have special policies to protect women's health, children and so on but not for elderly people.

3.8 Health Problems and Physical Disabilities

Ageing is associated with the decline in physiological effectiveness, which affects us all sooner or later and is an intrinsic part of growing old. Unlike the universal changes disease is sporadic, a particular disease affecting only certain members of the population. The analysis of National Sample Survey data reveals that about 45 per cent of the rural elderly are chronically ill among whom 45.01 per cent are men and 45.85 per cent are women. Cough and problem of joints are the most common health problems among rural older people. As far as physical disabilities are concerned, in the rural areas, 5.4 per cent of all the elderly (6.8 per cent females and 4.4 per cent males) are physically disabled. In both rural and urban areas, more females than males are physically disabled (Kohli, 1996). The official statistics reveal that large segments of the elderly in India are illiterate, out of work force, partially or totally dependent on others and suffering from health problems or the physical disabilities. A review of the Five Year Plans shows very limited and inconsistent concern for the elderly. The only welfare measure for the elderly considered by the government until the Seventh Five Year Plan was the running of old age homes. The Eighth and Ninth Plans, however, incorporated fairly more specific and comprehensive welfare measures for the elderly such as provision of old age homes, day care centres, medicare and institutional services. However, the issue of older persons' learning has not been given any importance in the government policies and programs. We have to understand the basic scenario of the older people in the country.

3.8.1. Healthcare scenario

- Comprised of a Government sector and a more dominant private sector
- The spending on health is very low.
- Central Government spends 1.3% of its budget on health
- State Governments spend around 4 to 5% on health.
- Private medical sector contributes 83% and the Govt. 17%.
- Limited coverage of health insurances
- Rural areas lack healthcare services, where 70% of India lives

3.8.2. Health Resources

- Number of doctors - 503,900
- Extremely limited number of geriatricians
- Population per doctor - 1,916
- Number of registered nurses/midwives - 607,376
- Number of hospital beds - 665,639
- Population per hospital bed - 1,451

- Number of health centers (primary, public) SC – 137,006, PHC – 23,179, CHC – 2,913

3.8.3. Major health problems

- Cardio-vascular diseases
- Mental health disorders
- Musculo-skeletal disorders
- Eye diseases
- Malnutrition and related health conditions
- Infectious diseases
- Joint pain and cough

3.9 Initiatives undertaken by the Government

3.9.1. By the Government

- Recognizes the need of better healthcare for Older Peoples
- National Policy for Older People (NPOP) of 1999 stresses on the health needs of Older Peoples
- Recently enhanced focus on geriatric medicine in training
- Special focus on older people in the National Rural Health Mission (NRHM) in the form of geriatric counselling and trainings of staff
- Partnering with NGOs for health education and service delivery
- Social support

3.9.2. By NGOs

- A few NGOs in the country including Help Age India/ Age well foundation and GRAVIS are working actively across the country.
- Advocacy on age-friendly healthcare
- Community-based health education among the population
- Outreach medical services for Older People through medical camps and geriatric counselling
- Mobile Medical Units and homecare
- Specialized trainings of Community Health Workers
- Specialized community-based programmes on eye-care, TB control and mental health
- Hygiene and sanitation promotion
- Community-based health funds
- Integration with developmental initiatives and social services

3.9.3. Way Ahead

- Continuous capacity building
- Networking of resources, forming rural health networks
- Health education
- Strengthening community based health funds
- Improving service delivery
- Taking to available programmes benefits to the rural older people.
- Condition awareness generation and sensitization of the plan, policy and legislative support.

3.10 Life expectancy of the elderly

The age pyramid of India is typical of a population just entering demographic transition from high to low fertility, with a large number of children and relatively small numbers of the elderly. Expectation of life at birth for India has increased from 48.9 for males and 49.3 for females in 1971, to 61.6 for males and 62.2 for females, respectively in 1996. For those above the age of 60, it has increased from 13.80 for males and 14.75 for females in 1971, to 15.01 for males and 16.23 for females in 1991 (Irrudaya Rajan; Misra and Sankara Sarma, 1999). As for gender, the Census indicated that the 60+ categories favored the males, but in the 70+ age group, the ratio of females was higher than males, which is explained by the higher life expectancy at age 60+ for females in comparison to males.

The projections of expectations of life in the years 2011 and 2021 for older Indians at 60 and 70 are shown in table. The implications of these projections are that there will be a large elderly population with substantial length of life in old age.

Table 3.4: Expectation of life for older Indians at 60 and 70

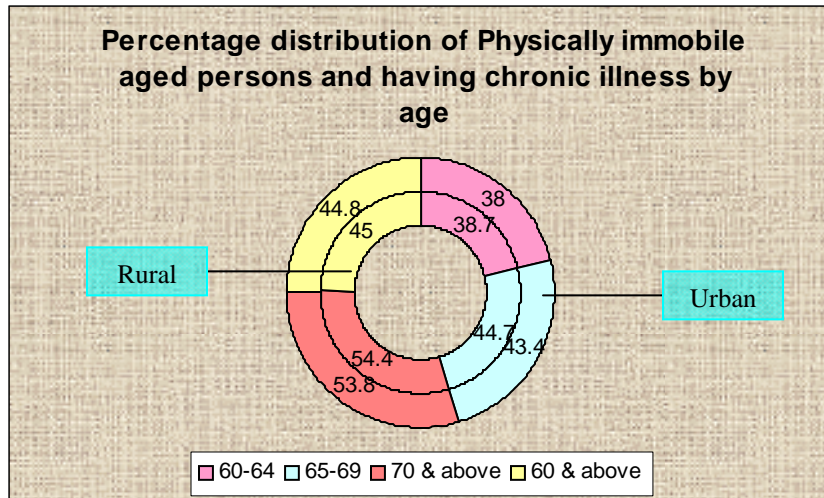
Year	Male 60+	Male 70+	Female 60+	Female 70+
1991	15.01	9.27	16.23	9.97
2001	15.74	9.70	17.05	10.45
2011	16.29	10.03	17.75	10.87
2021	16.75	10.32	18.18	11.14

Table 3.5: Percentage distribution of physically immobile aged persons and having chronic illness by age and sex

Age group	Rural			Urban		
	Total	Males	Females	Total	Males	Females
60-64	38.7	38.3	39.4	38.0	36.8	39.7
65-69	44.7	44.8	44.5	43.4	43.9	42.8
70 & above	54.4	54.9	52.6	53.8	54.0	53.6
60 & above	45.0	45.1	44.8	44.8	44.3	45.5

Source: National Health Interviewed survey, 1989 vital and health statistics 1990

Though the older women expecting of life is more, despite of the fact they are physically immobile than men in rural area. At the age group of 60 – 64 39.4%, 65 – 69 44.5% and 70 and above 52.6% are immobile. However, for the urban elderly women, it is reverse.



3.11 Current Scenario and Future Projections

- 80% reside in rural areas
- 40% of them below poverty line and another 35% just marginally over it
- 58% of women 60+ are widows/unmarried/ divorced
- 70.3% of elderly are illiterate (2000)
- Labour force participation of 65+in 2000 – 32%
- Dependency ratio – 12.59% in 2001
- 90% from the unorganized sector
- The projected figure for the year 2025 is 177 millions. (Males 84.96 millions and female 92.04 millions)
- The number of older persons over the age of 80 years in 2000 was 6, 32,000 and is expected to rise to 33,936,000 in the year 2025.

3.12 Poverty among the Elderly

There are no specific official data on the income of the elderly in India is available. The estimated number of poor persons in the total population of India was 272 million in 1984-85 (Government of India, 1986). It is estimated that about 6 per cent of the poor persons, that is, about 16.3 million persons were above the age of 60 years and poor. Majority of the poor elderly persons were not receiving old-age pensions. Although current official estimates of poverty among the elderly are not available, we can be sure that there are millions of elderly persons below the official poverty line. But, it is important for us to bear in mind, the many limitations of official poverty estimates. Despite the fact that official poverty estimation relies almost completely on monetary sources of income, the Indian Census data cover the other aspects such as illiteracy, employment, dependency, living arrangements, and health problems among the elderly.

3.13 Illiteracy

In India, literacy levels have increased in the general population and in the population aged 60 years and above. In 1981, among the elderly males, only 34.79 percent were literate as against 46.89 per cent in the overall male population. Among the female elderly, only 7.89 per cent were literate as against 24.82 per cent in the overall female population. Although there seems to be an increasing trend, it is disturbing to note the fact that, in 1981, majority of male and female elderly were remaining illiterate. Moreover, the situation seems to be worse in the case of the elderly females. During the last decade, the government implemented many literacy programs throughout the country very vigorously. In many parts of the country, many districts have been declared as 100 per cent literate. But, there are no official data regarding the improvement in the literacy level among the elderly population is exclusively available.

Table 3.6: Literacy Rates for the General and the Elderly Population (Percentage)

Year	Area	General Population		Elderly Population	
		Male	Female	Male	Female
1961	Total	34.46	12.96	29.18	4.30
	Rural	29.09	8.55	24.36	2.28
	Urban	57.49	34.51	55.89	15.82
1981	Total	46.89	24.82	34.79	7.89
	Rural	40.79	17.96	28.74	4.44
	Urban	65.83	47.82	60.03	21.82

3.14 Employment

When we see the data pertaining to the employment of rural and urban elderly during the period from 1961 to 1981, there seems to be a marked downward trend. Kohli (1996) suggests that this decline may be due to adoption of new technology or methods of production difficult for the elderly or work conditions have become harder and unsuitable for them. Whatever be the reason, the very fact that more elderly persons are out of the work force shows that there is increasing risk for them to become totally or more economically dependent. It is also important to note that a vast majority of the elderly persons in the rural areas are working in informal and unorganized sectors of the economy and hence, not being covered by any social security program.

3.15 Dependency

Little evidence exists on the income of the elderly individuals or of households with elderly heads, due to the difficulty of obtaining accurate responses. Even if respondents were willing to report incomes, several factors complicate data gathering: seasonal variations in income; self-employment in agriculture; the extent of the informal or non-monetized economy and the frequent pooling of

household resources. The human life cycle begins and ends with stages of dependency, in the sense that consumption exceeds labour earnings. This generalization applies on average to age groups, but not necessarily to individuals so far as old age is concerned. The average shape appears to be universal, although ages and extent of dependency may vary widely from population to population. It arises from the combined influence of physiology, culture, institutions, and economic choice. Majority of the elderly in rural areas are totally dependent on others for economic support. The lower rate of total dependency among the elderly in the rural areas can be explained by the fact that the rural families are more supportive to the elderly. There are many reasons for this phenomenon. In rural areas, there is a greater continuity in the occupational and familial roles of the elderly, particularly among the males. They continue to be active until physical incapacity prevents them from working. Whether a man is self-employed as a cultivator, or an artisan, or is working as a farm laborer, the chances are that he will continue to remain 'employed' longer in the rural areas than in urban areas (Gore, 1992).

3.16 Living Arrangements

The National Sample Survey data for the year 1986-87 reveal low percentages of institutionalization among the elderly (0.68 per cent of persons aged 60 years and above in rural areas and 0.40 per cent in urban areas). About 7.31 per cent of the elderly in rural areas as against 5.54 per cent of the elderly in the urban areas are living alone. This is quite contradictory to the popular notion that the rural families tend to keep their elderly relatives with them more than their urban counterparts. However, this trend is quite consistent with the finding that living with children is more common among the urban elderly (50.97 per cent) than the rural elderly (48.57 per cent). On the other hand, percentage of elderly living with spouse is more in the rural areas (37 per cent) than in the urban areas (35.26 per cent). These data reveal that majority of the elderly do not have the plight of living alone during their twilight years. However, we should not lose sight of the fact that living alone does not necessarily mean that the elderly experience loneliness. Similarly, living with spouse or children does not necessarily mean that the elderly do not experience loneliness.

References:

1. Bond, J., Coleman, P., and Peace, S. (1994). *Ageing in Society: An Introduction to Social Gerontology*, Second Edition, Sage Publications, London.
2. Burch, T.K., and B.J. Matthews. (1987). (1987). *Household Formation in Developed Societies*. *Population and Development Review*, 13(3): pp 495-511.
3. Gore, M.S. (1992). *Ageing of the Human Being*. *The Indian Journal of Social Work*, Vol.L.III, No.2, April, pp 212-219.
4. Government of India. (1986). *Handbook on Social Welfare Statistics – 1986*. New Delhi.
5. Gokhale, S.D. and Dave, Chandra. (1994). *India*. In Kosberg, Jordan.I (Ed) *International Handbook on Services for the Elderly*. Greenwood Press, Westport, C.T., pp 188-197.
6. Kohli, A.S. (1996). *Social Situation of the Aged in India*,. Anmol Publications Pvt. Ltd. New Delhi.
7. Martin, L.G., and Preston, S.H. (1994). *Demography of Aging*, National Academy Press, Washington..

8. Shankardass, Mala Kapur. (1995). Towards the Welfare of the Elderly in India. Bold, Vol.5, No.4, pp 25-29.
9. Subrahmanya, R.K.A. (1994) Income Security for the Elderly in India. BOLD. Vol2, No.4, p 28.

Chapter-IV

Elderly People at a Glance and useful information

The problems afflicting the elderly are multi-dimensional problems and invariably involve many aspects of National life. No single sector of national life is willing to accept the problem of old age as its own. Each sector is only willing to pass the buck to another. For instance, the health sector believes that problems of the aged are essentially social in character; hence their care is the responsibility of the social sector and so on. The latter considers the problem as a matter of concern of labour and also being economic, so the onus is shifted to the realm of economic department. The problems faced by the elderly generally arise from: inequality of opportunity for employment; inadequate income; unsuitable housing; lack of social services and of provisions for sustaining physical and mental health; stresses and strains produced by changing family patterns and family relations; and lack of meaningful activities. The problems of rural aged people are slightly different than urban settings. Comparatively they are still close to their family; however, due to the Industrialization/globalization, modernization, technological change, mobility of their son and daughter they are facing difficulties in rural areas.

4.2 Changing Society

India, which used to have a strong system of joint family, has undergone change. Some of the important factors responsible for this change include:

- Industrialization, wherein production of goods with the use of hand-tools is replaced by power-driven machines gives importance to individuals rather than kinship groups.
- Modernization, technological change, mobility and the explosion in the lateral transmission of knowledge have introduced in lifestyle and values;
- The migration of younger population to cities and towns, which increases the vulnerability of the rural older people who stay behind, specially for those who do not have a independent livelihood or assets such as land, livestock or household industry but are primarily dependent on their labour;
- The increasing numbers of women seeking employment in offices and factories – this impinges on their time for taking care of the elderly, many of whom may need constant care. Further, decline in the status of elderly women due to less importance in socio – religious ceremonies in rural areas; and
- The enormous expansion of education, which raises the cost of bringing up children, and adds to the pressure on families to alter expenditure priorities in favour of the younger generation, thereby affecting the intra – family distribution of income. As a result of these forces, the joint family system has under severe strain in rural areas, thereby increasing the vulnerability of the older people.

Population of the older people in the state

The highest percentage of rural older people is in Himachal Pradesh with Orissa, Assam. Surprisingly, the proportion of elderly to total population is also high in Orissa, which is among the poorest states in the country. The regional pattern is more or less similar for both rural and urban areas.

Table 4.1: Percentage of elderly population by place of residence (2001)

States	Male		Female	
	Rural	Urban	Rural	Urban
India	78.4	21.6	77.8	22.2
Andhra Pradesh	80.1	19.9	78.0	22.0
Assam	89.7	10.3	89.6	10.4
Bihar	89.6	10.4	89.8	10.2
Gujarat	70.1	29.9	70.3	29.7
Haryana	80.5	10.5	78.8	21.2
Himachal Pradesh	94.1	5.9	94.3	5.7
Karnataka	74.3	25.7	74.1	25.9
Kerala	75.3	24.7	73.4	26.6
Madhya Pradesh	81.3	18.7	81.4	18.6
Maharashtra	68.6	31.4	69.8	30.2
Orissa	90.2	9.8	90.7	9.3
Punjab	76.6	23.4	76.2	23.8
Rajasthan	81.1	18.9	80.4	19.6
Tamil Nadu	69.7	30.3	67.6	32.4
Uttar Pradesh	84.6	15.4	84.4	15.6
West Bengal	69.1	30.9	71.5	28.5

Source: Census of India 2001: Series – 1, Part IV A, Social & Cultural Table

In general at the time of independence, the older people commanded a lot of respect and attention, as per the prevalent social structure. They were considered as assets, their guidance was sought in all matters, including religious ceremonies and marriages, and their advice mattered. It was found during the course of data collection that rural older people were still not considered deprived, however they did not attract the attention of political parties or national or local governments. It is due to ignorance of their importance. However, some religious organizations provided Ashrams (shelter houses), mostly on the banks of holy rivers or in the hills, where persons, after renouncing their families or widows without encumbrances, could retire for meditation and live a peaceful life. In the sample districts we have not reported any old age home at Godhra (Gujarat) and rest of the selected district were having old age home at district headquarter which was far away from the reach of rural older people. Older people of rural areas were found deprived of various plan and policy implemented for them. It was revealed that even widow pension and old age pension are not 100% provided to them.

4.3 Disadvantage: Older People

The rural elderly population faces a number of problems and adjusts in varying degrees. These problems range from an absence of a secure and sufficient income to support themselves and their dependents to ill-health, absence of social security, loss of social role and recognition and the non-availability of opportunities for creative use of free time. The needs and problems of the older people vary significantly according to their age, socio-economic status, health, living status and other such background characteristics.

Most important problems confronting India's older people are financial. Poverty is the rural country's reality and it was found in the sample villages of the district that vast majority of the families have income far below the level which would ensure a reasonable standard of living. As people get older, they need more intensive and long-term care, which in turn may increase financial stress in the family. Inadequate income is major problem facing the elderly in India. The most vulnerable are those who do not own productive assets in rural areas, have little or no savings or income from investments, have no pension benefits, and are not taken care of by their children, or live in families that have low and uncertain incomes and a large number of dependents.

It was observed that women in rural areas are more likely to be dependent on others, given lower literacy and higher incidence of widowhood among them. The most vulnerable are those who do not own productive assets, have little or no savings or income from investments made earlier, have no pension benefits, and are not taken care of by their children; or they live in families that have low and uncertain incomes and large number of dependents. Vulnerable groups like the disabled, fragile older persons, such as: landless agricultural workers, small and marginal farmers, artisans in the informal sector, unskilled labourers on daily, casual or contract labour, migrant labourers, informal self-employed or wage workers in the rural sector

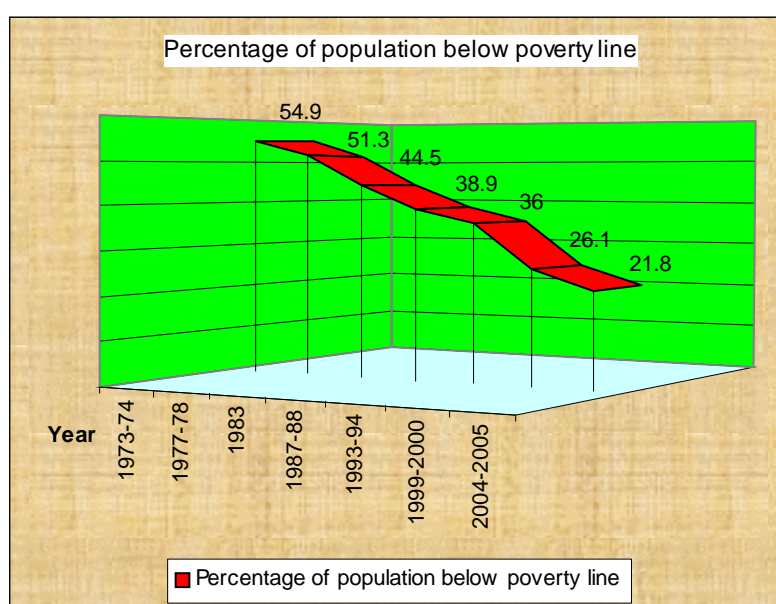
4.4 Incidence of Poverty in India

The planning commission estimates the incidence of poverty in India on the basis of household consumer expenditure surveys conducted by the National Sample Survey Organization. Six large sample consumer surveys have been conducted by the NSS on a quinquennial basis since 1973-74. During the period between 1973-74 and 1999-2000, the incidence of poverty (expressed as a percentage of people below the poverty line) continuously declined, from 54.9% to supposedly 26%. However, the pace of poverty reduction varied considerably during this period with a large decline in the percentage of the population in poverty.

Table 4.2: Percentage of People below poverty line

Year	Percentage of population below poverty line	Decline	Number of people below poverty line (million)
1973-74	54.9		321.3
1977-78	51.3	-3.6	328.9
1983	44.5	-6.8	322.9
1987-88	38.9	-5.6	307.1
1993-94	36	-2.9	320.3
1999-2000	26.1	-9.9	260.2
2004-2005	21.8	-4.3	170.2

Source: Planning Commission Draft Ninth Five Year Plan, 2001



Considerable progress was made in poverty reduction during the 1980s and this is reflected in terms of decrease in the numbers of people below the poverty line from a high of 328.9 million in the 1970s to 307.1 million towards the end of the 1980s; a decrease in the percentage of population in poverty from 54.9% in the early 1970s to 39% during the second half of the 1980s. However, in 1999-2000, both the percentage and number of people below the poverty line was drastically reduced. This change was largely secured by remarkable development performance in the Southern states and significant gains in literacy and agriculture in two of the erstwhile BIMARU (Bihar, MP, Rajasthan and UP) states.

4.5 Challenge of Chronic Poverty among older people

India's older people constitute a major proportion of those enduring chronic poverty therein. According to India's Institute of Public Administration's working paper on "Poverty Among Indian Older People" (2004), in the rural areas, 58% of women and 45% of men are entirely economically dependent, whereas in urban areas, these figures are 64% and 46% respectively. In general there is a marked difference between males and females in this respect. The

most vulnerable group consists of older women in urban areas; 64% of them are dependent on others for food, clothing and healthcare. This is one of the reasons why the older people to continue to work despite their poor health.

4.6 Constitutional Provisions

In the Constitution of India, entry 24 in list III of schedule VII deals with the "Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security." Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning. Article 41 of Indian Constitution deals with the State's role in providing social security to the aged. According to this article, "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want":

4.7 Welfare State, poverty and the older people

India as a welfare state launched planned development programmes to eradicate poverty, improve the lot of weaker sections and lead the country to economic prosperity. The India Development Report 2002 noted that we have a large number of anti – poverty programmes as well as pension programmes and public system to provide safety nets. Such safety nets are important as they free people from the fear of destitution and reduce insecurity.

4.8 Welfare Approach in Five Year Plans

The foundation of the welfare was laid down during the Third Five Year Plans. While the First and Second Five Year Plans had provision of social security measures for industrial workers, Third Five Year Plan recognized the needs of the older people, who had no one to support them. But the onus to carry out welfare activities was left to local bodies and voluntary organizations, without any plan allocation. In 1963 the Ministry of Labour made an outlay of Rs.20 million for social assistance programmes aimed at covering the older people and other categories such as the disabled but this was not utilized.

Though the draft Fourth Five-Year Plan (1966-70) made a provision for an outlay of Rs.40 million for the benefit of old persons and disable, it remained unutilized. Consequently, it was dropped from the Fourth Plan. The Fifth Plan recognized the need of having a social security system for the disadvantaged aged and the handicapped but again this was left to the discretion of the state governments. This failure is located in the larger context of political climate that prevailed in the decades of the 1960s.

There would seem to be a conspicuous element of historic inevitability in a direct approach to reducing poverty becoming the main thrust of the Fifth Five – Year Plan. The plan was formulated by a Government that has massive mandate from the people, both in the parliamentary election of 1971 and the state elections in 1972, on the basis of programme whose slogan was 'Garibi Hatao'. Thus the Fifth Five- Year Plan, was a landmark in the progress towards the formation of a welfare programmes in India due to its special thrust, to

make the maximum possible dent reducing poverty and ensuring that the country progresses towards economic independence. It was also remarkable due to its recognition that the Indian economy has reached a stage where a larger availability of resources made it possible to launch a direct attack on unemployment and poverty. The Fifth Plan also recognized the need for having a social security system for the disadvantaged aged and the handicapped. However, this was again left to the discretion of state governments. There was no attempt to consider the problem as such and the concept of Old Age Homes was taken from the developed countries of the West and some grants were given for institutional care of the older people. However, the Six Five-Year Plan omitted the issue of caring for the older people altogether.

Ageing and growing awareness on the part of voluntary agencies, Government of India started giving grants to voluntary organizations for carrying out welfare programmes aimed at helping older people. As a consequence, Sixth Plan first time recognized the aged as a vulnerable group for whom welfare programmes were required. But no central Plan outlay was given and the matter was left to the discretion of the state governments. Again, the Seventh Plan did not recognize the older people as a separate group, in need of welfare support, but the pattern of grant started in the Sixth Plan was continued, albeit with no appreciable increase in outlay. From this time onwards, the state governments increased the grants and outlays for the pension given to the older people.

Gradually, there was a growing realization that the older people need a care and support system. The notion of social security was sought to be put in place and a host of legislation in various states in subsequent years and few initiatives of the Central government prove this point. The Seventh Finance Commission took an important decision, to make a financial provision in each state to enable the payment of a monthly pension, by way of social security, to 0.1 percent of the population according to 1971 Census. The Commission's award allowed for an expenditure of Rs. 2640 million for the period 1979 – 84 in 22 states. It meant that only 1.7 percent population in the 60 plus age group in need of assistance would be covered. The rate of subsistence allowance suggested was Rs. 60 per month.

The Eighth Finance Commission also allowed devolution of resources to the states for old age pensions. In 1983 – 84, Ministry of Welfare started a general grant scheme for the construction of homes for the older people and a plan and outlay was made. By the end of the Seventh Plan all the states and Union Territories had an old age pension scheme.

4.9 National Policy on Older Persons and New Act

The Government of India announced a National Policy on Older Persons (NPOP) in January, 1999. This policy provides a broad framework for inter-sectoral collaboration and cooperation both within the government as well as between government and non-governmental agencies. In particular, the policy has identified a number of areas of intervention -- financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the well being of older persons in the country. Amongst

others the policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavours of the State in this direction.

While recognizing the need for promoting productive ageing, the policy also emphasizes the importance of family in providing vital non formal social security for older persons. To facilitate implementation of the policy, the participation of Panchayati Raj Institutions, State Governments and different Departments of the Government of India is envisaged with coordinating responsibility resting with the Ministry of Social Justice & Empowerment.

A National Council for Older Persons (NCOP) has been constituted by the Ministry of Social Justice and Empowerment to operationalise the National Policy on Older Persons. The basic objectives of the NCOP are as under;

- Advice the Government on policies and programmes for older persons
- Provide feedback to the Government on the implementation of the National Policy on Older Persons as well as on specific programme initiatives for older persons
- Advocate the best interests of older persons
- Provide a nodal point at the national level for redressing the grievances of older persons which are of an individual nature
- Provide lobby for concessions, rebates and discounts for older persons both with the Government as well as with the corporate sector
- Represent the collective opinion of older persons to the Government
- Suggest steps to make old age productive and interesting
- Suggest measures to enhance the quality of inter-generational relationships.
- Undertake any other work or activity in the best interest of older persons.

New Act called 'Maintenance and welfare of parents and senior citizen Act, 2007 is being implemented across the country to ensure protection of the rights of the older people.

4.10 Schemes of the Ministry of Social Justice & Empowerment

In order to facilitate implementation of the National Policy, and to bring about a qualitative improvement in the programme intervention of the Ministry, both the on-going schemes were revised during 1998-99. **Scheme of assistance to Panchayati Raj Institutions/Voluntary organizations/Self Help Groups for construction of old age homes/multi service centres for older persons.** The scheme has been revised to enhance the one time construction grant for old age homes/multi service centres from Rs 5 lakh to Rs 30 lakh to eligible organizations.

An integrated programme for older persons has been formulated by revising the earlier scheme of Assistance to Voluntary Organizations for programmes relating to the welfare of the aged. With the aim to empower and improve the quality of older persons, the programmes hope to:

- Reinforce and strengthen the ability and commitment of the family to provide care to older persons.
- Foster amiable multi-generational relationships.
- Generate greater awareness on issues pertaining to older persons and enhanced measures to address these issues.
- Popularize the concept of Life Long Preparation for Old Age at the individual level as well as at the societal level.
- Facilitate productive ageing.
- Promote healthcare, Housing and Income Security needs of older persons.
- Provide care to the destitute elderly.
- Strengthen capabilities on issues pertaining to older persons of local bodies/state governments, NGOs and academic/research and other institutions.

4.11 Strategy

Developing awareness and providing support to build the capacity of government, NGOs and the community at large to make productive use of older persons and to provide care to older persons in need; Sensitizing 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. Under this scheme financial assistance up to 90 per cent of the project cost is provided to NGOs for establishing and maintaining old age homes, day care centres, and mobile medicare units and for providing non institutional services to older persons.

4.12 Privileges and Benefits for Older People

4.12.1 National Old Age Pension (NOAP) Scheme

Under National Old Age Pension Scheme, Central Assistance is available on fulfillment of the following criteria

- The age of the applicant (male or female) should be 65 years or more.
- The applicant must be a destitute in the sense that he/she has no regular means of subsistence from his/her own source of income or through financial support from family members or other sources.

The amount of old age pension is Rs 75 per month. This scheme is implemented in the State and Union Territories through Panchayats and Municipalities. Both Panchayats and Municipalities are encouraged to involve voluntary agencies as much as possible in benefiting the destitute elderly for whom this scheme is intended.

4.12.2 Old age and widow pension in Maharashtra

Under the Sanjay Gandhi Niradhar Anudan Yojana, an individual (female 60 years or above and males 65 years or above) can get Rs 100 per month if he/she has no source of income. If a woman is a widow and has one or more children below 18 years then she is eligible for a pension of Rs 250 per month. Under Indira Gandhi Bhumihiin Vrudh Sheth-Majdoor Sahayay Yojana, an

individual (female 60 years or above and male 65 years or above) gets Rs 100 per month. The beneficiary of this scheme must be a destitute and from a rural area.

4.12.3 Widow pension in Karnataka

The pension amount is Rs 75 per month. Age is no bar

4.12.4 Widow Pension in West Bengal

The pension amount is Rs 150 per month for widows below poverty line. There is no age bar.

4.12.5 Widow Pension in Kerala

Widow pension is Rs 110 per month. The person must be a destitute and her income per year must be below Rs 12,000. Age is no bar.

Table 4.3: Old Age Pension amount given by the different states

Sl.No.	Name of the State	Year of introduction	Amount of pension provided as Central Assistance under IGNOAPS	Contribution of State Government per pensioner per month under IGNOAPS	Minimum age of eligibility (in years)	NO. of beneficiaries receiving pension under IGNOAPS, 2009-10
1.	Andhra Pradesh	1960	Rs.200.00	Nil	65	9,19,230
2.	Bihar	1970	Rs.200.00	Nil	60	21,92,357
3.	Chhatisgarh		Rs.200.00	Rs.100.00	60-65 +	5,09,843
4.	Goa	1983	Rs.200.00	Rs.800.00	60	2,687
5.	Gujarat	1978	Rs.200.00	Rs.200.00	60	2,11,057
6.	Haryana	1969	Rs.200.00	Rs.500.00	60	1,30,306
7.	Himachal Pradesh	1968	Rs.200.00	Rs.130.00	60	85,637
8.	Jammu & Kashmir	1976	Rs.200.00	Rs.125.00	60	1,29,000
9.	Jharkhand		Rs.200.00	Rs.200.00		6,43,000
10.	Karnataka	1965	Rs.200.00	RS.200.00	65	8,34,405
11.	Kerala	1960	Rs.200.00	Rs.50.00	65	1,76,064
12.	Madhya Pradesh	1970	Rs.200.00	Rs.75.00	60 (males) 50 (females)	10,66,051
13.	Maharashtra	1980	Rs.200.00	Rs.300.00	65 (males) 60 (females)	10,24,364
14.	Orissa	1975	Rs.200.00	Nil	65	6,43,400
15.	Punjab	1968	Rs.200.00	Rs.250.00	65 (males) 60 (females)	1,59,292
16.	Rajasthan	1964	Rs.200.00	Rs.200.00	58 (males) 55 (females)	5,28,322
17.	Tamil Nadu	1962	Rs.200.00	Rs.200.00	60	9,04,759
18.	Uttar Pradesh		Rs.200.00	Rs.100.00	60	33,00,260
19.	Uttanchal		Rs.200.00	Rs.200.00		1,69,102
20.	West Bengal		Rs.200.00	Rs.200.00	60	11,91,716
North Eastern State						
21.	Arunachal Pradesh	1988	Rs.200.00	Nil	60	14,500
22.	Assam	1983	Rs.200.00	Rs.50.00	65 (males)	6,28,949

A study of effectiveness of Social Welfare Programmes on Senior Citizen in rural Rajasthan, Chhatisgarh, Gujarat and Madhya Pradesh

					60 (females)	
23.	Manipur	1981	Rs.200.00	Nil	65(Male) 60(Female)	72,514
24.	Meghalaya	1980	Rs.200.00	Rs.50.00	65(Male) 60(Female)	36,794
25.	Mizoram	1975	Rs.200.00	Rs.50.00	65 (males) 60 (females)	23,747
26.	Nagaland	1979	Rs.200.00	Rs.100.00	70	28,053
27.	Sikkim	1981	Rs.200.00	Rs.200.00	74(Male) 65(Female)	18,879
28.	Tripura	1978	Rs.200.00	Rs.200.00	70	1,36,592
UTs						
29.	Delhi	1968	Rs.200.00	Rs.800.00	60	1,21,974
30.	Chandigarh	1969	Rs.200.00	Rs.300.00	65	4,464
31.	Dadra Nagar Haveli	1974	Rs.200.00	Rs.300.00	65	911
32.	Daman & Diu	1983	Rs.200.00	Nil	60	95
33.	Andaman & Nicobar Islands	1981	Rs.200.00	Rs.300.00	60	861
34.	Lakshwadeep	1975	Rs.200.00	Rs.100.00	60	36
35.	Pondicherry	1987	Rs.200.00	Rs.400.00	60	20,757
Total						1,59,29,977

Source: Annual Report 2009-10,
Ministry of Social Justice & Empowerment.

Table 4.4 Details of projects Beneficiaries Assisted under Integrated Programme for Older Person (IPOP) Scheme during 2009-10

Sl. No.	Stat/UT	NO. of NGO	OAH	DCC	MMU	Innovative project	Total no. of project sanctioned	Beneficiaries
1.	Andhra Pradesh	96	86	33	6	0	125	7350
2.	Assam	17	16	8	5	0	29	2800
3.	Bihar	1	1	0	0	0	1	25
4.	Chhatisgarh	2	2	0	0	0	2	50
5.	Delhi	3	1	0	0	0	3	3825
6.	Haryana	14	9	13	0	0	22	875
7.	Himachal Pradesh	0	0	0	0	0	0	0
8.	Jammu & Kashmir	0	0	0	0	0	0	0
9.	Karnataka	33	45	0	2	1	48	2175
10.	Kerala	0	0	0	0	0	0	0
11.	Madhya Pradesh	4	5	0	0	0	5	125
12.	Maharashtra	14	8	6	1	2	17	950
13.	Manipur	23	15	20	1	0	36	1775
14.	Mizoram	2	0	2	0	0	2	100
15.	Nagaland	0	0	0	0	0	0	0
16.	Orissa	44	44	50	2	0	96	4400
17.	Pondicherry	0	0	0	0	0	0	0
18.	Punjab	5	4	4	0	0	8	300

19.	Rajasthan	6	4	2	0	0	6	200
20.	Tamil Nadu	47	54	9	5	0	68	3800
21.	Tripura	3	3	0	0	0	0	100
22.	Uttar Pradesh	16	21	10	0	0	31	1025
23.	Uttarakhand	0	0	0	0	0	0	0
24.	West Bengal	32	27	27	3	0	57	3225
	Total	362	345	184	27	3	559	33100

OAH: Old Age Home,
DCC: Day Care Centre,
MMU: Mobile Medicare Unit.

Table 4.5: State/UT – wise Number of Shelter Homes/Institutions for Beggars and their Location and Capacity

Sl. No.	State/UT	No. of Shelter Homes	Location	Capacity
1.	Uttar Pradesh	8	Ayodhya – 2 Homes	200 each
			Mathura	200
			Varanasi	200
			Allahabad	200
			Agra	200
			Kanpur	200
			Lucknow	200
Total	1600			
2.	Madhya Pradesh	1	Indore	50
3.	West Bengal	8	West Midnapur-2	400 & 25
			Dhakuria	100
			Beliaghata	300
			Hooghly	400
			Howrah	500
			Petrapole	250
			Murshidabad	200
Total	2175			
4.	Delhi	11	Lampur-5 Homes	Three with 400 and two with 250 and 75 capacity
			Thirpur-2 Homes	100 and 200
			Kingsway Camp-2 Homes	120 and 60
			Jail Road-2 Homes	100 and 75
			Total	2180
5.	Karnataka	14	*	*
6.	Uttarakhand	1	Rashnabad, Haridwar	200
7.	Tamil Nadu	1	Melpakkam, Chennai	950

* Information not available

After going through the above table, we may see that West Bengal provide Rs.300 per month to the people who have attained the age of 60 years followed with Chhatisgarh, Rajasthan, Chandigarh and Delhi, however, age criteria is different for male and female.

4.12.6 Annapurna

A new scheme called Annapurna has been recently initiated by the Government of India under which free food grains up to 10 kg per month provided to such destitute older persons who are otherwise eligible for old age pension under the National Old Age Pension Scheme but are not receiving it and whose sons are not residing with them.

4.13 Other benefits to older people

4.13.1 Tax Rebate

Income Tax Rebate (Section 88B of Finance Act, 1992)

This provision provides for rebate of Income Tax to senior citizens. The rebate is available who has attained the age of 65 years.

4.13.2 Deduction in respect of medical insurance premia (Sec. 80D)

An assessee is entitled to a deduction up to Rs. 15,000 with effect from the assessment year 2000-01 where the assessee or his/her spouse, or dependent parents or any member of the family is a senior citizen, (i.e. one who is at least 65 years).

4.13.3 Deduction in respect of medical treatment (Sec. 80DDB)

Section 80DDB has been inserted to provide for a separate deduction to a resident assessee being an individual or a Hindu undivided family member for expenditure incurred for medical treatment for the individual himself or his dependent relative in respect of disease or ailments which may be specified in the rules. The deduction shall be limited to Rs 40,000. However, where the expenditure incurred is in respect of the assessee or his dependent relative or any member of a Hindu undivided family of the assessee and who is a senior citizen (one who is at least 65 years of age).

4.14 Insurance Schemes

4.14.1 Jeevan Dhara

This is a Pension Plan for the individuals who are self-employed, artists, cine artists, technicians, businessmen, businesswomen, professionals, as these individuals cannot have 'Pension' benefit after they cease to earn, when compared with State/Central Government's employees who are endowed with 'Pension' benefits. **Restrictions:** Age range at entry: 18-65 years.

4.14.2 Jeevan Akshay

This is a pension plan to provide life-long pension and a lump sum death benefit and also a survival benefit at the end of seven years under certain terms and conditions. **Restrictions:** Minimum age at entry: 50 years. Minimum purchase price: Rs 10,000 and in multiples of Rs 100 thereafter.

4.14.3 Jeevan Suraksha

Jeevan Suraksha is available in three types to suit individual needs

Pension with life cover

Pension without life cover

Pension with Endowment type

Contributions under Jeevan Suraksha up to Rs 10,000 per annum will be eligible for tax exemption under section 80 CCC(1) of the Income Tax Act, 1961. Commuted value up to 25 per cent as allowed under the plan is free of tax.

4.14.4 Bima Nivesh

Bima Nivesh is a short-term, single-premium life insurance scheme that also provides safety, liquidity, attractive return and tax benefits.

Salient Features:

Minimum age: 35 years.

Maximum age: 65 years (for a 10-year term), 70 years (for a 5-year term).

Term: 5 years and 10 years.

Contribution is eligible for tax exemption under Section 88 of the IT Act. No medical examination required. Only a Simple declaration of good health to be submitted.

The schemes Jeevan Dhara, Jeevan Akshay, Jeevan Suraksha and Bima Nivesh have been discontinued and relaunched in the new version as New Jeevan Dhara, New Jeevan Akshay, New Jeevan Suraksha and New Bima Nivesh respectively.

4.14.5 Senior Citizens Unit Plan (SCUP)

Senior Citizens Unit Plan is a Scheme under which one has to make a one time investment depending on his/her age and have the benefit of medical treatment for self and spouse at any of the selected hospitals

4.14.6 Medical Insurance Scheme

The Medical Insurance Scheme known as Mediclaim is available to persons between the age of 5 years and 75 years.

The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalization/domiciliary, hospitalization for any

illness, injury or disease contracted or sustained during the period of insurance.

4.14.7 Group Medical Insurance

Group Medi-claim policy is available to any group/ association/ institution/ corporate body of more than 100 persons provided it has a central administration point. The policy covers reimbursement of hospitalization and/or domiciliary hospitalization expenses only for illness/diseases contracted or injury sustained by the insured person.

4.14.8 Jan Arogya

Jan Arogya This scheme is primarily meant for the larger segment of the population who cannot afford the high cost of medical treatment. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalization/domiciliary hospitalization for any illness, injury or disease contracted or sustained during the period of insurance. Age limit: 70 years.

4.15 Travel

4.15.1 By Road

- **Delhi:** 50% discount on fare for travel on Delhi Transport Corporation buses to senior citizens who have attained the age of 65 years. Discount is applicable on Monthly Pass only.
- The Automobile Association of Upper India (AAUI) has extended the life membership to all senior citizen members (above 65 years of age) at a concessional fee of Rs 1500. For the new member, the overall life membership fees will be Rs 1,500 + Rs 200 (Rs 1700), which will include an entrance fee of Rs 200 as against Rs 5,000 + Rs 500 (Rs 5,500).
- **Tamil Nadu:** In Tamil Nadu Transport Corporation buses, two seats in the front exclusively for old people and handicapped.
- **Maharashtra:** BEST buses in Mumbai offer no concessions. However senior citizens can enter the bus from the front side. MSRTC (Maharashtra State Road Transport Corporation) buses provide 50 per cent concession if a person is 65 years and above and has an election identity card or a Tehsildar certificate. Local trains in Mumbai have around 8-10 seats for the senior citizens in one of the compartments.
- **Chandigarh:** Senior citizens pass holders get 50 per cent travel concession for travelling in city buses in Chandigarh.
- **Punjab:** Elderly women above 60 years enjoy free travel in Punjab
- **Rajasthan:** RSRTC (Rajasthan State Road Transport Corporation) provides a concession of 25 per cent to a person of 65 years and above.
- **Kerala:** Free passes are provided to old people who are freedom fighters to travel in fast and express buses.

4.15.2 By Train

Indian Railways provide **30 per cent concession** in all classes and trains including Rajdhani/Shatabdi trains for citizens who have attained a minimum age of 65 years in case of men and 60 years in case of women. No certificate is required for booking but senior citizens must carry a documentary proof of their age during travel.

4.14.3 By Air

- **Air India:** Fifty per cent discount on the basic fare for travel on Indian Airlines domestic flights to senior citizens who have attained the age of 65 years, in case of men and 63 years in case of women. Discount is applicable in economy class only.
- **Jet Airways:** Fifty per cent discount on basic fare for travel on Jet Airways domestic flight to senior citizens who have attained the age of 65 years. Discount is applicable in economy class only.
- The inland air travel tax (IATT) is also exempted for this category.
- **Air Sahara:** Fifty per cent discount on basic fare for travel on Air Sahara flight to senior citizens who have attained the age of 65 years. Discount is applicable in economy class only.

4.16 Special Counters

- **Railway Ticket Booking**
Separate reservation counters are earmarked for Senior Citizens.
- **Income Tax Return**
Separate counters are marked for Senior Citizens at the time of filing the income tax return. On the spot assessment: Person must 65 years or above.
- **Other Facilities**
Priority is given to senior citizens while paying the electricity/telephone bills as well as in the hospitals. The Government provides priority to the senior citizens in paying the electricity/telephone bills, reservation of bus seats and separate OPD in the hospitals. All civil hospitals have separate counters for registration and separate queues for elderly.

4.17 Old Age Homes

There are 728 Old Age Homes in India today. Out of these, 325 homes are free of cost while 95 old age homes are on pay & stay basis, 116 homes have both free as well as pay & stay facilities and 11 homes have no information. A total of 278 old age homes all over the country are available for the sick and 101 homes are exclusively for women. Kerala has 124 old age homes which is maximum in any state.

4.18 Health Care

- **Sunday Clinics in Delhi**

Sunday Clinics at various Hospitals of Delhi exist to enable senior citizens to get medical Care easily. The aim is to provide OPD services/facilities on Sundays in the hospitals under Delhi Government so that the older patients' caregivers can also accompany them without having to take leave from their workplace.

The following Hospitals have Sunday Clinics (9.00 am to 1.00 pm)

1. Lal Bahadur Shastri Hospital, Khichiripur
2. Rao Tulla Ram Hospital, Jafarpur
3. Jag Jivan Ram Hospital, Jahangirpuri
4. Dr. N C Joshi Hospital, Karol Bagh
5. Lok Nayak Jai Prakash Narain Hospital, Jawahar Lal Nehru Marg
6. Deen Dayal Upadhyay Hospital, Hari Nagar

7. Guru Teg Bahadur Hospital, Sahadra
8. Sanjay Gandhi Memorial Hospital, Mangolpuri
9. Aruna Asaf Ali Hospital, Rajpur Road

These Hospitals have also the separate counter for Senior Citizens for Medicines and OPD. Besides the above Hospitals the following hospitals have also have Sunday Clinics (9.00 am to 1.00 pm) and separate registration counters for Senior Citizens.

1. Maulana Azad Medical College, Bahadur Shah Zafar Marg
2. Ram Manohar Lohia Hospital, Kharak Singh Marg
3. All India Institute of Medical Sciences (AIIMS) conducts a Geriatric Clinic on every Friday at 2.00 pm in the Medicine OPD (2nd Floor, Room No. 15) (*Directorate of Health, Government of N.C.T. of Delhi*)

- **Health Care in Maharashtra**

Under District Blindness Control Scheme the state pays Rs. 600/- per IOL (Intra Ocular Lens) operation. In a few municipal hospitals there are geriatrics ward and they have OPD (out patient department) once in a week in the afternoons. They have separate queues for elderly.

- **Health care in Andhra Pradesh**

Only widows are entitled for health care benefits which include free registration at the government hospitals and free treatment for TB, Leprosy etc. to a very limited extent.

- **Health care in Gujarat**

Free IOL (Intra Ocular Lens) is given to elderly (60 yrs. and above) for cataract surgery.

- **Health Care in Kerala**

In Government Hospital, Trivandrum there is a geriatric ward having 12 beds (male -8, female - 4) and free treatment is provided to old people whose income is below Rs. 300/- per month. Medical College Hospital, Trivandrum has an Out Patient Wing on every Monday from 10.30 am to 12.00 noon for senior citizens. District Blindness Society under the chairmanship of Collector and with the support of Health Services Department have a detection of cataract and further action for older persons.

4.19 Miscellaneous

- **Telephone**

Telephone connection would be given on priority to senior citizens of age 65 years and above.

- **Helpline**

On the initiative and with the financial assistance of Ministry of Social Justice & Empowerment, Agewell Foundation, an NGO of Delhi, has started a Helpline for older persons. A centre named AADHAR is also being set up with the financial assistance of Ministry of Social Justice & Empowerment to receive and process the representations/petitions of older persons pertaining to their various problems and to take follow up action thereon.

- **Expeditious Disposal of Court Cases**

The Hon'ble Chief Justice of India has advised Chief Justice of all High Courts in the country to accord priority to cases involving older persons and ensure their expeditious disposal. Mumbai High Court has announced that

it would give out-of-turn priority to hearing and disposal of petitions wherein litigants have crossed 65 years of age.

- **Banking**

Indusind Bank Ltd. has launched a Senior Citizens Scheme - an investment option that gives you high returns with the assured security. It offers free ATM card, Telebanking, Internet banking and has 26 branches all over India. For more details visit www.indusind.com or contact Indusind House, Dadasaheb Bhadkamkar Marg (limington Road), Mumbai - 400 004, Tel. : 91-22-385 6072/ Fax : 91-22-385 6037.

- **Magazines for the Elderly**

There are two magazines specifically for elderly Dignity Dialogue brought out by Dignity Foundation and Senior Heritage Selections by Heritage Medical Centre.

The publications deal with a wide spectrum of issues, starting from the indignity of elder abuse to alternative medicine, to some philosophy and some inspirational material. Moreover, they provide a forum for the elderly to express their opinions and creativity.

4.20 Suggestions

4.20.1 Have you made your Will?

Making a will is sensible, practical - because you decide what happens to everything that's yours. Unfortunately, nine out of every ten Indians forget to make a will. This causes a great deal of hardship to all those they care for, who are left behind.

4.20.2 What could happen if you don't leave a Will

If you die intestate (without making a will) there are certain rules deciding how your estate will be sorted out and who receives what. This can be an expensive business. The legal costs will be paid from your estate, so your relatives and other beneficiaries receive less than they might have done.

It can also take a long time, during which your loved ones may be left with no means of support. In due course what's left of your estate may not be distributed as you have wished.

Some people think - quite wrongly - that everything goes automatically to their wife or husband if no will exists. In fact, if there are children or relatives, only a portion of the estate passes to the spouse. The rest must be shared amongst the children or relatives. In some unfortunate cases, a husband or wife may even be forced to sell the family home to pay relatives the money they are entitled to by law.

4.20.3 How to make a Will

It's very simple. First, make a list of everything you own. The value of your house, your car and other possessions at today's prices which could add up to a considerable amount. To facilitate you in drawing up a will and to enable you to have a comprehensive record of your assets and other

important aspects, an aide memories including record of personal assets is enclosed.

The will, once drawn up, has to be written and signed by you in the presence of two witnesses (anyone above the age of 18 years is eligible to be witness). The witnesses should also sign as having witnessed your signing the will. You choose and appoint an executor to see that the instructions in your will are carried out correctly.

It is advisable to consult a solicitor of your choice for assisting in drawing up a will. However, it is not mandatory. The original of the will can be kept with you or your solicitor. It is wiser to keep a copy of the will with your solicitor too. There are no other legal formalities involved.

4.20.4 When to make a Will?

The sooner, the better. Especially if you are married with a family. Both marriage partners should make a separate will.

4.20.5 Changing your Will

You can make as many changes in your will as you want, as often as you like. To alter something, a codicil is added to your will. This is a separate legal document, which must be signed and witnessed in the correct legal manner.

You can also make a completely new will, if you wish. And if you re-marry, you certainly should. We would like to caution you that do not attempt to change a will by crossing parts out or adding words or even attaching anything to it. This act on your part could invalidate your will and the entire object of making a will would be compromised. If you want to change your will only to leave a bequest to any charitable organization by means of a codicil.

Your 'will' can also be a testament of your caring and kindness. Caring and kindness is what inspires the more fortunate amongst us to help those who are less well off. And share what's ours with those who have nothing to look forward to. Indeed, as you approach the twilight of your life in happiness and contentment, spare a thought for those who see only gloom, despair and loneliness towards the end of their lives.

Your 'will' can make a big difference to them. Indeed, a small legacy from you can help dispel the darkness of their future.

4.21 Security

4.21.1 Security at Home

Never leave your doors open or unlocked

Fit your front and back door with security gates (metal grills) for added protection

Don't work in your backyard with your front door unlocked

Never open the door to strangers, no matter what excuse they have for calling on you

A peep-hole and safety chain will allow you to identify strangers without endangering yourself

If you are in doubt, play it safe, never allow the strangers in

A bright outside light is a good deterrent to potential burglars

Make sure the number of your home is well signposted. This will help medical personnel or police in the event of an emergency

Never hide your keys under pot-plants, mats or in your post box If you live alone, ask your friends, or family to phone you regularly

4.21.2 Security in the Street

When going out leave your valuables at home
Never carry more cash than you need
Don't walk in deserted or dark areas alone
Carry your bag close to your body
Keep your change in your purse or wallet and credit cards and notes in an inside pocket, never in the back pocket of your trousers
If you are robbed in the street, stay calm and cooperate with the police. By fighting back you will get hurt. Be observant so that you can give maximum information to the police.

4.21.3 Security in Public Transport

Avoid waiting at deserted terminals, wait in well-lit areas
Stand close to others who are waiting for the transport
In a bus or train, be aware of people who look or act suspiciously, raise alarm if need be
If transport is partially empty, sit as close to the driver as possible
When you reach the destination, take note of who leaves with you
If you are being followed rush to nearest building and ask for help

4.21.4 Security in your Car

Make sure your car is in good condition so that you are not stranded in empty streets
Don't leave package or personal item in full view on car seats, lock them in the boot
Keep your doors locked and windows closed while driving
Park your car in a well-lit area at night
Never pick up hitch-hikers
Beware of strangers who approach you at traffic lights
If you are being followed, drive to the nearest police station
If you are threatened, blow the horn continually

4.21.5 Security while Shopping

Never leave your handbag or purse in your trolley, even if it obscured by goods
Never place your wallet or handbag on the counter and then move away even for a few seconds
Beware of pickpockets, bag snatchers in shopping malls
Do not keep your wallet or purse in a visible side or back pocket

4.21.5 General

Criminals know when pensions are due. So arrange for your pension to be paid into your bank or building society account Ask for help in danger and always wait for the help to arrive Keep your emergency numbers close at hand so that you have them available in the event of an emergency (neighbours, your doctor, the fire brigade, ambulance, police, close relative)

Chapter-V

Data Analysis

5.1 With fast changing socio-economic scenario living conditions of the people have changed dramatically. Older persons find it very hard to cope with new socio-economic settings. Feeling of isolation and alienation with a sense of social marginalization is becoming a major problem for majority of the older persons. The National Policy on Older People was announced in 1999 and it envisages the government to ensure financial, food, health and social security to older people and protection against abuse and exploitation. Government of India on 5th December 2007 succeeded in passing 'The Maintenance and Welfare of Parents and Senior Citizens Bill'. It has now become an Act and the States have the powers to make rules for carrying out the objectives of the Act. The Act provides for Maintenance of the elderly and also for other welfare measures, namely, (a) Better medical facilities; (b) Protection of life and property; and (c) Construction of old age Homes in every District.

The Ministries of Social Justice and Empowerment and Rural Development are engaged in implementing a number of schemes, which aim at enabling rural people to improve the quality of their lives in Madhya Pradesh, Chhatisgarh, Gujarat and Rajasthan. Eradication of poverty and speedy socioeconomic progress is the overall goal. The thrust of the social welfare and rural development programmes is all-round economic and social transformation of rural people, through a multi-pronged strategy, aimed at reaching out to the most disadvantaged sections of society. High priority is being accorded to the provisions of clean drinking water to all villages, houses to the rural homeless and to connecting all villages with rural roads. Also to provide old age pension, homes, various other concessions and privileges.

The year, 1999-2000, has witnessed significant developments, in that several rural development programmes have been restructured to enhance their effectiveness and sustainability. In addition to revamping of self-employment/wage employment programmes, rural water supply and sanitation schemes, those relating to area development, land reforms and housing have been further refined in order to obtain optimum results. Housing is one of the basic requirements for human survival. For a normal citizen, owning a house means significant economic security and dignity in society. House brings about a profound social change in his attitude and existence, endowing him with an identity, thus integrating him with his immediate social milieu. With an emphasis on extending benefits to the poor and the deprived subsequently National Rural Employment Guarantee Act has been launched and different Social and Security programmes were undertaken.

5.2 Study was conducted in four states to know the "Effectiveness of Social Welfare programme on older rural population in the states of Rajasthan, Gujarat, Chhatisgarh and Madhya Pradesh". When we analyze the education attainment of the households surveyed, surprisingly, it was found that large number of older people in rural areas is illiterate. Out of 200 people 59.5% were reported illiterate in Rajasthan, 51% Chhatisgarh, 46% Madhya Pradesh and

Gujarat 61.5% of the older people were illiterate in the sample villages. Though the illiteracy level among the older people in sample villages of Madhya Pradesh was reported very high [46%] however, overall educational attainment among the older people in Madhya Pradesh was found considerably better among the older people followed with Chhatisgarh, Rajasthan and Gujarat respectively.

Table 5.1: Education level of the Respondents

Education Levels	Name of the States							
	Rajasthan	%	Gujarat	%	Chhatisgarh	%	Madhya Pradesh	%
Illiterate	119	59.5	123	61.5	102	51	92	46
Below Primary	4	2	6	3	5	2.5	2	1
Primary	23	11.5	20	10	24	12	30	15
Middle	20	10	18	9	25	12.5	28	14
High School	21	10.5	16	8	27	13.5	34	17
Intermediate	12	6	13	6.5	14	7	14	7
Others	1	0.5	4	2	3	1.5	0	
Total	200		200		200		200	

5.3 Older people are hugely diverse group. Out of total 800 households surveyed, 86 [10.75%] households belong to general category, 387 (48.37%) households surveyed were from the category of Scheduled Tribes (STs) and Scheduled Castes (SCs) 134 [16.75%]. The population profiles indicate that 8% of the general category of older people taken for the detailed survey in Rajasthan, 13% & in Chhatisgarh and only 11 % in Madhya Pradesh. In the state of Madhya Pradesh 57% of the respondents were from the Other Backward Classes, Rajasthan 23.5 %, Chhatisgarh 12 % but no sample was taken in Gujarat from the Other Backward Classes segment of the population. So far as the Scheduled Castes populations are concerned, 28% from Rajasthan, 18 and 18.5% each from Chhatisgarh and Madhya Pradesh and only small fraction of 2.5% from the state of Gujarat. From the state of Gujarat 96.5 % of the Scheduled Tribes population was surveyed, 57% from Chhatisgarh and 38% from Rajasthan, however, a small number of samples were also drawn from the state of Madhya Pradesh [2%]. Very few Minority category respondents were cover under the survey from the states of Rajasthan, Gujarat and Madhya Pradesh.

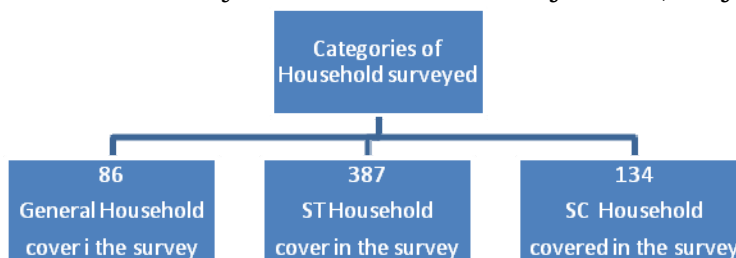


Table 5.2: Community of the respondents

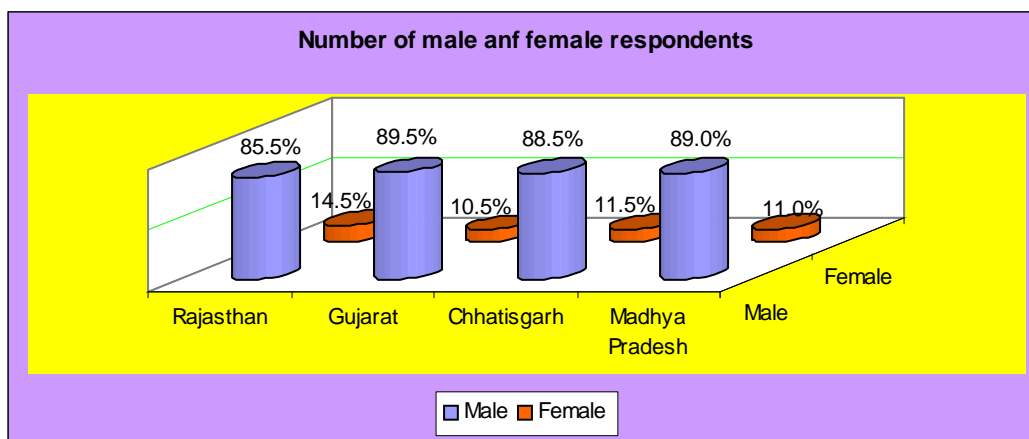
Belong to community	Name of the States							
	Rajasthan	%	Gujarat	%	Chhatisgarh	%	Madhya Pradesh	%
1. General	16	8	0		26	13	44	11
2. Other Backward Classes	47	23.5	0	0.5	24	12	114	57
3. Scheduled Caste	56	28	5	2.5	36	18	37	18.5
4. Scheduled Tribe	76	38	193	96.5	114	57	4	2
5. Minority	5	2.5	1	0.5	0		1	0.5
6. Others	0		1	0.5	0		0	
Total	200		200		200		200	

5.4 Characteristics of the respondents have been assessed and found that only 10 to 14.5 % of the female have come forward to discuss with the researcher and responded our questions during the course of data collection. It was due to illiteracy and rural system that not to talk with unknown persons. Though they are illiterate but due to curiosity they were ready to respond our questions, however, the male dominant society in rural areas have not allowed them to respond our questions. It was observed that older women have restricted social interaction, limited earning possibilities, several medical complications, emotional isolation (in many cases even from their own children), very limited knowledge or awareness of their legal rights and natural reluctance to seek justice. In rural societies older women are considered second-class citizens. They have been legging behind in almost all walks of life for centuries. They have never been financially independent. Due to less social interaction they even don't know about their rights and powers. They are always dependent on Male members of the family for their basis needs, even for day-to-day requirements.

In the rural areas older women have more critical problem than older men. Due to social and traditional family structure they are forced to live with many limitations. Hence they find themselves marginalized and isolated all the time. As women live longer than men, older women have to live a life of a widow in their silver years. Although due to the changing economic scenario in the country, rural areas are also affected by it especially in empowering women through various mediums, and laws have also been made for protection and empowerment of women, older women lead a marginalized life and many women rural areas still live a neglected and miserable life. Overall male respondents were 89.5% Gujarat, 89% Madhya Pradesh, 88.5% Chhatisgarh and 85.5% Rajasthan.

Table 5.3: Characteristics of the Respondents

Sex	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Male	171 (85.5%)	179 (89.5%)	177 (88.5%)	178 (89%)
Female	29 (14.5%)	21 (10.5%)	23 (11.5%)	22 (11%)
Total	200	200	200	200



5.5 The age structures of respondents are very peculiar. Maximum respondents were from the age group of 60 to 62 years. 71.5% of the respondents were from Chhatisgarh followed with 71% Rajasthan, 68.5% Gujarat and 68% from Madhya Pradesh. These age groups of older people were very curious to get the various benefits available though they were un-aware of various facilities available for them. In the age group of 63 to 65 years only 96 people have become our respondents, however in the age group of 66 to 70 years 114 older people and more than 70 years of age group only 46 were respondents. However, when individual 200 older people were interviewed, 46% female respondents were from Rajasthan, 56% Gujarat, 22% and 20% from Chhatisgarh and Madhya Pradesh respectively.

Table 5.4: Age of the respondents

Name of the States	Age				Total Respondents
	(60 - 62 years)	(63 - 65 years)	(66 - 70 years)	(More than 70 years)	
Rajasthan	142 (71%)	27 (13.5%)	16 (8%)	15 (7.5%)	200
Gujarat	137 (68.5%)	37 (18.5%)	21 (10.5%)	5 (2.5%)	200
Chhatisgarh	143 (71.5%)	19 (9.5%)	43 (21.5%)	9 (4.5%)	200
Madhya Pradesh	136 (68%)	13 (6.5%)	34 (17%)	17 (8.5%)	200
Total	558	96	114	46	800

Table 5.4 (a) Individual Women Respondents

Name of the States	Men	Women	Total individual survey
Rajasthan	27 (54%)	23 (46%)	50
Gujarat	22 (44%)	28 (56%)	50
Chhatisgarh	39 (78%)	11 (22%)	50
Madhya Pradesh	40 (80%)	10 (20%)	50
Total	128 (64%)	72 (36%)	200

5.6 Marital status of the respondents were assessed, very few respondents were unmarried. Only 4% respondents were unmarried in Madhya Pradesh, 2% in Chhatisgarh, Gujarat 1% and only 0.5% in Rajasthan. However, 85% of the respondents were married in Madhya Pradesh, 84% Gujarat, 80% Rajasthan and 77.5 % in Chhatisgarh. 20.5% of the respondents were widowed in Chhatisgarh followed with 19.5% Rajasthan, 15% Gujarat and 11% from the state of Madhya Pradesh. It is due to various nutritional deficiencies in the rural areas and non-availability of proper health services, health delivery system observed was very poor in the sample villages. It was observed that health facilities in the rural areas was very poor, therefore it is suggested that government should ensure health delivery system so that health benefits reaches to the rural older people.

Table 5.5: Marital status of the respondents

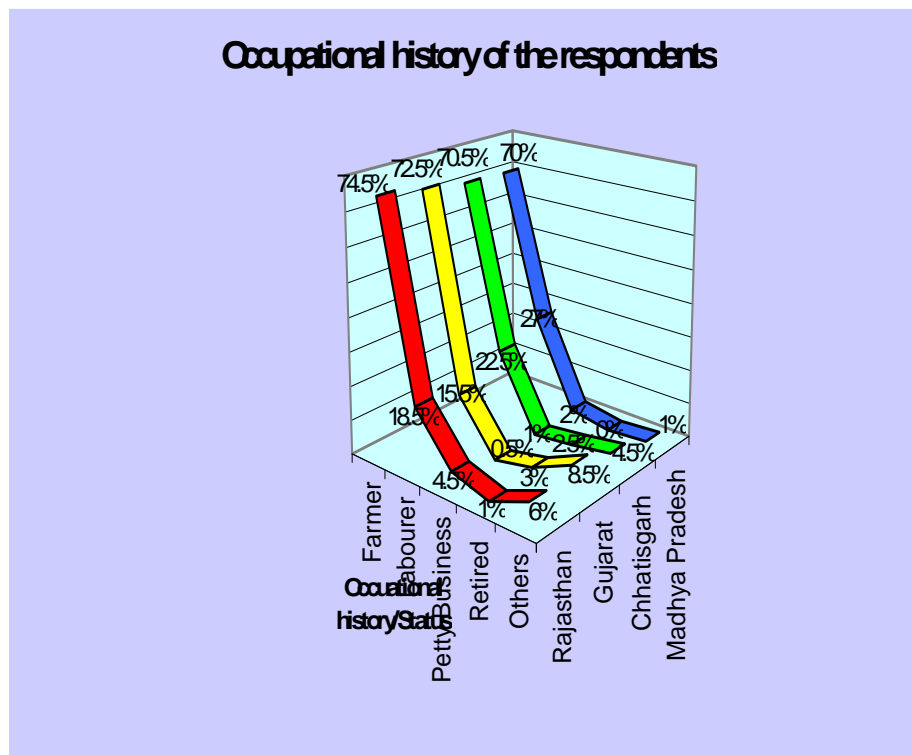
Marital Status	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Unmarried	1 (0.5%)	2 (1%)	4 (2%)	8 (4%)
2. Married	160 (80%)	168 (84%)	155 (77.5%)	170 (85%)
3. Widowed	39(19.5%)	30 (15%)	41 (20.5%)	22 (11%)
4. Separated	0	0	0	0
5. Divorced [legally]	0	0	0	0
Total	200	200	200	200

5.7 Occupational involvement of the older people were assessed-data reveals that 70 to 74 percent of the older people in rural areas were engaged in farming activities. In the rural areas of Rajasthan 74% older people were engaged in agriculture activities followed with Gujarat 72.5%, Chhatisgarh 70.5% and Madhya Pradesh 70%. In the state of Madhya Pradesh 27% of the rural older people were found engaged in daily wage labours. Similarly in Chhatisgarh 22.5% and 18.5% in Rajasthan. So far as the involvement in business activities 4.5% of the older people were engaged in petty business activities, 2 % Madhya Pradesh, 1 % Chhatisgarh and only 0.5% in Gujarat. During the course of data collection it was found that due to their old age they are generally engaged in household activities of agriculture. Mistreatment and torture of older people, a manifestation of the timeless phenomenon of inter-personal violence is prevalent in rural families too. This is an extremely sorry state of affairs.

Imagine, being mistreated, verbally abused, and denied proper food, proper medication and care by younger members of family. Older people are indeed in a very helpless situation with eroding social value system. It was observed that older people abuse, in rural area also. In broad prospective, older people Abuse comprise all such situations, in which older persons think that they are not leading or could not lead a respectable or independent life in rural areas.

Table 5.6: Occupational History of the Respondents

Occupational History/ Status	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Farmer	148 (74%)	145 (72.5%)	141 (70.5%)	140 (70%)
Labourer	29 (18.5%)	31 (15.5%)	43 (22.5%)	54 (27%)
Petty Business	9 (4.5%)	1 (0.5%)	2 (1%)	4 (2%)
Retire	2 (1%)	6 (3%)	5 (2.5%)	0
Others	12 (6%)	17 (8.5%)	9 (4.5%)	2 (1%)
Total	200	200	200	200

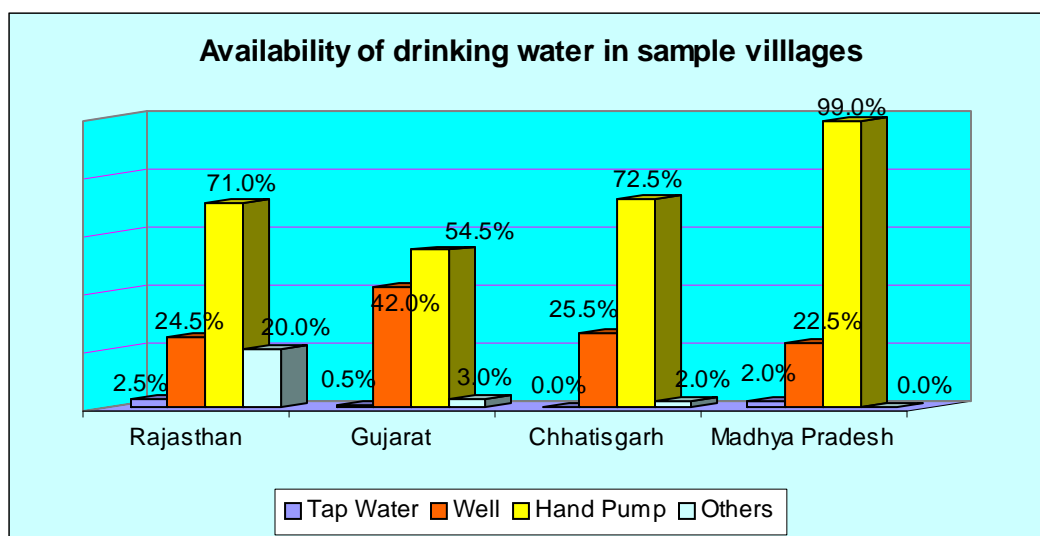


5.8 We have tried to assess the development plan and policy interventions undertaken in rural areas in providing safe drinking water facilities; data shows that due to the interventions of the Government hand pumps were found everywhere. In the state of Madhya Pradesh 99 % of the sample rural villages were having hand pumps, 72.5% of villages in Chhatisgarh, 71% villages in Rajasthan and 54.55% villages in Gujarat. In the rural villages of Rajasthan 24.5% and Gujarat 42% people were using well water for drinking purposes, however Chhatisgarh & Madhya Pradesh 25.5% and 22.5% respectively. Tap

drinking water facilities created by the Government were not found in the rural sample villages; however some of the households have created their own facilities by pumping the available water in water tank and were using the same. 2.5% households in Rajasthan, 2% Madhya Pradesh and 0.5% in Gujarat, however, none of the household was using tap water either created by the Government or on their own in Chhatisgarh.

Table 5.7: Availability of drinking water in the sample villages

Basic Amenities	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Tap Water	5 (2.5)	1 (0.5%)	0	4 (2%)
Well	49 (24.5%)	84 (42%)	51 (25.5%)	45 (22.5%)
Hand pump	142 (71%)	109 (54.5%)	145 (72.5%)	198 (99%)
Other [specify]	40 (20%)	6 (3%)	4 (2%)	0
Total	200	200	200	200



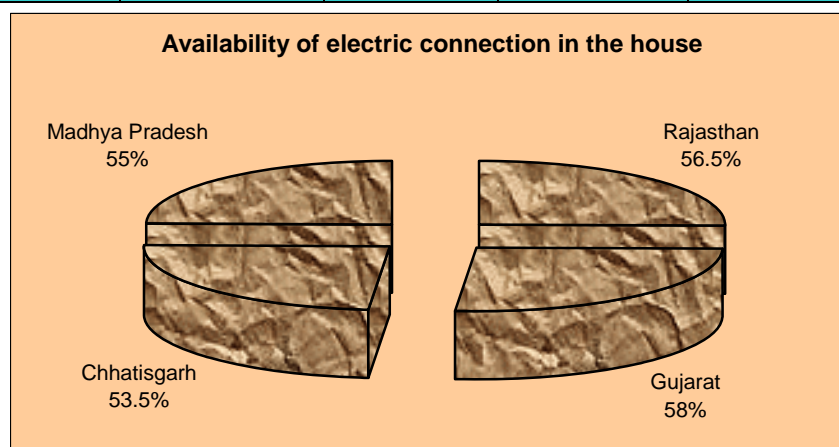
5.9 When we tried to know the availability of portable drinking water in the sample villages, data shows that 23% of the households were having drinking water source in less than 100 meter from there house in Chhatisgarh, 23% Madhya Pradesh 22%, Rajasthan 40% and only 6 % Gujarat. More than 100 meters of drinking water source- 60% of the households have fetch the drinking water in Madhya Pradesh, 61.5% Chhatisgarh, 38% Gujarat and 41% in Rajasthan. Regarding more than 500 meters- 48% in Gujarat, 21.5% Rajasthan, 16% Madhya Pradesh and 12.5% have fetch drinking water from more than 500 meters. This is alarming that 48% & 15% rural people of Gujarat and Rajasthan respectively were bringin drinking water away from 1 KM from the house. However, in Madhya Pradesh and Chhatisgarh 2% and 3.5% was bringing drinking water from 1 KM respectively. It is due to drinking water facilities have been created by the Government such as well and hand pump etc.

Table 5.8: Distance of Drinking Water source from the Respondents House

Distance of Drinking Water source from the Respondents House	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
In the house	80 (40%)	12 (6%)	46 (23%)	44 (22%)
100 meters from the house	80 (40%)	76 (38%)	123 (61.5%)	120 (60%)
500 meters from the house	0	56 (48%)	25 (12.5%)	32 (16%)
1 km from the house	30 (15%)	56 (48%)	6 (3.5%)	4 (2%)
Total	200	200	200	200

Table 5.9: Availability of Electric Connection in the House

Name of the States	Availability of Electric Connection in the House		Total	Percentage	
	Yes	No		Yes	No
Rajasthan	120	80	200	60	40
Gujarat	116	84	200	58	42
Chhatisgarh	107	93	200	53.5	46.5
Madhya Pradesh	110	90	200	55	45
Total	446	354	800	55.75	44.25



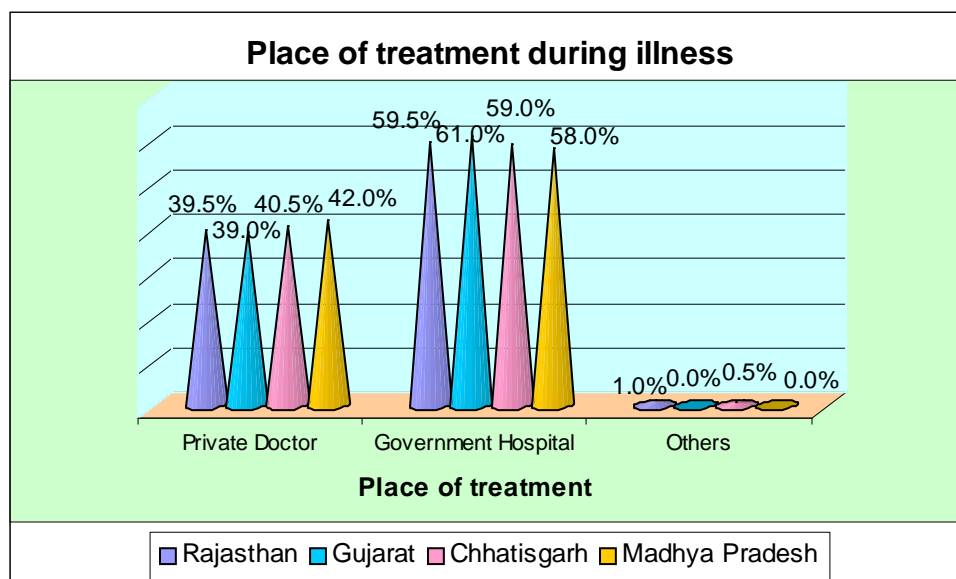
5.10 Data shows the availability of electricity connection in the rural sample houses, out of 800 households surveyed; more than 50% of the rural houses were connected with electricity. The electricity connectivity in the rural households was 58% in Gujarat, 60% Rajasthan, 55% houses Madhya Pradesh and 53.5% in Chhatisgarh. Despite of the huge money spent for the rural electrification still more than 50% of the rural setting are not connected with electricity and living in dark.

5.11 The table below indicates the distance of health treatment centre for older people. It was observed that older people go for their health check – up and treatment to private doctors, government hospital for their treatment when they are sick. Data reveals that 39% to 50% older people go to private medical practitioner/ Registered Medical Practitioner [RMP] in all the states of study

and 50% to 61% go to Government health centre/hospital. It was found that even in the tribal areas of Chhatisgarh very few go to quack /Ojha or Mati for their treatment. It was found that all quacks and Ojha/Mati are fooling the people and in spite of healing illness get aggravated that's why they prefer to go to Government health centre, as these centre give them injection and illness get healed.

Table 5.10: Place of treatment during illness of the respondent

Name of the States	Place of treatment during illness of the respondent			
	Private Doctor	Government Hospital	Other	Total
Rajasthan	100 (50%)	100 (50%)	0	200
Gujarat	78 (39%)	122 (61%)	0	200
Chhatisgarh	81 (40.5%)	118 (59%)	1 (0.5%)	200
Madhya Pradesh	84 (42%)	116 (58%)	0	200



5.12 Aging not only implies a loss of health but also means a loss of economic independence, as the aged are unable to carry out the productive tasks, which they performed when they were young.

Data shows (Table 5.11) that 25% get medical assistance well within the villages in Gujarat, 25% Rajasthan and 1.5% in Chhatisgarh. In Madhya Pradesh there were no medical facilities was available well within the village. It was told by the respondents that some private medical practitioners are available within 1 KM from their village, 10% within 5 KM, however, 91% villagers were going to more than 5 KM for their treatment. Similarly, 89.5% in Chhatisgarh, 74% in Rajasthan and 73% in Gujarat.

It is a well known fact that aged persons have special health care and nutritional requirements. It is even more so in rural areas where the aged suffer from poor living conditions, insufficient and imbalanced diet coupled with hard work and low income. Besides, the aged suffer a change in diet patterns due to physiological reasons and certain social practices like restrictions on food

patterns for aged widows and loss of care and attention to the aged as they are less productive economically also contribute to their ill health.

There is a need to have focus attention on specific problems faced by the older people in the village. It was realized that there was no sufficient provision for safe drinking water, which was contributing to several digestive ailments and it was further noted that the older people of the village were suffering from deficiency diseases. This was coupled with the problem of the absence of a health care centre in the vicinity. Therefore it is suggested to have the following facilities in the rural areas to take care the health of older people:

1. Adequate provision of health care facilities well within their villages
2. Adequate provision of clean drinking water by installing hand pumps.
3. Improving agricultural yield through high quality seeds and increase of vegetable production.
4. Providing livestock to the older people will help in generating a regular income from the sale of milk and also in improving their dietary status.
5. Encouraging poultry farming involving older people will lead to a decent income from the sale of eggs and also they have eggs for their own consumption.
6. To initiate income generative activities specifically designed for them

The rural older people who are not physically incapacitated do not require short-term relief measure to meet their immediate needs for subsistence. But what they really need is a long-term assistance, which can sustain them to spend the evening of their lives with some dignity.

Table 5.11: Distance of Treatment Centre

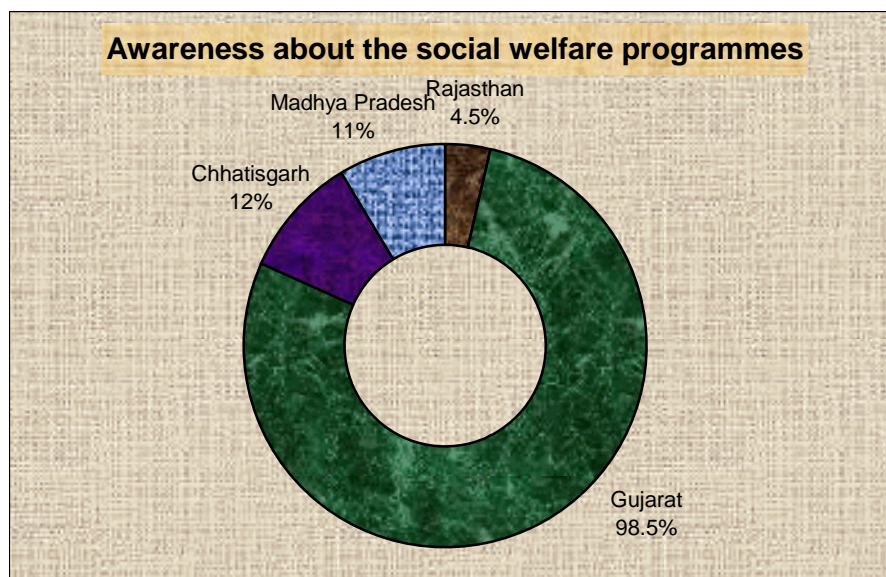
Distance of Treatment Centre	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Within the village	50 (25%)	50 (25%)	3 (1.5%)	0
Within 1 Km	0	4 (2%)	4 (2%)	2 (1%)
Within 2 Km	90 (45%)	0	0	0
Within 5 Km	20 (10%)	0	14 (7%)	16 (8%)
More than 5 Km	40 (20%)	146 (73%)	179 (89.5%)	182 (91%)
Total	200	200	200	200

5.13 Data shows (Table 5.12) that 89% of the respondents did not know the social welfare programmes implemented in the State of Madhya Pradesh for the welfare of older people. Only in the state of Gujarat 98.5% older people have said that they know about the Government run programme such as old age pension, widow pension, National Social Assistance Programme and development activities such as MGNREGA and Indira Awas Yojana etc. Awareness level was also low in the state of Chhatisgarh [88%]. Out of 800 respondents in the rural Rajasthan, Gujarat, Chhatisgarh and Madhya Pradesh only 58 respondents have said they know about the Government run social welfare programme for the older people, however, 742 have said they did not know any social welfare programmes is being implemented by government and

NGO's for their welfare and development. Since the older people are unaware of the Government run social welfare programmes they are unable to take advantage. Therefore, it is suggested that Government should include awareness generation component in all their schemes initiated for the welfare and development of older people and fund should be released directly to Panchayat level for generating awareness among the rural older people. In this regard NGOs should also be supported with financial assistance to become pro active to generate awareness among the older rural people.

Table 5.12: Awareness of the respondents about Social Welfare Programmes implemented by the Government

Name of the States	Awareness about social welfare programmes being implemented by Govt. and NGO's		Percentage	
	Yes	No	Yes	No
Rajasthan	120	80	60%	40%
Gujarat	3	197	98.5%	6.5%
Chhatisgarh	24	176	12%	88%
Madhya Pradesh	22	178	11%	89%
Total	58	742	7.25%	92.75%



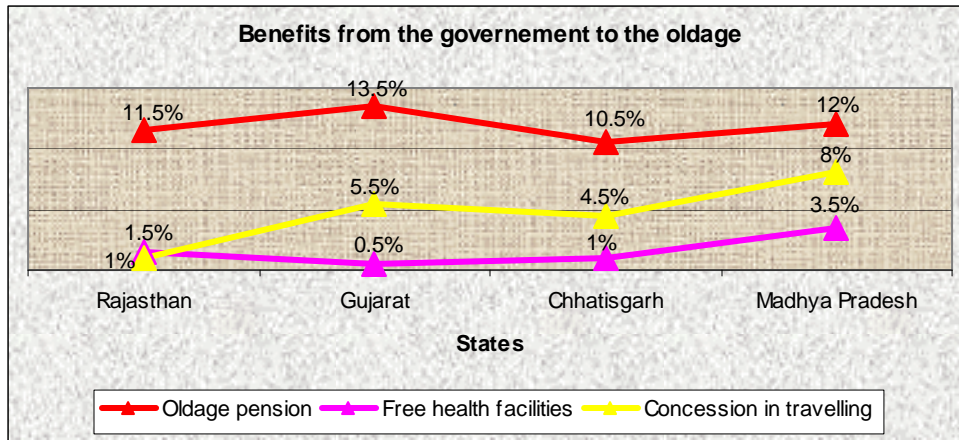
5.14 During the course of data collection, different benefits extended by the Government to the older people were assessed. Data reveals that Old Age Pension, which is very popular scheme, is also not reaching to the rural older people. In the state of rural Rajasthan (Table 5.13) only 11.5%, Gujarat 13.5%, Chhatisgarh 10.5% and Madhya Pradesh 12% of the respondents were getting old age pension. Some of the respondents that often plainly alleged it that policy implementers are politicized and corruption is rampant. The local public also reported wastage and misuse of public funds widely. Some of these allegations might be true; some might be motivated /overshoot. Given the existing social

and political structure and value system of our society, some flaws and leakage in any development programme centralized or decentralized - are bound to occur and taken for granted.

When we enquired about the free health facilities extended to older people, it was found that very few older people are getting health services in the rural areas especially those who come from well do families were able to go out and get the health checked up. Similarly concessions in buses and rails are provided to them who have valid papers. Very few respondents have availed the facilities of concessions. Rajasthan only 1%, Gujarat 5.5%, Chhatisgarh 4.5% and Madhya Pradesh 8% of the respondents have availed the facilities provided in buses and rails. When we ask about any other benefits none of the respondents have said are getting any other benefits. Therefore, it is suggested that more and more awareness generation among the rural older people required to be created in order to tell them about the benefits and facilities available for them.

Table 5.13: People receiving benefits from the government runs programme in the rural sample villages

Name of the States	Benefits from the Government							
	Old age Pension		Free health facilities		Concession in traveling		Any other benefits	
	Yes	No	Yes	No	Yes	No	Yes	No
Rajasthan	23 (11.5%)	177 (88.5%)	80 (40%)	120 (60%)	2 1%	198 99%	0	200 (100%)
Gujarat	27 (13.5%)	173 (86.5%)	1 (0.5%)	199 (99.5%)	11 5.5%	189 94.5	0	200 (100%)
Chhatisgarh	21 (10.5%)	179 (89.5%)	2 (1%)	198 (99%)	9 4.5%	191 95.5%	0	200 (100%)
Madhya Pradesh	24 (12%)	176 (88%)	7 (3.5%)	193 (96.5%)	16 8%	184 92%	0	200 (100%)
Total	95 (11.87%)	705 (88.12%)	13 (1.62%)	787 (98.37%)	38 (4.75%)	762 (95.25%)	0	800 (100%)

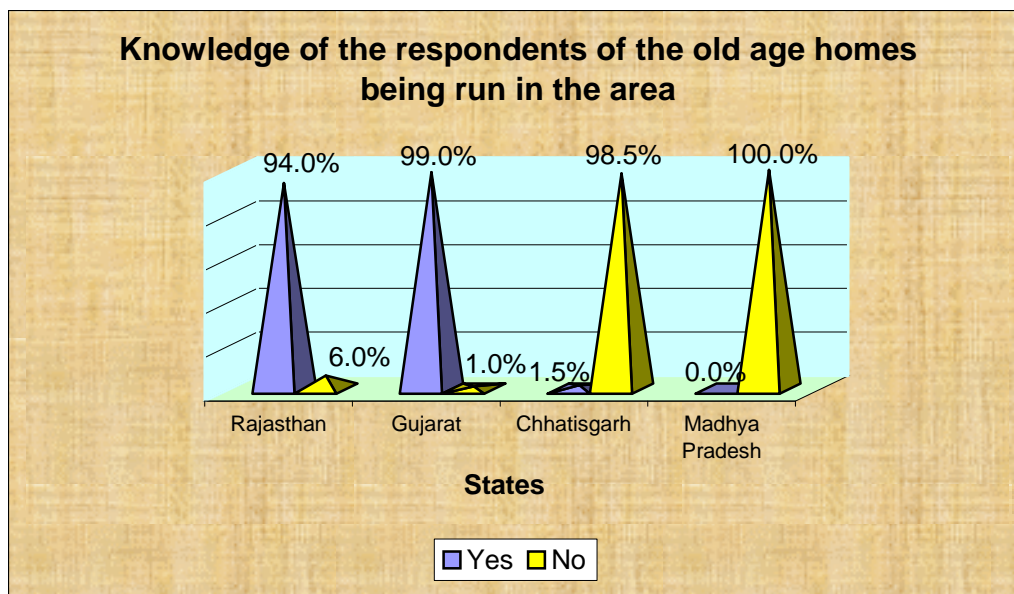


5.15 Old age Homes cater to the needs of those elderly who are unable to live by themselves and for those who have been abandoned by the family or are neglected and uncapped for by their children. Old age homes provide and cater to the various needs of the elderly to spend the “evenings of their lives” with dignity and respect and not feel a burden to the society.

We have tried to judge the knowledge of the respondents about the old age homes being run by the Government, NGO’s or the Missionary Institutes in their place/ area or in the district. It was revealed (Table 5.14) that more than 94% of older people in Rajasthan and Gujarat knew about the old age home. In the tribal rural areas of Chhatisgarh only 1.5 % of the respondents were having some knowledge about the old age homes. However, in Madhya Pradesh none of the respondents knew about the old age home. Government of India usually does not run and manage old age homes on its own but encourages voluntary organizations to undertake projects and programmes by providing the technical and financial help for the benefits of older people. Therefore, it is suggested that Government should promote and extend financial assistances to voluntary organization that who are ready to work among the older people in rural areas.

Table 5.14: Knowledge of the respondents about the old age homes being run by the Government, NGO’s or the Missionary Institutes in their place/ area or the district.

Name of the States	Knowledge of the old age homes being run in the local area		Percentage	
	Yes	No	Yes	No
Rajasthan	188	12	94%	6%
Gujarat	198	2	99%	1%
Chhatisgarh	3	197	1.5%	98.5%
Madhya Pradesh	0	200	0%	100%



5.16 When we enquired about the interest of rural older people whether they like to live in old age homes. Only 8.5% and 6% respondents in Chhatisgarh and Madhya Pradesh respectively have said they want to live in old age homes. Similarly 1% in Rajasthan and 0.5% respondents of Gujarat. Rural older people due to unawareness they don't want to leave their home despite of suffering. Data shows that over all they did not prefer to go old age home.

Data reveals that more than 98% of the rural older people do not have any knowledge about the recent enactment of 'Maintenance and Welfare of Parents and Senior Citizen Act, 2007, Even when we ask the Panchayats members and Sarpanch of the sample villages about the Act, it was revealed that they did not know about the Act. When they do not know the enactment, how we can say that Act is for protecting the interest of the older people. Very negligible respondents know about the Act and its basic provision especially those who are educated. Therefore, it is suggested that the basic provisions of the Act should be taught to Local block level officials and Panchayat officials need to be sensitized for its implementation.

Table 5.15: People knowing the 'Maintenance and Welfare of Parents and Senior Citizen Act, 2007

Name of the Sates	Knowledge about the Maintenance and welfare of parents and Senior citizen Act, 2007		Percentage	
	Yes	No	Yes	No
Rajasthan	3	197	1.5%	98.5%
Gujarat	0	200	0%	100%
Chhatisgarh	2	198	1%	99%
Madhya Pradesh	4	196	2%	98%
Total	9	791	1.12%	98.87%

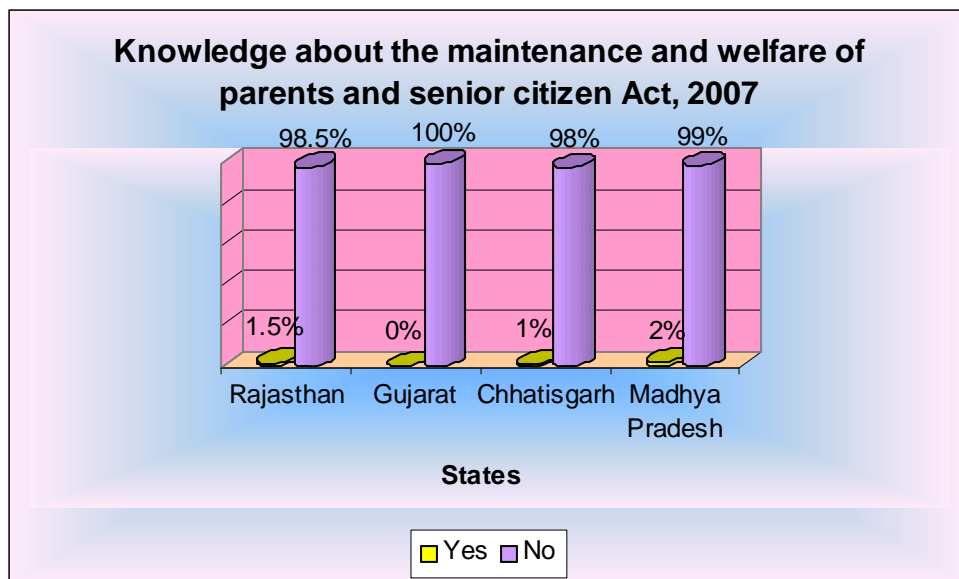


Table 5.16: Awareness about the basic provision of the Maintenance and Welfare of parents and senior citizens Act, 2007

Name of the Sates	Awareness about the basic provision of the Act		Percentage	
	Yes	No	Yes	No
Rajasthan	2	198	1%	99%
Gujarat	0	200	0%	100%
Chhatisgarh	2	198	1%	99%
Madhya Pradesh	3	197	1.5%	98.5%

5.17 Since, large numbers of respondents are unknown to the recent enactment; hence, it is obvious that awareness level of the children of older people about the provisions of the new Legislation is negligible. More than 98% of them did not know the Act and its provisions. However, knowing the fact that older people and their children are unaware of the enactment, we have ask whether older people’s children should know the various provisions of the Act? Such as better medical facilities, protection of life and property of older people. More than 96% (Table 5.218) of them have said yes for protection of the interest of the older people.

Table 5.17: Awareness levels of the children about the provisions of the new Legislation

Name of the States	Does the children know about the provisions		Percentage	
	Yes	No	Yes	No
Rajasthan	1	199	0.5%	99.5%
Gujarat	0	200	0%	100%
Chhatisgarh	3	197	1.5%	98.5%
Madhya Pradesh	2	198	1%	99%

Table 5.18: Opinion of the respondents - whether they want their children to Know the Act.

Name of the States	Whether the respondent wants their children to know about the act		Percentage	
	Yes	No	Yes	No
Rajasthan	196	4	98%	2%
Gujarat	200	0	100%	0%
Chhatisgarh	198	2	99%	1%
Madhya Pradesh	192	8	96%	4%

Table 5.19: Opinion of the respondents- whether the Act is good for the protection and caring of helpless older people.

Name of the States	Good		Percentage	
	Yes	No	Yes	No
Rajasthan	199	1	99.5%	0.5%
Gujarat	200	0	100%	-
Chhatisgarh	198	2	99%	1%
Madhya Pradesh	197	3	98.5%	1.5%
	794	6		

5.18 When we told them merit of the passing ‘The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, more than 98 % (Table 5.19) of the respondents have said Act is very good for the benefits of the older people but due to unawareness and living in rural settings benefits will not reach to them was their apprehension. While discussing these issues with the rural individual older people, they have emphatically impressed that this Act need to be displayed at the Panchayat Bhavan in local language and Panchayat Members should know its pros and cons and tell all the older people, so that they can be benefited. Various issues, which are included in the Act, were also assessed.

Table 5.20: If the respondents agree to move from their own house, whether there is any old age home nearby the area.

Name of the States	Whether any old age home nearby the area.		Percentage	
	Yes	No	Yes	No
Rajasthan	100	100	50%	50%
Gujarat	198	2	99%	1%
Chhatisgarh	3	197	1.5%	98.5%
Madhya Pradesh	0	200	0%	100%

5.19 When we ask whether older people should live in the old age home run by the Government, NGOs or religious institute? More than 94% of them said ‘NO’ as their children in rural Rajasthan, Gujarat, Chhatisgarh and Madhya Pradesh generally care them.

We also tried to gather information that whether any old age home are available in their vicinity?. It was revealed that no old age home is available in the locality. However, (Table 5.21) 1% of the respondents said old age home run by the religious institute is available in their locality in Madhya Pradesh, 0.5% in Chhatisgarh and 0.5% in rural Rajasthan. Old age homes are generally not available in the rural area, though Government of India, Ministry of Social Justice and Empowerment is running the scheme for construction of old age home since long. This scheme is being implemented in urban area generally through NGOs. Therefore, it is recommended that under the scheme priority should be given to those NGOs who are ready to construct old age home in rural areas.

5.20 Are children still considered the main support for ageing parents? Respondents living in rural setting and having children of their own, whom they had probably expected would care them in their old age, it was thought pertinent to find out whether they still consider children as the prime support in old age.

Table 5.21: From whom do the older people are cared by in the family

Name of the States	Who cares for the older persons in the family			
	Own Children	Slightly care	Nobody cares	Total
Rajasthan	187 (93.5%)	13 (6.5%)	0	200
Gujarat	186 (93%)	10 (5%)	4 (2%)	200
Chhatisgarh	62 (31%)	15 (7.5%)	123 (61.5%)	200
Madhya Pradesh	58 (29%)	2 (1%)	140 (70%)	200

As evident from the above table shows that older people, 93.5% reported in Rajasthan that they still consider children to be the main support in old age. Similarly, in Gujarat [93%], Chhatisgarh [31%] and Madhya Pradesh [29%]. Their children and family also subject older people in rural areas to ignorance, however, in rural areas caring the older people gives complex picture. Data reveals that 6.5% of the respondents said children slightly care for them in Rajasthan, 5% Gujarat, 7.5% in Chhatisgarh and 1% in Madhya Pradesh. It was also said that by the respondents that no body care for them in Rajasthan, 2% in Gujarat, 61.5% in Chhatisgarh and 70% in Madhya Pradesh..

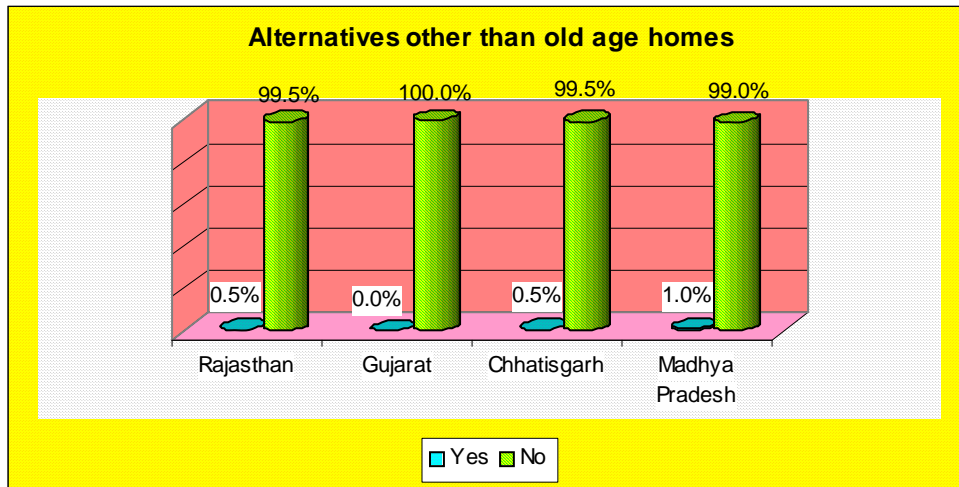
These reasons reflect the values adhered to by ageing parents who invest heavily in children for securing a better future when they themselves are unable to fend for themselves. Older people in rural area who reported that they do not consider children to be their main support in old age in tribal villages of Chhatisgarh and Madhya Pradesh. Their reasons for expressing this view indicate their pain and feelings of betrayal by children. In view of these responses, rural older people were therefore asked who they feel should care for them in the context of changing traditional family values. It is interesting to note that children still feature largely in the care of ageing parents. Surprisingly, not a single respondent has voiced the role of the government in providing the much needed support in the care of this group of the population,

whose numbers are going to increase in the future. This may be because of their illiteracy and unawareness.

Table 5.22: Alternatives other than old age homes

Name of the States	Alternatives other than old age homes		Percentage	
	Yes	No	Yes	No
Rajasthan	1	199	0.5%	99.5%
Gujarat	0	200	0%	100%
Chhatisgarh	1	199	0.5%	99.5%
Madhya Pradesh	2	198	1%	99%

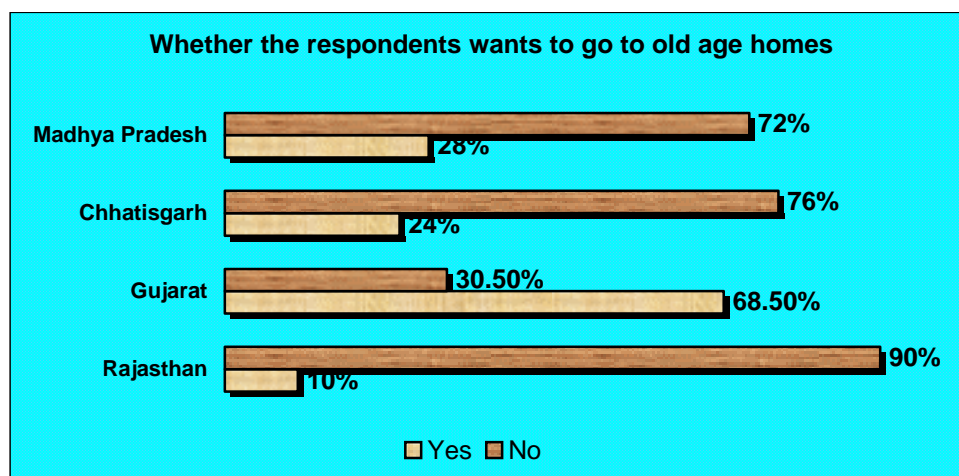
5.21 Other than old age home very negligible percentage of rural older people were ready to move as indicated in the above table.



5.22 In view of the fact that no body care for them we have ask whether they want to go to old age home as they are not being looked after by their children?. 68.5% and 10% of the respondents have said 'YES' to go to any old age homes if available from Gujarat and Rajasthan respectively. However, from Chhatisgarh 24% and Madhya Pradesh 28% respondent were ready to move from their home to other place as nobody care for them.

Table 5.23: Whether Respondent wants to move from their house and go to old age homes.

Name of the States	Whether the respondents want to move from their home to old age home?		Percentage	
	Yes	No	Yes	No
Rajasthan	20	180	10%	90%
Gujarat	139	61	68.5%	30.5%
Chhatisgarh	48	152	24%	76%
Madhya Pradesh	56	144	28%	72%



5.23 Respondent wants to move from their home where they will go? Data shows that 67.5% of them from Rajasthan have opted that old age home run by the Government, 71% from Gujarat, 69.5% in Chhatisgarh and 70.5% from Madhya Pradesh. Similarly, respondents from Rajasthan 21% in the old age homes run by the NGO and 11.5% old age homes run by the missionary and charity institute. Respondents from Gujarat, 18% in the old age homes run by the NGO and 11% old age homes run by the missionary and charity institute. Madhya Pradesh and Chhatisgarh 21.5% and 20.5% in the old age homes run by the NGO and 9% and 9% old age homes run by the missionary and charity institute respectively.

Table 5.24: If the older person wants to move from their village where would they like to go?

Name of the States	Where does the old aged wants to move					
	Old Age Home created by the Government	%	Old Age Home run by the NGO	%	Old Age Home run by the Missionary and Charity Institute	%
Rajasthan	135	67.5%	42	21%	23	11.5%
Gujarat	142	71%	36	18%	22	11%
Chhatisgarh	139	69.5%	43	21.5%	18	9%
Madhya Pradesh	141	70.5%	41	20.5%	18	9%
Total	557		162		81	

5.24 Old age home are not available in the rural areas except in the state of Gujarat where 89% of the respondents have said old age homes are available in the district. Similarly 4% & 3% in Madhya Pradesh and Chhatisgarh respectively. Few of the respondents (1.5%) said old age homes are available in the districts in Rajasthan.

Table 5.25: Availability of Old Age Homes in rural areas

Name of the States	Availability of Old age Homes in their locality		Percentage	
	Yes	No	Yes	No
Rajasthan	3	197	1.5%	98.5%
Gujarat	2	198	89.5%	1%
Chhatisgarh	6	194	3%	97%
Madhya Pradesh	8	192	4%	96%

5.25 Respondents were asked whether their children are getting any economic benefits from them?. Data reveals that more than 97% of the children getting economic benefits from their old parents, however, very small fraction of the respondents have said 'NO'. Data shows that 1.5% of the respondents from Rajasthan have said they do not possess any income and hence, their children are not getting any economic benefits from them. Similarly, 2% from Gujarat, 3% from Chhatisgarh and 4% from Madhya Pradesh.

Table 5.26: Statement showing whether the children are getting any economic benefits from the old parents

Name of the States	Children getting any Economic benefits from the respondent		Percentage	
	Yes	No	Yes	No
Rajasthan	197	3	98.5%	1.5%
Gujarat	196	4	98%	2%
Chhatisgarh	194	6	97%	3%
Madhya Pradesh	192	8	96%	4%

5.26 We have tried to assess the status of the older people in the rural areas of Rajasthan, Gujrat, Chhatisgarh and Madhya Pradesh, it was revealed that 94.5% of the children are using the immovable (land) property possessed by the respondents in Rajasthan, 97.5% Gujarat, 91.5% in Madhya Pradesh and 88% in Chhatisgarh.

Table 5.27: Any immovable or moveable property of the respondent being used by the children

Name of the States	Whether any immovable or moveable property being used by the children of the respondent		Percentage	
	Yes	No	Yes	No
Rajasthan	189	11	94.5%	5.5%
Gujarat	190	10	97.5%	2.5%
Chhatisgarh	176	24	88%	12%
Madhya Pradesh	183	17	91.5%	8.5%

5.27 We have assessed the availability of entertainment facilities among the older people. Data shows that 25% of the respondents in Madhya Pradesh were having TV in their home, 23% in Chhatisgarh and 45% in Rajasthan. Among the respondents none of the families were possessing TV in Gujarat at the time of data collection. Use of Radio was found negligible. For entertainment and to roam around the rural market place, only 50% of the respondents in Rajasthan were accesses to rural market place, 5% in Gujarat, and 3.5% in Chhatisgarh. There were no market places in the sample villages of Madhya Pradesh. In regard to the meeting joints for the older people in the rural villages, almost all the villages were having meeting joints (Baithak). Only Madhya Pradesh, Chhatisgarh and Rajasthan were having the indoor games such as Playing card in community Baithak donated by young people.

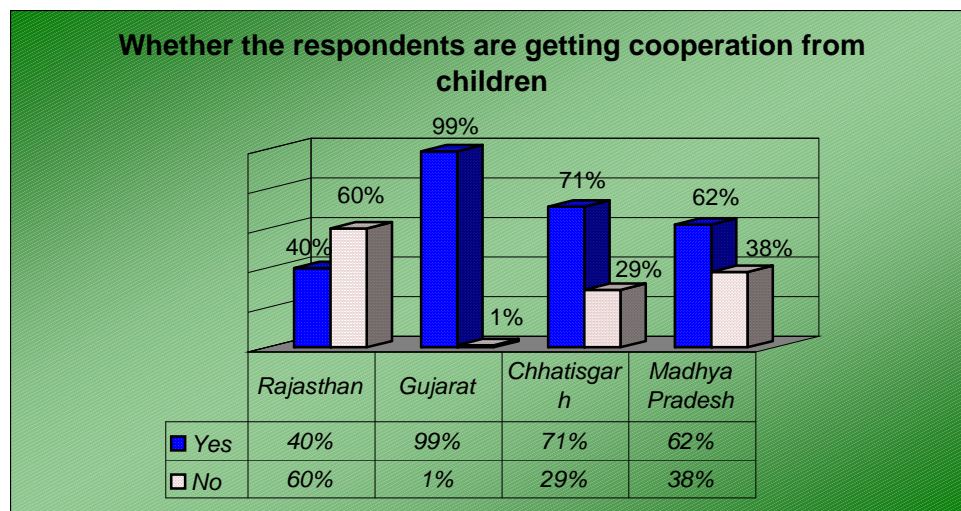
Table 5.28: Availability of entertainment facilities in the rural areas for older people.

Entertainment Facilities	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. TV	90 (45%)	0 (0%)	46 (23%)	50 (25%)
2. Radio	0	0 (0%)	2 (1%)	0 (0%)
3. Movie	90 (45%)	0 (0%)	0 (0%)	0 (0%)
4. Market Place to roam around	100 (50%)	10 (5%)	7 (3.5%)	0 (0%)
5. Meeting Joints in the Villages	100 (50%)	19 (9.5%)	189 (94.5%)	192 (96%)
6. Indoor Games	120 (60%)	0 (0%)	74 (37%)	70 (35%)

When we assess the response and cooperation of children towards the older people, data shows that children in Gujarat [99%] were cooperative; Rajasthan [40%], 71% in Chhatisgarh and 62% in Madhya Pradesh respondents were getting cooperation from their children. However, 60% in Rajasthan, 38% in Madhya Pradesh, 29% in Chhatisgarh and 1% in Gujarat were non-cooperative to their older parents. This trend required to be arrested by creating awareness among the young generation people.

Table 5.29: Whether the respondents are getting cooperation from children

Name of the States	Whether the respondents are getting cooperation from children		Percentage	
	Yes	No	Yes	No
Rajasthan	80	120	40%	60%
Gujarat	198	2	99%	1%
Chhatisgarh	142	58	71%	29%
Madhya Pradesh	124	76	62%	38%



5.28 Cooperation and help to provide health service, food, shelter, emotional and financial support etc, older respondents were not getting any such support from the Government authorities, however, 15% in Rajasthan, 23% Gujarat, 29.5% Chhatisgarh and 32% in Madhya Pradesh by their relatives. Villagers of Chhatisgarh [8%] and Madhya Pradesh [7%] and 45% in Rajasthan have also supported and extending helps to the older people and a very small percentage by the others children in Rajasthan, Gujarat and Chhatisgarh. Respondents were generally getting cooperation from their own children.

Table 5.30: Cooperation of own children towards older parents providing health service, food, shelter, emotional and financial support

	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Others children	10(5%)	1(0%)	2(1%)	0(0%)
2. Villagers	90(45%)	0(0%)	16(8%)	14(7%)
3. Relative	30(15%)	46(23%)	59(29.5%)	62(32%)
4. Government Authorities	0	0	0	0

5.29 In order to assess the effectiveness of social welfare programmes on older people we wanted to know 'Whether older people are consulted by the society on various matters?'. Data shows that in Rajasthan 84.5%, Gujarat 92%, Chhatisgarh 10.5% and Madhya Pradesh 9% population consult the older people in various matters by younger generation. Older people are being consulted regularly by the villagers on various matters, data shows that 89% villagers contact them in rural Rajasthan, 91.5% Gujarat, 74% Chhatisgarh and 68% in Madhya Pradesh. When we see the involvement of local Government for extending benefits to older people, only in Chhatisgarh [7%] and Madhya Pradesh [6%] have said the local Government authority on various matters is consulting them. However, it was 1% in Rajasthan and none in the state of

Gujarat. The village head consults older people in all states, Rajasthan 94.5%, Gujarat 95.5%, Chhatisgarh 87% and 81% in Madhya Pradesh. Local political leaders are consulting older people 9.5% Chhatisgarh and 9% Madhya Pradesh, however, social activists and NGOs 38% in Chhatisgarh and 34% in Madhya Pradesh, no political leader have contacted rural older of Gujarat and only 0.5% in Madhya Pradesh.

The populations of older people are increasing day by day and indifferent attitude of the local politician shows that no body like to provide safety net to the older people especially who are in rural areas. NGOs are of course good alternative for the welfare and development of the rural older people. They need support of the Government in order to provide them social security and dignity.

Studies observed that very often-older people in rural areas agitated and fighting, shouting and raising their voices everywhere. They do this largely due to their demands of righteousness or other personal/medical reasons in their behaviour. Exhibiting anger and putting up a fight is justifiable in human nature. When injustice is experienced by them, if one is ill treated, when one is found fault with for no reasons and the like, the rural older people tends to start believing that they can get their way only if they strongly demand, converting the same to a habitual fight for every small reason – as if the whole world is against them. Following are a few recognized reasons. As our culture defines, older persons should be and expect to be respected merely because of their age. They expect & feel that they should be listened to, tolerated and not answered back, because of the culture of youngsters showing respect for the old. But the times are changing and the cultures, no doubt still practiced largely. Many live with an extreme sense of self-righteousness. This causes them to assert their rights forcefully. They stick to rules and are not prepared to tolerate errors due to human nature. In the given life of individual growth and restricting means, senior citizens feel unattended, weak, lonely or helpless. This is largely attributable to physical conditions like partial deafness, poor sight, lack of briskness etc. This makes them feel they will be victimized or exploited.

Table 5.31: Whether Older people are consulted by the society on various matters?

Consultation from the older people	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. By Younger generation	169(84.5%)	184(92%)	21(10.5%)	18(9%)
2. By Villagers	178(89%)	183(91.5%)	148(74%)	136(68%)
3. By Local Government Authority	2(1%)	0	14(7%)	12(6%)
4. By Village Head	189(94.5%)	191(95.5%)	174(87%)	162(81%)
5. By Local Politicians	1(0.5%)	0	19(9.5%)	18(9%)
6. Any other	1(0.5%)	0	76(38%)	68(34%)
Total				

5.30 When we see the attitude of the young people towards the rural older people, data reveals that 88% is good, 30% respondents from Rajasthan have said 'very good'. Similarly, views of the 10% respondents was bad in Madhya Pradesh, 5% in Chhatisgarh, 5% in Rajasthan and only 1% of the respondents view was bad in Gujarat. Overall young people attitude towards the rural older people was found good. Specific training across the country should be imparted among the young youth to sensitize them. All the youths of the country should be taught about the geriatric care and solving problems of the older people.

Table 5.32: Attitude of young people towards older people

Name of the States	Attitude of young towards older people according to the respondent				
	Good	Very good	Bad	Very bad	Total
Rajasthan	130(65%)	60(30%)	10(5%)	0	200
Gujarat	196(98%)	2(1%)	2(1%)	0	200
Chhatisgarh	183(91.5%)	5(2.5%)	10(5%)	2(1%)	200
Madhya Pradesh	178(88%)	2(1%)	20(10%)	0	200

5.31 Data shows that 90.5% of older people were getting daily use items from their children in Rajasthan, 84.5% in Gujarat, 28.5% in Chhatisgarh and 27% older people from Madhya Pradesh. Older people were not getting any thing from the Local Government authority. Villagers were also providing daily use items to them but in very small number. However, rural older people were arranging all daily use items own their own efforts. 73% respondents have said they arrange themselves in Madhya Pradesh, 70.5% in Chhatisgarh and 8% and 7.5% in Gujarat and Rajasthan respectively.

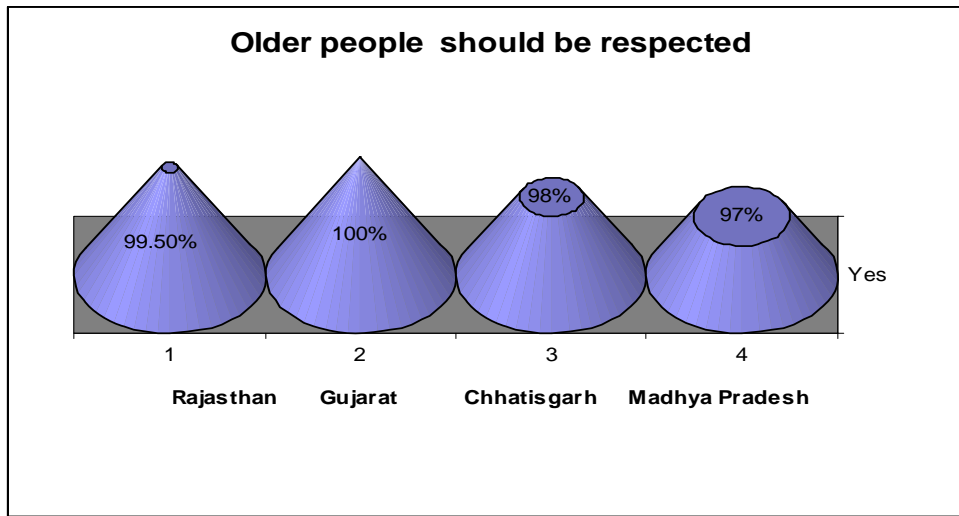
Table 5.33: Who provides daily use items to the older people

	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Children	181 (90.5%)	179 (84.5%)	57 (28.5%)	54 (27%)
2. Villagers	3 (1.5%)	2 (1%)	1 (0.5%)	0 (0%)
3. Local Government Authority	0 (0%)	0 (0%)	0 (0%)	0 (0%)
4. No one	1 (0.5%)	3 (1.5%)	1 (0.5%)	0 (0%)
5. Own arrangement	15 (7.5%)	16 (8%)	141 (70.5%)	146 (73%)
Total	200	200	200	200

5.32 We have tried to assess from the respondents that whether all people should respect them, it was revealed that 'YES' more than 97%. We have asked them further why they should be respected, many respondents have said they do not have any ill will for the people, they have experience of life, they have seen all good and bad time, they always advise the younger for their betterment and as per the prevalent rural culture and value older people should be respected by all.

Table 5.34: Opinion of the respondent whether the older people should be respected

Name of the States	Whether Older People should be respected		Percentage	
	Yes	No	Yes	No
Rajasthan	199	1	99.5%	0.5%
Gujarat	200	0	100%	0%
Chhatisgarh	196	4	98%	2%
Madhya Pradesh	194	6	97%	3%



5.33

If the rural people should respect older people, are they having the capability for society building activities? 99% from Rajasthan have said yes and similarly 100% from Gujarat provided they are given chance to do so. However, this picture is entirely different in tribal areas of Chhatisgarha and Madhya Pradesh. It is due to illiteracy and poverty they don't think other than earning. Therefore, 45.5% respondents in Chhatisgarhs have said 'yes' and 54.5% of them have said 'No'. Similarly in Madhya Pradesh 44% have said 'yes' and 56% of them said 'No'

Table 5.35: Whether the Respondent is capable in society building activities.

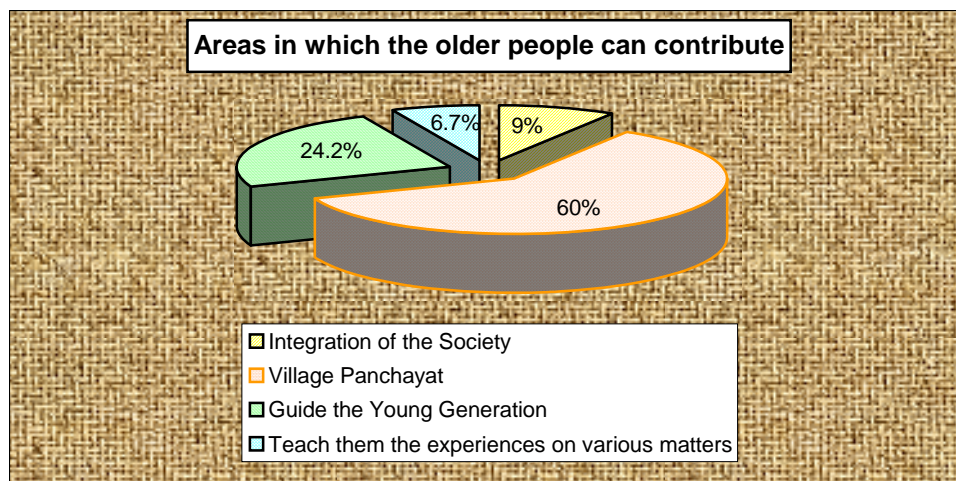
Name of the States	The respondent thinks whether he is he/ she is capable in society building activities		Percentage	
	Yes	No	Yes	No
Rajasthan	198	2	99%	1%
Gujarat	200	0	100%	0%
Chhatisgarh	91	109	45.5%	54.5%
Madhya Pradesh	88	112	44%	56%

5.34 The areas in which rural older people can contribute more were assessed. It was found that 10.5% of the respondents from Rajasthan “to bring integration in the society”, 6.5% of the respondents from Gujarat, 9% from Chhatisgarh and 10% Madhya Pradesh. In the “Village Panchayat”, 59.5%-Rajasthan, 67.5%- Gujarat, 58% from Chhatisgarh and 55% from Madhya Pradesh. Respondents were also asked their role to become “Guide to young generation” 22% and 25% respectively from Rajasthan and Gujarat has said yes and 26.5% and 23.5% from Chhatisgarh and Madhya Pradesh. Even for teaching their experiences 8% have said yes in Rajasthan, 6.5% from Chhatisgarh and 11.5% from Madhya Pradesh. Only 2 respondents have said yes in Gujarat.

People contribute more in the village Panchayats. 59.5% in Rajasthan, 67.5% in Gujarat, 58% and 55% respectively in Chhatisgarh and Madhya Pradesh. In regard to extend guidance to young people, older people showed interest and capability in Rajasthan (22%), 25% in Gujarat, 26.5% in Chhatisgarh and 23.5% in Madhya Pradesh. Respondents have also shown their interests for reconstruction and integration of the society, 10% from Madhya Pradesh, 9% Chhatisgarh, 6.5% and 10.5% from Gujarat and Rajasthan respectively. Respondents were also interested to teach the young generation of their experiences on various matters. 8% of them from Rajasthan, 6.5% from Chhatisgarh, 11.5% from Madhya Pradesh and only 1% have shown inclination to do so from Gujarat.

Table 5.36: Areas in society in which most of the older people can contribute.

Name of the States	The areas in which the respondent can contribute				Total
	Integration of the Society	Village Panchayat	Guide the Young Generation	Teach them the experiences on various matters	
Rajasthan	21 (10.5%)	119 (59.5%)	44 (22%)	16 (8%)	200
Gujarat	13 (6.5%)	135 (67.5%)	50 (25%)	2 (1%)	200
Chhatisgarh	18 (9%)	116 (58%)	53 (26.5%)	13 (6.5%)	200
Madhya Pradesh	20 (10%)	110 (55%)	47 (23.5%)	23 (11.5%)	200



5.35 This was the very important question asked from the respondent to assess the effectiveness of social welfare programme in the rural areas. Data shows that 80.5% respondents knew the programmes are being implemented in their area for the aged, similarly 79% in Gujarat. However, only 11.5% of the rural tribal respondents have said they know the programmes for older people are being implemented in their areas, block etc in Chhatisgarh and 10% in Madhya Pradesh. It is due to lack of general awareness among the tribal elderly people in rural Chhatisgarh and Madhya Pradesh.

Table 5.37: Statement showing whether the respondent knows any of the programmes being implemented for aged in their area, village or block.

Names of the States	Whether the respondent knows any of the programmes being implemented for aged in their area		Percentage	
	Yes	No	Yes	No
Rajasthan	39	161	80.5%	19.5%
Gujarat	42	158	79%	21%
Chhatisgarh	23	177	11.5%	88.5%
Madhya Pradesh	20	180	10%	90%

5.36 Very specifically we have tried to assess the impact of Government run programmes on older people and have found mixed reaction from the respondents. Respondents from Rajasthan [12%] have said 'very good', 14% Gujarat, 9.5% from Chhatisgarh and 7% from Madhya Pradesh. Maximum respondents have said 'Good', 69% from Rajasthan, 66% Gujarat, 68.5% Chhatisgarh and 71.5% in Madhya Pradesh. From 11% to 15.5% of the respondents were in the views that impacts of Government run programmes are 'bad'. However, 6% to 9.5% of them have said 'very bad'. Mixed picture was reflected on the basis of availing the benefits extended through Government run programmes, especially old age pension. Those respondents have failed to get the benefit said 'very bad'. Those who get after lots of efforts have said 'bad' and those get easily have said good and those who have got the benefits without putting any efforts have said 'very good'.

Table 5.38: Table showing the impact of Government programme on older people

Names of the States	Impact of Government programme on older people				
	Very Good	Good	Very Bad	Bad	Total
Rajasthan	24 (12%)	138 (69%)	16 (8%)	22 (11%)	200
Gujarat	28 (14%)	132 (66%)	15 (7.5%)	25 (12.5%)	200
Chhatisgarh	19 (9.5%)	137 (68.5%)	19 (9.5%)	25 (12.5%)	200
Madhya Pradesh	14 (7%)	143 (71.5%)	12 (6%)	31 (15.5%)	200

5.37 In different aspect, we have tried to get feedback from the respondents. Data reveals that older people in the rural areas require supports on different aspect. They need economic support, 75.5% in Rajasthan, 71% Gujarat, 43% Chhatisgarh and 41% Madhya Pradesh. In regard to the health facilities and services, 45.5% of the respondents of Rajasthan, 49% Gujarat, 72% and 74% from Chhatisgarh and Madhya Pradesh respectively. Very less percentage of the respondents have agreed that they need security, however, data shows that 11% in Rajasthan, 8.5% Gujarat and 30.5% and 27% do not require any security in Chhatisgarh and Madhya Pradesh respectively.

People should regard older people and children should learn lesson from them was the crucial issues. We found the complex information. Only 1.5% to 2% respondents from Rajasthan and Gujarat have said people should extend regard to them, however, 14.5% to 15% of the respondents are of the view that

people must respect them in Chhatisgarh and Madhya Pradesh. Data shows that 91% and 88% respondents from Rajasthan and Gujarat have said children should learn lesson from them, however, only 4.5% in Chhatisgarh and 3% in Madhya Pradesh have said 'children should learn lesson from them'.

When we asked about the entertainment aspects respondents said 'Place need to be created for entertainment', 68.5% and 64% respectively from Rajasthan and Gujarat were in favour for creation of places for entertainment. However this picture is reverse in Chhatisgarh and Madhya Pradesh. When we asked the people should be provided with News Papers and community TV, 23.5% of the respondents of Rajasthan, 40.5% from Gujarat interested to have all this facilities in their village. However, in tribal village of Chhatisgarh & Madhya Pradesh were reluctant as there was no electricity connection in their villages, however 3% and 4% were interested to have News papers and TV through solar energy.

Regarding the new Legislation more than 50% of the respondents have said that Local Government/ Panchayat should tell us about the Legislation. They have also argued that old age pension amount need to be enhanced and its timely payment should be ensured.

Table 5.39: Help to be given to older people for their health safety and security of older people in the place

Required Help	Name of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Economic Help	151 (75.5%)	142 (71%)	86 (43%)	82 (41%)
2. Health facilities to be provided	91 (45.5%)	98 (49%)	144 (72)	148 (74%)
3. Security to be regard us	22 (11%)	17 (8.5%)	61 (30.5%)	54 (27%)
4. People should regard us	3 (1.5%)	4 (2%)	29 (14.5%)	30 (15%)
5. Children should learn lesson from us	182 (91%)	178 (88%)	9 (4.5%)	6 (3%)
6. Place need to created for entertainment	137 (68.5%)	128 (64%)	27 (13.6%)	32 (16%)
7. News Paper / TV should be provided	47 (23.5%)	41 (40.5%)	6 (3%)	8 (4%)
8. Local Government/ Panchayat should tell us about the Legislation	132 (66%)	125 (62.5%)	110 (55%)	102 (51%)
9. Pension amount be enhanced	42 (21%)	47 (23.5%)	71 (35.5%)	80 (40%)
10. Timely distribution of Old	136 (68%)	134 (67%)	1 (0.5%)	2 (1%)

age pension be ensured				
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5.38 We have asked the separate question about the ‘Maintenance and Welfare of Parents and Senior Citizen Act, 2007’ whether it has brought any change among the respondents, 98.5% to 99.5 of them have said ‘NO’. The merit of this Act needs to be told to the rural older people through NGOs, as they are access to the rural areas.

Various questions relating the new legislation such as whether new legislation, 2007 have brought any changes in the life of the older people? Whether the new legislation is ineffective and not being implemented in their places? Is there any changes seen for the last 2 years after the implementation of the act in the rural areas? Whether any new livelihood programmes initiated in the rural areas for the older people? And any Livelihood opportunities created in the rural areas? Etc. We have got negative reply of all the above questions from the respondents. Its mean that new legislation is not being implemented in the rural areas and people do not know about the Act. Therefore, awareness needs to be enhanced about the Act in the rural areas.

Table 5.40: Opinion of the older people whether new legislation, 2007 have brought any changes in the lives of the older people.

Name of the States	Did the new legislation brought any change in respondents life		Percentage	
	Yes	No	Yes	No
Rajasthan	1	199	0.5%	99.5%
Gujarat	2	198	1%	99%
Chhatisgarh	2	198	1%	99%
Madhya Pradesh	3	197	1.5%	98.5%

5.39 Below table 5.41 shows that new legislation is not at all effective due to unawareness.

Table 5.41: People’s opinion whether the new legislation is ineffective

Name of the States	Is the new legislation ineffective		Percentage	
	Yes	No	Yes	No
Rajasthan	1	199	0%	99.5%
Gujarat	3	197	1.5%	98.5%
Chhatisgarh	2	198	1%	99%
Madhya Pradesh	1	199	0.5%	99.5%

Hence, it has no meaning in their lives. More than 98.5% of the respondents view was ‘ineffective’. We have asked the respondents about the people’s awareness level in regard to the new legislation. Data reveals that the awareness and its implementation in the rural area were negative more than 99% of the respondents were of the view.

Table 5.42: Statement showing awareness of the people about the Act being implemented in the area

Name of the States	Awareness of the people of the act being implemented in the area		Percentage	
	Yes	No	Yes	No
Rajasthan	2	198	1%	99%
Gujarat	0	200	0%	100%
Chhatisgarh	1	199	0.5%	99.5%
Madhya Pradesh	0	200	0%	100%

5.40 Data shows that only 1% of the respondents were of the view that Act should be implemented by the Gram Sabha in Rajasthan and Madhya Pradesh, 2% in Gujarat and 1.5% in Chhatisgarh. We have also asked whether Gram Sabha will be able to reduce the exploitation of older people, the views of the respondents were negligible, when asked whether the Gram Sabha will be able to extend the benefits to the older people based in rural area, it was positive. In Rajasthan 42% of the respondents have said that Gram Sabha is the Institution need to be promoted for extending benefits to the older people. Similarly 43.5% in Gujarat, 45.5% in Chhatisgarh and 42.5% in Madhya Pradesh. For extending safety and security 86% of the respondents supported the Gram Sabha involvement in Rajasthan 81.5% in Gujarat, 85% in Chhatisgarh and 85% in Madhya Pradesh. So far providing the economic benefits to the older people by the Gram Sabha 58.5% of the respondents from Rajasthan have said 'yes', 56% in Gujarat, 60.5% from Chhatisgarh and 59.5% from Madhya Pradesh. Respondents were on the views that the local Government in regard to older people's benefits is consulting Gram Sabha. 24.5% and 23% respondents from Rajasthan and Gujarat respectively were in favour. Similarly 25.5% and 29.5% from Chhatisgarh and Madhya Pradesh respectively.

Table 5.43: Changes seen for the last 2 years after the implementation of the act in the rural areas by involvement of Gram Sabha.

Changes in 2 years	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Act should implemented by the Gram Sabha	2 (1%)	4 (2%)	3 (1.5%)	2 (1%)
Reduction of exploitation	1 (0.5%)	2 (1%)	1 (0.5%)	3 (1.5%)
Extending benefits to older people through Gram Sabha	4 (2%)	6 (3%)	5 (2.5%)	3 (1.5%)
Health facilities	84 (42%)	87 (43.5%)	91 (45.5%)	85 (42.5%)
Security and safety are ensured by the Gram Sabha	172 (86%)	163 (81.5%)	166 (83%)	170 (85%)
Economic benefits are available through the gram sabha	117 (58.5%)	112 (56%)	121 (60.5%)	119 (59.5%)

Gram Sabha is being consulted by the local Government in regard to older peoples benefits	49 (24.5%)	46 (23%)	51 (25.5%)	59 (29.5%)
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5.41 Data reveals that after the new legislation has been implemented for the benefits of the older people no new livelihood programmes have been initiated for their benefits.

Table 5.44: After the implementation of the new legislation whether any new livelihood programmes initiated.

Names of the State	New livelihood programmes initiated after implementation of the new legislation		Percentage	
	Yes	No	Yes	No
Rajasthan	1	199	0.5%	99.5%
Gujarat	3	197	1.5%	98.5%
Chhatisgarh	2	198	1%	99%
Madhya Pradesh	0	200	0%	100%

5.42 We have tried to assess the impact of social welfare programmes and to know its effectiveness in the rural areas. For this purpose different indicators were identified. It was found that very few respondents have responded to our questions. Out of 200 respondents in Rajasthan only 6 (3%) have said improved services are available in the rural areas, 19 (9.5%) of them said health facilities and 4 (2%) entertainment facilities are created, 17 (8.5%) safe drinking water, 20 (10%) have said most spoken rural development programmes such as NREGA, SGSY, IAY rural road, rural electrification are being implemented. However, provision for up gradation of unserviceable Kutcha houses under the Indira Awas Yojana (IAY), rural older people were of the opinion that “need to change in the criteria of allocation under the rural housing schemes, Credit-cum-subsidy Scheme for Rural Housing should be provided, and Innovative Stream for Rural Housing and Habitat Development programme need to be undertaken”. Similarly, ceiling on construction assistance under the Indira Awas Yojana should be enhanced and Gram Sabha needs to be empowered to select the beneficiaries under the scheme. Further, the allotment of dwelling units should be in the name of the female member of the beneficiary household. Alternatively, it can be allotted in the name of both husband and wife also construction of the house is the responsibility of the beneficiary and IAY house should not to be constructed and delivered by any external agency, such as, Government Departments, NGOs, etc.

Various aspects of Indira Awas Yojana (IAY) were also assessed, data reveals that Below Poverty Line (BPL) beneficiaries list are not maintained at the block level, 96.5% of the respondents from Rajasthan and 95.5% Gujarat have said ‘NO proper list is maintained for allotment of Indira Awas Yojana’. The respondents of Chhatisgarh and Madhya Pradesh expressed same views of 97% and 98% respectively. When we asked about the use of house site allotted to the BPL families, it was found that very less percentage of the IAY the respondents used houses. Data shows that 3% respondents have said ‘No use of IAY’ from

Rajasthan, 4% Gujarat, 3.4% Chhatisgarh and 2.5% from Madhya Pradesh. Data also reveals that 'No toilets provisions' have been made under the IAY house already allotted. SGSY has a definite objective of improving the family incomes of the rural poor and, at the same time, providing for a flexibility of design at the grassroots level to suit the local needs and resources. Therefore, SGSY need to be restructured to make the programme more effective in providing a sustainable income through micro-enterprise development, both land based and otherwise. In doing so, effective linkages have to be established between various components such as capacity building of the poor, credit technology, marketing and infrastructure was missing in the rural areas. It was observed that credit is the critical component in SGSY in rural areas, subsidy being only a minor and enabling element. SGSY should be promoted multiple credits rather than a one time credit 'injection'. The credit requirements of the Swarozgaris should be carefully assessed. Rural people should be allowed and in fact, encouraged for increasing their credit intake. SGSY beneficiaries in the rural areas should be emphasized on skill development through well-designed training courses. About the programme of self employment Swarn Jayanti Gram Swarozgar Yojana (SGSY), data shows that bank authority support the programme for extending finance, however, forward and backward linkages are not available data shows that more than 97% of the respondents were of the view in the rural areas of Rajasthan, Gujarat, Chhatisgarh and Madhya Pradesh. For the market linkages also 3% to 5% of the respondents are of the view that no market is provided of their produce under the SGSY programme.

Similarly, under NREGA priority should be given to the works of soil and moisture conservation, minor irrigation, rejuvenation of drinking water sources and augmentation of ground water, traditional water harvesting structures, work related to watershed schemes (not watershed development), formation of rural roads linking villages with other villages/Blocks headquarters and roads linking the villages with agricultural fields, drainage works and forestry. Rather, building of Government office buildings, Panchayats Buildings, compound walls, building for higher secondary schools, colleges. Works under the scheme should be publicized and Gram Sabhas informed to ensure transparency and accountability. Gram Panchayat should maintain a live employment register containing the details of the workers and number of days for which wage employment is provided under the scheme. Data reveals that rural older people know about the flagship scheme of NREGA in all the states. When we asked about the corruption under the implementation of the NREGA, 16% respondents said corruption are there in its implementation in Rajasthan, 17.5% Gujarat, 14% Chhatisgarh and 15% in Madhya Pradesh. In the issues of transparency under the implementation of the programme of NREGA, rural respondents have agreed that transparency is maintained under the NREGA, however, 10% and 4% in Rajasthan and Gujarat respectively have said 'no transparency' under the programme. Similarly 2% and 3% from Chhatisgarha and Madhya Pradesh respectively. Various other issues such as 'low wages, availability of regular work and use of assets created under the NREGA' were examined. It was found that 94.5% and 95.5% respondents from Rajasthan and Gujarat respectively said wages under the NREGA is very low in the present context, similarly from the states of Chhatisgarh and Madhya Pradesh 96.5% and 94.5% respectively, have also said 'wages under the programme is low'. When we tried to assess the availability of regular work under NREGA, data

shows that 32.5% of the respondents from Rajasthan and 31.5% of them from Gujarat have said that work is not available under the programme regularly. Similarly in the states of Chhatisgarh and Madhya Pradesh 26% and 30.5% were having the similar view with the respondents of Rajasthan and Gujarat. We have also tried to find out what is the use of assets created under the NREGA, data shows that 40.5% respondents are of the view from Rajasthan that assets created under NREGA is not utilized and similarly 43.5% from Gujarat. From the state of Chhatisgarh and Madhya Pradesh 38.5% and 34.5% were having the similar view of the respondents from Rajasthan and Gujarat.

Respondents from Rajasthan 7.5%, Gujarat 7%, Chhatisgarh 9.5% and 8% in Madhya Pradesh have said that Public Distribution System was working in the states, however, large number of them were in the opinion that they do not get benefits under the programme in time and under the Public Distribution System transparency and accountability is lacking.

Table 5.45: Number of Livelihood opportunities created in the rural areas.

Livelihood opportunities in the rural areas	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Improved services are available	6 (3%)	1 (0.5%)	5 (2.5%)	2 (1%)
2. Health facilities are created	19 (9.5%)	13 (6.5%)	15 (7.5%)	21 (10.5%)
3. Entertainment facilities created	4 (2%)	0	3 (1.5%)	1 (0.5%)
4. Safe drinking water facilities created	17 (8.5%)	14 (7%)	20 (10%)	15 (7.5%)
5. Whether Government programmes such as NREGA, SGSY, IAY, Road, rural electricity are implemented	20 (10%)	12 (6%)	16 (8%)	21 (10.5%)
6. Whether PDS is working effectively	15 (7.5%)	14 (7%)	19 (9.5%)	16 (8%)
7. Whether Employment opportunities are created	3 (1.5%)	1 (0.5%)	0	2 (1%)

5.43 It is therefore, suggested that NREGA should provide regular work for the people at least 300 days in a year, corruption need to be dealt with firmly, wages of the worker under the NREGA need to be enhanced in accordance with the high inflation, all kinds of transparency need to be maintained at the Panchayat level and eligible people should know their right under the programme. The job cards should not be taken from the worker and its entry required to done regularly and authentically. An asset created under NREGA need to be utilized fully for the purpose it is created.

For allotting Indira Awas Yojana- for allotting the house site to the eligible BPL families, beneficiariaries list should be maintained at Block level properly and with sincerity, quality of the house site under IAY should be improve by creating more amenities so that its proper use could be ensured.

Toilet facilities and Chulha as has been written in the guidelines of IAY need to be ensured for its maximum utilization.

Backward and forward linkages should be provided to the beneficiaries under the programme of Swarana Jayanti Gram Swarojgar Yojana in order to enhance the income of the swarojgaris.

Table 5.46: Status of the government programmes run in the rural areas.

Weakness of the Government programme	Names of the States							
	Rajasthan		Gujarat		Chhatisgarh		Madhya Pradesh	
	Yes	No	Yes	No	Yes	No	Yes	No
NREGA								
Corruption	32 (16%)	168 (84%)	35 (17.5%)	165 (82.5%)	28 (14%)	172 (86%)	30 (15%)	170 (85%)
No Transparency	180 (90%)	20 (10%)	192 (96%)	8 (4%)	196 (98%)	4 (2%)	194 (96%)	6 (3%)
Less Wage	189 (94.5%)	11 (10.5%)	191 (95.5%)	9 (4.5%)	193 (96.5%)	7 (3.5%)	189 (94.5%)	11 (5.5%)
Regular work	135 (67.5%)	65 (32.5%)	137 (68.5%)	63 (31.5%)	148 (74.5%)	52 (26%)	139 (68.5%)	61 (30.5%)
No use of assets created under the NREGA	119 (59.5%)	81 (40.5%)	113 (56.5%)	87 (43.5%)	123 (61.5%)	77 (38.5%)	121 (60.5%)	79 (34.5%)
IAY								
Beneficiaries list maintained	7 (3.5%)	193 (96.5%)	9 (4.5%)	191 (95.5%)	6 (3%)	194 (97%)	4 (2%)	196 (98%)
Use of IAY house site	6 (3%)	194 (97%)	8 (4%)	192 (96%)	7 (3.5%)	193 (96.5%)	5 (2.5%)	195 (97.5%)
Whether toilets/ Chulha therein IAY house site	7 (3.5%)	193 (96.5%)	6 (3%)	194 (97%)	5 (2.5%)	195 (97.5%)	7 (3.5%)	193 (96.5%)
SGSY								
Reluctant of Bank	1 (0.5%)	199 (99.5%)	2 (1%)	198 (97%)	6 (3%)	194 (97%)	5 (2.5%)	195 (97.5%)
Weak forward & backward linkages	3 (1.5%)	197 (98.5%)	2 (1%)	198 (99%)	4 (2%)	196 (98%)	6 (3%)	194 (97%)
Market linkages	9 (4.5%)	191 (95.5%)	10 (5%)	190 (95%)	8 (4%)	192 (96%)	6 (3%)	194 (97%)
Total								

Table 5.47: How the old age pension, widow pension and social security programmes are implemented in the village

Names of the States	Implementation of the pension programmes					
	Good	Very Good	Not properly implemented	Not at all implemented	People do not know the programmes	Total
Rajasthan	46 (23%)	3 (1.5%)	1 (0.5%)	121 (60.5%)	29 (14.5%)	200
Gujarat	50 (25%)	1 (0.5%)	0 (0%)	117 (58.5%)	32 (16%)	200
Chhatisgarh	19 (9.5%)	2 (1%)	0 (0%)	1 (0.5%)	178 (89%)	200
Madhya Pradesh	12 (6%)	0 (0%)	0 (0%)	0 (0%)	188 (94%)	200

5.44 We have tried to assess how effective the social development programmes being implemented in the rural areas. Data shows that old age pension, widow pension and social security programmes are implemented in the rural areas, however, 60.5% of the respondents from Rajasthan have said this is 'not at all implemented' though 23% of them have said good and 14.5% that people do not know the programmes, therefore fail to get the benefits. Scenario of rural Gujarat is also more or less same 58.5% of them have said 'Not at all implemented' 25% 'good' and 16% 'People do not know the programmes'. The situation are different than Rajasthan and Gujarat in Chhatisgarh and Madhya Pradesh, 9.5% have said 'good', 1% 'very good' 0.5% 'Not at all implemented' and 89% of them 'People do not know the programmes'. 94% of the respondents from Madhya Pradesh have said 'People do not know the programmes' and only 6% of them have said its 'good'.

5.45 It is due to lack of awareness, therefore, it is suggested that rural level awareness need to be enhanced among the people in order to maximize benefits under the various pension schemes/ rural development programmes

Community Building:

How the assets are being used created under various development programmes was also assessed. Data shows that community building only 8% and 10.5% respondents in Rajasthan and Gujarat have said being utilized. Rural Madhya Pradesh respondents have said any one does not utilize gram bhavan and only 2% of the respondents have said it is utilized in Chhatisgarh.

Rural Road:

Rural road created by the Government are utilized, respondents from Rajasthan and Gujarat 94.5% and 99.5% respectively have said it is utilized. Contrary, only 1 % in Madhya Pradesh and 0.5% in Chhatisgarh have said road created are not worth and hence, it is not utilized.

Small Dam:

Stop dam or small dam constructed by the Government in rural areas are very useful said 95.5% of the respondents of Rajasthan, 98.5% of Gujarat, however, scenario in Madhya Pradesh and Chhatisgarh is entirely different than Rajasthan and Gujarat. In Chhatisgarh only 1.5% of the respondents said useful and none of the respondent have said useful in Madhya Pradesh as in the sample villages there were no such facilities created by the Government.

Minor Irrigation:

When we asked about the minor irrigation facilities, it was reported that 3.5% respondents have said in Rajasthan that minor irrigation facilities have been created, 2.5% in Gujarat, however, from Chhatisgarh and Madhya Pradesh 90.5% and 97% respectively have said that minor irrigation facilities are created and being used for our agriculture purposes.

Hostel/ School:

More than 96% of the respondents from Rajasthan and Gujarat have said schools and hostel for the children are working and the Government has already created facilities. However, in the state of Chhatisgarh only 3% have said yes and in Madhya Pradesh none of the respondents have said yes. In the sample tribal areas of Chhatisgarh and Madhya Pradesh, school and hostels were not available except in Chhatisgarh one primary school was in place.

Table 5.48: Assets created by the government through development programmes are useful

Development Programmes	Names of the States							
	Rajasthan		Gujarat		Chhatisgarh		Madhya Pradesh	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Community building	16 (8%)	184 (92%)	11 (10.5%)	189 (94.5%)	4 (2%)	196 (98%)	0 (0%)	200 (100%)
2. Rural Road	189 (94.5%)	11 (5.5%)	199 (99.5%)	1 (0.5%)	1 (0.5%)	199 (99.5%)	2 (1%)	198 (99%)
3. Rural Housing	194 (97%)	6 (3%)	199 (99.5%)	1 (0.5%)	69 (34.5%)	131 (65.5%)	74 (37%)	126 (63%)
4. Small Dam	191 (95.5%)	9 (4.5%)	197 (98.5%)	3 (1.5%)	3 (1.5%)	197 (98.5%)	0	200 (100%)
5. Minor Irrigation	7 (3.5%)	193 (91.5%)	5 (2.5%)	195 (97.5%)	191 (90.5%)	9 (4.5%)	194 (97%)	6 (3%)
6. Hostel/ School	192 (96%)	8 (4%)	197 (98.5%)	3 (1.5%)	6 (3%)	194 (97%)	0 (0%)	200 (100%)
7. Residential school	119 (59.5%)	81 (40.5%)	117 (58.5%)	83 (46.5%)	178 (89%)	22 (11%)	188 (94%)	12 (6%)

5.46 We have tried to know that who are the people behind the empowerment of their Panchayat. Data reveals that ‘Sarpanch or Patel’ in the entire sample

village were the persons for Panchayats empowerment. Rajasthan 95.5% and Gujarat 100% of them have said that Sarpanch is the person for its empowerment. An effort of the Block Development Officer is also there for panchayat empowerment, 8% of the respondents from Rajasthan, 55% Chhatisgarh and 51% from Madhya Pradesh. However, none of the respondent has said the efforts of the Block Development Officer in Gujarat. Local people involvement is also there for panchayat empowerment 25.5% Rajasthan, 73% Chhatisgarh and 81% of respondents have said local people are also responsible for its empowerment. Combined efforts of Sarpanch a, BDO and local people, respondents from Rajasthan (27%) have agreed and 1.5% and 2% from Chhatisgarha and Madhya Pradesh respectively.

Table 5.49: The Person behind the Panchayat empowerment

Persons behind the Panchayat Empowerment	Names of the States			
	Rajastha n	Gujarat	Chhatisgar h	Madhya Pradesh
By the efforts of Sarpanch	189(94.5 %)	200(100 %)	153(76.5%)	142(71%)
By the efforts of BDO	3(1.5%)	0	21(10.5%)	10(5%)
By the efforts of Gram Sevak	16(8%)	0	110(55%)	102(51%)
By the efforts of local people	51(25.5%)	0	156(73%)	162(81%)
By the combined efforts of all	54(27%)	0	3(1.5%)	4(2%)

Table 5.50: Need for special programme for older people

Names of the States	Need for special programme		Percentage	
	Yes	No	Yes	No
Rajasthan	197	3	98.5%	1.5%
Gujarat	198	2	99%	1%
Chhatisgarh	199	1	99.5%	0.5%
Madhya Pradesh	196	4	98%	2%
Total				

5.47 We were wanted to know from the rural older respondents that whether any need for special programme for older people? Data shows that 31% from Rajasthan, 72.5% Gujarat, 95.5% Chhatisgarh and 93% respondents have said they need special programme to be launched for the rural older people. When we ask any special programme other than existing programmes can you suggest? They have mainly suggested getting economic benefit programmes and emphasised to enhance the rate of old age pension. It was also suggested that Government should create basic facilities for the older people in the villages such as, ‘ Bachnalaya, (reading Cente), health delivery service should be strengthened and provided free of cost, knowledge of ongoing programme should be extended to rural population etc.They have also suggested to give direct funding to Panchayat for the benefits of older people.

5.48 What are the capacity to plan and implement the development programme by the rural older people, data shows that 95.5% of the respondents have said they have the capacity to plan for them and implement the development scheme collectively in Chhatisgarh, 93% % from Madhya Pradesh, 72.5% Gujarat and 31% from Rajasthan.

Table 5.51: Capacity to plan/ implement Developmental schemes

Names of the States	Capacity to plan/ implement Development schemes		Percentage	
	Yes	No	Yes	No
Rajasthan	62	138	31%	69%
Gujarat	55	145	72.5%	27.5%
Chhatisgarh	191	9	95.5%	4.5%
Madhya Pradesh	186	14	93%	7%
Total				

Table 5.52: Suggestions given to capacitate the older people

Persons behind the Panchayat Empowerment	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Awareness Generation	140(70%)	193(91.5%)	93(46.5%)	80(40%)
2. Capacity building	23(11.5%)	11(5.5%)	119(59.5%)	104(52%)
3. By giving them exposure	120(60%)	101(50.5%)	52(26%)	34(17%)
4. By allowing Access to resource	184(92%)	190(95%)	31(15.5%)	40(20%)
5. By Political Empowerment	109(54.5%)	115(57.5%)	84(42%)	62(31%)

5.49 Data shows the suggestions given by the respondents in regard to capacity building of rural older people. 70% of the respondents from Rajasthan emphasized on awareness generation, 91.5% Gujarat, 46.5% Chhatisgarh and 40% from Madhya Pradesh. However, 52% and 59.5% respondents from Madhya Pradesh and Chhatisgarh respectively need capacity building training programme in order to capacitate themselves. Similarly 11.5% and 5.5% from Rajasthan and Gujarat respectively. When we enquired that whether they need exposure, it was revealed that 60% Rajasthan, 50.5% Gujarat, 26% Chhatisgarh and 17% respondents from Madhya Pradesh have said they need exposure of different places and programmes. In regard to Political empowerment 54.5% from Rajasthan, 57.5% Gujarat, 42% from Chhatisgarh and 31% respondents from Madhya Pradesh have said they need political empowerment. Allowing them to access the resource for carrying out the development programmes 20% of them from Madhya Pradesh have said 'yes', and 15.5% from Chhatisgarh, however, 95% of the respondents from Gujarat are of the view that they should be provided direct fund for development activities to be under taken in the rural areas and similarly 92% from the state of Rajasthan rather giving to Panchayat

Table 5.53: Strengthening of older people leadership at grassroots level is required in the rural areas to get targeted benefits

Names of the States	Strengthening of the older people		Percentage	
	Yes	No	Yes	No
Rajasthan	184	16	92%	8%
Gujarat	199	1	99.5%	0.5%
Chhatisgarh	109	91	54.5%	45.5%
Madhya Pradesh	94	106	47%	53%

5.50 Need for development of older people leadership at rural grassroots level, data reveals that 92% and 99.5% of the respondents were of the views in Rajasthan and Gujarat that their leadership needs to be enhanced. However, mixed picture were reported in the states of Chhatisgarh and Madhya Pradesh, it was 54.5% and 47% of the respondents respectively from Chhatisgarh and Madhya Pradesh were of the views that they need leadership building techniques, however, 45.5% and 53% were reluctant to have leadership training on the pretext that they have become old and no one Government system will listen us. The attitudes of the respondents in general are comparatively different than the respondents of Chhatisgarh and Madhya Pradesh in almost all the front of data.

Table 5.54: Involvement of NGO in rural areas for the development of the older people

Names of the States	Opinion of the respondent about NGO working in social welfare programme in rural areas		
	Good	Very Good	Bad
Rajasthan	135	18	47
Gujarat	141	16	43
Chhatisgarh	136	26	38
Madhya Pradesh	138	21	41

5.51 Opinion of the respondents were gathered about the involvement of NGOs in development activities in rural areas, it was revealed that 68.75% of the respondents have said NGOs are involve in the rural areas in development activities for older people, 10.12% have responded that NGOs involvement is very good in rural areas and 21.12% have reacted bad telling that they have their own motives. Overall NGOs involvements are well accepted for the development of the older people. Respondents have requested that for undertaking the development programmes for the older people in rural areas, Government should promote them in order to take development programme and establish old age home in rural settings.

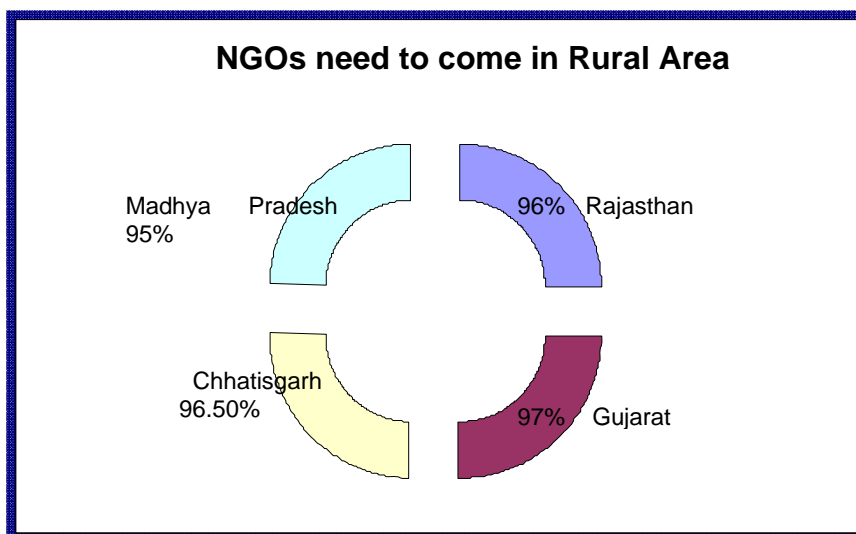
Table 5.55: Which NGO's are good.

If Good who are the NGO	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Religious	110 (55%)	98 (49%)	112 (56%)	109 (54.5%)
Socio Economic NGO	90 (45%)	100(50%)	84(42%)	90 (45%)
Other	0	2 (1%)	4 (2%)	1 (0.5%)

5.52 When we asked which kinds of NGOs are appropriate for their development, it was found that religion based NGOs are good 55% (Rajasthan), 49% (Gujarat), 56% (Chhatisgarh) and 54.5% (Madhya Pradesh). Respondents were in the opinion that Socio Economic NGOs are equally good 45% Rajasthan, 50% Gujarat, 42% Chhatisgarh and 45% Madhya Pradesh however, in regard to other NGOs responses were negligible.

Table 5.56: Whether more NGO's should come in the rural areas

Names of the States	Whether more and more NGO's should come in the rural area		Percentage	
	Yes	No	Yes	No
Rajasthan	192	8	96%	4%
Gujarat	194	6	97%	3%
Chhatisgarh	193	7	96.5%	3.5%
Madhya Pradesh	190	10	95%	5%
Total				



5.53 We have assessed the views of the rural older people that what are the different between the government implementation and NGO implementation of social welfare programmes, we got the different views in different aspect from the respondents. The views of the respondents are summaries below;

1. NGO are well connected with people – Government not- 9.5% and 4% respondent from Rajasthan and Gujarat have said 'yes', however, 34.5% and 37% from Chhatisgarh and Madhya Pradesh respectively.

Table 5.57: Difference between the government implementation and NGO implementation of social welfare programmes

In implementation of social welfare programmes by the Government and NGO	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. NGO are well connected with people – Government not	19(9.5%)	8(4%)	69(34.5%)	74(37%)
2. Government has the fund but does not spend – NGO does	69(34.5%)	51(25.5%)	68(34%)	58(29%)
3. Government programmes does reach to beneficiaries – NGO are peoples oriented	110(55%)	116(58%)	33(16.5%)	10(5%)
4. Government is not sensitive – NGO's are sensitive to older people	82(41%)	70(35%)	74(37%)	50(25%)
5. Government follow hierarchy – NGO do not	34(17%)	17(8.5%)	10(5%)	0
6. Government implement programme very slow – NGO are fast implementers	28(14%)	11(5.5%)	98(49%)	100(50%)
Total				

2. Government has the fund but does not spend – NGO does:

Respondents from Rajasthan 34%. 5% were in the views that Government has the fund for the rural development including welfare of rural older people but does not spend; NGOs are spending the fund for the development though they have their own motives. Similar views were emerged from the respondents of Gujarat, Chhatisgarh and Madhya Pradesh.

3. Government programmes does reach to beneficiaries – NGO are peoples oriented-

when we asked question that Government programmes does reach to beneficiaries, it was strongly supported in Rajasthan and Gujarat, however some of them were in the opinion in Chhatisgarh and Madhya Pradesh. Government benefits programme are reaching 55% and 58% in Rajasthan and Gujarat respectively, however in Chhatisgarha 16.5% and Madhya Pradesh 5% have said the benefits reaches to the beneficiaries. In the rural areas of Chhatisgarh and Madhya Pradesh, NOGs are more oriented and approach, able in rural areas for extending benefits.

4. Government is not sensitive – NGO's are sensitive to older people-

While implementing the Government programme Government officials are not sensitive towards the older people, however the NGOs are sensitive for the

welfare and development of the rural older people. Considerably good percentages of the respondents have supported the above views.

5. Government follow hierarchy – NGO do not

Some of the respondents from Rajasthan, Gujarat and Chhatisgarh have accepted that in Government machinery they follow hierarchy, however in NGOs set up every body is access with them.

6. Government implement programme very slow – NGO are fast implementers

In the state of Madhya Pradesh and Chhatisgarh, 50% and 49% of the respondents respectively were in the opinion that Government implemented programmes are very slow and NGO are fast implementers. Negatively, 14% and 5.5% respondents respectively from Rajasthan and Gujarat were in the opinion that Government implemented programmes are very slow and NGOs are fast implementers

Table 5.58: Statement showing how the act is implemented.

Implementation of the Act	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
Poorly	10 (20%)	9 (18%)	13 (26%)	11 (22%)
Ineffective	8 (16%)	10 (20%)	9 (18%)	10 (20%)
Implemented slowly	3 (6%)	1(2%)	1 (2%)	2 (4%)
Not implemented	29 (58%)	30 (60%)	27 (54%)	27 (54%)
Total	50	50	50	50

5.54 When we asked from the individual 200 respondents about the implementation of the Act, more than 53% of them have said not implemented. More than 86% of them have said that there is no change in socio economic life of older people. Even in the addition to the household survey 200 older individual respondents were interviewed in all the selected states of study. Specific facts were collected from them that what all facilities older people require in the old age home. Data shows that 94% of the respondents of Rajasthan are of the view to provide good food in the old age home. Similarly 98% health facilities need to be enhanced, 78% hygienic condition of living should be ensured, 48% of the respondents have said security and safety especially for older women need to provided, another 42% were in the view that entertainment facilities such as News papers, TV, indoor games must be ensured in the old age homes. The respondents of Gujarat expressed similar views. 90% said good food, 86% health facilities 82% hygienic condition, 58% security and safety, 48% entertainment facilities should be provided in the old age homes. In Chhatisgarh and Madhya Pradesh 82% have said good food 100% and 98% for health facilities 58% and 70% hygienic living 74% and 56% security and safety of older women in the old age homes respectively.

Table 5.59: Whether any change in socio economic policy of aspects of the older people.

Name of the states	Change in socio economic policy of aspects of the older people.				
	Yes	No	Some extent	Not at all	Total
Rajasthan	2 (4%)	4 (8%)	1 (2%)	43 (86%)	50
Gujarat	0	6 (12%)	0	44 (88%)	50
Chhatisgarh	1 (2%)	3 (6%)	0	46 (92%)	50
Madhya Pradesh	0	0	0	50 (100%)	50

Table 5.60: Development programmes implemented in the area.

Programmes	Names of the States			
	Rajasthan	Gujarat	Chhatisgarh	Madhya Pradesh
1. Social Security programme	0	0	0	0
2. Health programme	10 (20%)	0	6 (12%)	2 (4%)
3. Old Age Pension	46 (92%)	39 (79%)	36 (72%)	45 (90%)
4. Physical Security is provided	0	1 (2%)	0	2 (4%)
5. Essential services are easily available	0	0	0	0
6. Entertainment facility are created	7 (14%)	0	2 (4%)	9 (18%)
7. News Papers and Television accessibility are available	5 (10%)	1 (2%)	13 (26%)	16 (32%)
8. People regards the Older people in general	4 (8%)	1 (2%)	2 (4%)	6 (12%)
9. Attitude of the younger generation are cooperative and supportive towards the older people	0	0	3 (6%)	1 (2%)
Others	1 (2%)	0	2 (4%)	1 (2%)

Table 5.61: Table showing impact of new legislation

Names of the States	Impact of new legislation			
	Good	Bad	No comments	Total
Rajasthan	4 (8%)	10 (20%)	36 (72%)	50
Gujarat	6 (12%)	13 (26%)	31 (62%)	50
Chhatisgarh	2 (4%)	7 (14%)	41 (82%)	50
Madhya Pradesh	0	0	50 (100%)	50

Table 5.62: Statement showing whether any old age home near by the area.

Names of the States	Old age home nearby the area		Percentage	
	Yes	No	Yes	No
Rajasthan	2	48	4%	96%
Gujarat	0	50	0	100%
Chhatisgarh	1	49	2%	98%
Madhya Pradesh	0	50	0	100%

Table 5.63: Statement showing which type of old ages home are good for older people

Names of the State	Types of old age home			
	Government run old age homes	NGO run old homes	Others	Total
Rajasthan	7 (14%)	34 (68%)	9	50
Gujarat	4 (8%)	36 (72%)	10	50
Chhatisgarh	5 (10%)	37 (74%)	8	50
Madhya Pradesh	5 (10%)	32 (64%)	13	50

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Chapter-VI

Summary and Findings

The present study was undertaken to know the effectiveness of different social welfare programme on rural older people with the overall objective of understanding the existing institutional facilities available for the care of the elderly and to obtain the perspectives of the elderly men and women living in rural areas.

“Ensuring the interests of rural older people needs to be heard by the Government. What is the situation of older people living in rural villages? ‘How can an old person, who is more than 60 years old, enjoying the late years of life?’ ‘My son died. My grand daughter has to go to school. We don’t have enough money. So I am afraid that no one will take care of me in the last years of my life.’” Most of the rural older people in the villages were poor farmers. Older people overwhelmingly identified themselves as peasant farmers. As farmers, older people said their households rely first on agricultural crops for income. Although they are poor, nearly all get enough to eat. They have limited education and literacy skills. Older women have special vulnerabilities. Older women were twice as likely as men to be living alone, were more likely to be widowed, had half as much schooling as men on average, were more likely to be illiterate, and were less likely to travel outside the village.

6.2 Health is a major concern.

When asked, “What is your one main concern?” older people often mentioned health issues.

When they get sick, over half of older people (55 per cent) go first to the local village doctor, while another 27 per cent go to a county or township hospital. Some 26 per cent had not visited a village doctor at all in the past year, while roughly one in five older persons said they visit a doctor at least monthly on average. Four out of five older people believe they should get healthcare more often. Asked why they did not go, the most common answers were lack of money (29 per cent), lack of information about where to go (15 per cent), and lack of motivation (11 per cent).

6.3 Migration of adult children is changing older people’s lives.

Many children of older people have left the village in search of work. About 87 per cent of these older people have one or more children living outside the village currently. After agricultural crops, wages from migrant workers are the next most frequent source of income for older people’s households. **Migration also brings greater responsibility for grandchildren.** Migration brings both benefits and burdens. Older people are often caring for the grandchildren left behind by migrant workers. In nearly a quarter of the households where older people and their grandchildren were living together, those grandchildren were living without either of their parents. The most common reason why the grandchildren were living without their parents was that they were working elsewhere.

6.4 Older people play a critical role in the rural economies. In most parts of the sample villages they participate in crop production and livestock care, provide food, water and fuel for their families, and engage in off-farm activities to diversify their families' livelihoods. In addition, they carry out vital reproductive functions in caring for children. To understand the situation of rural older men and women, it is necessary to examine the full diversity of their experiences in the context of the changing rural economy, including their position within household and community structures; the gender division of labour; their access to and control over resources; and their participation in decision-making. Rural older men/women are not a homogeneous group; there are important differences among men/ women older people in rural areas based on class, age, marital status, ethnic background, race and religion. Gender-based stereotypes and discrimination deny rural older women equitable access to and control over land and other productive resources, opportunities for employment and income-generating activities, access to education and health care, and opportunities for participation in public life. It was observed that older men/women have restricted social interaction, limited earning possibilities, several medical complications, emotional isolation (in many cases even from their own children), very limited knowledge or awareness of their legal rights and natural reluctance to seek justice. In rural societies older men/women are considered second-class citizens. They have been lagging behind in almost all walks of life for centuries. They have never been financially independent. Due to less social interaction they even don't know about their rights and powers. They are always dependent on children/family for their basis needs, even for day-to-day requirements. **Therefore, there is a need to have comprehensive development policy of rural older people and all the Central Ministries/Departments who are looking after their welfare such as social welfare, health, rural development and security related department may design a comprehensive development policy for rural older people.**

In the rural areas older women have more critical problem than older men. Due to social and traditional family structure they are forced to live with many limitations. Hence they find themselves marginalized and isolated all the time. As women live longer than men, older women have to live a life of a widow in their silver years. Although due to the changing economic scenario in the country, rural areas are also affected by it especially in empowering women through various mediums, and laws have also been made for protection and empowerment of women, older women lead a marginalized life and many women rural areas still live a neglected and miserable life. It is due to various nutritional deficiencies in the rural areas and non-availability of proper health services, health delivery system observed

was very poor in the sample villages. **Therefore, it is suggested that related line Ministries of Women and Child Development, Social Justice and Empowerment, Rural Development, Health and Family Welfare should initiate specific programme to create awareness among the older rural women as they are the backbone of the family and live longer.**

It is also suggested that the basic provisions of the Act should be taught to Local block level officials and Panchayat officials need to be sensitized for its implementation. Overall young people attitude towards the rural older people was found good. As the older population is increasing day by day and their problems is also increasing, **therefore, specific training across the rural areas of the country should be imparted among the young youth to sensitize them. All the youths of the country should be taught about the geriatric care and solving problems of the older people.**

6.5 Older people in the rural areas were mainly concerned with economic benefits **therefore; they have augmented to get economic benefit programmes and emphasized to enhance the rate of old age pension. It was also suggested that Government should create basic facilities for the older people in the villages such as, 'Bachnalaya, (reading Centre), health delivery service should be strengthened and provided free of cost, knowledge of ongoing programme should be extended to rural population etc. It was also suggested to give direct funding to Panchayat for the benefits of older people.**

6.6 Rural development is affected by the ongoing processes of globalization: the commercialization of agriculture, the liberalization of international trade and markets for food and other agricultural products, the increase of labour migration, and the privatization of resources and services. These transformations do not occur in a vacuum but interact with other complex processes at different levels, including domestic economic policies, local livelihood strategies and sociocultural structures and practices. The changes associated with globalization, diversification of rural livelihoods, increased labour mobility, climate change and food insecurity, as well as other trends, has brought both gains and challenges for older people in rural areas. Although there are common trends, there are also major differences according to regions, as well as diversity among older people based on class, ethnicity, religion, age and other factors. Mistreatment and torture of older people, a manifestation of the timeless phenomenon of inter-personal violence is prevalent in rural families too, verbally abused, and denied proper food, proper medication and care by younger members of family. Older people are indeed in a very helpless situation with eroding social value system. It was observed that older people abused, in rural area. In broad

prospective, older people Abuse comprise all such situations, in which older persons think that they are not leading or could not lead a respectable or independent life in rural areas. **Therefore proper mechanism to ensure the comprehensive protection, promotion and security should be provided at the village level. All the available Government programmes should have component (OPC) and programmes designed exclusively for older people need to be implemented in later and spirit by the Panchayat Raj Institution (PRI).**

6.7 The rural older people who are not physically incapacitated do not require short-term relief measure to meet their immediate needs for subsistence. **But what they really need is a long-term assistance, which can sustain them to spend the evening of their lives with some dignity.** Older people are unable to take advantage of Government run social welfare programmes. **Therefore, it is suggested that Government should include awareness generation component in all their schemes initiated for the welfare and development of older people and fund should be released directly to Panchayat level for generating awareness among the rural older people. In this regard NGOs should also be supported with financial assistance to become pro active to generate awareness among the older rural people. More and more awareness generation among the rural older people required to be created in order to tell them about the benefits and facilities available for them. Also, it is recommended that under the existing scheme priority should be given to those NGOs who are ready to construct old age home in rural areas as NGOs are off course good alternative for the welfare and development of the rural older people. They need support of the Government in order to provide them social security and dignity.**

6.8 While interacting with the rural older people in sample villages, **they have emphatically impressed that the new legislation for the older people need to be displayed at the Panchayat Bhavan and Panchayat Members should know its pros and cons and tell all the eligible older people so that they can be benefited. The merit of this Act needs to be told to the rural older people through NGOs, as they are access to the rural areas. Children of the rural older people should also be taught about the new legislation in order to change their attitude toward the positive direction of the older people.**

6.9 Various rural development programmes were assessed and discusses with the rural older people on the basis of the fact, it is, suggested that NREGA should provide regular work for the people at least 300 days in a year, corruption need to be dealt with firmly, wages of the worker under the NREGA need to be enhanced in accordance with

the high inflation, all kinds of transparency need to be maintained at the Panchayat level and eligible people should know their right under the programme. The job cards should not be taken from the worker and its entry is required to be done regularly and authentically. **An asset created under NREGA need to be utilized fully for the purpose it is created. Similarly, under NREGA priority should be given to the works of soil and moisture conservation, minor irrigation, rejuvenation of drinking water sources and augmentation of ground water, traditional water harvesting structures, work related to watershed schemes (not watershed development), formation of rural roads linking villages with other villages/Blocks headquarters and roads linking the villages with agricultural fields, drainage works and forestry. Rather, building of Government office buildings, Panchayats Buildings, compound walls, building for higher secondary schools, colleges. Works under the scheme should be publicized and Gram Sabhas informed to ensure transparency and accountability. Gram Panchayat should maintain a live employment register containing the details of the workers and number of days for which wage employment is provided under the scheme.**

6.10 For allotting Indira Awas Yojana- for allotting the house site to the **eligible BPL family beneficiariaries list should be maintained at Panchayat level properly rather to block level at present and with sincerity, quality of the house site under IAY should be improve by creating more amenities so that its proper use could be ensured. Toilet facilities and Chulha as has been written in the guidelines of IAY need to be ensured for its maximum utilization.**

However, provision for up gradation of unserviceable Kutchha houses under the Indira Awas Yojana (IAY), rural older people were of the opinion that **“to change in the criteria of allocation under the rural housing schemes, Credit-cum-subsidy Scheme for Rural Housing should be provided, and Innovative Stream for Rural Housing and Habitat Development programme need to be undertaken”.** **Similarly, ceiling on construction assistance under the Indira Awas Yojana should be enhanced and Gram Sabha needs to be empowered to select the beneficiaries under the scheme. Further, the allotment of dwelling units should be in the name of the female member of the beneficiary household. Alternatively, it can be allotted in the name of both husband and wife. IAY house should not to be constructed and delivered by any external agency, such as, Government Departments, NGOs, etc.**

6.11 The desired linkages among the programmes and the much needed focus on the substantive issue of sustainable income generation

were missing in the rural areas. SGSY accordingly came into being after restructuring of all these programmes. SGSY has a definite objective of improving the family incomes of the rural poor and, at the same time, providing for a flexibility of design at the grassroots level to suit the local needs and resources. **Backward and forward linkages should be provided to the beneficiaries under the programme of Swarana Jayanti Gram Swarojgar Yojana (SGSY) in order to enhance the income of the swarojgaris.** It was observed that credit is the critical component in SGSY in rural areas; subsidy being only is the critical component in SGSY in rural areas, subsidy being only a minor and enabling element. **Therefore, greater involvement of banks needs to be ensured under the SGSY. SGSY should be promoted multiple credits rather than a onetime credit 'injection'. The credit requirements of the Swarozgaris should be carefully assessed. Rural people should be allowed and in fact, encouraged for increasing their credit intake. SGSY beneficiaries in the rural areas should be emphasized on skill development through well-designed training courses.**

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A study of effectiveness of Social Welfare Programmes on Senior Citizen in rural Rajasthan, Chhatisgarh, Gujarat and Madhya Pradesh

HOUSEHOLD QUESTIONNAIRE

1	Identification Particulars	Sample Sr. No.						
1.1	Village:	1.4	District:					
1.2	Gram Panchayat:	1.5	State:					
1.3	Taluka / Block:							

2	Respondents Profile
2.1	Name of the Respondent:
2.2	<u>Sex</u> Male - 1 <input type="checkbox"/> Female- 2
2.3	<u>Age</u> 60-62 years -1 <input type="checkbox"/> 63-65 years -2 66-70 years -3 More than 70years
2.4	<u>Marital Status</u> Unmarried-1 <input type="checkbox"/> Married-2 Widowed-3 Separated- 4 Divorcee (Legally)-5
2.5	<u>Education</u> Illiterate-1 <input type="checkbox"/> Below primary-2 Primary-3 Middle-4 High school-5 Intermediate-6 Others (specify.....)-7
2.6	Belongs to Community General - 1 <input type="checkbox"/> Other Backward Classes -2 Scheduled Caste -3 Scheduled Tribe - 4 Minority - 5 Other please specify.... -6
2.7	<u>Occupation-Present</u> Farmer-1 <input type="checkbox"/> Labourer-2 Petty Business-3 Retire -4 Others (specify.....)-5
2.8	Land Holding (Respondent Household) Write a total land holding of the house hold and specify whether irrigated or not
3	Household Profile

A study of effectiveness of Social Welfare Programmes on Senior Citizen in rural Rajasthan, Chhatisgarh, Gujarat and Madhya Pradesh

3.1	<u>Details of Household Members</u>						
	S. No	Name of the Household Member	Sex	Age	Relationship to HH	Education	Occupation

4	Basic Amenities
4.1	<u>What is the source of drinking water</u> Tap water-1 Well-2 Handpump-3 Other (specify.....)-4
4.2	<u>What is the distance of drinking water source from your house:</u> In the house-1 100 meters from the house-2 500 meters from the house-3 1 km from the house-4
4.3	<u>Do you have electric connection in your house</u> Yes-1 No-2
4.4	<u>In case of illness where you go for treatment</u> Private doctor-1 Government hospital-2 Other (Specify.....)-3
4.5	<u>Distance of the treatment centre</u> Well with in the village -1 With in 1 km-2 With in 2 km-3 With in 5 km -4 More than 5 km-5
5	Socio- Economic Profile

A study of effectiveness of Social Welfare Programmes on Senior Citizen in rural Rajasthan, Chhatisgarh, Gujarat and Madhya Pradesh

5.1	Household Goods you possessed;				
	Types of Goods		Number	Present Value	
	Cycle				
	Wrist Watch				
	Radio				
	Fan				
	Pump set				
	TV				
	Bullock Cart				
	Motor Cycle				
	Gas Connection				
	Latrine				
Others fuel source (please specify)					
5.2	Income of Last Year				
	SI No	Source	Agriculture	Business	Sell of surplus agriculture produce
	1				
	2				
	3				
5.3	Expenditure Last Year				
	SI No	Description		Expenditure in Rupees	
	1	Food			
	2	Fuel			
	3	Cloth			
	4	Disease (health his or her) family if applicable			
	5	Education (children or grand children)			
	6	Entertainment			
	7	Social Functions			
	8	Agriculture Equipments			
	9	Liquor			
	10	Other Litigations			
11	Others (please specify)				

6 Social Welfare Programmes		
6.1	Do You Know about the social welfare programme being implemented by the Government and NGOs for Older people? Yes-1 No-2	<input type="checkbox"/>
6.2	If yes, are you getting any benefits such as Old Age pension -1 Free health facilities -2 Concession in traveling -3 Any other benefits, please specify -4	<input type="checkbox"/>
6.3	Do You Know there is Act called The Maintenance and Welfare Of Parents and Senior Citizens Act, 2007? Yes-1 No-2	<input type="checkbox"/>
6.4	If yes Do you know the basic provision of the Act for your benefits? Yes-1 No-2	<input type="checkbox"/>
6.5	Whether your Children know the provision of the Act?	<input type="checkbox"/>



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	Yes -1 No - 2 If no, will you ask your children to read or know this Act? Yes-1 No-2	
6.6	Act says if the Children are not caring the older people they will be punish, do you think this Act is good for protection and caring of helpless older people? Yes-1 No-2	<input type="checkbox"/>
6.7	Do you know about the old age home being run by the Government, NGOs or the Missionary Institutes in your place/area or in the district? Yes-1 No-2	<input type="checkbox"/>
6.8	Do you think older people should live in the Old Age Homes? Yes -1 No - 2	<input type="checkbox"/>
6.9	Any other alternatives than Old Age Homes for older people are there in your locality? Yes-1 No-2	<input type="checkbox"/>
6.10	Who care for you whether your own children and grand children? Children care for you- 1 Slightly care for you – 2 Nobody care - 3	<input type="checkbox"/>
6.11	If above column's code is -3 Do you agree to move from your own house – Yes – 1 and No -2 If yes where do you want to go? Old Age home created by the Government -1 Old Age Home run by the NGO - 2 Old Age home run by the Missionary and Charity Institute -3	<input type="checkbox"/> <input type="checkbox"/>
6.12	If you are agree to move from your own house, is there any old age home being run near your place?? Yes – 1 No - 2 If yes, Please tell us the address and location: -----	<input type="checkbox"/>
6.13	Are your Children are getting economic benefits from you Yes-1 No-2	<input type="checkbox"/>
6.14	If not, (code- 2 above) do you have any immovable or movable property on your own name and your children are utilizing the property Yes-1 No-2	<input type="checkbox"/>
6.15	What are the entertainment facilities available in your place? TV-1 Radio-2 Movie-3 Market place to roam around-4 Meeting joints in the villages-5 Indoor Games (carom) etc-6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.16	Are you getting cooperation from your children in family matters Yes -1 No -2 If code -2 above, are you getting cooperation in (health services, food, shelter, financial supports and imotional support etc) from Others Children-1 Villagers-2 Relatives-3 Government authorities-4	<input type="checkbox"/> <input type="checkbox"/>
6.17	Whether you are being consulted in various matter by Younger generation- 1 Villagers—2	

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	please.....	
6.29	What are the opportunities to strengthen the Act? Comments please.....	
6.30	People say new legislation is ineffective, do you agree? Yes- 1 No -2 If yes, then please tell us, how this Act should be effectively implemented?	<input type="checkbox"/>
6.31	Do you know! Whether Act is being implemented in your area? Yes-1 No-2	<input type="checkbox"/>
6.32	If Yes above (code- 1 at Q 6.30) What change you have seen for the last 2 years. (Choose as many as you can) Act is implemented by the Gram Sabha-1 <input type="checkbox"/> Exploitation has been reduced -2 All benefits are extended to older people through Gram Sabha-3 Health facilities are available -4 Security and safety are ensured by the Gram sabha -5 Economic benefits are available -6 Gram Sabha is being consulted by the local Government in regard to older peoples benefits -7 In Gram Sabha people are empowered-8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.33	Do you think after the implementation of New Legislation in your areas, new livelihood programme Initiated? Yes-1 No-2	<input type="checkbox"/>
6.34	If yes, what is the livelihood opportunities created in your village? (Choose as many as you can) Improved services are available -1 Health facilities are created-2 Entertainment facilities created-3 Safe drink water facilities created-4 Whether Government Programme such as NREGA, SGSY, IAY, Road, rural electricity are implemented-5 Whether PDS is working effectively -6 Whether Employment opportunities are created -7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.35	What weakness you see in Govt. programmes such as NREGA Corruption –yes-1 No-2 No Transparency Yes-1 No-2 Less wage Yes-1 No-2 Regular work yes-1 No-2 No Use of assets created under the NREGA yes-1 No-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.36	IAY Beneficiaries list maintained yes-1, No-2 Use of IAY house site yes-1, No-2 Whether, Toilets/Chullha therein IAY house site yes-1, No-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.37	SGSY Reluctant of Bank yes -1, No-2 Weak forward & backward linkages yes-1, No-2 Market linkage yes -1, No-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.38	How the old age pension, widow pension and social security programmes are implemented in your village Good- 1 Very Good -2 Not properly implemented (delay in Payment) -3 Not at all implemented – 4 People do not know the programmes- 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.39	Do you think assets created by the Govt. through development programmes are useful? Community building yes-1 No-2 Rural Road yes-1 No-2 Rural Housing yes-1 No-2 Small Dam yes-1 No-2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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	Minor irrigation yes-1 No-2 Hostel/School yes-1 No-2 Residential school yes-1 No-2			
6.40	Who is behind your Panchayat empowerment By the efforts of Sarpanch-1 By the efforts of BDO-2 By the efforts Gram Sevak-3 By the efforts of local People-4 By the combined efforts of all -5			
6.41	If yes, please tell us what change you suggest in overall contest of the older people welfare and development?			
6.42	Is there any need to give special programme for older people? Yes-1 No-2		<input type="checkbox"/>	
6.43	Do older people have capacity to Plan / implement Developmental schemes? Yes-1 No-2		<input type="checkbox"/>	
6.44	If they do not have the capacity to Plan / implement Developmental schemes? Then Suggest how to capacitate them? (Choose as much as you can) 1 Awareness Generation -1 2 Capacity Building -2 3 By giving them exposure -3 4 By allowing Access to resource -4 5 By Political Empowerment -5			
6.45	Do you think strengthening the older people Leadership at grassroots level is required in the Rural areas to get targeted benefits? Yes-1 No-2		<input type="checkbox"/>	
6.46	Comments of the Investigator in regard to Q 6.45 above in detailed:			
7	NGO involvement			
7.1	What is your opinion about NGO working in social welfare programme in rural area Good 1 Very Good 2 Bad 3		<input type="checkbox"/>	
7.2	If good above who are the NGO Religious 1 Socio Economic NGO 2 Other 3		<input type="checkbox"/>	
7.3	Do you think more NGOs should come in this area Yes 1 No 2		<input type="checkbox"/>	
7.3	What is the difference between Government implementation and NGO implementation of social welfare rogrammes [Choose as much as relevant] NGO are well connected with people – Government not 1 Government has the fund but does not spend - NGO does 2 Government programmes does reach to beneficiaries—NGO are peoples oriented- 3 Government is not sensitive- NGOs are sensitive to older people- 4 Government follow hierarchy – NGO do not – 5 Government implement programme very slow- NGO are fast implementers- 6			

Date:

Name & Signature of the Investigator

QUESTIONNAIRE FOR OLDER PEOPLE

1	Identification Particulars	Sample Sr. No.	<input type="text"/> <input type="text"/> <input type="text"/>
1.1	Village:	1.4	District:
1.2	Gram Panchayat:	1.5	State:
1.3	Taluka / Block:		

2	Respondents Profile		
2.1	Name of the Respondent:		
2.2	<u>Sex</u> Male - 1 Female- 2		<input type="checkbox"/>
2.3	<u>Age</u> 60-62 years -1 63-65 years -2 66-70 years -3 More than 70years		<input type="checkbox"/>
2.4	<u>Marital Status</u> Unmarried-1 Married-2 Widowed-3 Separated- 4 Divorcee (Legally)-5		<input type="checkbox"/>
2.5	<u>Education</u> Illiterate-1 Below primary-2 Primary-3 Middle-4 High school-5 Intermediate-6 Others (specify.....)-7		<input type="checkbox"/>
2.6	Belongs to Community General - 1 Other Backward Classes -2 Scheduled Caste -3 Scheduled Tribe - 4 Other please specify... -5		<input type="checkbox"/>
2.7	<u>Occupation-Present</u> Farmer-1 Labourer-2 Petty Business-3 Retire -4 Others (specify.....)-5		<input type="checkbox"/>
2.8	Please tell us about the new Act for Older Persons Do you know this Act? Yes-1 No-2		<input type="checkbox"/>

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2.9	If Yes, how it is implemented Poorly- 1 Ineffective-2 Implemented slowly-3 Not implemented-4	<input type="checkbox"/>
2.10	After this Act enacted and implemented, Is there any change you see in the socio economic aspects of older persons Yes-1 No-2 Some extent-3 Not at all-4	<input type="checkbox"/>
2.11	Do you know the welfare and development programme implemented for older person in you areas? Yes-1 No-2	<input type="checkbox"/>
2.12	If yes what are they? (Please <input checked="" type="checkbox"/> mark 1. Social Security programme 2. Health programme 3. Old Age Pension 4. Widow pension 5. Physical security is provided 6. Essential services are easily available 7. Entertainment facility are created 8. New Papers and Television accessibility are available 9. People regards the Older people in General 10. Attitude of the younger generation are cooperative and supportive toward the older people 11. Other (specify).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.13	Impact of new legislation for older person Good -1 Bad-2 No comments-3	
2.14	If bad or no impact can you suggest some alternative for effective implementation of the Act?	
2.15	Is there any old age home near by your location Yes-1 No-2	
2.16	If yes which type of old age home are good for older people Government run old age homes- 1 NGO run old age homes-2 Other (specify)- 3	<input type="checkbox"/>
2.17	Have you visited any old age homes Yes-1 No-2	<input type="checkbox"/>
2.18	If yes, can you suggest any change with the facilities provided by them? Yes-1 No-2	<input type="checkbox"/>

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2.19	If yes (code -1 at Q.2.18) what are they, Please <input checked="" type="checkbox"/> mark 1. Good food should be provided 2. Health facilities need to be enhanced 3. Hygienic living should be ensured 4. Security and safety for women older people need to be provided 5. Entertainment such as News papers, TV and Radio programme, indoor games etc be provided 6. Any other facilities (please specify).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.20	General Comments: Please ask the respondent his her views on older people welfare and development in detailed <i>(In respect of their health, safety, economic security, family support, available benefits by the Government, NGO and private Institution, attitude of the children and younger generation toward older people, and some suggestions for improving the above condition of older people.)</i>	

Signature of the Investigator

Date:

Some of the picture of older people





