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Review of health policies & programmes for elderly in India: With special reference to Rampurhat health district of West Bengal

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Abstract
Among the different stages of a life cycle, 'Old Age' is most vulnerable and generally problem-ridden. Health is a vital issue to maintain their well-being and good quality of life in their old-age period. In India, the health policies and programmes denote that the Government has just started to think seriously about elderly care. Yet, it is a great challenge before the country to attend and provide health services as required to all the needy. But, a comprehensive approach with the help of family, community, Government, and Non-Government organizations, etc. may assist the elderly in a more organized way in their health crisis.

Keywords: elderly, public health policy, public health programme, health district

Introduction
The Irish author and satirist, Jonathan Swift rightly state, "Every man desires to live long, but no man desires to be old". Bitter, but true that each & every movement everyone grows older &older and moves towards ending or completion of a life cycle which naturally happens at the old-age with numbers of health hazards. Taking with aging, we are gloomy as well as optimistic at the same time. According to the World Health Organization (WHO), "The aging of the global population is one of the biggest challenges facing the world in the next century. It is also potentially a great opportunity. Older people have a lot to contribute" (Ageing Exploding the myths, p.2). Aging matters in the economic progress along with many other issues of a society, of a country, and the global as a whole. Generally, elderly people are considered unproductive and burdensome for the family and society. With the physical vulnerability, older people could not contribute much for their family, society, and for the nation or it may be said that they have very negligible shares in various developmental issues, rather they become burdensome upon the family, society, or the nation and also in case of international relations.

Methodology
To give inputs and perspectives to the study, different available scholarly articles are reviewed. Government reports & information from official websites and data collected from the office of Rampurhat Health District are studied and analyzed. The district-level health administrators, nursing staff, and health personnel were consulted. Besides, 03 (three) numbers of Focus Group Discussions (FGDs) were conducted at three different villages under Ckakmondala, Mollarpur, and Satpalsa BPHCs with disadvantaged elderly of both gender to collect primary information. Thus, the study is based on both the primary as well as secondary sources of data. Basically, mixed method research design i.e. exploratory & descriptive research design is followed to conduct the study. Here, drescriptive research is used to explain the information which have been obtained from the secondary sources like scholarly articles, government reports, official websites & from the office of Rampurhat Health District. The explorary research design is used to explore the information which have been obtained from the primary Respondents i.e. elderly people, health administrator, nursing staff and other health personnel. The purposive sampling is chosen in selecton of the target groups under the study like elderly disdavtaged people, health administrator, nursing staff and other health personnel. Again, with the help of simple ranson sampling, data were collected from the respondents.
The present study is based on few objectives such as: understanding the concept of 'Aging', reassembling the general health hazards of elderly people, reviewing the health policies and programmes in the country, and understanding the extent of implementation of health policies & programmes for the elderly concerning Rampurhat Health District of West Bengal.

Demographic Faces of Elderly
Generally, people at the age of 65 years and more are considered as 'Elderly'. There were almost 50 crores people at the age of 65 or more worldwide in 2006 and it is projected that their number will be increased to 100 crores in 2030, where one aged people will be there among every 08 numbers of inhabitants in 2030. Thus, the population of 65 ages & more are rapidly increasing in all developing countries and it would jump 140% by 2030. (National Institute of Aging, U.S. Department of Health, 2007). Again, according to the projection of World Population Prospects 2019 of United Nations, 2019, the number of elderly people will raise 1 in every 11 people by 2050 to 1 in 6 people in 2019 (United Nations New York, 2019). World /Region Wise Growth of Population Aging is shown in table -1. In India, people at the age of 60 years & above are generally considered elderly. According to population census 2011, the total elderly population in the age of 60 years & above was 103 million, out of which 51.1 is male &

52.8 is females. Table No-2 gives elaborate statistics of the elderly in various census periods in India.

Table 1: World /Region Wise Growth of Population Aging

Region / Country	Population Age 65 years or over (in Crores)		Percentage aged 65 or over	
	Year-2019	Year-2030	2019	2030
World	70.2935	99.7488	9.1	11.7
Africa	4.5526	6.775	3.5	4.0
Asia	39.5344	58.7415	8.6	11.8
Europe	14.041	17.0273	18.8	23.0
Latin America and the Caribbean	5.6411	8.4577	8.7	12.0
Northern America	5.9962	8.0188	16.4	20.5
Oceania	0.5282	0.7286	12.5	15.2
India	8.7149	12.8877	6.4	8.6

(**Source:** United Nations, Department of Economics and Social Affairs, Population Division)

Table 2: The growth of demographic figures of Elderly Person (60 years & above) in India since 1961 (In Crores)

Source	Total			Rural	Urban
	Person	Female	Male		
Census 1961	2.47	1.24	1.24	2.1	0.37
Census 1971	3.27	1.58	1.69	2.73	0.54
Census 1981	4.32	2.11	2.2	3.47	0.85
Census 1991	5.67	2.73	2.94	4.43	1.24
Census 2001	7.66	3.89	3.78	5.74	1.92
Census 2011	10.38	5.28	5.11	7.33	3.06

(**Source:**http://www.isec.ac.in/BKPAI%20Working%20paper%201.pdf)

According to the Longitudinal Ageing Study of India (LASI) Wave-1,India Report of MoRD, GoI (2021),as per the 2011 Census, the 60+ population constituted 8.6% of India's population with a 3% growth rate annually and the number of elderly age population will rise to 319 million / 31.9 crores by 2050.

Health Hazards of Elderly People& Challenges of Aging

The National Sample Surveys of 1986-87, 1995-1996, and 2004 in the country dentified enormous burden of morbidity andnon-communicable diseases (lifestyle-related and degenerative) irrespective of socio-economic status among the elderly. Their disabilities very frequently affect their functionality to perform the activities of daily living (S.A., *et al*., 2016). Ingle & Nath (2008) [10] emphasized on dual problems of communicable and non-communicable diseases in the country among the elderly population, which further compounded by impairment of hearing & vision and decline immunity & age-related physiologic. According to them, hypertension, coronary heart disease, cardiovascular disorders, respiratory disorders, tuberculosis, metabolic, gastrointestinal, and genito-urinary infections, cancer, Tuberculosis are often found in the elderly, apart from joints pain & stiffness, chewing complaints, diarrhea, chronic cough, skin diseases, asthma, arthritis, etc. They pointed out that the elderly are prone to mental morbidity and prone to abuse both physically & mentally by their family & institutional setting which further makes their living more burdensome. Breakdown of family support & values, economic dependency, social isolation fuels, mental illness & personality disorder among elderly. Mane (2016) mentioned that the aging population suffers from both medical and sociological problems with a high rate of morbidity and mortality. According to him, geriatric care is a herculean task for policymakers as the problems of the aging population are attributed to different socio-Economical, cultural, and political contexts. Lack of infrastructure in the public health system, changing family structure, lack of social support, social inequality are few challenges to address elderly care here. Adhikari (2017) points that elderly person in India living with problems of various physical, psychological, economic, and spiritual problems, and the Government facilities are not equipped with functionally & cognitively impaired elderly. There is a great need for mobile units, daycare centers, hospices along with training of health personnel, health care professionals to meet the problems of geriatric problems with support to non-government organizations (NGOs) serving day-care, home care & palliative care for affordable to all.

The Longitudinal Ageing Study of India (LASI) Wave-1, India Report of MoRD, GoI (2021) reveals, "75% of the elderly people suffer from one of the other chronic diseases. 40% of the elderly people have one or the other disability and 20% have issues related to mental health". The report somehow alarming about how to provide the elderly population inclusively live a healthy life.

Health Policies & programmesfor the Elderly in the country

The first National Health Policy was introduced in the country in 1983, aiming to provide physical and social rehabilitation of those who are mentally retarded, deaf, dumb, blind, physically disabled, infirmed, and the aged. The Aged was placed among the 'physically challenged in the first Health Policy. It ignored the natural happening of 'aging matters' and considered it as one of the disabilities of a human being. The second National Health Policy in the country was launched in the year 2002.It had two objectives; First, the inclusion of the subject matter in the undergraduate syllabus of Medical Students due to the emerging concerns of geriatric disorder, and secondly to design separate schemes to the health needs of women, children, tribal, and other socio-economically under-served sections including geriatrics.Here, geriatrics was focussed as an independent concern area alike other disadvantaged sections of the population. In the meantime, the government introduced the "Maintenance and Welfare of Parents and Senior Citizens Act, 2007". The term "maintenance" includes provision for food, clothing, residence including medical attendance and treatment for the parents. The silent features of the Act were (i) to provide beds for all senior citizens as far as possible in the Government hospitals or hospitals funded fully or partially by the Government, (ii) to arrange separate queues for senior citizens (iii) to make availability of the facility for treatment of chronic, terminal and degenerative diseases (iv) to encourage research activities for chronic elderly diseases, (v) earmarked facilities for geriatric patients in every district hospital duly headed by a medical officer with experience in geriatric care, etc. Again, in the year 2011, National Policy on Senior Citizens was introduced in a more comprehensive pattern. The silent features of the policy were (i) to provide preventive, curative, rehabilitative healthcare for all 60+years population, (ii) special screening of the 80+ population in villages and urban areas twice in a year by the PHC nurses or the ASHAs, (iii) starting up Public/private partnerships for geriatric and palliative healthcare in rural

areas recognizing the increase of non-communicable diseases (NCD) in the country, (iv) strengthening family system as primary caregiver to the aged, (v) sensitize younger generations and providing tax incentives for those taking care of the older members, (vi) universal application of health insurance – RSBY (Rashtriya Swasthya Bima Yojana) and compulsorily for senior citizens. Thereafter, the Ministry of Health and Family Welfare, Government of India launched a comprehensive programme namely "NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY(NPHCE) during the year 2010-11, in the 11th plan period, to address various health-related problems of elderly people merging National Policy on Senior Citizens 2011 and Maintenance & Welfare of Parents & Senior Citizens Act 2007. It aims to (i)Establishing Geriatric ward for elderly patients at all district-level hospitals (ii) Expansion of treatment facilities for chronic, terminal and degenerative diseases, (iii) providing Improved medical facilities to those not able to attend medical centers – strengthening of CHCs / PHCs / Mobile Clinics, (iv) inclusion of geriatric care in the syllabus of medical courses including courses for nurses, (v) reservation of beds for elderly in public hospitals, (vi) training of Geriatric Caregivers and (viii) to setting up research institutes for chronic elderly diseases such as Dementia & Alzheim (viii) Community based primary health care approach including domiciliary visits by trained health care workers, (ix) dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC, etc., (x) dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC, (ix) Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels., (xii) IEC using mass media, folk media, and other communication channels to reach out to the target community. (xiii) Continuous monitoring and independent evaluation of the programme and research in Geriatrics and implementation of NPHCE.

Now, the third National Health Policy -2017 is running at the current stage. This policy shows maturity in taking comprehensive as well as sustainable measures for geriatrics as well as others. It includes (i) a comprehensive primary health care package for geriatric health care through Health &Wellness Centre (HWC) (ii) recognizes the growing need for palliative and rehabilitative care for all geriatric illnesses and advocates the continuity of care across all levels. (iii) Facility at all levels for in-patients and outpatients in geriatric and chronic care segments.

Elderly Care in Rampurhat Health District

Rampurhat Health District has been created by dividing the Birbhum district into two parts intending to streamline and improve the functioning of the district-level health administration since 2012. The entire Rampurhat Sub-Division of Birbhum district comes under the jurisdiction of Rampurhat Health district, it includes 08 Block Primary Health Centre (BPHCs), 23 Primary Health Centre (PHCs) & 207 Sub-Centres (SCs). There is a medical college namely Rampurhat Government Medical College & Hospital (RGMCH), which belongs to Rampurhat Health District. The health district works with a total population of 16, 26,646, detail of which is given in table no-3.

Table 3: Block Wise Population of Rampurhat Health District

Sl. No.	Name of Block/Municipality	Total Population
1	Rampurhat-I	198442
2	Rampurhat-II	197865
3	Nalhati-I	220962
4	Nalhati-II	139190
5	Murarai-I	204081
6	Murarai-II	247553
7	Mayureswar-I	171166
8	Mayureswar-II	135145
9	Rampurhat Municipality	65500
10	Nalhati Municipality	46742
TOTAL		1626646

(**Source:** Rampurhat Health District, October 2020)

As a part of planned programmes for the elderly in the Health District, periodical health check-up camps are organizedat Gram Panchayat level under NPHCE, where the diseases like Diabetes, Hypertension, Osteoarthritis, Stroke, Cancer, Cardiovascular diseases, Refractive Errors, GI Tract diseases, Cataract, ENT & Dental disease along with others are diagnosed and the cases are referred to the PHCs /BPHCs or at district level Medical College for further treatment as per necessity. Under the "National Programme for Control of Blindness & Visual Impairment", cataract surgery along with treatment of other eye problems of all age groups with a distribution of spectacles is done at BPHC level apart from the Medical College at Rampurhat. Eye surgery is also done in a camp mode in the periodical interval. The following table No-4 gives the clinical statistic of elderly persons who have attended health check-up camps, conducted in the FY: 2018-19, 2019-20 & 2020-21. The annual target of 130 health check-up camps at GP level (02 camps per GP on a six-monthly basis) was achieved in FY: 2018-19&2019-20, but due to the COVID-19 pandemic situation only 10 elderly camps were conducted till June 2020 in the FY: 2020-21.

Table 4: Report On Comprehensive Health Check-Up Camps For The Elderly under Rampurhat Health District

Total No. of Elderly Attended	FY: 2018-2019				FY:2019-2020				FY: 2020-2021 (upto June 2020)			
	M	F	Total	% of Total	M	F	Total	% of Total	M	F	Total	% of Total
	7965	5294	13259		5618	4708	10326		278	189	467	
Diabetes	565	404	969	7.31	308	270	578	5.60	17	30	47	10.06
Hypertension	820	644	1464	11.04	644	501	1145	11.09	26	16	42	8.99
Osteoarthritis	795	749	1544	11.64	481	447	928	8.99	21	13	34	7.28
Stroke	42	32	74	0.56	17	13	30	0.29	6	3	9	1.93
Cancer	43	22	65	0.49	30	13	43	0.41	10	2	12	2.57
Cardiovascular diseases	228	98	326	2.46	171	103	273	2.64	13	13	26	5.57
Refractive Errors	690	450	1140	8.60	386	340	726	7.03	28	28	56	11.99

GI Tract diseases	1038	806	1844	13.91	580	496	1076	10.42	33	26	59	12.63
Cataract	232	169	401	3.02	242	245	487	4.72	15	13	28	6.00
ENT diseases	564	357	921	6.95	412	330	742	7.19	15	14	29	6.21
Dental	559	427	986	7.44	416	335	751	7.27	14	9	23	4.93
Others	2334	1052	3386	25.54	1848	1486	3334	32.29	80	40	120	25.70

(**Source:** Public Health Unit, CMOH Office, Rampurhat HD, October 2020)

The clinical data of the elderly reveals that more than 10% of elderly who attended elderly camps in FY: 2018-19, suffer from Hypertension, Osteoarthritis & GI Tract diseases, more than 5% had Diabetes, Refractive Errors, ENT & Dental disease, 3.02% with cataract problem, 2.46% suffers from Cardiovascular diseases and less than 1% were diagnosed with cancer & stroke. Similarly, more than 10% suffered from Hypertension & GI Tract diseases, more than 5% suffered from Diabetes, Osteoarthritis, Refractive Errors, ENT & Dental disease, 4.72% with cataract problems, 2.64% with Cardiovascular diseases, and less than 1% were diagnosed with cancer & stroke in FY: 2019-20. Also, a major portion i.e. 25.54% in FY: 2018-19 and 32.29% in FY: 2019-20 were reported with other minor health problems. In the FY: 2020-21, the COVID-19 pandemic situation changed most of the planned activities and only 10 camps were possible to conduct upto June 2020where only 467 elderly attended for their health check-up. Here, more than 10% were diagnosed with Diabetes, Refractive Errors & GI Tract diseases, 8.99% with Hypertension, 7.28% with Osteoarthritis, more than 5% were cardiovascular disease, Cataract & ENT disease, near about 5% with Dental problems. It is observed from Table No-4 that only 13259 elderly in FY:2018-19, 10326 in FY:2019-20, and only 467 in FY: 2020-21 elderly attended health checkup camps but the health condition of a large portion of elderly of the Health District yet to be mapped. The total estimated population of elderly people in the Health District is approximately 11,06,11 (calculation is based on taking 6.8% of the elderly population out of a total population of 1626646 of the health district). The FGD conducted in three different villages under Chakmondala, Mollarpur, and Satpalsa BPHC reveals several important aspects of elderly care in the district. The socio-economically disadvantaged elderly people here depend onboth the government health services as well as a village-level quack doctor in their minor health crisis like fever, diarrhea, pain, cough & cold, headache, skin disease, etc. In case of major problems like cataract or other surgery, they purely depend on government services and here Medical College of the district play leading role for the availability of specialist doctors. However, transportation is a major issue for them to visit BPHC or Medical College. Also, they had bitter experiences of waiting in queue for treatment at BPHC or Medical collegeas there is no special care for elderly treatment is followed. The elderly persons who are unable to move or walk face more difficulty and they or their family members prefer for their treatment at home depending on the quack doctors. Elderly people who attended FGD were not aware of diseases of NCD, though enumeration of 30+ population has been started in the areas by the ASHAs. There is no non-government organization (NGO) working in the area for elderly care. The district-level health administrators, nursing, and other health personnel reveal the facts of many constraints relating to infrastructure, manpower, technology, etc. in proving health services to the public. They hope for better services to the elderly people through HWCs after its full-fledged operation. Under the third National Health Policy-2017, the present focus of the health district is to convert all the SCs to HWCs where all sorts of possible health diagnoses &treatment will be provided to the community people including the elderly. One of the major focuses of HWCs is to control & prevent NCD samong the 30+ population including the elderly. Thus, telemedicine, AYUSH will be gradually implemented in HWCs to provide comprehensive health care services. At present, 34SCs are converted into HWC sout of 207 at the Health district and are started their function at the initial stage.

Conclusion

The third National Health Policy -2017 will make paradigm change in health care services in the country if implemented properly. As the implementation process of the said policy, the Government started to covert SCs to HWCs in a phased manner after some infrastructural development and posting of Community Health Officer (CHO). But, only the additional posting of CHO at HWC without any qualified doctor either MBBS or AYUSH could not change the present situation vibrantly. As per norms, CHOs couldn't prescribe medicine for their Nursing Background. They are designated as CHO after getting 6 months "Bridge Programme Certificate Course in Community Health (BPCCHN)" course but she can refer the Patients to the higher facility level. Tele-medicine services only are successful with the availability of qualified Doctors at lines, though there is always a crisis of doctors at PHCs & BPHCs and the reasons are varied. The HWC sneed to be resourceful with infrastructure, manpower, advanced technology so that health services to the elderly are available at their doorstep. Proper mapping of elderly disease at the community level and its documentation is needed for effective treatment purposes. Active engagement of families and community people with NGOs for sustainable elderly care at the community level needs to be explored through HWCs with proper IEC activities. Besides, availability of transportation for elderly care to be ensured from their resident to the health facility. The government may think of 'Mobile Medical Team' for providing elderly treatment who are sick at home. Counseling services are required for elderly people& their families for positive psychological change. Geriatric ward with dedicated Beds at the district Medical College with the caregiver to be available as early as possible for emergencies and complicated cases. To conclude with the words of Tia Walker that “To care for those who once cared for us is one of the highest honors.” Our government, the policymakers, health providers, community people, and the family members must think about elderly care genuinely for giving them active & healthy life for the rest of their living.

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