

Service Provision and Advocacy for Older People in India

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Introduction

The proportion of people aged 60 and over is increasing in Indian society and like all other societies around the world, is adjusting to this shift. India, like most other societies around the world, is grappling with the challenge of identifying who should be responsible for the needs of older people and the extent of that responsibility (governments, private organizations, or families). To our knowledge, there is no existing research examining the perceptions of those who are working with older people in India on who should care for older people, to what extent, and specifically what kinds of service programmes would be most effective. Therefore, we interviewed key informants in the area of aging in Delhi to determine what services are needed and how they may best be carried out. They included academics, employees of non-governmental organizations (NGOs) and community based organizations (CBOs) which shared an interest in providing services for the elderly, advocating for their rights and increased attention to the issue of aging in India, specifically, in Delhi, or both.

First, this paper will examine basic issues surrounding the debate: fundamental challenges created by aging in India and a brief description of the current state of service provision for India's elderly. Second, the results of exploratory interviews with the key informants in the development and delivery of services to older adults in New Delhi will be presented and analyzed within this context.

Background

The Context: India's Aging Population

In the period from 1950 to 1955, Indian women could expect to live only 38 years, while Indian men were only slightly better off at 39.4 years. The average for both sexes was 38.7 years. However, by 2000, life expectancy had improved by a full quarter-century: 63.9 years (63.2 for males and 64.6 for females). This trend is predicted to continue: life expectancy is projected to increase nearly another 10 years to 71.9 for males and 75.8 for females by 2045- 2050. As a result, older Indians comprise an increasing proportion of their country's population every year.

The United Nations Population Division (UNDP) estimates India's total population in 2000 to have been 1.02 billion, with 7.5 % of the population aged 60 or older. Due to

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India's major overall population growth over the 50-year period after independence, this was not a major increase from the proportion of the population aged 60 or over in 1950, which comprised 5.6 percent of a population of 357 million (UNDP, 2003). However, due to India's slowing birth rate, this trend is expected to continue well into the 21st century, this proportion is projected to increase much more rapidly in the future. In 2050, the UNDP forecasts adults aged 60 and over to comprise 20.1 percent of a population of 1.53 billion.

The Public-Private Debate: Who Should Care for an Aging Population, and How Much?

Nearly every society attempts to support those among its members who are unable to care or provide for all of their own basic needs. Older adults may be particularly vulnerable for a variety of reasons: they are usually unable to work for pay, at least not full time (although often this is not a reflection of their ability or desire to work; older people often face social pressure to retire), or they may face one or more potentially debilitating health disorders that prevent them from being able to care entirely for themselves.

As noted above, there is often debate surrounding who should be responsible for providing those services and to what extent, as well as what kinds of services should be offered. In most societies, providing for basic human needs is considered first to be the responsibility of private individuals or families, or in some cases larger private community organizations. However, for more expensive needs like health or education, or in cases where individuals or families do not have the resources to provide for those needs, the government may provide social welfare or health services. Traditionally, the responsibility for care of the elderly has fallen with the extended family. However, urbanization and industrialization leads to the rise of the nuclear family and the erosion of the capability of these smaller families to care for an older person (Prakash, 1999). However, the Indian Constitution describes it as a welfare state, committed to providing for the basic needs of all Indians. In recent decades, an ever-expanding group of non-governmental organizations (NGOs) and community-based organizations (CBOs) has developed into the major provider of services specifically designed for older people.

The National Policy on Older Persons

In 1999, the government released its *National Policy on Older Persons* (NPOP), bringing together concerns and suggestions from the individuals and organizations involved in aging issues. Falling under the umbrella of the central government's Ministry of Social Justice and Empowerment, the policy is comprehensive and nearly exhaustive in the range of challenges that it examines. It identifies diverse social, political, and economic issues that can impact the life of an older person, from caregiver support and housing availability to primary health care access and income supplementation programmes (Government of India, 1999).

The NPOP attempts to define the roles of the different players that must be involved in the creation of services for the older Indians. However, in practice this is complicated by

the federal system, because, in areas like the care of the elderly, result in overlapping areas of jurisdiction, particularly in health care of the elderly. Care of the elderly largely falls under the rubric of the central government, while health care, for example, is a state responsibility (Prasad, 1984). Due, then, to the limitations faced by both levels of governance, NGOs and CBOs have become very important features in the creation and delivery of services to older adults in India.

Article 41 of the Indian Constitution says, "...within the limits of its economic capacity and development..." provide for its less fortunate citizens. However, while great strides have been made in terms of economic growth and industrial production, the major challenges before the government have also increased manifold. An aging population is also one such challenge and they may not have the capacity to provide services to older people to the extent that they would like.

The Role of NGOs, and CBOs

The relationship between NGOs or smaller CBOs and the government has often been complicated "by the government's role as regulator and funder" (Kudva, 1996). In its role as a regulator, the government requires every NGO to be registered and to report regularly to the designated public authority. Grants and loans to NGOs are often conditional. NGOs often feel, however, that these conditions constrain their flexibility in designing services. Others feel that the government offers them valuable support, helping to legitimize their activities to the public and to other funding agencies, as well as providing some small scale financial support (Devyani, 2001; Kudva, 1996; Sharma, 1996).

The authors acknowledge the importance of NGOs through all levels of the service delivery process, from research through education to service delivery which is strongly emphasized. The role of the government focuses on planning, communication and conceptualization of the challenges at hand, and providing some amount of fiscal support to the NGOs and CBOs involved in the delivery of specific services.

Methodology

In order to create a picture of how aging services are created, we interviewed a network of nine key informants involved in ageing advocacy, research, and the provision of services to the elderly of Delhi and in some cases, the whole of India. In keeping with the exploratory nature of this study, we adopted a qualitative approach with the hope that this would create a richer understanding of the participants' perspectives (Neumann, 2000).

Sample

We felt the "snowball" sampling technique was most appropriate for this study for two reasons. First, the interviewers were unfamiliar with the environment. Second, a

snowball technique enables interviewers to understand the nature of the network, by providing information on "who interacts with whom" within the area of ageing advocacy.

Limitations

Several potential biases and limitations in the study must be acknowledged. First, one of the two interviewers was a Canadian of European background. This was her first experience in India, or in any "non-western" country. Undoubtedly, she brought with her western perspectives. Similarly, the participants may also have held certain perceptions of westerners that may have coloured the way in which they framed their responses.

Certain biases in the sample itself must also be identified, first, dependence on the connections of the key informants. Obviously, many more advocates exist outside this group, who were not covered in this study. Second, the advocacy community was drawn entirely from the City of Delhi, the capital city of India. Here one could expect to find a higher concentration of ageing advocacy in this area, as it would be a natural choice for establishing the national headquarters of an advocacy organization due to its proximity to the central government, international funding, agencies, and other organizations –related to ageing.

Data Collection

With consideration to the time constraints faced by the participants, the average length of the interviews was approximately one hour. While a questionnaire was developed to guide the interviews, the participants were encouraged to talk freely without fear of interruption. While some questions were quite focused and based on assumptions and research into the policymaking context in the area, the key questions were quite general. The researchers were interested to hear what issues they felt were of particular importance. In order to protect the participants' anonymity, where thoughts or quotations are attributed to them, they are assigned a coded initial. Further, specific details surrounding their occupations, such as titles or the name and specific nature of the organizations that they work for have been excluded.

Findings

First, the effort was to understand how each advocate generally views the issue of ageing in Delhi: what are the challenges and the opportunities? In order to understand how they see their role in relation to the problem-where they see themselves within the context of the organisations in which they work, and within the larger context of efforts to improve the experience of older people in their community. Third, to understand the nature of their interaction, if any, with others involved in the area of ageing advocacy and the provision of services and policy-making. What are the forums for interaction between them? and finally their recommendations for managing these challenges along with examples of their own successes, within their community.

The Participants

Only two participants were salaried employees of the organizations they worked with, while the remaining six were retired and working in a voluntary capacity. Of the six retired participants, all were over age 70, and half were in their early 80s. The majority of the participants worked with a NGO or a CBO such as a senior citizen's association. All were highly educated, holding at minimum bachelor's degree. Seven held post-graduate or professional degrees. All were, as noted above, based in the city of Delhi.

The General Context: Understanding the Challenges of Ageing in Delhi

While the participants all unsurprisingly felt that the experiences of older persons in New Delhi is an important challenge that must be addressed, [Dr. (Mrs.) A, herself aged 80 years, pronounced aging as *"the challenge of our century"*], many recognized that, within the context of the many challenges that India faces, the challenges faced by the older members of Indian society cannot be the major priority of government.

In order to get a sense of how the participants viewed the issue of ageing in New Delhi, the participants were asked what kinds of challenges older people in New Delhi face. Most participants identified social and economic factors as having the greatest influence on the individual's experience of ageing.

Socio-economic Factors

Most of the participants argued that economic Status was the most important factor influencing the experience of ageing. Dr. (Mr.) B, an academic, argues that "it is the economics that most influences quality of life."

Changing Families

The major social challenge identified by seven of the nine participants was a perceived shift away from the traditional joint family structure in India, resulting in a larger proportion of nuclear families, particularly in urban centres like Delhi. Dr. C argues that many in the current generation of older people were still socialised in the joint family model and consequently invested all their savings in their children and their education, expecting that the children will care for them when they reach old age. As a result, they were often not prepared to cope with living alone after retirement.

One major consequence of this process, identified by the majority of the participants, was loneliness. Mrs. D, who works with a community senior citizen's association, notes that, *"in this area...we have most of the people living alone. Loneliness eats them up. It's a big problem."* She felt that the older people of Delhi lacked places to gather and interact safely (with the exception of neighbourhood parks). Dr. C further reiterated that older people in Delhi in particular lacked hobbies and activities to keep themselves engaged. She argues that the formative teen and early-adult years are the time *"to inculcate hobbies."* But the young people of that time, many of whom were refugees

arriving from Pakistan were simply *"trying to make two ends meet. They've been doing that ever since. So they didn't have Ai time to cultivate hobbies..."*

Security was another major concern for older people living alone in Delhi, argued Dr. (Mrs.) E, a former academic in the area of geriatrics. She was concerned about the vulnerability of older persons to crime, particularly home invasions and theft.

Health: Non-Communicable Diseases

While all the participants pointed to variations due to economic status, the major health issue identified by all of the participants was the increasing incidence of non-communicable diseases including diabetes, high blood pressure, heart disease, arthritis, and osteoporosis.

The Advocacy Role

The advocacy role was important for each of the participants. Even the two participants who did not work as volunteers but as full-time employees in aging-related work saw advocacy as central to their positions and purposively chose careers that would enable them to pursue this kind of activity. Dr. C, for example, offered a very structured perception of her role and specifically identified her role as an advocate. She had a Ph.D. degree, but felt that the most important aspect of her advocacy role was to *"work with the older people to find out what they actually need-what they think they need"*, not to *"use a Ph.D. to tell them what they need."* Then, she worked to translate these findings into concrete recommendations *"that can help in policymaking."* She shared a personal story related to her own childhood connection to an elderly couple that had been close to her family which motivated her to pursue a career in the area of aging.

Some of the older participants too, described their work as integral to their self-image. When asked about her role in developing the old age home that she now helps to run, Dr. (Mrs.) A responded simply that, *"This is me. This is me... This is a home that I built"* For Mrs. D, the choice to conduct work in the area of aging related to her personal experience of growing older as she searched for a worthy cause to commit her toward: *"I thought, since I am growing, since I am aging, I must join my own age group. So this went on keeping me, creating my interest. And this interest started growing year by year."*

The Advocacy Community

Due to the snowball mode of sampling that was used, most of the participants knew one another and there seemed to be considerable interaction taking place between them. One big NGO appeared to act as what Dr. (Mrs.) A referred to as an *"apex organization"* with respect to supporting and coordinating action for a variety of different groups. Dr. (Mrs.) A and Mrs. D both explained how each looked to this organization for funding.

Dr. B felt there was a need for cooperation between groups. As a health professional, he acknowledged the importance of other disciplines, such as social sciences, social work, etc., on influencing the experience of older persons. "*As health professionals,*" he argues, "*we don't have the capacity to change the life of an older person.*" There was, however, an element of competitiveness apparent between some of the organisations- particularly the smaller ones. Mr. G argued that, while there are "*two big organizations,*" -he was including his own NGO also, as well as the more prominent one- "*we have the action We don't have any office building, but we are the actual performers,*" he insists.

Limitations

Those in the sample who expressed a competitive outlook toward other organizations appeared to be more likely to feel that they did not have access to sufficient resources, as described by Mr. G: "*Today, we are sitting in the small office, depending on people's contribution. What we do today, we could do much better if we have resources.*"

For Mrs. D argues that, "*We could...reach much, much larger numbers of people- [for] our organization, the main problem is financial. Second problem is that, [we need] some place where we could organize our project. These are the two main things.*"

Interestingly, both Mr. G and a member of another smaller-scale NGO, viewed us as a potential source for foreign currency and support. They asked specifically for us to solicit donations from NRIs abroad. "*We have provision to take foreign donations,*" noted Mr. G.

Interaction with the Government

The participants expressed widely varying views of the government and its role in developing services for older Indians. Interestingly, those in smaller organizations who expressed dissatisfaction with a lack of resources and a competitive standpoint toward other organizations also appeared more likely to hold a negative view of their interactions with governments. Those who held a negative view of government, appeared to view their own work with greater frustration, and to feel more than others that their work was not as successful as they would like.

Those who felt positive about their work and the resources available to their organizations appeared much more likely to hold a positive, optimistic perspective of their dealings with government. Most participants referred to the central government, rather than the state government.

Some acknowledged the challenges that the government faces, and focus on the value of other, more abstract forms of public assistance. For example, when asked what she felt should be the role of the government in improving the experience of older persons and aiding her organization in their work to that end, Dr. (Ms. C) replied "*It takes time to answer this question. The government has no money and we have to understand that.*" Instead, she notes, her organization asks "*for informal support, approval, or*

infrastructure." For example, she describes the value of symbolic support that if the government provides: "We can get *international support* if once we get *government support.*" Accordingly, she says, if they would like to raise money to create fourteen adult day care facilities, they would not demand the funding for all four facilities from the public sector. Instead, she says, "we say we've gotten support for five from a corporate, five from an international organization and we want your support for four. So then they'll support those four and they are happy because there are fourteen new day care facilities. Ultimately, she argues, "You must be very logical and patient."

Dr. B, too, acknowledges that the Indian government has other, arguably larger, challenges to face: "*maternal health care is given the foremost priority, and rightly so.*"

Others, like Mr. J, who works with a senior citizen's CBO, finds the government "*very receptive*" to his organization's concerns. However, while he understands the limitations that the government undoubtedly faces, he argue that the public sector was not doing enough to coordinate the actions of actors in the area of ageing research and service-provision in Delhi. He felt that the government faced a critical limitation of financial resources, but also felt that the problem is more complex than that. He further added the research and service design and delivery process was disconnected and lacks direction: "We have a *multiplicity* of NGOs [whose] projects do not coincide with government policy. They just go project by project".

Mr. G best represented a more negative view of the government, which, in his view, "*is not doing much.*" He found the regulations imposed by the government on NGOs who seek public support for their initiatives to be stifling: "We used to receive grants - but this entailed conditions from the government. You have to do work as they say. Whatever they said - has independent role. We don't want to be in shackles and we don't want to be limited...we are dissatisfied with the government. After elections, they don't do what they said they would do. "Mrs. I, agreed, saying that she found the process for accessing government support to be too complicated: "*It is a hefty job to try to get it. Government has money, but too much formality. Maybe we haven't tried hard enough.*"

The NPOP

All of the participants were aware of the National Policy, and most of them noted it prior to being asked about their awareness. There was variation between their perceptions of its effectiveness as a conceptual map of the specific challenges faced and the relationship between the different players involved, however. Dr. C says "*it's comprehensive and at least it is something, a guideline that you can go back to. At least it is a guideline. Start there.*" She argues that if her organization would like public support to deal with a particular initiative, they could point to the relevant section of the policy and tell the government: "*You wanted this; we are doing it; support us.*"

Mr. J, while critical of what he felt was a lack of progress in implementing the policy, did attempt to understand the government's position: "*The fact is precious little has been done for the past five years*" he argues, but chalks this result up to "*high population,*

non-availability of resources, and the enormity of the problem," he argues. The most dismissive critic, however, was Dr. F, who stated bluntly, *"What is a policy? It is nothing."* He rejected a solely conceptual-level role for the government, focused on consensus-building, feeling that only financial support in the form of publicly-funded programmes and grants were effective sources of government support.

Prescriptions for Change

The participants were asked to identify the areas that they felt require the most urgent attention, as well as their suggestions for how these changes could be achieved.

Social Change

As Dr. C felt that social conventions dictating the duty of adult children to care for their ageing parents in their own home must relax. She argued that, particularly in urban areas the traditional joint family structure is not always realistic or desirable in contemporary Indian society. She asserts that many older adults preferred to live alone or in an old age home. Therefore, she argued that slowly the *convention must be changed: "give them a choice... the perspectives must be merged."* Other, like Dr. (Mrs.) A and Mrs. D, agreed with this perspective, emphasizing that, while they did not feel that old age homes were the best solution, in some cases they could be a viable alternative.

Academics

Further emphasizing the need for interdisciplinary co-operation between academic fields, Dr. Band his colleagues have been working *"to increase awareness among universities and colleges regarding ageing related issues as a career to start with as well as management of these."* Particularly, he advocates for the development of interdisciplinary gerontology programmes in Indian universities.

Government and Policy

Only two of the participants focused on the government as an important driver for change. Dr. F, affiliated with several ageing- related research organizations, argued that "continuous criticism" should be the primary tool used by advocates. He felt that persistent criticism ('shooting arrows') of the government would lead to change: "the government is scared of criticism." At the time of the interview, he was writing an article criticising the NPOP.

Financial Resources

As noted above, Mrs. I felt that organizations providing services to the elderly should look abroad for support: *"the NRIs [non-resident Indians] should understand the Indian need of the elderly."* Through her own experiences with NRIs, who had gone to live abroad and brought their parent to the old age home, she ran, felt that perhaps many

others who were living abroad with elderly parents still in India; would be a potential source of financial support and would appreciate the service her home offers. She felt it would allow older adults parents to remain in their own communities, rather than traveling overseas to live in an unfamiliar environment with busy families who may not have time to care for them.

Emerging Issues: Pre-retirement Training and Working after Retirement

Older persons in the urban context, increasingly likely to be faced with providing for them financially in older age, Dr. C argued that the pre-retirement training programmes for young and middle-aged adults to prepare for the older years should be encouraged. Such programmes could provide assistance for older people looking for alternative employment after retiring, as well as helping them to save for their retirement. She gave an example of an older couple whose children were abroad and as a result, the wife decided that she could open a crèche (daycare facility) for children in her own home. They earned extra money to support them and had a sense of satisfaction from their work.

The Positive Side: Active Ageing

Several participants emphasised the active role that older people themselves could take in improving the experience of older persons in Delhi. Eight of the ten participants were themselves examples of active ageing. Virtually all of the older participants had played a key role, if not the central role in creating the organisations for which they volunteered their time. Mrs. 1, 72, argues that older persons “have a wealth of experience. If they are active, they can contribute”. Mrs. D concurred, describing the ways in which the senior citizens in her organisation could contribute, not just to the lives of other older people, but for the community at large: "We get, you see, young senior citizens involved with the community, because they can do lot of voluntary work. We use their resources, their energy too - and their time, so they can help the community."

Mrs. D, who worked with a small-scale CBO, a community-level senior citizen's association, described some innovative ways her organization raised money to provide services to older adults in their community. They organised health *melas* (fairs), film shows to entertain people and raise funds.

The younger participants also emphasized the potential of older adults and the need for active ageing. Dr. C described a personal experience where she was able to help an older family friend regain confidence and meaning in her life after the death of her husband by encouraging her to use her financial skills to help a charitable organization with its accounting. "Everyone has strengths," she argues. "You just have to channelize them."

Dr. B described an old age home which he viewed as particularly successful, because all the inmates (residents) worked together to care for one another. Rather than simply expecting, the "people are functional and care for themselves." They provide friendship

and often, social support to one-another. He compared this to another old age home that is meant for more well-off individuals, and they do not participate in each other's care. "They are the most sick group of people in the society" he pronounced. "In contrast to those in the other old age home who are a much happier lot." Overall the participants agreed that, with appropriate support and opportunities, India's older people could be a great force for change, both for themselves and for India as a whole.

Conclusion

This paper describes the results of interviews with nine advocates, researchers, and service providers in the area of ageing in Delhi, India. It was found that while nearly all of the participants felt that the challenges facing India's ageing population needed to receive greater support. Several also placed this issue within the context of the myriad other challenges faced by Indian society. They placed particular emphasis on socio-economic challenges particularly the consequences arising out of the changing family structure. There was evidence of community between the participants, who, with some exceptions, appeared to share and interact with one another quite frequently. The government (its role and their relationship to it) was one area where opinions diverged considerably. Some focused on the government's role in providing legitimacy and support to their own efforts, while others were frustrated by the lack of concrete financial assistance and what they felt was over-regulation on the part of the public sector. Their suggestions for future policy initiatives were wide-ranging, from social education programmes to critical government lobbying. Finally, most of the participants themselves exemplified the ability of older people to actively create and shape programmes and services to help themselves. Overall, while all the participants expressed some frustration with the challenges they faced, all were certain of the importance of their work.

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