

Introduction

Do you worry about your 72 years old husband when he goes out for an evening walk? Do you worry about your 75 years old mother when she is alone at home and has to use a walker to move around in the house? Do you worry about your 68 years old wife when she goes to the local hospital to get medicine? You are an 82 year old man, are you anxious when you step out of your house to go to the local park?

Another set of important questions if you are in the age group of 60 to 100 years is: have you felt inconvenience while using public transport, understanding information on a railway station, the ATM machine, small buttons on the cell phone, appliances in your kitchen, electronic appliances in your home in your everyday life?

If the answer to most of these questions is in affirmative, then it is an indication enough that the environment in which we live is not conducive to people of all ages; particularly the old, impaired or disabled. It is not sensitive to their special requirements. Probably when you built your own house so many years ago you never thought about the potential danger of slipping in a bathroom fitted with glass-finish tiles, you never thought that one day you will require hand rails to get up. Probably your children also will not think about all these 'minor' things when they build their own house. But, these seemingly minor things can go a long way in facilitating or inhibiting the access, mobility and independence of older persons.

We all acknowledge the importance of income and health security for older persons but more or less are oblivious of the importance of enabling and supportive environment for older persons. However, the two important documents that deal with older persons in the context of India, i.e. National Policy on Older Persons (NPOP) and Madrid International Plan of Action on Ageing (MIPAA) have both acknowledged this concern.

The issues related to enabling and supportive environment are covered under the following heads of NPOP: shelter, welfare and protection of life and property. The NPOP makes certain pertinent promises regarding the housing and other needs of urban middle class people. It not only has provisions for earmarking houses or sites for housing the older persons, availability of easy loans, needs for integrated complexes with civic amenities, barrier free access to all places both public and private; development of group housing for older persons with common service facilities for meals, laundry, medical care and recreation; but, also talks about sensitisation of planners, builders, architects to the need of older persons for safe and comfortable living. The sensitisation programme would also target the older persons and their families to prevent accidents and enhance security. Strict norms to deal with pollution particularly, noise pollution would also be laid down. It further adds that civic authorities and bodies providing public utilities will be required to give top priority to attending complaints of older persons. Payment of civic dues will be facilitated. Older persons will be given special consideration in promptly dealing with matters relating to

transfer of property, mutation, property tax and other matters. Harassment and abuses in such cases will be checked.

The provisions under the section 'welfare' are regarding the services to be provided to the more vulnerable among the older persons: poor, disabled, infirm, chronically sick and destitute. NGOs will be encouraged to develop non-institutional services.

Besides, financial assistance to develop facilities for institutionalised care; steps will be taken to ensure that such institutions become lively places of stay and provide opportunities to residents to interact with the outside world. For old couples or persons living on their own, helpline, telephone assurance services, help in maintaining contacts with friends, relatives and neighbours and escorting older persons to hospitals, shopping complexes and other places will be promoted for which assistance will be given to voluntary organizations. Older persons will be encouraged to form informal groups of their own in the neighbourhood which satisfy the needs for social interaction, recreation and other activities. For a group of neighbourhoods/villages, the formation of senior citizen's forums will be encouraged.

The NPOP acknowledges that old persons are vulnerable to criminal elements. They also become victims of fraudulent dealings and of physical and emotional abuse within the household by family members to force them to part with their ownership rights. Widow's rights of inheritance, occupancy and disposal are at times violated by their own children and relatives. It is important that protection is available to older persons. It promises introduction of special provisions in (Indian Penal Code) IPC to protect older persons from domestic violence and machinery provided to attend all such cases promptly. It also promises to review the tenancy legislation so that the rights of occupancy of older persons are restored speedily.

The role of voluntary organizations and associations of older persons and the police in providing protective services and help to senior citizens through helpline services, legal aid and other measures are also included in the Policy.

Similarly, MIPAA also discusses these provisions under the heading Priority Direction III. It includes the following subheading and under each sub heading objectives and action points are discussed.

- Housing and living environment
- Care and support to care-givers
- Neglect, abuse and violence
- Images of ageing

It is imperative that we build a society for all ages and if we wish to integrate the older persons in the society and wish that they live life with independence, dignity and self fulfilment, then, we must ensure an environment that supports active ageing. But, the moot question is what concrete steps we as individuals take and persuade our local and national government to take to make this world a place with barrier free access to all.

Two complementary concepts are often used today when designing and implementing policies for providing a safe and enabling environment for older persons: active ageing and ageing in place. Active ageing means remaining active as one grows older. People who continue to be productive members of society and contribute to the economy have better health, live longer and have a higher quality of life. If older persons are provided with opportunities for life long learning and earning, contribute to family and society in a meaningful way, make medical care accessible and affordable to enhance their quality of life, reduce physical and mental infirmities and allow better integration in the mainstream of society.

Ageing in place is more specific to adequate housing and a safe and enabling environment. Older people who wish to do so should be enabled to remain in their own homes and environments as long as possible. Institutional arrangements, such as long-term care, should be avoided or delayed as long as possible. Appropriate improvements to housing, such as changes in design and easier access to services, can do a lot to sustain the activity level of older people, and thereby reduce their dependency.

Ageing-in-place policies should also include social integration as a fundamental and necessary element. It is crucial that older people be supported and encouraged to continue their participation in the social and economic life of their communities. For active ageing and its healthful consequences to be achieved, social integration should be given equal importance as surroundings that are safe and easy to navigate. At the same time, it is also important that the implementation of ageing-in-place policies does not limit the options available to older people or their families. Sometimes the best option may mean moving - to a more convenient house and/or renting, sharing, or selling homes that may have become impractical or burdensome.

The fundamental challenge to all stakeholders, particularly governments and local authorities, is to develop strategies and actions that will result in more sustainable human settlements. More cohesive societies and improved citizen participation in decision-making processes are mutually reinforcing. In today's urban age, sustainable cities are the ultimate goal - not only for older people, but for everyone.

In India, 7% of the total population is over the age of 60 years and many of them suffer from visual and hearing impairment, arthritis, dementia, Alzheimer's disease and others may suffer from severe disabilities. According to the NSSO¹ data, in the urban areas, 27% older persons suffer from visual impairment; the corresponding figure for urban areas is 24%. 15% and 12% older persons suffer from hearing disability in rural and urban areas respectively. Locomotor disability is suffered by 11% and 9% older persons in rural and urban areas respectively. In case we wish to ensure that all these people despite their handicaps lead an independent life we should design, both public and private areas, so that their impairments do not reduce their quality of life.

¹ *The Aged in India: A Socio-Economic Profile, NSS Fifty-Second Round; National Sample Survey Organisation, Government of India, November 1998*

The town planners, municipal authorities, public transport managers, architect, builders should be sensitised to these facts and efforts should be mindful of these while designing any public or private building/facility, especially medical facilities, banks, public dealing departments, public toilets, roads, pavements, places of public recreation so that older persons can feel safe to use these facilities.

People, particularly the old and the vulnerable should have confidence in the environment both at home and outside, to deal with their disabilities. The environment should fill them with the confidence to deal with life independently. If not then it is time to rethink and act, in individual, community and even at national level to change things around you so that the community takes the first step in making the environment enabling and supportive of active ageing.

1. Methodology

Community Profile

Four groups of participants were selected for the research project, two from low socio-economic neighbourhoods and two from middle socio economic neighbourhoods.

The participants from the low socio economic localities were from Patel Circle (South) & Sanjjan Nagar (East) localities. These localities were inhabited by people belonging to the low income and moderate education groups. Most of them were employed in the unorganised sector and did not have regular monthly income in old age and depended on family income. These people were neither able to influence authorities to pay urgent attention to the problems in their areas nor able to maintain it with their own funds. Therefore, they lived in relatively neglected areas with scanty services. Most of the older persons in these areas were living with the families of their adult married children.

The participants from the middle income socio economic localities were from the newly developed part of the city. They lived in Fatehpura, Goplapura and Ambamata colonies. These groups had representation from people living in flats built by private builders and some were living in independent private houses. Most of these people were retired government servants with college and university education and regular monthly income after retirement. These people being retired government service were in a better position to influence authorities to maintain services in their areas. They were also able to muster private funds for getting better services. Therefore, the services in these areas were better than the other areas.

Very few older persons in the groups were living alone or with their spouse only. In most cases older persons were living either with their adult children or with relatives. However, many of them were worried about the increasing trend of nuclear-isation of family and its consequences for older persons in the city.

Profile of the Participants

Older Persons (Young -Old, Low SES)

The group consisted of 8 participants 4 males and 4 females. The age ranged between 60 to 72 years. All the women were housewives & 2 men were self-employed while the other two were casual workers. Most of the participants perceived their current health status to be fair. 3 of them had health problem limiting their mobility. All the participants were illiterate except the oldest participants who had education up to secondary school level. Most of them lived in their own houses except 2 participants all were living with extended family. The number of family members ranged from 2 to 8.

All the participants were very articulate but the some of the old-old women folk could speak only in their local dialect. The discussion on transportation and community health

care facilities dominated the proceedings. The older persons with modest means faced major problems in these two areas and wanted immediate relief. Most of the women did not have the concept of recreation. The moderator had to explain the meaning of the concept with the help of local examples. One female participant in fact said that television is something that she abhorred!

Older Persons (Young -Old Middle SES)

The group consisted of 9 participants 4 females and 5 males. The age ranged between 63 to 72 years. Most of them were retired government servants except one female who was a housewife. Two participants were active after retirement and were involved in full time work. Most of the participants perceived their health status to be good and very few had health related mobility problems. Most of them had college education and lived in their own houses. Only one female respondent was living alone all the others were living with the family. Two participants had other & non relatives living with them. The family size varied from 2 to 12.

More than 15 people came to participate in this group discussion most of them were enthusiastic retired older men. Since they could not participate formally in the discussion; they were asked to sit in the hall as observers.

Most of the participants were nostalgic about the city. Most of them began with the praise of the city and of the people living in it. But during the discussion age unfriendly features like increasing traffic, consequent traffic chaos, hazards for pedestrians particularly older persons were keenly discussed. The other topic that was discussed at length was health care delivery system. Some of the participants aggressively put forth their experience of corruption, both in public and private systems.

Most of the participants were hesitant to comment on the respect and social inclusion questions. Most of them were evasive; but, when asked specifically and after some other members expressed their opinion about the increasing cases of isolation and neglect of older persons, most of them agreed.

Older Persons (Old-Old, Low SES)

The group consisted of 6 females and 3 males. The age ranged between 75 & 88 years. Most of the females were housewives and the males were part time workers. Most of the respondents perceived their health to be poor with health problems limiting their mobility. All of them were illiterate. All except two were living own houses. The family members ranged between 2 to 8. 2 participants lived with their spouses only.

The discussion was dominated by the complaints about declining health and consequent inability to deal with challenges of life. Most of them were finding it difficult to maintain their standard of living because of lack of regular income and lack of support from family members. All the participants were equally active and participated in the discussion and were forthcoming regarding all the issues concerning the older persons; though some women participants took longer than their counterparts to participate actively

in the discussion. Some of the women respondents had to be explained the questions as they only spoke local dialect. It was also difficult to get them to give suggestions for improvement except for the medical health care and the transport system.

Older Persons (Old -Old, Middle SES)

The group consisted of 9 participants 5 females and 4 males. The age ranged between 75 & 84. Health status was rated as good by most participants, fair by two and excellent by senior most member of the group. Three participants had health related mobility problem. All except one participant had college education. Two participants (one 79 years old female and one male) were doing full time work after retirement. Most of the participants were living in their own houses. Only two participants lived with their spouses and nobody lived alone. Five participants were living with other relatives and two had non relatives. The family size varied between 2 to 11.

Most of the participants in the group had positive attitude towards ageing and life in general. Therefore, most of them were initially not willing to acknowledge the age unfriendly features in their surroundings. Most of them were of the view that human beings had to make adjustments to changing environment and there was nothing specific in Udaipur that needed discussion. Many of them did not appreciate the concept of recreation for older persons as they were of the view that the work they were doing energised them mentally and physically.

Care Givers

This group consisted of 10 participants. All participants were full time workers with education varying from illiteracy to college. Most of them were taking care of their parent/s except two. One of them was taking care of a relative and the other taking care of the grand mother-in-law. All the older persons were staying at home with the participants.

The participants were unanimous in their view that the city was unfriendly to the older persons as far as services and infrastructure were concerned and were highly critical of the services provided by the government hospital. However, most of them were of the view that the respect and inclusion element of the older persons was still intact; though there were increasing cases of older persons being hit by rash drivers and bad behaviour of the hospital staff.

The participants with low educational qualifications were at times less articulates than the others and the moderator had to specifically ask them to talk on the subject. The time taken to discuss the community health care and warm up took relatively longer than the other questions.

Public Service Providers

The group consisted of 7 public service providers. The age of the participants ranged between 34 to 54 years. There were representatives from transport department, general hospital administration, town planner, social welfare department, and district magistrate & hotel manager. Most of them had lived in the city for more than 5 years. But most of

them had little experience working with older persons except the representatives of social welfare department and the district magistrate. Most of the participants wanted to comment only on the issues falling within their respective jurisdiction. Most of them had not thought about the special requirements of older persons; but, were increasingly becoming aware of the issues and trying to incorporate better provisions for older persons. Most of them agreed that their departments had not done enough for older persons but would certainly like to do in future.

Private Service Providers

The group consisted of 7 participants. The age ranged between 24 to 72 years. Most of them had lived in the city for more than 5 years. They were representatives from banks, insurance, hotel and pharmaceutical businesses. Most of them had moderate experience with older persons except the participants from insurance and hotel sector. The group was unanimous in its views on older persons on most of the issues that were raised. Since participation in a group discussion was a new experience for all of them. They were hesitant in the beginning to express their views but were fairly comfortable after the warm up questions and were enthusiastic to express their views.

Voluntary Service Providers

The group consisted of 9 participants. The age ranged from 27 to 90 years. All the participants except one were living in the city over 5 years. All of them had moderate to lot of experience of working with older persons.

Most of the participants were active social workers and were very well versed with the problems that older persons faced in the city. They could comment on the changing nature of the city and the people living in it. Most of them were out spoken and forthcoming on most of the issues that were presented to them. The discussion on outdoor spaces, transportation, civic participation and employment, respect and inclusion and social participation were keenly discussed. The topic on community health care was discussed at length bringing out all the challenges faced by older persons particularly those with limited or no means.

Recruitment and Selection Procedures

Representative of various NGOs and older persons' associations were contacted initially and the details of the research project were explained to them. They were asked to share this information with the other members of the organisation and all those willing to participate were called for an initial meeting. The response of the organisations was lukewarm and they had to be persuaded with follow up calls and personal visits.

In the initial meeting, many older persons who had shown interest wanted to know the details of the project and also the issues that would be discussed. Many of them were also interested to know about the fate about the final report. After the initial meeting with the older persons it became easier and many enthusiastic older persons agreed to participate and those who could not participate wanted to be a part of the exercise as observer.

The care givers were also identified with the help of local NGOs, older persons' associations.

The partner agencies of HelpAge India were asked to identify the other NGOs in the area working for the older persons or related issues. The details of the project were shared with them and most of them found it relevant and were willing to participate.

To recruit the representatives of public service providing agencies initial letter were written by the HelpAge India's representatives and the District Collector's office was also contacted to persuade the selected public functionaries to join the discussions.

The private service providers were randomly selected on the basis of general information and asked to attend. Most of them were reluctant to participate as it was a new experience for them and many of them found the time to be inconvenient and too long. Many of them who had confirmed participation did not turn up at the last minute.

Mechanics of Discussion

The average time taken for most of the focus group discussions was 2 hours. The group of care givers, young old middle SES & voluntary service providers were the most vocal and articulate groups who spoke at length about all the issues and gave maximum number of suggestions for improvement.

Group Dynamics: Degree of Participation, Dominance, Resistance

The male participants were more enthusiastic and vocal than the female participants. Females in all the groups were very articulate about the challenges they faced. The time spent on the warm up question was much more than the other questions for two reasons: each person had come in with some preconceived notions and wanted to express those immediately, most of the participants wanted to share their own concerns and were eager to give suggestions about issues that they thought were most important; the reticent participants were encouraged to speak to get over their initial hesitation.

When it came to discussion on civic amenities; open spaces and parks were the most discussed items about the other items the moderator had to ask specifically about availability and experiences. It was obvious that most of them did not think about the special requirements of older persons, for many of them said that the difficulties posed by the lack of civic amenities posed problems to everybody in the community. Many of them, especially the middle SES old-old did not like the idea of criticising their city in front of outsiders!

The discussion on the attitude of the community and family proved to be challenging as most of the participants were eager to argue that the tradition of taking care of older persons was intact. However, after the vocal minority expressed its views and the other participants were asked to respond, some of them reluctantly agreed that things were changing; but, still wanted to emphasize the good experiences.

Resistance centred mainly on questions regarding community behaviour. Nobody wanted to say that the family or community behaviour had started to change. This was

particularly in case of the middle SES old-old participants. The Lower SES people were more open about it. Some said that older persons had to learn to adjust rather than expecting younger people to adjust.

The service providers from public sector when confronted with the views of older persons and care givers of older persons on certain specific issues causing inconvenience to older persons vis-à-vis buildings, outdoors, transport services, security and medical services; generally evaded the questions by giving general answers or giving details of planned schemes or future schemes. They all tried to defend their own respective departments.

The voluntary sector participants were most critical about the experiences of older persons in the health care delivery system. They gave details of the corrupt practices, inadequacies and general lack of concern of the medical staff for older persons.

There was a general underlying consensus in all the groups including older persons, care givers & service providers that the built environment in the city was unmindful and at times unfriendly to the older persons especially those with disability.

The gradual weakening of human element in the entire setup was also acknowledged by all except the middle SES old-old group. Many groups particularly the Middle SES young-old, care givers and voluntary sector service providers were apprehensive about the increasing trend of nuclear-isation of the family due to immigration and employment of women. There were serious issues concerning adjustment of older persons in the new set up and conflict of old and new values. They stressed the need for development of formal structures for care of older persons like old age homes; day care centres and help-lines.

As far as civic amenities and facilities were concerned, the discussion opened with a general level of satisfaction but centred mainly on negative aspects; but on questions of social dynamics the discussion were more on the positive experiences particularly by the service providers and old-old groups.

The topics that generated extensive discussion in almost all groups were:

1. Outdoor Spaces and Buildings
2. Transportation
3. Social Participation
4. Community Support and Health Services

2. Main Findings

2.1 Perception of Older Persons

General Impression

The older persons were fairly satisfied with their life in the city. Though, the very old had concerns about increasing traffic, transportation, declining access to health care facilities & changing values in the family and the community.

The participants from the middle SES were happy to note the expansion of infrastructure and opportunities in the city and by and large considered experience of ageing as a happy experience except for those who were living alone and had problems in the family. The older persons from low SES were of the view that the older persons particularly the very old were marginalised by the developments.

“I think it's a heaven for those who are rich and those who have good children, for others it is degrees of hell,” a poignant statement by a participant.

Out-door Spaces and Buildings

Age Friendly Advantages

The older persons were of the view that there were many open spaces and green areas in the city. There were two big parks in the city which were used by various clubs and organisations of older persons not only to organise activities but also as a platform to initiate actions on issues of common interest and other issues like environment protection.

The new buildings had better age friendly features as compared to the existing public buildings. Most of these had proper lighting, lifts, ramps, handrails, etc. Though the existing buildings were not always age friendly; but, many of older persons did not consider it to be a major hurdle as facilities were available in nearby new complexes and new facilities like tele services. Personal contacts also helped them overcome whatever difficulties the bad design presented. Many of them visited these places with friends and relatives to overcome any difficulty.

The old-old group felt that the city was very secure. Most of them had lived in the city and in the same locality for years. Currently, most of them were living with extended family. Therefore, they did not see any specific security threat in their area for the older persons.

Barriers

All the groups were unanimous about vanishing traditional space for older persons due to reckless expansion of infrastructure facilities.

Many of the older persons found the parks to be unsuitable for older persons because of poor maintenance.

All the groups agreed that the traffic was chaotic and the roads were not pedestrian friendly. The pavements were encroached by the expanding road, residents and roadside vendors.

All the groups generally agreed that the existing public buildings were not age friendly as most of them did not have ramps, lifts & handrails & toilets.

The groups of young old pointed out the lack of street lights etc. and petty thefts in the area and also the security hazards posed by miscreant migrant population to the older persons living alone in flats.

The participants of low SES complained regarding lack of civic amenities, open spaces, increasing traffic & marginalisation due to developing infrastructure like roads, etc. engulfing traditional spaces. Most of them, particularly the old-old could not travel to two big parks in the city and did not have facilities in their areas. The increasing traffic hazards forced them to stay indoors unless it was most essential. The public buildings in the area were also not age friendly and the older persons were dependent on others for accessing banks, market, etc. Some older persons faced the problems of petty thefts, etc. in the area but did not consider it as a security threat.

Suggestions for Improvement

- Better maintenance of parks in the localities with proper age-friendly facilities like benches, toilets, paved area for wheel chair users in all parks.
- Better planning and management of infrastructure expansion, particularly the roads. There should be adequate zebra crossings, light signals and pedestrian pathways to ensure safety of older persons on the road.
- The authorities should deal strictly with encroachers of pavements, be it residents of the locality or the street vendors.
- The public buildings, particularly the hospital, banks, public dealing departments should introduce age friendly modifications in the building and proper maintenance of these facilities.
- In view of the recent incidents of violence against older persons by petty criminals special arrangements for security of residents' particularly older persons in multi purpose complexes should be made.
- Better management of civic amenities particularly drains & street lights to ensure safety of older persons especially in lower income neighbourhoods.
- Well maintained age friendly toilets should be built in all public places.
- Better security arrangements for older persons living alone.

Transportation

As already stated, all the participants were too eager to speak about the mismanagement of mass transport system in the city. There were no positive experiences of the older persons. This statement by one of the participants betrays the anger and frustration of older persons with the existing public transport system in the city: If we want to make the city safe for the elderly then all the tempos that operate in the city must be stopped.

Barriers

All the older persons were critical of the existing auto rickshaws service that was available in the city for the following reasons: unsuitable design of the vehicle, erratic frequency, inadequate route coverage, overcrowding, low maintenance of auto rickshaw stands, rude behaviour and overcharging. Those older persons who were driving their own vehicles complained about increasing traffic and increasing indiscipline, lack of traffic lights and zebra crossings, faulty design of speed breakers, lack of proper parking spaces & the habit of drivers to drive on high beam at night thereby causing inconvenience and at times possibility of an accident.

All the participants irrespective of SES were critical of the existing auto rickshaws service that was available in the city for the following reasons: unsuitable design of the vehicle, erratic frequency, inadequate route coverage, overcrowding, low maintenance of auto rickshaw stands, rude behaviour and overcharging. The older persons of low SES were completely dependent on the system not only to commute in the city generally but also to access public health care system. Most of them could not afford private cars or taxis.

The older persons from middle SES group who were driving their own vehicles complained about increasing traffic and increasing indiscipline, lack of traffic lights and zebra crossings, faulty design of speed breakers, lack of proper parking spaces & the habit of drivers to drive on high beam at night thereby causing inconvenience and at times possibility of an accident. Most of the old-old persons depended on professional driver(s) and found difficulty in finding one! Many older persons who were living alone and could not afford driver pointed out the lack of ambulance facility for older persons in case of emergency.

Suggestions for Improvement

- Better design of buses and auto rickshaws to facilitate use by older persons.
- Availability of affordable and comfortable transport facilities at night
- Sensitisation of people operating the auto rickshaws towards older persons
- Strict enforcement of traffic rules: Regulation of traffic speed, traffic lights, better design and right placement of speed breakers to ensure safe driving for older persons.

- Arrangements for special emergency service for older persons in case of road accidents

Housing

Age Friendly Advantages

Except the participants of low SES old-old group, most of the older persons did not face any major difficulty in their homes. Those who did, were able to modify the design with affordable expenditure.

Most of the older persons were of the view that the recent buildings/ houses were generally age friendly and had devices like hand rails, anti-skid tiles etc

Barriers

The participants of low SES old-old found it very difficult to adjust to low cost houses in which they lived. Many of the houses had ladders to climb to the terrace or the sleeping area. Many of them did not have toilets at home. These people did not even have the resources to modify the inconvenient features and had to live with what they had.

Suggestions for Improvement

- Sensitisation of people at large to build age friendly buildings including the builders who were building multi storey houses in the city.
- Making it mandatory to take the services of architects to design and build houses so that the people benefit from their knowledge of latest developments.
- Suitable change in the building bye laws to ensure age friendly facilities in all houses.

Respect and Social Inclusion

Age Friendly Advantages

All the groups of older persons except the group of low SES old-old felt that the older persons were by and large respected in their families and communities. The only group complacent about respect and inclusion were the middle SES old-old.

In some families, the older persons were not only consulted but their decisions were accepted by one and all ranging on issues concerning daily living to important matters.

Barriers

The middle SES older persons were worried about the increasing trends towards nuclearisation of family and individualists ethos. They were apprehensive that in the future the individualistic ethos will lead to neglect and isolation of older person in their own families, as was the trend in big cities.

The participants of group of low SES old-old were of the view that very old persons were often neglected by the family and their views were neither sought nor valued.

Suggestions for Improvement

- Inclusion of value education in school curriculum
- Special programmes for intergenerational bonding in schools and creation of opportunities for working together for old and young people to develop sensitivity and understanding
- Outreach service for single older persons and or lonely couples.

Social Participation

Age Friendly Advantages

All the groups listed socialising with friends and relatives, participation in social functions & visiting local temple and mosques, television and radio as sources of recreation. The groups of young old were of the view that these facilities were adequate for the older persons.

Suggestions for Improvement

- Day care centres in all localities with facilities for socialisation, regular outings, picnics, cultural programme, talent shows and indoor games.
- Low cost tickets should be available for older persons on road transport and railway for travel to different places and to meet relatives.
- Improvement could still be made by providing recreation centres in each locality and improving the infrastructure for the convenience of very old and or disabled older persons.

Communication and Information

Age Friendly Advantages

All the groups identified the following means of communication: word of mouth, local notice boards, vernacular press and local cable channels. All the groups thought that these were providing useful and timely information. Most of the older persons were satisfied with the content, style and timeliness of the information.

Civic Participation and Employment

Age Friendly Advantages

The groups were of the view that those who were self-employed, casual workers or in petty businesses continued to be employed till they were able to work. The groups also agreed that there were opportunities for older persons to do voluntary work on a regular basis. The associations of older persons and social service trusts provided such opportunities for older persons at various levels.

Barriers

The low SES people did not find adequate opportunities for continued employment

for the older persons. The old-old among them were of the view that due to debilitating illnesses, many older persons were not able to pursue their respective vocations. Most of them would like to be self dependent in old age as well, but did not find suitable employment opportunities.

The older persons from middle SES group were of the view that such older persons were not in search of employment after retirement. Most of them wanted to do voluntary work. The middle SES young old differed in their opinion regarding availability of opportunities for employment to older persons. Many of them pointed out the unsuitability of nature of work e.g. travel to a far away place requiring assistance from family members to drive them to and from that place made it difficult for them to continue; work requiring physical labour etc.

The other group expressed its opinion in the context of lack of adequate opportunities for continued/ re-employment of older persons retiring from the organised sector. Many of them tried hard to put their professional experience to the good of the community but found too many vested interests to contend with in the process and finally gave it up.

As regards employment, the young old SES thought that the older persons faced the challenge of ageism while looking for job opportunities. According to them only those who retired from very senior positions in the government or private sector got employment as consultants or advisors.

Suggestions for Improvement

- Formal pre-retirement training to older persons for reemployment in old age
- Availability of public transport to facilitate involvement in voluntary work or paid work
- Motivating older persons to participate actively in community work
- Formal channel of collecting and collating information about older persons willing to do voluntary or paid work
- Adequate opportunities for suitable work

Community Support and Health Services

Age Friendly Advantages

This was another area that generated endless impassioned discussion in all the groups. Most of the discussion centred on the barriers to the age friendly health care facilities.

Only the services provided by the charitable organisations to cover expenses on medicines, diagnostic tests and food were the redeeming features of the otherwise totally unsuited chaotic health care system in the city.

The efforts of some of the articulate older persons' associations resulted in opening up of the geriatric section in the general hospital; unfortunately, not many older persons

were convinced about its usefulness and was subsequently closed due to non-use by the patients!

Barriers

All the groups except the middle SES old-old were critical of the services provided in the government hospital in the city for older persons. There were problems of inadequacy of services, over crowding, mismanagement, lack of after treatment care, corruption, unhelpful and rude staffs. The low SES older persons were completely dependent on the system and could not afford to buy medicines prescribed by the doctors in the general hospital in cases of chronic ailments.

The middle SES older persons were covered by the government health scheme where they were entitled to free medical treatment in government hospital. But, they complained about corruption in the system and consequent harassment of older persons trying to take benefit of the scheme. All the groups were of the view that the health care facilities available in the private nursing homes and hospitals were out of reach of the common people.

The hospital system was very good here but today, I have no hesitation in saying that a person like me also cannot afford the treatment here. I do not have a medical reimbursement. I have to go and tell the doctor beforehand that please can you prescribe medicine, if it is essential, then only will I purchase it but I do not get a medical reimbursement. Can there be a less costly brand? I am sorry, I am very sorry to say there is complete insensitivity related to this issue. Private hospitals are very good but their treatment is beyond the reach of an upper middle class person.

Suggestions for Improvement

- Sensitisation of staffs of the general hospital to issues of old age
- Special geriatric training to the medical staff
- Separate queues for older persons in hospitals
- Better maintenance of lifts or ramps in the hospital
- Public private partnership for improving and increasing facilities
- Public supervision of the general hospital to ensure transparency and fight corruption
- Provision of a separate geriatric wing in all hospitals
- Ambulance services for older persons
- Concessions for older persons for diagnostic and pathological tests in private hospitals
- Provision of Mobile Medicare Unit for older persons with arrangement for treatment of chronic diseases

2.2 Perception of Care Givers

General Impression

The care givers were of the view that the city was not friendly to older persons. The infrastructure was expanding but it did not benefit the older persons. Moreover, the family and community ethos were changing and becoming individualistic and self-centred.

The response of the care givers regarding experiences of older persons in the city varied according to the SES background. The care givers in the middle SES faced fewer problems than the low SES.

Outdoor Spaces and Buildings

Age Friendly Advantages

The older persons living in flats had easy access to facilities and in many cases the shopping areas were situated in the same compound. The new public buildings and housing complexes had better designs and were more age friendly.

Barriers

The care givers were concerned about the gradually vanishing traditional spaces available to older persons in the city; unsuitability of public parks for older persons with disability because of non-availability of benches, sheds, ramps, etc. They were also concerned about the marginalisation of older persons particularly the disabled due to increasing traffic chaos due to which it was difficult for older persons to access parks, places of recreation and utility. The senior citizens who move out to walk, when they get tired they find no place to sit and relax for a little while. They cannot sit on the floor because their knee won't bend, so trees and traditional platforms around them were very useful. But now both are missing. This statement of a participant represented the common concern of diminishing public spaces.

Most of the public buildings like banks & hospitals were architecturally not age friendly. There were no specific facilities for older persons in banks and insurance agencies. There were either no lifts or ramps or not operational due to bad maintenance.

Older persons living alone during day time had become easy target of criminals in recent months causing a concern among the care givers of older persons. These crimes took place in the recently developed part of the city where people had moved into flats.

Suggestions for Improvement

- Better maintained green areas in the localities with facilities for frail and disabled older persons
- Placement of comfortable benches on the inner lanes in the housing colonies for older persons, so that they could be brought out of the house safely for some contact with the outside world

- Encroachment in all forms: by residents, hawkers in localities and on main roads should be checked by the local authorities.
- The administration should ensure that the pavements are available to the pedestrian and the designs are friendly for the movement of the old and frail.
- Medical and care facilities for day to day needs should be available in the vicinity.
- Availability of services like 'meal on wheels' for those living alone during the day
- Better design for public buildings to make it age friendly with provision for lifts, ramps, wide doors, benches.
- Constant vigil by the local police to check increasing crimes against older persons

Transportation

Age Friendly Advantages

The care givers of older persons were less vehement in their criticism of the behaviour of service providers of mass transport system and the co-passengers than the independent older persons. However, the courtesy and sympathy was often shown to the frail older persons of middle SES than low SES.

Barriers

The care givers were of the view that the public transportation system available in the city could not be used by disabled older persons. They had to use private vehicles or private rickshaws to commute. The design of the vehicles, neither private nor public were disabled friendly; overcrowding, over-speeding and inconvenient auto rickshaw stations added to the problems of mobility of the frail older persons.

The frail older persons could not drive their own vehicles due to increasing traffic chaos and needed the help of family member or a professional driver.

Inconvenience was also caused due increasing human and vehicular movement in the housing cum commercial complexes. The commercial area attracted constant movement of vehicles and customers which not only disturbed the peace of a residential part but also scared the frail older persons wishing to move out alone.

Suggestions for Improvement

- Better public/mass transport facilities for older persons particularly for those with disability so that instil confidence in them that they could move about independently or with minimal support.
- Training or sensitisation of drivers to take care of the frail and disabled older persons or at least respect their limitations

Housing

Age Friendly Advantages

The middle SES care givers either got the age unfriendly feature/s of their houses modified or moved to the flats with better facilities like ramps, lifts, etc. Such information and facilities for renovation were available in the city.

Barriers

The care givers of older persons faced some problem due to non-availability of hand rails, ramps and squatting toilets in their homes built many years ago. Some care givers were constantly worried about the safety and security of their older relatives when they were away at work. Some houses were fitted with fancy windows etc that could be easily broken by the miscreant.

The care givers belonging to the low SES who lived in houses made in the traditional way 50-60 years ago did face problems while taking care of their old and frail relative but in most cases did not have any choice, but to put up with inconvenience. Most of them neither had the information nor the resources to make the changes.

Suggestions for Improvement

- Create awareness among people to make their homes age friendly.
- Care givers should be made aware of need for ensuring better security system for their homes. Such devices should be easily available in the market.
- Day Care facilities for frail older persons.

Respect and Social Inclusion

Age Friendly Advantages

The care givers were of the view that by and large the tradition of respect and inclusion of older persons was alive in most families and communities in the city. Even in families with decreasing respect for older persons, the social pressure ensured token respect and inclusion of older persons.

The low SES care givers cited many cases of respect and helpfulness of the family and in the absence of family that of the neighbours.

Barriers

There were cases of neglect & decreasing intergenerational bonding between older and younger generation in the middle SES segment. In adult education, one is taught to have a small family but in practical terms when one sees that when the father was unwell and had to be taken to the hospital, then one feels that if there were more brothers then probably they would have looked after the ailing father in turns. This statement highlighted the sentiment of the care givers' compulsions.

The low SES care givers cited instances where due to severe economic crisis in the family the older persons were pushed last on the priority list.

Many participants compared the present with the past. The typical sentiment was captured in the following statement: In the old or the walled city, all the localities were caste based localities like the Kumarwada, so it used to be a good cohesive group. All knew each other and were like a family. Traditionally there used to be a platform outside the house, so the elderly used to sit there and talk to the passer-by children. Now we have shifted to flats, so there is no place where you could go and sit. My father says that your city is weird! Even the sparrows do not sit on the branch but straightaway enters its nest. He wanted someone to just sit close to him and listen to him but the generation gap was such that we used to escape from him.

Suggestions for Improvement

- Inclusion of value education in school curriculum with aspects of respect, care and compassion for the old and other less privileged persons in society.
- Special programmes for intergenerational bonding in schools with a view to 'catch them young'
- Creation of a corp of young volunteers from senior schools and colleges to help older persons particularly the weak and vulnerable

Social Participation

Age Friendly Advantages

The care givers were unanimous that there were no age friendly features in the current scheme of things in the city to allow adequate social participation of frail older persons in the community activities.

Barriers

The care givers were of the view that there were no special facilities for frail and or disabled older persons for recreation. Though, there were many places of tourists' interest in the city, there were no special facilities for older persons to visit them. In most cases recreation for such older persons was restricted to socialisation in the extended family and friends and attending social or religious functions. Most of them were discouraged by the care givers to go out as taking them was not easy.

Suggestions for Improvement

- Day care centres for older persons in all localities with facilities for recreation.
- The tourist places and other public places of recreation should be made age friendly.

Communication and Information

Age Friendly Advantages

The care givers were dependent on the local cable channel, word of mouth and circulars of older persons associations and found these channels to be useful.

Civic Participation and Employment

Age Friendly Advantages

The Care givers could not identify any age friendly feature that encouraged civic participation and employment of older persons in the city.

Barriers

The care givers were of the view that there were no opportunities for frail older persons for either employment or voluntary work; mainly, because of lack of transport facilities and consequent dependence on others.

Suggestions for Improvement

- Better transport facility for older persons with disabilities for independent movement.

Community Support and Health Services

Age Friendly Advantages

The Care givers could not identify any age friendly features for the frail older person in the health care system in the city.

Barriers

The care givers pointed out numerous weaknesses of the health care system in addressing the needs of older person particularly the weak and vulnerable. Most of these were similar to the ones pointed out by the other older persons and added that the older persons faced a bigger challenge of ageism as was evident in the behaviour of the medical and paramedical staffs. Most of the staff was ignorant about geriatrics and treated the older patient just like any other adult. The element of care which was critical in the cases of older patients was completely missing.

They also complained about lack of integrated system of health care of older persons which included consultation, pathological and diagnostic tests and treatment. In the hospital, very often there were no wheel chairs or trolleys available for the very old and or disabled older persons.

They agreed that private health care facilities were available but were unaffordable for most of the middle SES older persons and their families.

The care givers of Low SES older persons mostly complained about non-availability of medicines in the general hospital and exorbitant cost of medicines in cases of chronic illnesses.

Suggestions for Improvement

- Sensitisation of staffs of the general hospital to deal with specific needs of older persons
- Availability of adequate basic facilities to facilitate the movement of patients into OPD wings or wards
- Availability and better maintenance of lifts or ramps in the hospital building
- Public private partnership for improving and increasing facilities at affordable cost to common people
- Public supervision of the general hospital to ensure transparency and fight corruption
- Provision of a separate geriatric wing

2.3 Perceptions of Public Sector Service Providers

General Impression

Most of the older people in the city were retired persons and still living with family and were generally happy. But, there were those who were poor and destitute and had complex problems because of poverty and old age. Another section of disadvantaged older people are those whose children had immigrated.

Outdoor Spaces and Buildings

Age Friendly Advantages

There are enough open spaces and green areas in the city which were frequented by older people. Some localities had local parks as well. The City Plan 2022 had many age friendly features like proper land planning, 35% of the area to be reserved for free spaces and all the buildings over 15 metres in height to have provision of lifts.

The public service providers were of the view that the roads were generally well maintained; though some did not have footpaths and demarcated areas for pedestrian crossing. The City Plan had provision for all these facilities and services would improve in the near future.

According to them, the customised services were being offered by many banks and local vendors. Many of them were giving what could be called Home- Delivery services. Many banks were offering older persons to make transactions on phones, many shopkeepers also took order on the phone and services like bill payment etc would also be improved in the near future. The services were designed keeping in view the convenience of the customer and older people benefited by it. This trend was becoming increasingly popular with other service providers as well.

The public service providers did not see any alarming security threat to the older persons living in the city.

Barriers

The group was unanimous that there were no barriers to age friendliness

Suggestions for Improvement

- Implementation of the City Plan 2022 which included comprehensive provisions for proper land use with better facilities: medical, recreational, marketing etc.
- Mandatory provision for lifts in buildings with height over 15 metres
- Provisions for day care centres & old age home for older persons.
- Designate parks for older persons with all facilities for older persons

Transportation

Age Friendly Advantages

In the future, modern buses with features like low floors would be introduced. These public service buses would offer discounted fares to older persons.

To deal with difficulties arising out of increasing traffic, plans were in place to improve the situation by installing traffic lights, instilling discipline and widening of roads.

Some of the local bodies or co-ordination departments are supporting in identifying the sites where lighting and zebra crossings are required. The traffic master plan has also identified footpaths constructions. So after interacting with the Municipalities, the encroachments have been removed from a lot of places and footpaths constructed at a lot of places. All these activities are happening and shall be completed in stages. This statement captured the essence of arguments by the public service providers regarding their effort to improve the conditions.

Barriers

The available services were inadequate and inconvenient for older persons because of designs of the vehicles, traffic chaos and over crowding.

Older persons driving their own vehicles found it difficult on the road due to increasing traffic.

Housing

Age Friendly Advantages

Most of the houses in which older people lived were comfortable for them and only needed minor modifications if at all.

The group did not give any suggestions for improvement.

Respect and Social Inclusion

Traditionally, family took care of all the needs of the older people. But, there had been

cases of older people being left alone by the children who migrated in search of better employment opportunities.

Barriers

In some families where both the young adults were employed, the older people were reduced to the status of servants and maids. In some cases the grand children were encouraged not to develop good relationship with their grand parents especially if the older people were suffering from some chronic disease/s.

Suggestions for Improvement

- Provisions of old age homes with skilled and dedicated workers to take care of older persons living alone.
- A sensitisation programme involving both older persons and young children.
- Social value camps for children during summer vacations to sensitise them to issues concerning ageing.

Social Participation

Barriers

There were very few facilities for recreation for older persons except attending social functions in the family and the community, socialising with friends and relatives and attending some programmes like spiritual discourses. There was only one centre run by Muskan which was offering such facilities for older persons on a regular basis.

Suggestions for Improvement

- The local municipal council should think in terms of increasing activities for mental rejuvenation for older persons.
- There should be community centres and day care centres within walk-able distance for senior citizens with facilities for reading, TV and organising programmes of their choice.

Communication and Information

The most widely used channels of communicating locally relevant information were vernacular newspapers, TV channels & word of mouth and were adequate for educated people.

Suggestions for Improvement

- Better use of Mohalla Samities to revive the most effective way of communication in any local community.

Civic Participation and Employment

Age Friendly Advantages

There were enough opportunities for older persons to volunteer for socially relevant work and many of them were actively involved in it. Their activities ranged from organising health camps to dealing with environmental issues like cleaning up of water of various lakes in the city and helping people in the general hospital with the procedures for getting consultations and medicines.

Community Support and Health Services

Age Friendly Advantages

Free medical services were provided to the government pensioners.

There were many complimentary programmes wherein camps were organised for older persons in the entire district especially the rural area. There were special services in 75 slums for poor older persons.

The City Plan for the year 2022 has provision for 15% of the land to be allocated for hospitals and dispensaries. 'Convenience of location' aspects for such facilities had been kept in mind.

There were many private/ charitable initiatives attending to the increasing health needs of the older persons. These services were: distribution of free medicines, assistance to attendants, ambulance services, etc.

Barriers

There has been no survey done on the health status/ disease burden of the older persons in the city to help plan for regular expansion in services. There were two government hospitals in the district which were earlier meant for 40,000 people. The population increased to 4 lakhs and with changes in longevity and lifestyle, disease patterns had also changed; but, the services were not expanded accordingly. The services were completely inadequate for the poor and the marginalised.

A geriatric clinic was started in one of the general hospital but was closed subsequently because older people preferred to go to various specialists.

Suggestions for Improvement

- Survey on disease pattern and disease burden specifically regarding older persons
- Sensitisation of staff of general hospital to specific needs of older persons
- Provision of primary health care facilities for older persons in the vicinity of their homes
- Special Geriatric Health camps to be organised in far flung areas
- Public private partnership for preventive health care system with a special component on nutrition for older persons

2.4 Perceptions of Private Sector Service Providers

General Impression

It was a good experience for older persons. Most of the older persons were living with their families which took care of them and also respected them. There were recreational facilities for them as well.

Outdoor Spaces and Buildings

Age Friendly Advantages

There were many parks in the city that were frequented by older persons. There were two big parks that were well maintained. The roads were good. Many at times, youngsters offered lifts to older person to go home or wherever, s/he was going.

The modern buildings were mindful of age friendly features and many institutions like banks, shop keepers were offering facilities on telephone.

Most of the older persons felt safe in the city, though there had been some incidents of thefts or murder.

Barriers

Some of the barriers identified by the group were: poor maintenance of parks in some areas, existing buildings lacking age friendly features, high speed traffic and shrinking of pedestrian spaces.

Suggestions for Improvement

- Better maintenance of parks
- Regulation of traffic and better maintenance of pedestrian spaces
- Improvement in design of public buildings to make them age friendly

Transportation

Barriers

The tempos that operated in the city did not offer a convenient option for the older persons especially those with disability, but the people around them were generally willing to help. Most of the time, the older persons were accompanied by somebody from their family to help. There were no tempos available at night and if one had to travel at that time then it would be difficult without a private vehicle. The tempo stands were inadequate, and some were badly maintained.

Older persons driving their own vehicle could face difficulty due to the speed of the traffic and other concerns like inadequacy of traffic light signals.

Suggestions for Improvement

- Better design of auto rickshaws for convenience of older persons.

- Availability of public transport facility at night especially for older persons to deal with any kind of emergency
- Strict enforcement of traffic rules to ensure safety of older drivers.

Housing

60-70% of the houses in the city could be considered inconvenient for older persons from the modern standards, but the older persons who had lived in those houses ever since found them very comfortable and at times were more active and agile than the youngsters in the house. **"The houses must have been constructed by them only. Now their children must be renovating the houses. So they re actually so much used to it that I do not think they can feel the pain. Even if the stairs are rugged , we youngsters might feel uncomfortable , they will not mind because they are so used to it that they have been living in this house for 30 - 40 years , they shall continue doing the same."**

Respect and Inclusion

Age Friendly Advantages

Older persons were no doubt respected in their families. There could be a very small percentage of families that were disrespectful of their elders. In the old part of the city there were many families who would want to shift out of that area to the newly developed colonies, but could not shift due to preference of their parents to live in that part of the city. Many of them had to take parking spaces 2-3 Kms from their houses; but could not move out of that area.

In the old city, the community lived like a big extended family and all were addressed and considered as relatives. There was lot of mutuality among the people and the older persons enjoyed the warmth and affection so much that they rather live in small houses with narrow lanes and no parking spaces!

In 99% families in the city, the older persons were not only consulted but their decisions are accepted. **Udaipur has a lot of joint families, the seniors in the house get a lot of respect and love like they used to get earlier, there has been no change in the culture of Udaipur like there has been a change in the metropolitan cities.**

Social Participation

Age Friendly Advantages

There were many avenues for middle class and rich older persons who could afford recreation facilities. There were clubs, group activities and activities by Muskan which included picnics, film and music shows, theatre, reading room facilities, indoor games.

Barriers

There were no facilities for recreation for the lower class older persons.

Suggestions for Improvement

- The facilities for recreation of older persons should be available in the vicinity and affordable for all including the poor older persons.
- Day care centres for older persons in all localities.

Communication and Information

Vernacular newspapers, local cable channel and radio were the best source of information dissemination in the city for all including older persons. These channels were enough for the needs of older persons; hence no suggestions for improvement.

Civic Participation and Employment

Age Friendly Advantages

The middle level private sector establishments offered many opportunities for reemployment or continued employment to older persons. Accountants, service providers in restaurants, hotels, drivers, store keepers and security guards were some such vocations where older persons were considered better than the younger ones!

There were plenty of opportunities for older persons to do voluntary work as well in the city; through the medium of charitable organisations, NGOs and older persons' associations. Many older persons were found working as volunteers in the government hospital in the city.

Community Support and Health

Barriers

There were no special facilities for older persons in the medical health care system; though there was provision for free treatment for older persons, widows and destitute. But the services in practice were not too dependable. Most of the patients either bought it from the local chemist or depended on free distribution by the charitable organisations. The hospital supply was based on a drug bank which was not a very dependable system.

The cost of consultation was less as compared to that of the pathological and diagnostic tests that were recommended. In case of prolonged illness, people generally borrowed money from friends, relatives or other sources.

The private health care facilities had increased in the recent past but were beyond the reach of common people.

Those covered under the government health scheme also found it very difficult to get their expenditure reimbursed. The administrative machinery harassed the older persons so much that they finally gave up and preferred to pay from their pocket. Therefore, those older persons who had their own source of income were better off than those who had to depend on others.

Suggestions for Improvement

- Special facilities for older persons in the hospital
- Better management of free services available to the older persons.
- Special services for old widows
- Public private partnership for ensuring free medicines to older persons especially for those suffering from chronic illnesses

2.5 Perception of Representatives of NGOs

General Impression

Life for older persons in the city was on the whole good, but there were few issues that should be tackled to improve it further. Issues concerning poor and marginalised older persons like those living in rural and tribal areas required urgent attention.

The older persons had not been able to articulate their demands clearly to the system. The changing complexion of the family and consequent issues of care had emerged and needed proper handling.

Outdoor Spaces and Buildings

Barriers

There were many open spaces and parks in the city but most of them were not maintained properly. In many parks there were no sheds, no benches, and no toilets. Most of the older persons had to go to the two big parks in the city that could be difficult for many older persons living in far away areas.

There are number of parks in Udaipur, but the problem is that they are not maintained. The senior citizens would like to go and get together in the parks , but if the parks are not properly maintained then nobody would like to go , say if there are no benches, then the problem arises or there's no facility to reach , there are a lot of open spaces which can be utilised. This statement epitomises the general view of the conditions of the parks in the city.

The roads had been broadened for the traffic but not for the pedestrians. There were no zebra crossings. The traffic was chaotic due to lack of traffic regulations, inadequacy of traffic lights and lack of foot paths for pedestrians and at times encroachments by street vendors.

The provision of civic amenities were not uniform in the city, some areas were better than the others. In the old part of the city the lanes were too congested.

The existing buildings did not have facilities for older persons particularly for people with disabilities; though steps had been taken by some private organisations like banks, shopkeepers to provide facilities on phone. But, that implied convenience for only those older persons who could afford telephone facility.

Suggestions for Improvement

- Public private partnership should be encouraged to maintain the parks well.
- Better management of traffic and safe pedestrian spaces to ensure movement of older persons.
- Better design of public buildings to make them age friendly and better maintenance of age friendly features in the existing public buildings.

Transportation

Barriers

Public transport service was considered terrible. The design of the tempo was very unfriendly for older persons particularly for the disabled; these were generally overcrowded and passengers were asked either to sit on temporary seats or stand. The frequency of service was erratic, stops were mismanaged.

It was difficult to drive on the road for older persons because of lack of discipline in younger drivers particularly those driving motorcycles. They were generally rash drivers, speed limits of the vehicles were not strictly regulated, traffic rules, were not strictly enforced, there were no specifications for vehicular horns, head lights of the vehicles were used on high beam mode at night which could have a blinding effect on the older driver coming from the opposite side.

The speed breakers were too high and hence dangerous for older drivers; there were no demarcations on the roads. Many older persons had met with accidents on road at night time and many have been brought too late to the hospital for lack of any ambulance services.

Suggestions for Improvement

- Better design and better management and sensitisation of staff for making the public transport system age friendly.
- Better traffic regulation: speed limits, horns (type & volume), demarcation & cat lights on the road, better design of speed breakers and correct placement and adequate parking spaces to ensure safety of older persons driving their vehicles.

Housing

Age Friendly Advantages

The recently constructed housing complexes had improved designs.

Barriers

The old buildings still had older person-unfriendly structures like steep steps, squatting toilets etc

Respect and Inclusion

Barriers

The trend of nuclear families was on an increase in the city and the bonds between older and younger generations were weakening. In many cases, the old couple live alone in the city because of immigration of children. Even those living with the family found it difficult to adjust with the new ethos of individualism.

Suggestions for Improvement

- Social value camps for children during summer vacations to sensitise them to issues concerning ageing.
- Provisions of old age homes with skilled and dedicated workers to take care of older persons living alone.
- A joint sensitisation programme for older persons and young children
- A helpline for older persons living alone or elderly couples living without support of children

Social Participation

Age Friendly Advantages

There were many opportunities for recreation of older persons like monthly picnics, weekly cultural programmes, talent shows, activities of the Day Care Centre by Muskan. This day Care Centre had more than 1000 members and 80-90 visited the facility everyday.

There were regular programmes organised by Lok Kala Mandal and tourist Centre that could be good opportunities for entertainment of older persons.

Suggestions for Improvement

- Day care centres for older persons within walk-able distance.
- This centre should have facilities for socialising, reading, organising events and lectures, indoor and outdoor games.

Communication and Information

Age Friendly Advantages

The most widely used channels of communicating locally relevant information were vernacular newspapers, TV channels & word of mouth. Sometimes the associations of older persons also acted as channels of communications. Information was passed on in the form of circulars or through telephone etc by the associations to its members.

Civic Participation and Employment

Age Friendly Advantages

There were ample opportunities for voluntary work in the city especially through the older persons' associations and charitable organisations. There were organisations like Manav

Sewa Samiti, Bhagwati Trust, Lions' Club, Mahaveer International that gave opportunity to older persons to work for the welfare of the community. The main activities of these organisations were distribution of medicines and food in the local hospital.

Barriers

Some older persons got placements as consultants with government projects, private companies and research institutes. But these were exceptions rather than rule. Most of the reemployed persons were very senior bureaucrats, technocrats. At times, the response of the older persons to such activities was lukewarm. Many older persons had problems of commuting some had very pressing family responsibilities and unsuitability of the work environment. One common concern found echo in the following statement: Rather than the money which is a secondary issue, they should get respect and that is their primary concern. They have earned a lot of money. There might be those who desire money but more than that they need the respect for which they are entitled.

Suggestions for Improvement

- Motivate older persons to participate actively in voluntary work by highlighting positive examples.
- Creating awareness among older people about healthy and productive ageing

Community Support and Health

Barriers

There was no geriatric department in the government hospitals; there was no provision for separate queues for older persons in the hospital. Moreover, there were problems due to corruption in the system, the staff asked for money to put patients on priority. Some medical practitioners were suspected to be in collusion with the drug companies and only prescribed certain medicines, over prescribed, and most of them over charged. Some doctors were at times apathetic towards older patients due to ageism.

There were no facilities for emergency services for older persons. There were many private hospitals that had been established on land given on concession by the government with the understanding that these institutions would give special consideration to vulnerable segments of society, but none of the hospital was honouring the commitment.

Suggestions for Improvement

- Special facilities for older persons in the hospital like geriatric department
- Increased role of NGOs for better management of free services available to the older persons
- Private health care providers should give concessions to older persons.
- Public private partnership for ensuring free medicines to older persons especially for those suffering from chronic illnesses
- Emergency services for older persons

3. Data Analysis

3.1 Comparison of Views of Older Persons (Young Old* and Old-Old*)

General Impression

The participants of group 1 & 2 had divergent views on the general conditions of the older persons in the city. The participants of group 1 were happy to note the increasing opportunities for economic development in the city. While they did acknowledge the changes in the family values and most of them were of the view that modern day family neglected the older persons in case they did not have money. Most of the participants of group 2 were of the view that the general ethos in the family and the community were favourable to the older persons; but, the problems in their lives were more on account of badly managed civic amenities, increasing traffic & multi storey complexes.

The participants of group 3 were critical of the recent developments in the city. According to them, the city was becoming un-friendlier to the older persons in all respects and gradually pushing them on margins, in their homes and in the community. However, members of group 4 said that the general experience of the older persons in the city was good unless they were poor and or lonely.

Outdoor Spaces and Buildings

The participants of group 1 said that there were only two big parks in the city which they could not visit everyday. The traditional areas in the locality that were used by the older persons to sit and talk to the passer-bys, had all been taken away by the expanding road and other infrastructure changes. The participants of group 2 lived in areas which had locality parks, some of which were well maintained. However, they all came to one of the two big parks in the city for morning walk etc. The participants of group 3 & 4 were in agreement with the views of the group 1 & 2.

All the groups were unanimous in their views on increasing traffic, over speeding, rash driving and general indiscipline among road users. Most of the participants in group 1 & 3 said that they did not go out of the house alone unless it was an emergency. The participants of group 3 said that the increasing traffic restricted the movement of the disabled older persons, many of whom preferred to stay at home than go out. The participants of group 4 complained about encroachment on pavements by street vendors & residents in some areas on the pretext of environment friendly surrounding. On the main roads, in order to expand the road for traffic, the pavement had been converted into roads thereby making it difficult for the old-old and the disabled old to walk safely.

As far as the facilities like shopping areas, post offices and banks were concerned;

♣ Young Old (60-74 years) Group 1(Low SES) and Group 4 (Middle SES)

♠ Old-old (75 years and above) Group 2 (Middle SES) and Group 3 (Low SES)

group 1 did not have banks, post offices & shopping areas, close to their homes. They had to travel for the first two facilities and used local shops and vendors in their locality for their day to day necessities.

Group 2 found the facilities to be satisfactory and available and accessible to them. However, many of them pointed out the lack of age friendly features in the existing buildings and public places like, absence of toilets, ramps, hand rails, etc. However, they were happy with the developments for age friendly design in the new buildings.

The participants of group 3 did not go to the banks or markets for they did not have the need and resources for either! The participants of group 4 did not face any major problems while accessing facilities like banks, post offices, hospitals as most of the service providers were personally known to them and were extra courteous.

The young old persons in group 1 lived in areas where there were no street lights and petty thefts were common. The participants of group 2 pointed out the safety hazards faced by older persons living in multi storey complexes where the contact with neighbours was minimal. It was easy for the miscreants who were mostly from among the migrant population of casual labours who at times posed as tenants. Another angle to this security hazards was the multi complexes where the shopping areas were on the ground floor and residential on the upper floors. The miscreants could sit and watch the movement of the residents from the shopping areas. The participants of group 3 did not perceive any threat to their security in the area and neither did the participants of group 4.

Transportation

Both the groups (1 & 2) agreed that the tempos that were used mainly by the common people were overcrowded, had unsuitable design, erratic frequency and inadequate route coverage and the problem of rude staff members, who were often untrained. They also agreed that very few drivers stopped on the designated stations and many of the stations did not have adequate facilities like benches and sheds.

The participants of group 1 did not use private vehicles. So they did not comment on it. The participants of group 2 also pointed out the non-availability of these vehicles at night time. They pointed out the difficulties faced by older drivers because of chaotic traffic on the road, inadequacy of traffic lights and lack of respect of traffic rules in the general populace. They also discussed lack of proper parking spaces, faulty design of speed breakers etc.

The participants of group 3 & 4 also identified the same barriers as the other groups and added the issue of un-affordability of auto rickshaw fares by the low income older persons.

Housing

The participants of group 1 & 2 faced minor difficulties in their home like steep steps, sitting on the floor, squatting toilets & ramps. However, the participants of group 3 found the houses to be very inconvenient for older persons especially those with disability; in

climbing ladders made of iron, community toilets and in some cases no toilets at all. The participants of group 4 did not face any problems at home and those features which were found inconvenient could be modified.

Respect and Social Inclusion

The participants of group 1 & 2 were almost in agreement that the older persons in the family were respected and helped. Most of the families still sought the advice of older persons and mostly accepted their decisions. The older persons were an important part of social functions of the family and at times the community. Therefore, their presence was almost a necessity.

The participants of group 3 felt that the older persons with limited or no resources were treated like a burden by the family. They were often neglected and neither the family nor the community was interested to take care of them. The opinion of the older persons in the family was neither sought nor valued as it was considered out of sync with times and hence unsuitable. However, the participants of group 4 were of the view that the word of the older persons in the family was 'law'. Those older persons living with their children and grand children had very cordial relationship with each other.

Social Participation

The participants of group 1 were of the view that the main source of recreation for older persons was socialising with friends and relatives especially on social functions like marriage, birth and death, visit to local temple or mosque and radio. Some of them had television at home but did not like the programmes that were broadcast.

The participants of group 2 also listed the same sources of recreation; but, thought that these were inadequate and limited only to those older persons who were members of certain organisations. This group also discussed the lack of special facility for older women.

The participants of group 3 kept themselves busy mainly by socialisation and meditation. The participants of group 4 were of the view that there were enough opportunities for the physically fit older persons. They would attend cultural functions; there were facilities for reading and writing, social functions, cultural functions & spiritual discourses. But, recreation facilities for the physically disabled were very limited and at times only television or telephone were their source of recreation.

Communication and Information

All the groups identified four major sources of communication and information: word of mouth, announcement in local mosques and temple, vernacular newspaper and local cable channel. Group 2 also identified these channels and also included provision of notice board in each Mohalla. The participants of group 3 & 4 also identified the same channels of communication and information.

Civic Participation and Employment

The participants of group 1 were of the view that the casual workers and self employed older persons continued to work till they are very old. They further added that not many older persons in the community wanted to do voluntary work on a regular basis. The participants of group 2 spoke more in the context of employees in the organised sector who retired at the age of 55 to 58 years. They were of the view that most of the employers were reluctant to reemploy older persons, though some big business houses hired older persons as consultants. They also agreed with the members of group 1 that not more than 40% of the older persons would like to do voluntary work on regular basis. This could be because of unsuitable nature of work, problems of transport facility and lack of adjustment to change in status.

The participants of group 3 were of view that very old persons with little or no income would like to work to earn money but because of physical disability are unable to find work suitable for them. The participants of group 4 shared only positive experiences of older persons working for charitable organisations and NGOs on a regular basis.

Community Support and Health

All the groups except the middle SES Old-Old were highly critical of the health care system. They all identified the same barriers i.e. overcrowding, mismanagement, corruption, lack of specific services for older persons, over prescription of medicines and exorbitant cost of medicine; though each group emphasised different problems.

The participants of group 1 & 2 agreed that there were no facilities for primary health care and older persons have to depend on the general hospitals for every thing. However, participants of group 1 were of the view that for minor problems the services of the general hospitals were satisfactory; whereas the participants of group 2 were generally critical of the services provided in the hospital.

The participants of group 3 argued that the doctors prescribed too many medicines which were too expensive. The private hospitals were simply out of reach of the poor older persons. The system was heavily oriented towards curative care and did not address related to nutrition and preventive health care. The participants of group 4 agreed with group 2 regarding inadequacy of facilities offered by the general hospitals and un-affordability of the private health care; but, many of them were able to overcome with these problems as they were known to the hospital staff.

There were no major difference in the experiencing of the older persons, whether young old or old-old, they faced more or less the same barriers. People of all ages faced similar challenges as far as infrastructure and civic amenities were concerned. Fortunately the old-old had positive experience about the family and community behaviour towards them.

3.2 Comparison of Views of Older Persons (Middle^{*} and Low SES[∞])

General Impression

Changes connoted different things to different people. Changes in the structure and function of the family was a major concern for some older people, particularly, the middle SES young old persons. The middle SES old-old persons talked about change in the context of economic and infrastructure development. The middle SES young old were more vocal and critical about overlooking the concerns of older persons in the 'change' than the low SES. The low SES older persons were more concerned about complete marginalisation due to loss of income and lack of medical assistance.

Outdoor Spaces and Buildings

The participants of group 1 & 3 were in complete agreement with the increasing hazards in the city for the older persons especially with those with disabilities and stated that most of them were either afraid going out alone or needed attendant to go out.

Both the groups agreed that the conditions of the civic amenities required much to be done as the inner roads were not maintained properly, there were no street lights, no parks in the area. There were no banks & post office in the area as well.

The expanding infrastructure had also engulfed the common areas available to the older persons in the city. The participants of group 2 & 4 were in agreement regarding increasing traffic hazards in the area and problems posed to the older persons. Both the groups had divergent views regarding parks and open spaces; group 2 was of the view that there were no local parks in the area and older persons had to use two big parks in the city which were also not very age friendly as they did not have adequate benches, toilets, ramps etc. The participants of group 4 were of the view that there were many designated parks and open spaces in the localities but most of them were not in use because of lack of maintenance.

The participants of group 2 & 4 did not face the problem of accessibility to services like banks, markets, post offices, etc. but were of the view that the existing buildings were not age friendly; though this element was compensated with human assistance. Both the groups had different view on safety and security of older persons. The participants of group 2 were of the view that older persons especially those living in flats were being targeted by the miscreants in the migrant population especially those older persons living alone. However, the participants of group 4 were of the view that there is no threat to the safety and security of older persons.

Transportation

The participants of group 1 & 3 were incomplete agreement regarding the age unfriendliness of the auto rickshaws that were used more frequently by the common people. Some of the problems listed were: unsuitable design, non-coverage of all routes, erratic

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- Middle SES: Group 2 (Old-Old) and group 4 (Young Old)
 - ∞ Low SES: Group 1(Young Old) and Group 3(Old-Old)

frequency, over-charging, misbehaviour, over-crowding, inadequacy of designated stations with facilities like benches, sheds, etc.

The participants of group 2 & 4 also listed the same problems as group 1 & 3 regarding auto rickshaws. Group 2 also pointed out that the very few of these available to travel in the city after 8 pm.

The participants of group 2 & 4 spoke about problems faced by older persons driving private vehicles. The major changes were chaotic traffic, lack of traffic lights at major intersections, use of high beam while driving at night caused accidents involving older drivers. Group 4 also brought out the difficulty in getting full time and on-call drivers. They were also mentioned the lack of private taxi service in the city.

Housing

None of the participants except those in group 3 faced any major inconveniences at home. The minor issues faced by most of the groups were steep steps, squatting toilets & lack of ramps etc.

Respect and Inclusion

All the groups except group 3 were of the view that older persons were respected by and large in all families and communities; though group 1 & 2 did cite increasing examples of lack of respect of older persons in many families. Group 3 was of the view that older persons with no or limited income and serious problem of continuing care were not given their due by their family or the community.

Social Participation

The main source of recreation for most of the groups was socialisation with family, friends and community and religious and spiritual activities. The facilities were practically restricted for the old-old and women from low SES. The participants of group 1, 2 & 4 did participate in other activities like outing, picnics and cultural shows.

Communication and Information

All the groups identified similar sources of communication and information: word of mouth, announcement in local mosques and temple, vernacular newspaper and local cable channel; though the importance of each channel varied according to age and SES. The low SES participants depended more on the community channels like announcement from the mosque or the temple and word of mouth.

Civic Participation and Employment

All the groups had different perception regarding the issue of civic participation and employment of older persons. The participants of group 1 & 2 spoke about the experience of casual labourers and self employed people who continued to be occupied with work till they were physically able. As regards voluntary work group 1 was of the view that not many older persons were interested to do voluntary work on regular basis and participants of group 3 were of the view that if they could they would rather work to earn.

The participants of group 2 and 4 had divergent views regarding voluntary work. Whereas group 2 felt that despite availability of opportunities for voluntary work not more than 40% of those who could, do regular work. However, group 4 was of the view that there were plenty of opportunities were available for voluntary work and most of the older persons were doing the jobs assigned to them very well. As regards, employment group 2 was of the view that ageism was rampant in employers and very few highly placed experts were taken as consultants. However group 4 was of the view that older persons did not require employment.

Community Support and Health

The participants of group 1 & 3 were generally in agreement that the facilities provided in the general hospital were inadequate, difficult to access, and not responsive to geriatric care issues. However, in cases of chronic illnesses most of the older persons did not have the means to access private health care services which were better organised.

The participants of group 2 & 4 also agreed in general regarding inadequacies of the general hospital in providing care for the older persons and un-affordability of private health care facility. Though, group 4 did mention some discounts being offered by some private hospitals.

The experiences and views of the older persons varied on many issues that were discussed, particularly respect and social inclusion, social participation and civic participation and employment. The experiences of the middle SES old-old who were still living in families with predominantly traditional values were pleasant and positive.

3.3 Comparison between Public Service Provider and Private Service Providers

General Impression

Participants of group 1 & 2 were of the view that the older persons living in the city were generally happy and the family took care most of their needs. The participants of group 1 commented about the problem faced by poor and destitute older persons and also the lonely and isolated older persons.

Outdoor Spaces and Buildings

Both the groups thought that there were enough green areas and open spaces in the city which were used by the older persons. Both groups were of the view that though there were parks in many localities; but, many of them were not well maintained and hence not suitable for older persons.

Both the groups agreed that the general infrastructure in the city was good; though, there were problems like lack of well maintained pavements/ footpaths and demarcated pedestrian crossings.

Both the groups agreed that the existing public buildings did not have age friendly features likes ramps, comfortable stair cases, hand rails, etc. The public service providers

were of the view that many services were available on telephone like banking, items of daily necessity, payment of bills etc. The private service providers commented about the awareness among service providers regarding improving the features in the new buildings and also providing telephonic services. Both the groups agreed that there were no threats to safety and security to older persons. The private service providers also added that the younger people in the city were courteous enough to offer lifts to older persons on the road.

Transportation

Both the groups agreed that the current public transport facilities were unsuitable for older persons due to the following reasons: unsuitable design of vehicles, traffic chaos & over crowding. However, the public service providers spoke extensively about efforts of the government in dealing with these issues effectively like launching the new bus service in the city. The private service providers were of the view that most of the younger co-passengers were sympathetic to the older persons and normally helped them. In many cases the older persons were accompanied by members of their family who took care of them. They also talked about the non-availability of tempos at night making it difficult for older persons to travel if they did not have access to a private vehicle. Both the groups agreed that there could be difficulties faced by older persons due to over speeding and indiscipline by other drivers and inadequacy of signals etc.

Housing

Both the groups had divergent views on the subject. The public service providers thought the houses in which the older persons were living were generally comfortable for them. If at all, only minor modifications were needed. They also highlighted the change in the building byelaws whereby lifts were made mandatory in case of buildings over 15 metres in height. On the other hand, the private service providers were of the view that 60% of the houses in the city could be considered unsuitable for older persons. But the older persons found them more comfortable than the younger persons in their family as they were used to living in those houses.

Respect and Social Inclusion

The public service providers were of the view that traditionally family took care of the older persons, respected older persons and considered them an integral part of the family. But contrary trends were also visible wherein older persons were left behind by adult children who migrated to other cities and countries. Those who were living in the family could be reduced to servants of their grand children and in some cases the grand children were not encouraged to develop good relationship with grand parents.

The private service providers were of the view that by and large families and community maintained the tradition of respect and inclusion of the older persons and only a small percentage of families were otherwise. They cited examples of families who had to live in the old city along with their parents despite innumerable problems in daily living because the old parents did not want to leave their traditional home. According to them, in 99% families the older persons were not only consulted but their decisions were final.

Social Participation

The public service providers were of the view that there were very few facilities for recreation of older persons like attending social functions, socialising with friends and relatives and attending spiritual discourses. Whereas the private service providers were of the view that there were enough opportunities for middle class and rich older persons for recreation like cultural activities, film and music shows, theatre, picnics, outings, reading room facilities, indoor games; but, there were no facilities for poor older persons.

Communication and Information

Both the groups identified vernacular press, local cable channels. Besides, the public service providers identified word of mouth and the private service providers identified radio. They agreed that the listed channels provided relevant and timely information to the older persons.

Civic Participation and Employment

The public service providers were of the view that there were enough opportunities for volunteer work for older persons and many of them were constructively engaged in issues like organising health camps, helping patients in general hospital and taking up environmental issues like cleaning up water of the lakes in the city. According to the private service providers, middle level establishments in private sector offered many opportunities for continuing employment or re-employment of older persons. Accountants, service providers in hotels and restaurants, drivers, store keepers and security guards were some such people who always found employment in old age.

Community Support and Health

The public and private service providers acknowledged the inadequacy of the general hospital in catering to the needs of older persons. The public service providers, however, justified it on the basis of general increase in population, change in disease pattern and also lack of relevant data to plan programmes. They were of the view that the services would improve in future because of enlightened planning. They were also of the view that the services in the hospital were complimented by the services provided by many charitable organisations.

The private service providers were critical of the public health care system as it did not have any facilities for free pathological and or diagnostic tests, medicines for prolonged illnesses for poor older persons. They were also critical of the inability of the illiterate older persons from rural areas to understand and utilise the procedures involved in the getting free treatment from the general hospital. Those older persons who were beneficiaries of government health scheme also found it difficult to get reimbursement of expenditure made on medicines etc. due to cumbersome procedures.

Both the groups were of the view that the private health care system provided better facilities but out of reach of many older persons.

The views of public and private service providers were similar on almost all topics of discussion; the differences were stark only on the topic of respect and social inclusion.

3.4 Comparison between Private Service Provider and NGOs

General Impression

Both the groups agreed that life of older persons in the city was a good experience for most of them. However, group 3 was of the view that there were some segments of older people which required special attention: lonely and isolated older persons, rural and tribal older persons. They raised another very important issue of inarticulateness of the older persons in the city.

Outdoor Spaces and Buildings

The participants of group 3 agreed with the participants of group 2 that there were many parks and open spaces in the city that could be utilised for older persons but were unsuitable because of low maintenance. However, they disagreed with group 2 and were of the view that the two big parks in the city were not age friendly, for there was no provision for sheds, benches, and toilets.

Both the groups agreed that due to broadening of road, pedestrian spaces had been encroached affecting the older persons. Both the groups agreed that civic amenities in some areas were not well maintained. They also agreed that the existing buildings did not have age friendly features but the new buildings were better designed. The participants of group 3 agreed with group 2 that many service providers were providing services on telephone etc. but commented on the exclusion of poor older persons from these facilities.

Both the groups did not agree with the level of safety and security of older persons in the city. The private service providers did not perceive any threat to the safety and security of older persons in the city; whereas the NGOs wanted the local police to take note of the recent incidents of violence against older persons and take action.

Both the groups were of the view that there were some untoward incidents in the city which raised questions about security of older persons.

Transportation

Both the groups agreed that the public transport service was inconvenient and unsuitable for older persons particularly those with disability. The major concerns: unsuitable design, over-crowding, erratic frequency and mismanagement.

Both the groups agreed that the driving could be difficult for older persons due to rash driving, over speeding, lack of road sense, unscientifically built speed breakers, lack of demarcation on the road.

Housing

Both the groups agreed that most of the houses in the city were not age friendly. The private service providers were of the view that the older persons felt more at home in these

buildings; whereas the participants of group 3 commented on the improvement in designs in the new buildings.

Respect and Inclusion

There was a major disagreement between the groups on this issue. Whereas the participants of group 2 praised the continuing tradition of respect and inclusion of older persons in the family and the community; the participants of group 3 were concerned about the increasing trends of nuclearisation of family and weaning bond between generations and difficulty in adjustment due to different ethos.

Social Participation

Both the groups agreed that there were many opportunities for older persons for recreation like monthly picnics, weekly cultural programmes, talent shows, regular programmes organised by Lok Kala Mandal and Tourist Centres and activities of a Day Care Centre called 'Muskan'. Both the groups agreed that there was still scope for improvement.

Communication and Information

Both the groups agreed on the importance of vernacular press, local cable channels. The participants of group 3 also stressed the importance of role of the older persons associations in spreading the word through circulars, telephone and word of mouth.

Civic Participation and Employment

The participants of group 3 were of the view that opportunities for reemployment of older persons were there in government projects, research institutes and private companies. However, there were plenty of opportunities for older persons to do voluntary work with charitable organisations, NGOs and older persons' associations. However, not many older persons were willing to participate actively due to problems in commuting, domestic responsibilities and inability to adjust to change in status.

The participants of group 2 were of the view that there were enough opportunities for both and lots of older people were actively engaging in either employment or voluntary work.

Community Support and Health

Both the groups agreed that there was lack of special facilities for older persons in general hospital. The problems were compounded by corruption, rude behaviour of the staff and apathy of the doctors. The participants of group 3 were critical of the private hospitals which had taken advantage of concessions given by government to setup medical facilities on the condition of providing medical services to vulnerable segments at reasonable rate. The participants of group 3 also raised the issue of lack of insurance schemes for older persons to cover their medical expenses. The participants of group 2 also raised this issue of increasing debt on families because of expenses on the prolonged illnesses of older persons.

3.5 Comparison between Public Service Providers and NGOs

General Impression

Both the groups agreed that life of older persons in the city was generally a good experience but there were specific challenges faced by older persons who were poor, destitute, lonely or living in disadvantaged areas.

Outdoor Spaces and Buildings

Both the groups agreed that there were enough green areas and spaces in the city which were frequented by older persons but many local parks were badly maintained and hence unsuitable for older persons.

Both the groups agreed the traffic in the city was getting chaotic and safe spaces for pedestrian was shrinking.

Both the groups agreed that the existing buildings did not have age friendly features like ramps, handrails, lifts and suitable staircases and toilets. And however, the new buildings had better design. Both the groups agreed that many service providers were providing services on telephone and convenient point access basis.

Both the groups agreed that there were no specific threats to older persons in the city. Though there were some incidents of thefts and murder.

Transportation

Both the groups agreed that the public transport service was inconvenient and unsuitable for older persons especially those with disability. However, group 1 highlighted the plan to improve the services in near future. The participants of group 3 also commented on the increasing traffic hazards for the older persons driving their own vehicles.

Housing

The public service providers were of the view that the houses in which the older persons were living were comfortable for them; whereas according to the participants of group 3 the houses had major barriers and needed improvement. However, both the groups agreed that the new buildings were better designed.

Respect and Inclusion

Both the groups agreed that the tradition of respect and inclusion of older persons was gradually declining in the city. Many older persons were left alone in the city by their immigrant children; many reduced them to servants in the family and many older persons found it difficult to adjust to the changed ethos of the younger generation. The intergenerational relationship also suffered a general decline.

Social Participation

The public service providers were of the view that there were few opportunities for recreation of older persons except socialising, spiritual programmes and limited facilities

offered by the day care centre called 'Muskan'. The participants of group 3 were of the view that there were many opportunities for recreation of older persons especially for those who were members of some club, group or the day care centre called 'Muskan'.

Communication and Information

Both the groups agreed that the vernacular press local cable channels and word of mouth played very important role in communication and dissemination of information. The participants of group 3 also stressed the importance of older persons' associations.

Civic Participation and Employment

Both the groups agreed that there were enough prospects for voluntary work for older persons through the medium of charitable organisations, NGOs and older persons' associations. The public service providers stressed the need for expanding opportunities for voluntary work for older persons. The participants of group 3 agreed with the public service providers on this point ; but were quick to point out the lack of adequate openings for reemployment or continued employment of older persons.

Community Support and Health

Both the groups agreed that there were lack of special facilities in the general hospital for older persons. The public service providers listed the complimentary programmes to plug the gaps, plans for future improvement and also the role of private charitable institutions in complimenting the medical services available in the city. The participants of group 3 commented on the corruption, mismanagement, apathy and neglect in the public health care system and un-affordability of private health care system

3.6 Comparison of views of Older Persons (Young old and Old-Old) with Care Givers and Service Providers

General Impression

The older persons were fairly satisfied with their life in the city. Though, the very old had concerns about increasing traffic, transportation, declining access to health care facilities & changing values in the family and the community.

The care givers were of the view that the city was not to friendly to older persons. The infrastructure was expanding but it did not benefit the older persons. Moreover, the family and community ethos were changing and becoming individualistic and self centre.

All the service providers were generally in agreement that life of older persons in the city was good and family took care of most of their needs; though, there were specific issues concerning health care, isolation and loneliness of older persons particularly those living alone.

Outdoor Spaces and Buildings

The older persons were of the view that there were many open spaces and green areas in the city; but, many of them were unsuitable for older persons because of poor

maintenance. There were two big parks in the city which could not be frequented by very old and or disabled people everyday. All the groups were unanimous that due to expansion of infrastructure facilities, the traditional areas used by older persons were vanishing.

All the groups agreed that the traffic was chaotic and the roads were not pedestrian friendly. The pavements were encroached by the expanding road, residents and roadside vendors.

All the groups generally agreed that the existing public buildings were not age friendly as most of them did not have ramps, lifts & handrails & toilets. But many of them did not consider it to be a major hurdle as facilities were available nearby, tele-services were expanding & personal contacts helped them overcome whatever difficulties the inappropriate design presented.

The groups of young old pointed out the lack of street lights etc. and petty thefts in the area and also the security hazards posed by miscreants and migrant population to the older persons living alone in flats. However, the old-old group did not see any security threat in their areas.

The care givers were also concerned about the gradually vanishing traditional spaces available to older persons in the city; unsuitability of public parks for older persons with disability due to absence of benches, sheds, ramps, etc. They were also concerned about the marginalisation of older persons particularly the disabled due to increasing traffic chaos. The older persons living in flats might have easy access to shopping areas in their own compound but found it very inconvenient due to increasing human and vehicular movement.

Most of the public buildings like banks & hospitals were structurally not age friendly. There were no specific facilities for older persons in banks and insurance agencies. There were either no lifts or ramps or not operational due to poor maintenance. Older persons living alone had become easy target of criminals in recent months.

All the service providers were of the view that there were enough green areas and open spaces in the city which could be used by the older persons; particularly the two big parks. They all agreed that some local parks were not well maintained. All the groups agreed that increasing traffic posed safety hazards to older persons particularly those with disability. All the groups agreed that the existing buildings lacked age friendly features; though, the new buildings had better design and some efforts were made to improve the existing buildings.

Except the NGOs and the (young old) older persons all the groups felt that there were no particular security threats to older persons. Both these groups cited many cases of murder, petty theft and other crimes involving older persons. Both the groups wanted the police to take strict action on the matter.

Transportation

All the older persons were critical of the tempo service that was available in the city for the following reasons: unsuitable design of the vehicle, erratic frequency, inadequate

route coverage, overcrowding, low maintenance of auto rickshaw stands, rude behaviour and overcharging. Those older persons who were driving their own vehicles complained about increasing traffic and increasing indiscipline, lack of traffic lights and zebra crossings, faulty design of speed breakers, lack of proper parking spaces & the habit of drivers to drive on high beam at night thereby causing inconvenience and at times possibility of an accident.

The care givers of the view that the public transportation system available in the city could not be used by disabled older persons who had to use private vehicles or private rickshaws to commute. They also mentioned the same barriers as mentioned by the older persons.

The frail older persons could not drive their own vehicles for the reasons stated above and needed the help of family member or a professional driver. Even in the hospital there were no wheel chairs or trolley available for the very old and or disabled older persons.

All the groups of service providers agreed that the public transport service was unsuitable and inconvenient for older persons. They cited the same reasons as given by the older persons and care givers of older persons. The public service providers were of the view that it was not specifically unfriendly to older persons but to everybody in general. They also highlighted the fact that the situation would improve once the new buses and the bus service were introduced. The private service providers were of the view that the inconveniences faced in the public transport could be easily tackled with the help of sympathetic co-passengers and family members who travelled as attendants.

All the groups acknowledged the difficulties faced by older persons driving their own vehicles due to increasing traffic, lack of discipline, inadequacy of traffic light and design of the speed breakers. The NGOs and the private service providers also brought to light the difficulties faced by older persons due to lack of availability of public transport facility at night and also non-availability of ambulance service.

Housing

Except the participants of group 3, most of the older persons did not face any major difficulty in their homes. Those who did were able to modify the design with affordable expenditure. However, the participants of group 3 (low SES old-old) found it very difficult to adjust to houses with ladders. Some of the houses did not have provision for toilets. The care givers of older persons also faced problem due to non-availability of hand rails, ramps and squatting toilets. But, were able to either get a modification done or by shifting to recently build housing complexes.

Only the participants in the group of NGOs were vocal about the inconvenience caused to older persons especially the very old and the weak in living in houses with no ramps, lifts, handrails, steep steps, etc; the other groups were of the view that the older persons did not face any major difficulty in their houses and the private providers thought that the older persons were more comfortable in their traditional houses.

Respect and Inclusion

All the groups of older persons except group 3 felt that the older persons were by and large respected in their families and communities. In some families, they were not only consulted but their decisions were accepted by one and all ranging on issues concerning daily living to important matters. The participants of group 3 disagreed and were of the view that very old persons were often neglected by the family and their views were neither sought nor valued.

The care givers agreed with the views of the older persons on the status of older persons in most of the families; however, cases of neglect & decreasing intergenerational bonding between older and younger generation were not unheard of by the care givers.

The public and private service providers also agreed with the majority view regarding traditional values guiding the families. However, the NGOs agreed reluctantly with this but also highlighted the increasing trend towards individualism as the guiding force and consequent break-up of families. They also pointed out the adjustment problems occurring in the so-called joint families.

Social Participation

All the groups listed socialising with friends and relatives, participation in social functions & visiting local temple and mosques, television and radio. The groups of young old were of the view that these facilities were adequate for the older persons. But improvement could still be made by providing recreation centres in each locality and improving the infrastructure for the convenience of very old and or disabled older persons.

The care givers were of the view that there were no special facilities for frail and or disabled older persons for recreation. Though, there were many places of tourists' interest in the city, there were no special facilities for older persons to visit them. In most cases recreation for such older persons was restricted to socialisation in the extended family and friends and attending social or religious functions.

All the groups of services providers were in complete agreement with the views of older persons about availability of opportunities for recreation of older persons. It included socialisation, outings, cultural programmes, spiritual discourses, film and music shows. The public service providers were of the view that these facilities were enough for the older persons. However, the NGOs felt that there was scope for improvement and the private service providers pointed out the inadequacy of recreational facilities for poor older persons and those with disability.

Communication and Information

All the groups identified the following means of communication: word of mouth, local notice boards, vernacular press and local cable channels. All the groups thought that these were providing useful and timely information.

The care givers were dependent on the local cable channel, word of mouth and circulars of older persons associations.

All the service providers also identified the same means of communication as the older persons; but, the importance of each means varied with the locality and the people addressed.

Civic Participation and Employment

The young old differed in their opinion regarding availability of opportunities for employment to older persons. One of the group was of the view that those who were self-employed, casual workers or in petty businesses continued to be employed till they were able to work. The other group expressed its opinion in the context of lack of adequate opportunities for older persons retiring from the organised sector.

Both the groups agreed that there were enough opportunities for older persons to do voluntary work on regular basis but not more than 40% were willing to do so.

The groups of old-old also differed in their opinion regarding the opportunities for employment. Group 3 was of the view that there were not enough opportunities for older persons with limited abilities to earn regular income. Though, members of group 4 thought that there were enough opportunities for both, employment and voluntary work.

The care givers were of the view that there were no opportunities for frail older persons for either employment or voluntary work; mainly, because of lack of transport facilities and consequent dependence on others.

The public and the private service providers thought that there were enough chances for older persons to do voluntary work and many of them were actively involved in it. The private service providers added that there were openings for employment of older persons particularly in small and medium businesses like hotels, security agencies, etc. The NGOs emphasized more on the unsuitability of the work available for older persons.

Community Support and Health

The participants of group 1 & 2 were of view that there were no facilities for primary health care and older persons had to depend on the general hospital for all their needs. All the groups were critical of the services provided in the general hospital for older persons. Most of them complained about mismanagement, lack of facilities, corruptions, lack of responsiveness to special needs of older persons and misbehaviour of staffs at times.

The care givers had similar views on the weaknesses of the health care system as pointed out by the older persons; they added that the older persons faced a bigger challenge of ageism of medical and paramedical staffs. They also complained about lack of integrated system of health care of older persons which included consultation, pathological and diagnostic tests and treatment. All the groups agreed that private health care facilities were available; but, were unaffordable for almost all older persons and their families.

All the service providers agreed with the comments of the older persons and care givers regarding inadequacy of public health care facilities for older persons. The public service providers discussed the improvements that would take place in future and NGOs and the private service providers highlighted the role of NGOs, charitable organisations

and senior citizens' associations in plugging the gaps in the existing system. They all agreed with the un-affordability of private health care system for older persons in cases of prolonged and chronic illnesses.

3.7 Comparison of Views of Older Persons (Middle SES and Low SES) with Care Givers and Service Providers

General Impression

The participants from the middle SES were happy to note the expansion of infrastructure and opportunities in the city and by and large considered experience of ageing as a happy experience except for those who were living alone and had problems in the family; whereas the older persons from low SES opined that the older persons, particularly, the very old were marginalised by the developments.

The response of the care givers regarding experiences of older persons in the city also varied according to the SES background. The care givers in the middle SES faced fewer problems than the low SES.

All the service providers were generally in agreement that life of older persons in the city was good and family took care of most of their needs; though, there were specific issues concerning health care, isolation and loneliness of older persons particularly those living alone and in disadvantaged areas.

Outdoor Spaces and Buildings

The participants of low SES complained regarding lack of civic amenities, open spaces, increasing traffic & marginalisation due to developing infrastructure like roads, etc. engulfing traditional spaces. Most of them, particularly the old-old could not travel to two big parks in the city and did not have facilities in their areas. The increasing traffic hazards forced them to stay indoors unless it was most essential. The public buildings in the area were also not age friendly and the older persons were dependent on others for accessing banks, market, etc. Some older persons faced the problems of petty thefts, etc. in the area but did not consider it as a major security threat.

The middle SES older persons could frequent the two big parks and also the well maintained ones in the locality. Though, these parks lacked basic facilities like toilets, ramps, benches, etc. The civic amenities were better in these areas and facilities like tele banking and tele shopping made life easier for those requiring these services.

The participants of these groups also acknowledged the lack of age friendly features in the public buildings. The young old were happy that the new buildings had these features like lifts ramps, etc. and the old-old were able to overcome the difficulties with the help of human assistance.

Both groups had different views on safety and security. The young old living in flats felt insecure due to isolation and relative apathy of neighbours and vulnerability of older persons to miscreant migrant population. Though, the old-old felt no security threat to older persons. The care givers also shared the same concern as the older persons.

The public and private service providers were of the view that there were enough open spaces and green areas in the city that were frequented by the older persons.

The public and the private service providers agreed that the general infrastructure in the city was good but there were some problems like lack of pavements, footpaths and demarcated pedestrian crossings. Both the groups also acknowledged the increasing traffic hazards for the older persons.

Both the groups agreed that the existing public buildings were not age friendly. But improvements were planned for future. The NGOs highlighted the same issues as raised by the Middle SES older persons.

The public and private service providers highlighted the improvement in services to older persons like tele banking, single window payment of bills and tele marketing. The NGOs pointed out the exclusion of poor older persons from these services.

The public and private service providers did not see any security threats to the older persons. The NGOs did not agree with this and commented on the increasing number of incidents of crimes against older persons.

Transportation

All the participants irrespective of age class or category were critical existing tempo service that was available in the city for its unsuitable design of the vehicle, erratic frequency, inadequate route coverage and overcrowding, low maintenance of tempo stands, rude behaviour and overcharging. The older persons from low SES were completely dependent on the system; not only to commute in the city generally, but, also to access public health care system. Most of them could not afford private transport system.

Those older persons from middle SES group who were driving their own vehicles complained about increasing traffic and increasing indiscipline, lack of traffic lights and zebra crossings, faulty design of speed breakers, lack of proper parking spaces & the habit of drivers to drive on high beam at night thereby causing inconvenience and at times possibility of an accident. Most of the old-old persons depended on professional drivers who were difficult to find. Many older persons who were living alone and could not afford driver pointed out the lack of ambulance facility for older persons in case of emergency.

The experience of care givers varied according to SES in so far as the behaviour of staff of tempos was concerned. The staff and the co-passengers were more sympathetic towards frail older persons of middle SES than low SES.

All the groups of service providers agreed that the existing public transport facilities were inconvenient and unsuitable for older persons. They cited the same reasons as the older persons. They also agreed that driving could be difficult for older persons due to over speeding, lack of road sense, etc. The private service providers also pointed out the lack of public transport facilities at night and consequent difficulty to low SES older persons.

Housing

None of the participants except the low SES old-old faced major inconveniences at home. These people did not have the resources to modify the inconvenient features like iron ladder, no toilets, etc. The middle SES group faced minor inconveniences and were able to modify the features.

The middle SES care givers either got the age unfriendly feature of their houses modified or moved to the flats with better facilities like ramps, lifts, etc. but the low SES persons did not have the choice.

The public service providers and NGOs agreed that the existing housing facilities were not completely age friendly. Though, the private service providers thought that the older persons were perfectly comfortable in the homes in which they had lived for decades.

The public service providers highlighted the changes in the building bye-laws which made it mandatory to incorporate age friendly features.

Respect and Inclusion

The low SES very old were out right critical of the family and community and highlighted the neglect faced by older persons with no or modest means. The middle SES older persons were apprehensive about the increasing trends towards nuclear-isation of family and individualistic ethos. The only group complacent about respect and inclusion were the middle SES old-old.

The care givers opinion on the subject varied according to SES status. The middle SES care givers spoke about the gradual change in values and outright neglect and abuse of older persons; but, were also quick to point out that the social pressures ensured token respect and inclusion of older persons. The low SES care givers cited cases of respect and helpfulness of the family and in the absence of family that of the neighbours.

The public and private service providers opined that the traditional way of life where the older persons were respected continued in most families and communities. The NGOs agreed with this; but; also discussed the increasing trend towards individualism as the guiding force and consequent break-up of families. They also pointed out the adjustment problems occurring in the so-called joint families.

Social Participation

The main source of recreation for all the groups of older persons was socialising with friends and family and attending social and religious functions. The young old of both low and middle SES also enjoyed outings, picnics and cultural shows. The opportunities available to the middle SES group were better than the other groups for they were members of various societies and associations that arranged recreation for them. However, there was still scope for improvements and better facilities for travel and tourism could and should be provided to older persons.

The care givers were unanimous that there were no facilities for recreation for frail and disabled older persons in the city. For most of them recreation was restricted to socialisation in the extended family.

The public service providers thought that there were very few facilities for older persons for recreation; whereas the private service providers thought that there were enough opportunities for middle class and rich older persons, but, there were no facilities for poor older persons. NGOs agreed with the view of the private service providers.

Communication and Information

All the groups of older persons identified similar source of communication and information: word of mouth, local notice boards, vernacular press, local cable channels & older persons associations. The importance of each channel varied according to SES. The low SES people depended more on word of mouth and local notice boards. Whereas the middle SES were more dependent on press, cable, channels and older persons associations. Most of the older persons were satisfied with the content, style and timeliness of the information. The care givers also identified the same channels of communication.

All the groups of service providers also identified the same means of communication and were of the view that the older persons were generally informed about the relevant things.

Civic Participation and Employment

The opinion of the groups on the subject varied according to the SES status. The middle SES people were more interested to do voluntary work and the opinion of the groups varied according to age. The young old middle SES thought that there were enough opportunities for older persons to do voluntary work on a regular basis but most of them were not interested to do it. However, the old-old felt that the older persons were doing the jobs assigned to them very well in many NGOs, charitable organisations and older persons associations and also on self-initiative.

As regards employment the young old Middle SES thought that the older person faced the challenge of ageism while looking for job opportunities in old age. The old-old felt that the older persons did not require employment.

The low SES older persons were more inclined to get employment in old age. Many of the persons in group of young old were working whereas those in group old-old wanted to work to earn but did not find suitable opportunities. Most of the work available in the city required physical labour and travelling which they found difficult.

Most of the care givers were of the view that there were no opportunities for older persons for voluntary work or employment. Their limited ability to move independently proved to be a major hurdle in the way.

The public and the private service providers agreed that there were enough openings for older persons for voluntary work in the city and many of the older persons were working

with NGOs, charitable organisation and older persons' associations. The private service providers were of the opinion that there were enough opportunities for continued/ re-employment of older persons as accountants, store keepers, security guards & service providers in hotel industry. The NGOs highlighted the limited opportunities of employment for older persons in public sector wherein only the very highly qualified people were employed as consultants in government projects, research institutes & big private companies.

The NGOs agreed with the views of the other service providers but experienced lack of interest among the older persons.

Community Support and Health

All the groups except the middle SES old-old were critical of the services provided in the government hospital in the city for older persons. There were problems of inadequacy of services, over crowding, mismanagement, lack of after treatment care, corruption, unhelpful and rude staffs. The low SES older persons were completely dependent on the system and even could not afford to buy medicines prescribed by the doctors in the general hospital in cases of chronic ailments.

The middle SES young older persons were covered by the government health scheme where they were entitled to free medical treatment in government hospital. But, they complained about corruption in the system and consequent harassment. All the groups were of the view that the health care facilities available in the private nursing homes and hospitals were out of reach of the common people.

All the service providers acknowledged the inadequacy of the public health care system and the general un-affordability of private health care system. The public service providers justified it on the basis of increasing load on the system, change in disease pattern and also lack of relevant data to plan better services for older persons. The private service providers were also highlighted the plight of illiterate older persons who could not understand the procedures of getting free treatment from the general hospital and faced harassment at the hands of corrupt staff and touts. The NGOs also highlighted the issue of lack of insurance schemes to cover the medical expenses of older persons.

4. Conclusions and Recommendations

There was a general underlying consensus in all the groups including older persons, care givers & service providers that the built environment in the city was unmindful and at times unfriendly to the older persons especially those with disability.

The gradual weakening of human element in the entire setup was also acknowledged by all except the middle SES old-old group. Many groups particularly the Middle SES young-old, care givers and voluntary sector service providers were apprehensive about the increasing trend of nuclear-isation of the family due to immigration and employment of women. There were serious issues concerning adjustment of older persons in the new set up and conflict of old and new values. They stressed the need for development of formal structures for care of older persons like old age homes; day care centres and help-lines.

As far as civic amenities and facilities were concerned, the discussion opened with a general level of satisfaction but centred mainly on negative aspects; but on questions of social dynamics the discussion were more on the positive experiences particularly by the service providers and old-old groups.

The topics that generated extensive discussion in almost all groups were:

1. Outdoor Spaces and Buildings
2. Transportation
3. Respect and Inclusion
4. Social Participation
5. Community Support and Health

Recommendations

1. Specific needs of older persons should be kept in mind by the town planners, policy makers, municipalities while developing modern services. The principle of 'Society for all Ages' should be adopted.
2. The public spaces specially buildings of banks, health care centres, hospitals, parks, recreation centres should be designed keeping in mind the needs of older persons.
3. Public private partnership involving active participation of NGOs should be encouraged in all cities for better management of civic amenities.
4. Better public transport service should be available for older persons at affordable cost.

5. NGOs should be encouraged to devise and run programmes for intergenerational bonding in schools and colleges. Such programme should be designed with a view of promoting positive and active contribution by the older persons.
6. Public private partnership involving active participation of NGOs should be encouraged to run Day Care and Recreation Centres for older persons at convenient locations.
7. Employers should be sensitized to retain and or reemploy older persons.
8. Concerted efforts should be made by NGOs to maintain a database of older persons seeking opportunities for voluntary or paid work.
9. All Government hospitals should have geriatric wings.
10. There should be extensive programme of Mobile Medicare Units to supplement the services provided by hospitals.
11. Emergency medical services should be provided for older persons.
12. Help-lines should be available to provide services like active listening, counselling, meals on wheels, drivers on call, bill payment, etc. to older persons living alone.
13. Special programmes for the care of older person living alone or with an ageing spouse should be available.

Basic Facts About Udaipur

Udaipur district is situated in the southern tip of Rajasthan adjoining Gujarat and is oval in shape with a very narrow strip stretching towards the north. It is bound in the north by Rajsamand and Pali districts, in the south by Dungarpur and Banswara, in the east by Bhilwara and Chiittorgarh and on the west by Pali and Sirohi districts and Sabarkantha district of Gujarat. It is spread over an area of 17,279 sq Km. Total population according to 2001 Census was 2,632,210. The density of population was 196 persons per sq.Km.

29% of the population is estimated to be below the poverty line and 51% of the households are estimated below poverty line.

District (Annual) Domestic Product:

Primary sector: 42.6%
 Secondary sector: 22.1%
 Tertiary sector: 35.2%

The total number of tourists visiting the district annually: 664,738

Per Capita Income of the District: Rs. 5,125/-

Literacy Rate: 59.26%

Facilities:

Medical facilities:

Medical college	Allopathic Dispensaries	No. of Beds	Community health centres	Primary Health Centre	Improved Health centres	Sub Health Centres	Homeopathic Dispensaries	Ayurvedic Dispensaries
1	10	2656	10	76	41	546	6	180

Housing:

64% of the households have access to save drinking water. 32% access to electricity & 14% access to toilet facility.

12.3% of households have access to all the three facilities and 30.5% of households have access to none.

Banking:

Commercial Banks: 170

Cooperative Banks: 24

Length of Roads: 4076 kms.

No. of village Panchayat Head Quarters connected with roads: 470

No. of villages connected to roads: 1257

Educational Institutions:

Total No.: 4936

Senior Secondary School	Secondary School	High School	Primary School	Rajiv Gandhi School	Others
156	270	212	1967	1579	752

1. Post Offices: 493
2. Telephone exchanges: 79
3. Public Telephone Booths: 1136