

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 to 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

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

handicaps lead an independent life we should design, both public and private areas, so that their impairments do not reduce their quality of life.

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

The Senior Citizens Associations and Forums in various parts of the city were contacted and the details of the research project were explained to them. These associations were asked to spread the word around in their respective communities and ask older persons to volunteer for the focused group discussions.

In some localities the research team had to go and explain the research project to the older persons before they agreed to participate; as many of them were apprehensive about the questions that would be asked from the participants. It was difficult to mobilise women in most of the groups particularly those over the age of 75, because most of them were reluctant to speak in public and many of them were fatalistic about the difficulties that come with old age.

The service providers were recruited through direct invitation letters to identified persons or offices that were known to be working in the relevant areas. The most difficult were the members of the public services. It took a lot of persuasion on the part of the research team to bring them to the discussion. Many of them did not respond despite repeated efforts to contact them. Some of them pretended to be very busy. Some of them came but refused to sign the consent form.

Respondents' Profile

The discussions with the groups of the older persons continued for over two and half hours to three hours in almost all cases. Many of the older persons particularly women were hesitant to talk initially and took some time to start active participation in the discussion.

The discussion of care providers proved to be the toughest challenge as most of them were diffident about sharing their experiences about care for older persons and difficulties encountered therein. The discussion on most of the topics was generally brief except on the topic of community health services.

The discussion with service providers had different dynamics in each case. The group of representatives on NGOs were very enthusiastic to participate and were articulate about all the issues. Most of them had first hand experience of dealing with older persons.

The private service providers had not consciously thought about many of the issues raised during the discussion; though, they were aware of them. But once the discussion started, they all participated and were quick to point out examples from their respective areas about the issues of built environment.

The discussion of the representatives of the public services focussed on what their respective department had done for the older persons and how they have made an effort

to adjust the demands and needs of older persons with that of the other members of society. Some of them wanted to only comment on the work that their department had done for the older persons and leave early. They had to be persuaded to stay on till the end. The discussion did not last for more than two hours.

Group Dynamics: Degree of Participation, Dominance and Resistance

The male participants were more enthusiastic and vocal than the female participants. Females in the low socio economic group were very articulate about the challenges they faced; but, those in the middle socio economic groups were reticent. Special effort had to be made to make them express their views. But, one or two women in each group tended to stop the men from dominating the entire discussion. 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; those hesitating to speak were encouraged to speak to get over their initial hesitation.

When it came to discussion on civic amenities, 95% participants wanted to talk about the difficulties experienced and suggesting possible solutions. The moderator had to ask specifically about good experiences. But, when it came to attitude of the community and family they could only recollect good experiences initially and the moderator had to probe by giving reference to their earlier statements.

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 true in case of the middle SES category participants. The Lower SES people refused to comment initially and then would give fatalistic answers to such questions or ignore it by blaming it on general ethos. Many would say that older persons have to learn to adjust rather than expecting younger people to adjust.

The discussion of care providers proved to be the toughest challenge as most of them were diffident about sharing their experiences about care for older persons and difficulties encountered therein. Most of the participants were apprehensive that the questions would focus on inter personal dynamics of care giving. After lot of persuasion, only some agreed to respond. The discussion on most of the topics was generally brief except on the topic of community health services.

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 a 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.

2. Main Findings

2.1 Perceptions of Older Persons

General Impression

Most of the participants were of the view that the city was unfriendly to older persons. The unfriendliness was on an increase for the lack of integration of needs of older persons in the planning process and also increasing social marginalisation of older persons in the community.

Outdoor Spaces and Buildings

Age Friendly Advantages

Some localities had designated parks and green areas where older persons, children and all the others could go to play, jog, walk and exercise etc.

The recently constructed buildings like the banks, shopping malls had facilities like lifts, ramps, benches, proper stair cases, hand rails and modern toilets. Some service providers offered services like tele-banking, tele-shopping and facilities for payment of bills at convenient spots in some areas.

Barriers

Poor maintenance of infrastructure like roads, pavements, market places, toilets & parks; faulty planning while expanding the infrastructure; illegal encroachment and apathy of authorities in enforcing building byelaws were identified as major barriers to age friendliness of the city. One statement that typifies the problems in parks: **The park that I go to is a women's park. It is completely neglected. That's why I cannot say that cent percent parks are well maintained. The grass over grows, the Gardner is not regular. The garbage of the overgrown bushes remains there for days together. The jhuggi jhompri people throw garbage there in the afternoon.**

Another major problem found expression: There are no footpaths because all the vehicles are parked on them you are forced to walk on the road. Even in the alley you have to walk on the road. There is no place for a pedestrian to cross the road. They drive so fast that you never know when you would be crushed under the car.

Most of the older persons, particularly those living alone felt vulnerable in the wake of increase in crimes against older persons in the city. The older people who lived alone particularly, the women felt very insecure. The older couples living alone also felt insecure and many kept their gates locked throughout the day as a measure of security.

Suggestions for Improvement

- Better maintenance of parks and sewer lines

- The parks should be better managed and equipped with benches, toilets, walking tracks etc
- Effective measures to curb encroachment in the localities and on the pavements
- Special security drive by police NGOs and the community representatives for the safety of older persons

Transportation

Age Friendly Advantages

There was facility for bus passes at discounted rates for older persons. New facilities like metro rail service, introduction of better designed public buses on some routes were identified as age friendly.

Barriers

The condition of the public road transport system was found wanting on many counts: bus stations, design of buses, overcrowding, display of route nos., overcharging and misbehaviour by route operators, apathy of co-passengers and consequent difficulty in travelling for very old and disabled older persons and night time travelling were some of the major barriers identified by those older persons who depended on public transport system. In many areas, where the bus stations were being renovated, no alternative arrangements were made thereby causing inconvenience to the older passengers. Some older women complained that they did not move out of the house except to go to the hospital or in cases of major family functions. Most of them were scared of travelling alone in the city buses or in auto rickshaws. Most of them, particularly the older women had irksome experiences while travelling alone.

The older person who wanted to drive their own vehicles faced difficulties due to increasing indiscipline of road users, over speeding, wrong parking, sticking of posters near or at times on the traffic signal posts or the road signage. Parking was difficult even for the normal persons. There was no concept of special parking facilities for disabled older persons. According to the older persons who could not drive or did not want to drive; facilities for On-Call Drivers were inadequate. They normally approached their local taxi stand for such help, but were not sure of the skills of such a driver. The question of such a person to be a security threat also could not be ruled out. This apprehension was shared by all especially the older women living alone.

Suggestions for Improvement

- Adequate temporary facilities in case of renovations of bus stations etc.
- Reorientation of Staff of city buses for courteous behaviour towards older persons
- Reservation of more seats for older persons in local buses

- The high capacity buses that would be introduced should be affordable to the common older persons.
- Buses with improved design should ply on all routes.
- The process for concession bus passes should be user friendly and less cumbersome
- Better enforcement of traffic rules by the police.
- Special stickers like the learner's stickers for older persons driving their vehicles.
- Special parking for disabled persons.

Housing

Age Friendly Advantages

The participants found an increasing awareness about special requirement of older persons among the architects and family members.

Barriers

No provision of ramps, lifts, hand rails in the houses constructed in the last couple of decades. The flats constructed by DDA were not designed to suit the needs of older persons. Many of the houses were built in such way that there was no provision for sunlight in the house. The older persons, who spent most of the time at home, had to live in artificially lighted chambers. The encroachments by residents added to the problem of the older persons. Some of the flats were so designed that the kitchen and the toilet were adjacent to each other.

Suggestions for Improvement

- Sensitisation of people at large and the architects and builders.
- Changes in the building bye laws.
- Strict action against encroachers.

Respect and Inclusion

Age Friendly Advantages

The participants were not very clear about this issue. The general view was that some younger people were good and some families were good. Older persons in such families did not get marginalised.

Barriers

Increasing individualism among younger persons and consequent lack of concern and respect for older persons in the family and the community was identified by the older persons as a barrier to age friendly cities concept. According to them some younger persons were completely apathetic to the older persons. Some people had abandoned their old parent/s in one corner of the house and barely provided subsistence food and clothing.

Such older persons were condemned to a life of utter neglect. In some households where such extreme treatment was not meted out to older persons, they were asked to 'mind your own business.'

Older persons, particularly the traditional, adamant and those who refused to change with time were at times responsible for their own marginalisation in the family and the community.

Suggestions for Improvement

- Sensitisation programmes in school and college curriculum for better understanding on ageing issues.
- Special value education programmes to inculcate respect and compassion for weak and old.
- Training older persons to change with changing times.

Social Participation

Age Friendly Advantages

Some families understood the need of older persons for recreation and took extra care to take their older family member to the social functions, family outings, film shows etc. Some older persons were members of groups like Senior Citizens Associations, clubs etc that were active in organising functions, outings etc. to the liking of older persons. In some localities the associations celebrated the birthday and anniversaries of the members, national and social festivals, organised music and poetry programmes. A view of an older person from Middle SES area in Delhi on the activities organised with the help of local association of older persons: **we have a membership of 500 from the locality and different areas. The people generally are in touch with their block representative with the result they are in touch with people living around them and time to time they celebrate Birthdays and other social events they come together.... They wish each other..... they are very much close to people around them..... and they respect for each other... they create love for each other.... Plus their activities, action, thinking, working and then we have centralised place of library, recreation centres, so where sometimes we have programme of Ramayana, we have sham-e-ghazal programme, Hindi Sammelan, some cultural programmes we are holding. Four programmes are organised like trips to Rajasthan, then we have medical lectures too where all the people are invited irrespective of whether they are members or not. We give the circular to everyone.**

Barriers

The facilities available for social participation of older persons were very limited. The older persons who were not members of any association or those who lived alone or those who did not have enough means were restricted to TV viewing, socialising with friends and neighbours and attending family functions. The barriers faced by disabled older person were summaries by one participant very succinctly: **I have 40% disability and I feel that**

there must be facilities that climbing up is made easier for people like us. There is no provision for people who are on wheelchair. In the temples, there are no provisions for disabled and the senior citizens.... The environment must be friendly to them. We find it difficult as there are no facilities for the disabled and for the old aged people, there are no hand rails. This problem needs to be focussed on. And particularly on the pavements while crossing everyone is jumping in. Like in the US in case you wish to cross the road then you switch off the light. They respect senior persons. When you cross no one will pass, this sort of pedestrian attitude must be given a priority and I feel that it is a very sensitive area and we need immediate attention. Nobody is paying attention towards pedestrians. Nobody crosses on the zebra crossing.

Suggestions for Improvement

- Provision of inexpensive recreation facilities like parks and community centres should be built by the local municipal authorities.
- There should be a community hall with facilities for reading room, indoor games and some other low cost entertainment like film and music shows in each locality.

Communication and Information

Age Friendly Advantages

Most of the older persons got relevant information through TV, newspaper and Senior Citizens associations and opined that these channels provided timely and relevant information.

Barriers

The lack of timely communication of relevant information in some areas was identified as a major barrier. The older women especially the low SES old-old depended more on word of mouth than on formal channels of communication at times did not get relevant information.

Suggestions for Improvement

- Resident Welfare Associations should play a pro active role in this. It should collect information and disseminate it through local community notice boards at the local temple and parks.

Civic Participation and Employment

Barriers

The participants opined that there were no opportunities for Civic participation or employment of older persons in the city. Whatever was available was only due to the individual effort of the older persons in their own area. There were very few opportunities for employment or voluntary work opportunities for older persons except individual initiatives. Some older persons also stated that they faced challenges of ageist attitude of the employers and co-workers.

Suggestions for Improvement

- There should be a central body that should collect, collate and make information on availability of opportunities and human-power to all on telephone. The national level NGO like HelpAge India could take the lead in this matter.

Community Support and Health

Age Friendly Advantages

Modern medical facilities were available in the city. There were all kinds of facilities ranging from private medical practitioners to multi- and super speciality hospitals. Anyone could get the best treatment in these hospitals. Large number of government and private and charitable hospitals provided various kinds of services. Some private hospitals and clinics gave concessions to older patients.

Barriers

Inadequacy of geriatric care for older persons in general hospitals; unregulated medical services in the private sector and lack of responsiveness to the particular problems of ageing in the medical setup and ageism in the medical staff were the major difficulties faced by older persons. Many older persons had harrowing tales of suffering at the hands of staff and insensitive procedures at government hospitals. Those who depended on free facilities for pathological or diagnostic tests in general hospital were harassed. Those who were not beneficiaries of the Central Government Health Scheme had to spend exorbitant amounts on medication as well.

Suggestions for Improvement

- Government should improve services in hospitals for older persons especially lower middle class people. There should be more geriatric clinics.
- The availability of such services should be advertised so that all could get benefit.
- NGOs should be involved to improve management of service for older persons in the government hospitals.
- Procedures for getting benefits of facilities in government hospitals should be rationalised and simplified
- Primary Health care Services should also be able to address common problems of older persons in the community
- Mobile Medicare Units should be launched in all the areas that had not been covered by Primary Health care facilities.
- Private hospitals should be directed to give mandatory concessions in pathological tests etc to the older persons.
- Public private partnership should be encouraged to provide essential services to older persons.

- Help lines should provide emergency services for older persons particularly those living alone.

2.2 Perception of Care Givers

General Impression

Most of the participants of the group were of the view that the city was unfriendly to the frail and disabled older persons. Frail or disabled older persons were marginalised because of lack of facilities for them to be independent and integrate with the community.

Outdoor Spaces and Buildings

Age Friendly Advantages

In some new housing complexes there were lifts, ramps & green areas that proved beneficial for older persons, particularly those with disability.

Barriers

The existing public buildings were difficult for older persons to access without assistance. The roads were normally full potholes hence unsuitable for older persons with disabilities. The pedestrians especially the old and weak could not walk safely on the road as the expanding roads were engulfing the pedestrians' pathways.

Suggestions for Improvement

- The design of the public areas (parks, cinema houses, theatres, places of tourist interest) should ensure access to all.
- Tele-banking and tele-shopping should be introduced in all areas.
- Special parking areas for the disabled older persons.

Transportation

Age Friendly Advantages

The groups could not identify any age friendly feature in the public transport system for the frail and or disabled older persons.

Barriers

The public transport system was absolutely unsuitable for use by older persons with disability which limited their movement and at times disconnected them from the world around them. Traffic on the roads was chaotic. The users did not have any respect for the frail users. The older persons did not feel safe to use their own vehicles, therefore, depended on family members or paid drivers to go out.

Suggestions for Improvement

- Specially designed vehicles should be available to take out the disabled older persons for general purposes.

- There should be specially trained drivers for older couples living alone and requiring assistance.
- Sensitisation of road users to respect frail persons
- Road Signage and signals to be designed keeping in view the frailty of older persons.

Housing

Age Friendly Advantages

Many care givers had moved to new apartments as these were equipped to deal with the disabilities of their old and dependent family member. The new buildings had lifts, wider doors and better suited toilets. All these facilities eased the work of the care giver.

Respect and Social inclusion

Age Friendly Advantages

The group was of the view that the city and its people were too self-centred to pay attention to any other person including older persons. However, in case of emergency some people help.

Barriers

Most of the care givers were of the view that the people living in the city were too busy with their own affairs and did not have time for any body else. Respect for older persons was on the decline, even in families the younger members were not too keen to take care of the older person. Most of them had to depend on paid help. Older persons particularly those with disability were mostly isolated from the family and community. Such people were considered dependent and hence not worthy of being consulted or included.

Suggestions for Improvement

- Sensitisation of younger persons towards problems of older persons and integration programmes in schools and colleges.
- Forums for intergenerational interaction so that both, young and old understand each other better

Social Participation

Barriers

The group found a complete lack of recreation facilities for older persons and most of them could only afford to attend a few social functions and some religious programmes.

Suggestions for Improvement

- The seating arrangements in the halls meant for spiritual discourses should be conducive to those with arthritis and other mobility problems.

- Convenient transportation facility should be available for older persons to be taken for outings etc.

Communication and Information

Age Friendly Advantages

The information that was generally available was available for the disabled older persons as well.

Barriers

There were no special mechanisms to send information to the disabled older persons. They had to depend on their care giver for any useful information. The group also felt that some older persons with disability lost interest in community affairs and those older persons were often left out of the loop.

Suggestions for Improvement

- The community should be sensitised to make special effort to reach useful and relevant information to these older persons as they tend to withdraw from active participation in civic life.

Civic Participation and Employment

Barriers

The group was unanimous that there was complete absence of opportunities for older persons for keeping themselves usefully occupied.

Suggestions for Improvement

- There should be some work opportunities available to such older persons in their communities so that they can engage in constructive work and divert their attention from their problems.
- Efforts should be made by some NGOs to conceptualise a programme whereby the older persons can be given some work keeping their physical and mental limitations in mind and implement it

Community Support and Health

Age Friendly Advantages

Medical facilities were available in the city that could match with that of any developed city.

Barriers

Complete absence of emergency services, ambulance services and affordable medical care facilities, in accessibility of medical services provided by government hospitals due to lack of integrated care in a geriatric department and infrastructure facilities like parking, lifts, availability of wheel chairs and trolleys etc.

There were no facilities for taking older persons particularly those with disability even for regular medical check ups or for emergency. The task of shifting the disabled older person from the home to the vehicle and from the vehicle to the hospital ward was performed by the family members or friends. There were no professional services available to common people. Only those who could afford to pay handsome allowances got such services.

Suggestions for Improvement

- There should be emergency services available to take them to the hospital at any hour.
- There should be increase in medical facilities for older persons with disability
- There should be facilities for respite care for the older persons. This will give the care givers some time to deal with their individual issues.
- There should also be some professional care training given to care givers in the family so that they can take better care of older person.
- There should be an emergency service available and the doctors should know a little bit about the case history.
- The medical health facilities should be reasonably priced.
- Government health services should improve, so that older persons can access it easily without depending too much on family and relatives.

2.3 Perception of Public Service Providers

General Impression

The city was generally unfriendly to the older persons. But this should be seen in the general context, it is unfriendly to everybody. There is tremendous load on its service delivery system due to large influx of population in the last couple of decades. The older persons should also be trained to adjust to the changing scenario.

Outdoor Spaces and Buildings

Age Friendly Advantages

The town planners were of the view that the authorities had done better planning for future to include geriatric care facilities, recreation facilities and open spaces besides providing age friendly interiors with lifts, ramps, skid resistant tiles, seat toilets and attached bathrooms. The following statement of one participant clearly gives an indication that the service providers were not entirely unmindful of the needs of older persons: **The New Master Plan, MPD 2021, we have given focussed attention to the elderly people. How so, whichever group Housing Society is formed be it of DDA, Co-operative Society or Private Sector, we have made it mandatory that they will have to provide about 100 sq. m. area for elderly, something like a library or a room or a cultural centre for the elderly. Second thing we have said that every housing complex will have provision of lifts which will be convenient for the vulnerable people. The one experience which**

we have gained is that four storied houses are not elderly friendly - for the people living on the ground floor it is fine, first floor is tolerable, but the second and the third floor ones are worst especially those who are sick, elderly, or those suffering from Arthritis and all these things. So now we are encouraging multi storey construction and those existing housing development - four storey, we have formulated a policy to install a lift with a cost in the ratio of 1:2:3 the ground floor does not have to pay anything. It happens that someone is not well or is a heart patient or one gets a heart attack and needs to be rushed to the hospital.

Pointing out another major development in improving the system, one of the participants said: **the parks will belong to RWAs of that particular colony. It will be under their control. It will not be the domain of MCD or someone else. The RWAs have a say, have a role in maintenance of the parks and cleanliness and all the things and for maintenance of the parks, they will get some money by tying up with the Bhagidari scheme of the Delhi Government, so this is what we are working out. The small parks are to be given to RWAs under the Bhagidari to be maintained, the bigger parks should be maintained by specialised bodies, horticulture departments of the DDA etc, but again in consultation with the NGOs or RWAs and sometimes even with the help of private sector.**

The security programme for older persons living alone by Delhi Police included registration and regular follow up visits in many areas. In some areas the local police took the initiative to associate lonely older persons with school children. Delhi police also had a special Senior Citizens' Security Cell that investigated cases of abuse and neglect of older persons in the city.

Barriers

The group agreed that the structure and facilities in the existing buildings being unmindful of the needs of older persons. Encroachment and consequent inconvenience to older persons on roads, pavements, market places and houses were also acknowledged by the group.

Suggestions for Improvement

- There should be demarcated spaces in the public spaces for older persons that should have ramps, railings, different colour floors and convenient stairs and toilets.
- There should be phosphorus paint markings on the road, in parking areas so that it is visible to older persons even in darkness.
- The design of the staircases should be improved in cases where installing lifts are not possible.
- There should be an announcement system for older persons who are lost in public places.

- The public toilets should be disabled friendly.
- Wider publicity of any government scheme for benefit of older persons like installing lifts in the existing buildings.

Transportation

Age Friendly Advantages

The group was of the view that Metro rail service & limited introduction of high capacity buses were age friendly developments.

Barriers

The difficulties faced in the road public transport system due to mismanagement of bus stations, design of buses, overcrowding, misbehaviour by staff and apathy of co-passengers were all too well known to all living in Delhi was the opinion of the group. The parking areas were too crowded and mismanaged and difficult for older persons to use. The metro rail stations were an improvement but still too confusing for older persons to use it independently. An old lady summarised her experience in the city bus: **There is no place to sit in any bus station of the Public transport buses. There are no benches, no sheds. It is almost impossible for an older person to get into the bus. Youngsters run and catch the bus as it is not brought to a complete halt most of the time. The drivers are not bothered even if one of your feet is in the bus and other hanging in the air! Many older commuters stumble or fall. Even if you get into one most of the time it is so crowded that you will not get a seat. Nobody pays attention to old people!**

An old man added: **There are so few DTC buses on the road that there is not much point in getting a concession pass made. Moreover, now there is a new rule according to which you need the certification by the local MP or Municipal Councillor. There is no point!**

Suggestions for Improvement

- Need for volunteers at metro stations to guide older persons
- Sensitivity of city bus service providers to the needs of older commuters.
- There should be reserved parking for older persons and it should be strictly enforced by the municipal authorities.
- Markings on the road and road signage should be done in such a manner that they are visible during the night as well.

Housing

Age Friendly Advantages

The group was unanimous about the increasing awareness about integrating needs of older persons in the dwelling units.

Barriers

The group was unanimous about the lack of facilities in the existing housing schemes and lack of awareness or resources that caused inconvenience to older persons in their own homes.

Suggestions for Improvement

- Sensitisation programme for the architects and engineers and builders to build houses that are older persons friendly.

Respect and Inclusion

Age Friendly Advantages

The group was of the view that very few families respect their older members and included them in the day to day or important decisions. Most of them were of the view that very few parents encouraged their children to be kind and compassionate to the old and vulnerable.

Barriers

The group was unanimous that respect for older persons in the family and community was decreasing. The participants also felt a gradual marginalisation of older persons in their own family and communities due to lack of time and lack of respect for older persons. At times, older persons expected too much out of the youngsters hence marginalised in the family and the community. Their ego stopped them from asking for help from the youngsters! Some others said: **The younger generation is not very sensitive. Few younger people are helpful. Most of them are not interested in the neighbours. It is wrong to expect that somebody in the neighbourhood will help. They added: Today's generation is not at all interested in talking to older persons.**

Suggestions for Improvement

- Train older persons to adjust to the changes in the value system
- Sensitise younger persons about challenges of ageing.

Social Participation

Age Friendly Advantages

The group agreed that there were adequate facilities for recreation for older persons living in housing complexes and those who were members of societies.

Barriers

The group opined that there were limited facilities for recreation of older persons with disability or with modest means. Conversely, facilities for recreation were available to those who had money and those who were physically fit.

Suggestions for Improvement

- The recreation places in the community should be built on 'accessible to all' principle.
- Recreation Centre in each locality for the older persons to socialise with friends and others.

Communication and Information

Age Friendly Advantages

The group identified various means by which information particularly that affected the locality was communicated. The most prominent means were local cable channels, local newspapers, advertisements or flyers in the newspapers. Some also identified hand written posters on the shops in the local market.

Barriers

The group was of the view that the illiterate and the poor were most likely to suffer from lack of relevant information for poor older persons.

Suggestions for Improvement

- Increased use of community channels for reaching information to poor older persons

Civic Participation and Employment

Barriers

The group agreed that there were limited facilities for voluntary work or employment opportunities for older persons. The biggest barrier in this regard was lack of organised efforts to provide information about such opportunities and lack of convenient public transport system. The problem is captured well in a statement of a participant: **I went to Lajpat Bhawan to explore opportunities for voluntary work. But I wanted work in my own colony or in a nearby place. It is very difficult to commute by bus**

Suggestions for Improvement

- Initiative by NGOs to collect and disseminate such data
- Integration of transport facility with the housing facility.
- Advertisement in Yellow Pages Directory
- Notices on public buildings in the neighbourhood

Community Support and Health

Barriers

Inadequacy of accessible and affordable health care services for older persons not covered by Central Government Health Scheme, Employees State Insurance and other

Insurance Schemes was identified as the major barrier in access to health care. The other general difficulties identified by the group were: lack of geriatric facilities, mismanagement and rude behaviour of the staff.

Suggestions for Improvement

- The government hospitals should have geriatric department.
- The medical and para- medical; staff should be trained to deal with old patients.
- Volunteers to guide the older patients in multi speciality general hospitals
- Special needs of older persons like eyesight, oral health care, pain management, nutritional requirements should also be addressed.
- Preventive health care management programmes should also be implemented.

2.4 Perception of Private Service Providers

General Impression

The city was not developing in a planned manner. The number of people had increased tremendously in the past couple of years, but facilities had not kept pace with it. Therefore, there was competition amongst all and the weak and the vulnerable were left behind. On the whole the city was unfriendly to older persons, the degrees of unfriendliness varied. Many older persons faced the problem of loneliness as their children had settled abroad and some felt alienated because of the neglect by their own family members. Many of them were forming associations and trying to integrate with people of their own age.

Outdoor Spaces and Buildings

Age Friendly Advantages

Improvement in awareness and consciousness among town planners, architects and other service providers regarding special needs of older persons and better design and facilities in the buildings constructed recently were the only age friendly features in the city.

Barriers

Mismanagement of public parks, roads, streets, increasing traffic which restricted the movement of older persons, age unfriendly structures and lack of facilities like toilets, handrails and ramps in almost all existing buildings were the major barriers to age friendliness of the city.

Suggestions for Improvement

- Some basic banking and emergency services should be available on telephone.
- The building bye laws should have mandatory provision for incorporation of age friendly features in all buildings, public or private.

- Architects and builders should be sensitised to the concept of universal designs.

Transportation

Age Friendly Advantages

Barriers

The difficulties faced in the road public transport system due to mismanagement of bus stations, design of buses, overcrowding, misbehaviour by staff and apathy of co-passengers were the major flaws in the mass transit system. The inadequacy of proper parking spaces and inconvenient placement of roads signs and general indiscipline in the drivers on the road were identified as barriers for age friendliness.

Suggestions for Improvement

- Old drivers should be given some identity stickers for safe driving.
- Reservation of seats for older persons in public and private transport buses.
- Sensitisation of road users to be courteous to the old and weak persons.
- Discount should be given to older persons on buses.

Housing

Age Friendly Advantages

The group agreed that the housing complexes provided secure and safer environment for older persons. It also provided better amenities to the residents like lifts, ramps, convenient toilets and kitchen.

Barriers

Lack of safety and security, inconvenient features in the houses like floor with polished tiles, high kitchen shelves and counters were some of the barriers to age friendliness. But these barriers were found mainly in the houses constructed by individuals or those constructed few decades ago.

Suggestions for Improvement

- Older persons were safer in housing complexes as compared to individual houses. So they should be encouraged to live in complexes.
- The building bye laws should incorporate provisions for universal designs.
- Architects and builders should be sensitised to the special needs in old age.

Respect and Inclusion

Barriers

The group was unanimous that respect for older persons in the family and in the community was decreasing at an alarming rate. This was attributed to high premium on youth.

Suggestions for Improvement

- Concept of joint family should be reinforced.
- Value education to children.

Social Participation

Barriers

The city offered limited facilities for recreation of older persons with disability or with modest means. Even at home, older persons had limited access to television as the choice of the younger members prevailed. In most households, older persons did not like to view the programmes that the young adults or children preferred, so they stayed away.

Suggestions for Improvement

- There should be community halls in every locality with comfortable interiors for recreation of older persons.
- There should be sports complexes for older persons where they can safely play games of their choice with other older persons.

Communication and Information

Age Friendly Advantages

Older persons who were educated and were members of various associations were well informed about most of the things that affected them. In many cases, the associations kept them informed about everything. Others had access to newspaper, local cable, radio etc.

Barriers

Older persons were not encouraged to take computer training to improve their skills for better access to information available on the internet.

Suggestions for Improvement

- Older persons should be trained to use computers and access internet for better communication and information.

Civic Participation and Employment

Barriers

The group was unanimous that the city offered very limited facilities for voluntary work or employment opportunities for older persons. Most of the older person who found such opportunities was through self effort.

Suggestions for Improvement

- There should be a central system to collate and maintain a database of such older persons and help in their placement.

Community Support and Health

Barriers

The older persons particularly the poor faced tremendous difficulties in accessing health care system provided by government hospitals and were unable to access the unaffordable health care services provided by private sector. The whole thrust of the health care system was on curative care.

Suggestions for Improvement

- Specific days and hours should be fixed for dealing with older persons.
- There should be public private partnership for improving health facilities for older persons.
- NGOs should be involved for creating health awareness and preventive health care
- There should be health insurance cover for older persons even after the age of 80 years.

2.5 Perception of NGOs

General Impression

Delhi was not one but a dozen different cities and it was very difficult to generalise experiences of older persons. It would vary according to the class and neighbourhood. But, on the whole, it was a very unfriendly and unsafe city for all particularly for older persons. The young were too steeped in materialistic values and had no time or consideration for older persons. The sentiment found echo in this statement of a participant: **we find that Delhi is an unfriendly city No. 1 even for the aged, more for the aged' but for the practically everyone. In this unfriendly city younger people can still manage the by virtue of the energy level and job selection whatever they have got. But the problem arises particularly for the aged people. Here I find many time in Delhi buses crowded buses young people sitting on the seats they have no courtesy even to offer the seats to the elderly people and they will mock them, they will pass such remarks which are not very polite!**

Outdoor Spaces and Buildings

Age Friendly Advantages

Availability of tele-shopping, banking, bill payment facilities for older persons and better designed buildings with modern features like ramps, lifts and seat toilets were the only age friendly advantage in the city, according to the group.

Barriers

Lack of safety of older persons in the environment due to mismanagement of public parks, roads, streets & increasing traffic and age unfriendly structures and facilities in almost all existing buildings were identified as the major barriers.

Suggestions for Improvement

- The municipal authorities should manage the civic amenities well in partnership with the civil society organisations.
- The police should take action against encroachers on pavements.

Transportation

Age Friendly Advantages

The group praised the services provided by metro rail in some parts of the city. These services were better planned and more accessible for the older persons.

Barriers

This group also listed the same difficulties as some other groups about mismanagement of bus stations, design of buses, overcrowding and misbehaviour by staff and apathy of co-passengers in the road public transport system. The older persons who wanted to drive their own vehicles confronted a different set of barriers. The most common were inadequacy of proper parking spaces and inappropriate placement of roads signs and general indiscipline in the drivers.

Suggestions for Improvement

- Some kind of stickers should be given to older drivers just like learners so that others know of their presence on the road.
- The public transport system should be improved and made age friendly. It should have proper bus stations, with facilities for sitting, bus route numbers should be properly displayed, the foot board should be low, and seats should be reserved for older persons.
- The metro rail service should also be made more age friendly by displaying the signage at appropriate places and height.

Housing

Age Friendly Advantages

All the participants agreed that the modern day housing complexes in the city had better building designs with modern features like ramps, lifts, seat toilets, etc. These complexes also had better arrangements for safety and security.

Barriers

The same housing complexes also had features like glossy tiles, sometimes even in bath rooms, high kitchen shelves and counters.

Suggestions for Improvement

- The building bye laws should incorporate provisions for age friendly features.

- Architects should be sensitised to make homes that provide convenience throughout life.

Respect and Social inclusion

Barriers

The group was very vocal about the decreasing respect and concern for older persons in the family and in the community. Most of them criticised the premium on individualism, arrogance and ego-centric values. Some participants had this to say: **Those elderly people who have paltry pension or no pension what so ever. Their children have two room apartment. They have got two children. Children are studying. They want a room. So first casualty is the parents, they are now given priority to their children education than the parents and they start moving from the main room to side room, and when side room also get occupied and they have no place to go!**

Suggestions for Improvement

- inclusion of value education in the school curriculum
- Encouraging school children to participate in inter generational programmes

Social Participation

Age Friendly Advantages

The group felt that there were adequate facilities for recreation of healthy old persons and those who were members of various associations.

Barriers

Conversely, the group argued that there were limited facilities for recreation of older persons with disability or with modest means.

Most of the recreation facilities were catering to the taste of young people. There were very few accessible and affordable facilities for older persons.

Suggestions for Improvement

- There should be community halls with facilities for recreation of older persons in all localities.
- The recreation places in the city should be age friendly and organise special shows for older persons.

Communication and Information

Age Friendly Advantages

The older persons belonging to rich or middle class did not have much problem in getting information about relevant issues. They had access to print and electronic media, local radio and cable channels, clubs, associations.

Barriers

Conversely, the poor and illiterate who did not have access to such channels of communication and depended more on word of mouth were left out and many a times did not get relevant information on time.

Suggestions for Improvement

- NGOs working in particular areas should be made partners to disseminate information to older persons.
- Explore other community channels to disseminate information

Civic Participation and Employment

Barriers

The group agreed that older persons in the city had limited facilities for voluntary work or employment opportunities for older persons. Most of them lacked awareness about available opportunities. Even among the employers, there was lack of understanding about specific needs of older persons like preference of working hours & skill development, skill polishing, attitudinal issues etc.

Suggestions for Improvement

- Organise Pre Retirement training programmes for older persons and include retraining as part of the curriculum
- Sensitise employers top the special needs of older persons in work place
- Organised channel of communication between those seeking work and those offering work for older persons.

Community Support and Health

Barriers

The group was very vocal in criticising the neglect of this very significant area of concern for the older persons by government and private organisations. They mentioned the difficulties in accessing health care system provided by government hospitals which were over crowded, badly managed, apathetic and limited covering of medical consultation. The private system though well equipped, better managed, but unaffordable for majority of the older persons.

Suggestions for Improvement

- Geriatric Services should be available in all hospitals.
- Special needs of older persons like mental health, physiotherapy should be addressed.

- Public private partnership to encourage private sector to play an effective social role.
- Participation of NGOs in management of the hospitals particularly the services for older persons.

3. Data Analysis

3.1 Comparative Views of Older Persons (Young Old* and Old-Old[♣])

General Impression

The young old participants were of the view that life of older persons in the city was very difficult and full of challenges; but, a happy experience for some fortunate people.

The participants from the old-old age category opined that the life of older persons in the city was tough because of vehicular congestion and pollution and rude and impersonal behaviour of the community.

Outdoor Spaces and Buildings

Barriers

The participants from the young old group listed out the following barriers in the outdoor spaces and buildings: illegal encroachment by residents, poorly maintained parks, encroached pavements, badly maintained roads and street lights, unfriendliness of the public buildings constructed decades ago and security problems like petty theft and mugging in the area and apathetic attitude of the police.

The participants in the old-old group complained about the increasing chaos caused by narrow roads and increasing traffic, engulfing of pavements by the roads that restricted the movement of older persons particularly those with disability and consequently compromised their independence.

Suggestions for Improvement

As far as the suggestions for improvement were concerned, there were not many differences on the basis of age except that the old-old wanted improvements in civic amenities and strict enforcement of rules.

Transportation

Barriers

The young old complained about the elderly unfriendly design of the public transport buses, over crowding, erratic frequency, misbehaviour by the bus staff and co-passengers. The young old driving their own cars found that the design of the cars were not friendly for the people with disabilities or physical weaknesses, the traffic lights were often covered with posters and the signage did not give enough advance notice for change of lane etc. The drivers on call were available but not trained. The old-old participants listed more or less the same problems and were of the view that it was almost impossible for them to

♣ 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)

travel by the city buses. The auto rickshaws plying in the city were unaffordable for many older persons and also had issues like indiscipline, over charging and misbehaviour.

Suggestions for Improvement

The suggestions for improvement in public transport system were almost same: better maintenance of bus stations, improved design of buses, better orientation of the staff, easy availability of concession passes and rationalised routes.

Housing

Barriers

The young old participants highlighted the plight of older persons who could not make major changes in the design of the houses because of constraint by law. Inconvenience was caused due to illegal extension; encroachment by one and all obstructed sun light and relative neglect of common areas like staircases etc.

The old-old participants felt that the houses designed by DDA did not keep the requirement of older persons in mind while designing. There were no lift in the multi storey houses and the staircases were uncomfortable with high steps. There was no provision for attached bathrooms, the doors are not disabled friendly and wheel chair users could not use it.

Suggestions for Improvement

The young old did not want to give any suggestions for improvement as they were aware of the limitations of resources and space in their area; but the old-old insisted on sensitising the planners and architects to keep the comfort of older persons in mind in future.

Respect and Social Inclusion

Barriers

There was no major difference in opinion on the subject except that the old-old were more shocked than the young old about increasing individualism and loss of respect for the old. Both the groups blamed the changing values for lack of respect and exclusion of older persons from community and family.

Suggestions for Improvement

Both the groups emphasized reiterating the traditional values to the young school children.

Social Participation

Barriers

On this subject, there was not much difference of opinion in the two age groups. Most of them felt that the facilities for recreation were few and restricted only to those who were members of some association or club.

Suggestions for Improvement

Both the groups were strong advocates of community hall in the vicinity for older persons and some exclusive corners in the parks for older persons where they could sit and socialise and read and play indoor games. Some old-old also wanted concessions and facilities for travel to various tourist destinations and halls organising religious or spiritual discourses.

Communication and Information

Age Friendly Advantages

All the age groups listed out local cable TV, newspaper and efforts of Resident Welfare Associations as channels of communication and were more or less satisfied with the existing setup; the only exception being women who depended more on word of mouth.

Both the groups were quiet satisfied with the flow of information and communication of useful and relevant information; therefore, had no suggestions for improvement.

Civic Participation and Employment

Barriers

Both the groups agreed that there were no formal channels of communicating opportunities for employment or voluntary work for older persons; though most of them wanted to take up either.

Suggestions for Improvement

Both the groups were unanimous in their demand for a formal channel for collection, collation and dissemination of such information for the benefit of older persons wanted to use their time and skill.

Community Support and Health

Barriers

There was unanimity in all the groups on inadequacy of availability, accessibility and responsiveness of the medical health care services for the older persons. The hospitals run by centre/state government were grossly mismanaged and over crowded and the private facilities though available were not affordable to the common people.

Even those who were beneficiaries of Central Government Health Scheme found the processes for consultation, medicine and pathological and diagnostic test to be cumbersome for older persons particularly the old-old. A complete absence of emergency services for older persons was also reported. Geriatric care was provided in big government hospitals only once a week and that too as not well publicised.

Suggestions for Improvement

- Geriatric departments to be set up to take care of older persons.
- All the private hospitals to provide concessions to older persons

3.2 Comparative Views of Older Persons (Middle* and Low SES[∞])

General Impression

The participants in group one and three were unanimous regarding challenges faced by older persons living in the city and the deteriorating condition of civic amenities and the attitude of the younger generation towards the older persons in their areas. However, both the groups highlighted the importance of strong will power in the face of such odds.

The young old participants from the middle income SES differed from their old-old counterparts in so far as the general experience of older persons in the city was concerned. The young old were generally happy with the level of civic amenities being provided, attitude of the younger people. Though they did bring up the issue of some inadequacies in the infrastructure and increasing loneliness, but they thought that the every problem had a solution. The old-old participants were more vocal about the problems of bad roads, encroachment traffic problem, rude behaviour etc.

Outdoor Spaces and Buildings

Age Friendly Advantages

The members of group two and four had similar experiences and opinions regarding out door spaces and buildings. Some of the public parks in their areas were well maintained and managed and in some special parts of the parks were designated for use by older persons. The public buildings constructed earlier were not friendly to older persons, but on the request of older persons some changes were made. The new buildings in the area were more sensitive to the needs of older persons.

The facilities like banks, post offices and hospitals were easily accessible in the area. The experience of the old-old was particularly good with regard to the bank services as the staff and the manager were extremely courteous, helpful and responsive to their special requirements.

Barriers

There was unanimity among members of group one and three regarding badly maintained parks, multiple use of parks, apathy of municipality staff, encroachment of footpaths, lack of street lights, lack of other facilities like banks, post offices, markets & hospitals. The complete absence of toilets facilities in public buildings and places was a common concern.

Both the groups complained about encroachments on the pavements and consequent inconvenience to older persons more so to the old- old. Increasing traffic on the roads and indiscipline of the drivers caused insecurity to the old- old more than to the young old. People in both age groups had seen traffic accidents involving older persons and rash drivers.

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

Suggestions for Improvement

The suggestions for improvement were almost similar for all the groups. All wanted better maintenance of parks, civic amenities, strict law enforcement by the concerned agencies and better orientation of the staff, change in design of public buildings for access to all.

To ensure safety and security of older persons, the middle SES emphasised the improved technological devices.

Transportation

Barriers

The participants in group one and three were unanimous in their complaints regarding badly managed bus stations with no lights, route numbers and benches; erratic frequency and bus drivers not stopping on the bus stations, but anywhere on the road. Both group recollected experience of seeing older persons falling down and suffering fractures on the road. The buses generally did not stop on the bus stations which had pavement reaching up to the entrance of the bus, climbing in and alighting from the bus was extremely difficult for the older passengers. Further, there were complaints about over crowding, misbehaviour of the staff and unhelpfulness of the co-passengers. Though two seats had been reserved for older persons in the public transport buses, very few younger people occupying the seats offered it to the older persons. Those who offered seats to older persons were mostly younger women.

Low SES older persons were compelled to depend on public transport exclusively as they could not afford private services. Auto rickshaws and taxis were used only in case of emergencies. Night time travel was also avoided by these people. Some women particularly in the low SES old-old group did not move out of their houses to meet their relatives or friends for years as they could not travel in the city buses.

The participants in the middle SES did not use the city buses very often, but those who did, complained of unfriendly design of the buses, rude behaviour of the staff and erratic service. Travel to the areas connected with metro rail link was easier and a pleasant experience as there were lifts and ramps on the stations and announcements were made inside the train. However, the old-old participants felt the need of volunteers for guiding the very old commuters on the metro station.

For local travel to nearby areas, some used cycle rickshaws and were of the view that it was difficult for older persons with knee problem to climb in and descend. The travel by auto rickshaws was difficult for old-old persons because of the following reasons: unavailability, refusal to ply on the route, over charging & subsequent bad behaviour. The middle SES young old in this category preferred to drive themselves and had some minor problems due to over speeding, rash driving by other drivers and mismanagement of traffic lights and inadequate road signage. Older persons with disability found the design of the cars unsuitable for older persons. Those who did not want to drive themselves found the 'on call' drivers but they were not always properly trained.

Suggestions for Improvement

The suggestions for improvement by all the groups were almost similar except that the lower income groups concentrated more on public transport system: better bus stations, bus designs, affordable fares, courteous behaviour by the staff, reservation of seats, better display of route numbers. The middle SES persons travelled more frequently by private vehicles and concentrated more on improvement of road signage, traffic rules, parking spaces and availability of trained drivers, etc.

Housing

Age Friendly Advantages

The young old who were living in the houses privately constructed when they were themselves young. They did not find much discomfort in these homes except for the style of the toilets.

Barriers

The design of the houses built by DDA were found to be unresponsive to the needs of older persons especially the old-old who were living on third floor in the multi storey building with no lift. There was no provision of attached bathrooms and the doors in the houses were not friendly for wheel chair users. The young old faced these problems as well. Some participants reported illegal extension of the premises to accommodate increasing size of the family over the years. Conversely, some pointed out the lack of space in the house due to increasing size in the family.

The middle SES participants who lived in flats constructed by DDA faced the same problem of lack of lifts for people living in multi storey buildings. The houses were built in such a way that sunlight and cross ventilation were inadequate. The very old people who had to stay indoors most of the time, did not feel comfortable in such rooms.

Suggestions for Improvement

All the groups were more or less satisfied with the houses that they lived in, except some minor problems that could be tackled. The low SES participants were not very vocal about it, but the middle SES wanted the features to be friendlier in future. Therefore, they recommended the sensitization of people constructing houses in Delhi to needs in old age.

Respect and Social Inclusion

Barriers

All the groups were unanimous in their view that respect for older persons was gradually diminishing from family and community. The young adult children were busy with their jobs etc. and the children were busy with the school work.

The members of all the groups felt that the gap between the old and young was on and increase. Most of the participants felt that the younger people living in the neighbourhood would talk to the older persons only if the older people took initiative.

Suggestions for Improvement

All the groups agreed that all this was due to change in the general culture and nothing could be done about it; but, still advocated sensitisation to be included in the school curriculum. They also suggested integration activities at community level for developing better understanding among generation.

Social Participation

Age Friendly Advantages

The experience of the old-old had formed an association which took initiatives for celebrating common festivals, birthdays of members and some cultural programmes. The young old participants of the middle SES group were very active and participated in spiritual programme, cultural show, picnics and kitty parties, travel in India and abroad. The old-old in the category were restricted to spiritual discourses in the local temples, fairs, etc on traditional festivals.

Barriers

There were no common facilities for recreation of older persons. The traditional mechanisms of socialisation were gradually decreasing as social space for older persons was decreasing. The members of low SES young old group felt deprived of any facility for recreation except some religious congregations in the local temple.

All the participants agreed that the city does not offer too many choices for recreation for disabled, frail and low income older persons. Such people faced difficulties in commuting, accessing the buildings and paying the fees/ ticket charges.

Suggestions for Improvement

There should be an effort at the macro level to encourage planning and developing recreation facilities for all older persons, particularly for those with disability and limited means.

All the groups irrespective of SES or age wanted a recreation centre in the vicinity where older persons could meet and interact with facilities for indoor recreation and space to organise activities. The middle SES persons were satisfied with the facilities available in their areas for recreation of older persons, yet wanted some improvements.

Communication and Information

Age Friendly Advantages

Local cable television channel and local newspapers were the major channels of dissemination of relevant information for older persons in almost all areas for all the groups with minor differences.

The areas in which Resident Welfare Associations or Senior Citizens Associations were active, dissemination of information was done on telephone or through circulars.

The only group left out of this was low SES women who depended on word of mouth for such information.

All the groups were quiet satisfied with the flow of information and communication of useful and relevant information; therefore had no suggestions for improvement.

Civic Participation and Employment

Age Friendly Advantages

The middle SES groups were satisfied with the individual and collective activities available in their areas.

Barriers

All the groups were unanimous about the absence of formal channels of communicating information regarding availability of employment or voluntary work for older persons. The participants from the low SES were of the view that the family and or employer discouraged older people.

Older persons from middle SES agreed that older people did not require paid work as most of them had income security in old age; but, many of them wanted to do voluntary work and some did it on personal initiatives.

Suggestions for Improvement

All the groups were unanimous in their demand for a formal channel for collection, collation and dissemination of such information for the benefit of older persons who wanted to use their time and skill.

Community Support and Health

Age Friendly Advantages

The government hospitals were strategically located. Some middle SES areas had benefit of access to some local charitable institutions in the area; which provided affordable treatment. Some of the local private hospitals and nursing homes offered concessions to the older persons in the area.

Barriers

The Low SES groups were unanimous in their complaints about lack of primary health care facilities in the areas. Many of the young-old in these areas reported self medication because of un-affordability of private health care. The experience of older persons in government hospital was not good as these services were over loaded and grossly mismanaged.

The young old were not aware of the geriatric clinic being run in the government hospital about 10 km from their residential area. The old-old were aware of the services but found it inconvenient and unfriendly. The participants from the Middle SES were beneficiaries of Central Government Health Scheme but were dissatisfied with the services.

In some cases, the nearest dispensary (primary health care centre) was over 10 km from their residential area. It did not have provision for periodic services of relevant specialists for which they had to go to the hospital.

Suggestions for Improvement

The Middle SES groups wanted improvement in the services of the Central Government Health Scheme: easy accessibility, even distribution of services of specialist like physiotherapists, pain management system and other such non-communicable diseases that afflict older persons.

Volunteers for old-old in hospitals were also suggested to improve their access to the services.

3.3 Comparative Views of Public and Private Service Providers

General Impression

Participants of both the groups agreed that the city was unfriendly to the older persons. The city was unable to deal with the load on services due to tremendous increase in population, therefore, the weak and the vulnerable were doubly neglected.

The public service providers were of the view that the older people should be trained to adjust to the changing scenario. The private service providers were most sympathetic towards the older persons and appreciated the problems they faced especially social isolation and alienation.

The public service providers focused attention on the shrinking space in the city and the need for the town planners and policy makers.

Outdoor Spaces and Buildings

Age Friendly Advantages

The latest Master Plan had provision for geriatric centres, geriatric hospitals and day care centres, sport complex and green areas. The new buildings would be better suited for people with disabilities and the older persons.

The public service providers concentrated more on the programmes that the government was running for the benefit of older persons. They also discussed the safety and security programme run by the Delhi Police in the city.

Barriers

The private providers commented more on the inadequacy and unsuitability of the existing facilities like parks, roads, streets, lights, traffics & buildings. They also commented on the increasing insecurity of older persons.

Transportation

Age Friendly Advantages

The public service providers again focussed on the facilities that were being provided for the older persons regarding reservation of seats in buses and concessions to old commuters. They also focused on the improvements that were planned for the future.

Barriers

The private service providers acknowledged the increasing need of older persons to travel independently in the context of nuclear-isation of the family. They highlighted the problems they faced in public transport system and un-affordability of private vehicles like taxis and auto rickshaws.

Housing

Age Friendly Advantages

Both the groups agreed that in the recent past the architects designing the private houses had become mindful of these needs and suggested for incorporation to their clients.

Barriers

Both the groups thought that while designing the houses, the resource and space constraint had to be kept in mind. The public service providers emphasised the need to balance the requirement of all members of the family while designing houses. Most of them agreed that the houses did not have ramps, comfortable staircases, lower shelves in the kitchen and handrails in the bath area.

Respect and Social Inclusion

Barriers

Both the group agreed that there was a general decline in respect for the older persons in the family and community. However, the public service providers thought that older persons themselves were responsible for it; whereas, the private service providers blamed it on the changing attitude of the society.

Social Participation

Age Friendly Advantages

Both the group agreed that there were enough opportunities for recreation for older people especially those living in housing societies or members of some association. For those who could not afford to go out very often television provided entertainment.

Barriers

Both the group acknowledged that these facilities were restricted to those who had the inclination and resources. The physically challenged older persons had to depend on the younger family members to take them out for recreation. Therefore, their movement was restricted as it depended on the time and suitability to family members.

The private service providers were of the view that TV viewing at home was not to the liking of the older people and in case of variations in choices, views of the younger members of the family prevailed.

Communication and Information

Age Friendly Advantages

Both the groups opined that notice board in the houses complex, circulars of Resident Welfare Associations, local cable and radio channels provided relevant information to older persons.

Barriers

Both the groups agreed that the poor and the illiterate were left out of it communication and information network as their access to print and electronic media was limited.

Civic Participation and Employment

Barriers

Both the groups agreed that not many opportunities were available for older persons to work or to do voluntary service. The public service providers also blamed the attitude of the older persons for their inability to make good of any such opportunity. The private service providers highlighted the constraint of travelling in a city with long distances and poor public transport system.

Community Support and Health

Barriers

There was general agreement between both the groups regarding difficulties for older persons to access the facilities provided by government hospitals and lack of 'service' element in the system. They also agreed that the private health care system was too expensive for many older persons.

The public service providers were also of the view that the facilities of geriatric care that were available in the government hospital were inadequate and rather neglected. They also raised the issue of barriers in the physical environment in health care infrastructure in the city.

3.4 Comparative Views of Private Service Provides and NGOs

General Impression

Both the groups agreed that on the whole, the city was unfriendly to the older persons; both in terms of civic amenities and human relations; but the experience could vary according to the class and neighbourhood.

Outdoor Spaces and Buildings

Age Friendly Advantages

Both the groups felt that the older persons did not face any major security threats in the city.

Barriers

Both the groups agreed that the existing buildings were not at all friendly to the older persons. Most of the parks, roads and pavements were poorly maintained. This along with the increasing traffic added to the list of hazards.

Transportation

Age Friendly Advantages

The participants of groups were of the view that metro rail provided better service than the road transport. The lay out of the stations was better as it has facilities like lifts and elevators. The staff of courteous and did not over charged. The display of information was also suitable.

Barriers

Both the groups agreed that the public transport system was unfriendly to the older persons who faced difficulty because of mismanaged bus stations, unsuitable bus design, rude behaviour of staff and co-passengers.

Both the groups agreed that driving was difficult for older persons because of indiscipline of other drivers, lack of proper parking spaces and inappropriate placement of road signage.

Housing

Age Friendly Advantages

The groups were of the view that awareness about age friendly design and construction material was on an increase. These were being used for the new construction in the city.

Barriers

Both the groups agreed that the houses built two decades ago did not take into account the special needs of old age. Such houses needed changes at time.

Respect and Social Inclusion

Barriers

Both the groups agreed that the older persons were no longer respected by the family and the community as they were considered 'spent force'. Therefore, they were not integrated into the social system.

Social Participation

Age Friendly Advantages

Both the groups agreed that in some middle class localities, especially those with associations offered many opportunities for older persons' recreation.

Barriers

The groups were of the view that the recreation facilities for the low income groups were very few. They could view television; attend local religious function and socialise with friends in the neighbourhood.

Communication and Information

Age Friendly Advantages

Both the groups agreed that local newspapers, cable channels were the best source of disseminating information to older persons. The member of NGO group also emphasised the importance of Resident Welfare Association for this purpose.

Barriers

The groups were of the view that the poor older persons were excluded from most of these communication and information channels.

Civic Participation and Employment

Barriers

Both the groups agreed that they were few opportunities available for older persons for work or voluntary service. Many of the older persons did not know where to look for these opportunities and worked mainly through personal contacts.

The members of NGO group also highlighted the difficulties faced by older persons in getting work after retirement because of unfamiliarity with modern technology, preference for short duration work and declining physical abilities.

Community Support and Health

Barriers

Both the groups agreed that the public health facilities were over loaded and mismanaged and the private systems were too expensive. The NGO representatives added that there was neither specialised service for older persons nor any emergency service available in public hospitals.

3.5 Comparative Views of Public Service Providers and NGOs

General Impression

Both the groups agreed that the city was in general unfriendly to the older persons both in terms of facilities and human relations; but cited different reasons for the same.

Outdoor Spaces and Buildings

Age Friendly Advantages

Both the groups were of the view that the new buildings were better equipped to deal with specific needs of older persons. The public service providers highlighted the steps planned for the future.

Barriers

Both the groups agreed that the existing facilities like parks, roads, market places, public buildings were not friendly to the older persons. Both the groups agreed that there was no particular security threat to the older persons in the city.

Transportation

Age Friendly Advantages

Both the groups were of the view that the metro rail system in the city was an improvement in the mass transit system and had age friendly features.

Barriers

Both the groups agreed that the public transport system presented difficulties to older persons because of mismanaged bus stations, unsuitable bus design and rude behaviour of staff and co-passengers.

Housing

Age Friendly Advantages

The groups were of the view that the new buildings were better equipped to deal with issues concerning older persons. The awareness about needs of old age was increasing among the general public and service providers.

Barriers

Both the groups agreed that the existing structures in urban housing were not age friendly. The NGOs blamed the planners and other experts for this omission; whereas the public service providers defended by stating that no facility could be planned exclusively for any group.

Respect and Social Inclusion

Barriers

Both the groups agreed that respect for older persons was gradually declining and the younger generation did not have time for the old parents. Though, public service providers blamed older person's behaviour for this change. They were of the view that older persons at times do not ask for help and expected younger persons to offer help on their own!

Social Participation

Age Friendly Advantages

Both the groups agreed that there were enough opportunities for recreation for older persons in the city especially in the middle class areas. Television, radio and socialising were available to almost all older persons.

Barriers

NGO service Providers highlighted the absence of community recreation facilities for poor older persons.

Communication and Information

Age Friendly Advantages

Both the groups agreed that middle class areas had enough channels of communication like local newspapers, cable channels, radio & circulars of Resident Welfare Associations.

Barriers

NGO service Providers highlighted the absence of community recreation facilities for poor older persons.

Civic Participation and Employment

Age Friendly Advantages

NGO service providers were of the view that enough opportunities were available for voluntary work and employment of older persons and many older persons wanted to avail of them.

Barriers

Public service providers opined that there were not enough opportunities available for older persons for employment and voluntary work. Whatever, little was available could not be availed because of transportation problem and attitude of the older persons. The absence of organised effort in this direction hindered civic participation and or employment of older persons.

NGO service providers also pointed out the lack of understanding among employers about specific needs of older persons seeking re-employment.

Community Support and Health

Barriers

Both the group agreed that public hospital were overloaded, lacked trained staff and were often mismanaged. The private health services were available but mostly unaffordable to the common people. Public service providers also added that the public health facilities for geriatric clinics were inadequate and often neglected by the administration. NGO service providers added that there were no specialised and emergency services for the older persons.

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

General Impression

All the groups agreed that the city was unfriendly to the older persons both in terms of amenities and human element. The care givers also corroborated this view and pointed out the impossibility of disabled and very old person to survive in the city without assistance from a care giver.

Outdoor Spaces and Buildings

Age Friendly Advantages

All the groups agreed that the new buildings were designed and equipped with elderly friendly features.

Barriers

All the groups agreed that in many parts of the city the existing facilities like parks, roads and market places were not maintained properly hence unsuitable for older persons. The existing public buildings were not friendly to the older persons as there were no provision for ramps, lifts & handrails etc.

The private service provider, NGOs and old-old participants were of the view that increasing chaos caused by traffic, narrow lane and encroachment on pavements restricted the movement of older persons particularly those with disability.

All the groups agreed that though older people were not specifically targeted but the increasing rate of crime did make them feel insecure. Despite this they were not willing to register with the local police as they did not have faith in the system.

Those older persons who were very old or disabled had to depend on their care givers for any movement outside the house. If the care giver was a much younger person then s/he had time constraint. But in cases where the care giver himself/herself was an older person then s/he faced problem of self neglect, stamina and fatigue.

Suggestions for Improvement

As far as the suggestions for improvement were concerned, there were not many differences on the basis of age except that the old-old wanted improvements in civic amenities and strict enforcement of rules. The care givers and the service providers also concurred with the views of older persons. Following were the common suggestions:

- The design of the public areas (parks, cinema houses, theatres, toilets & places of tourist interest) should ensure access to all. The municipal authorities should manage the civic amenities well in partnership with the civil society organisations.
- Tele-banking and tele-shopping should be introduced in all areas.
- Special parking areas for the disabled older persons.

- There should be an announcement system for older persons who are lost in public places.
- The building bye laws should have mandatory provision for incorporation of age friendly features in all buildings, public or private. The police should take action against encroachers on pavements.
- Architects and builders should be sensitised to the concept of universal designs.

Transportation

Age Friendly Advantages

They all agreed that the new metro rail system was an improvement on the existing system.

Barriers

All the groups agreed that the existing public transport system was not friendly to older persons and presented many difficulties to them. The difficulties ranged from mismanaged bus stations, unfriendly design of buses, and misbehaviour of staff and attitude of co-passengers.

All the groups agreed that it was not possible for the older persons to always travel by auto rickshaws as it was costlier than public transport and older persons used it occasionally or in case of emergencies.

All the groups agreed that driving on the city roads was not easy for the older persons in view of the increasing traffic, indiscipline of younger drivers, adequate road signage.

It was almost impossible to take very old and or disabled older persons in public transport system without the help of more than one attendant which was not always possible. If the care giver himself was over the age of 65 then the problems compounded.

Suggestions for Improvement

Similar improvements in public transport system were suggested by all the groups: better maintenance of bus stations, improved design of buses, better orientation of the staff, easy availability of concession passes and rationalised routes. Some other common suggestions were:

- Specially designed vehicles should be available to take out the disabled older persons for general purposes.
- There should be specially trained drivers for older couples living alone and requiring assistance.
- Sensitisation of road users to respect frail persons
- Road Signage and signals to be designed keeping in view the frailty of older persons.

- There should be reserved parking for older persons and it should be strictly enforced by the municipal authorities.
- Old drivers should be given some identity stickers for safe driving.
- Discount should be given to older persons on buses.
- The metro rail service should also be made more age friendly by displaying the signage at appropriate places and height. There should be volunteers at metro stations to guide older persons.

Housing

Age Friendly Advantages

All the groups also agreed that awareness regarding age friendly houses had increased in the recent past. Many houses and housing complexes had included these in their plan.

The care givers of very old and or disabled older persons made changes in the bathroom and floors of their houses. These changes were common in families where older persons were suffering from arthritis, osteoporosis, etc.

Barriers

All the groups agreed that the existing structures had not considered special needs of older persons and needed changes with regard to lifts, doors, kitchen shelves and counters and ramps.

Suggestions for Improvement

The young old did not want to give any suggestions for improvement as they were aware of the limitations of resources and space in their area; but the old-old insisted on sensitising the planners and architects to keep the comfort of older persons in mind in future. The care givers and all the service providers also emphasised this point and added that the building bye laws should incorporate provisions for universal designs.

Respect and Social Inclusion

Barriers

All the groups agreed that there was a general decline in respect of older persons in family and in community.

The older persons, private service providers and NGOs' representatives blamed it on changing ethos whereas the public service providers blamed it on the attitude of the older persons.

The care givers were cautious in answer to this question as most of them were taking care of their old and or disabled relatives. Many of them further depended on their grown up children for this purpose.

Suggestions for Improvement

All the groups emphasized reiterating the traditional values to the young school children through service providers.

- Sensitisation programmes for younger persons towards problems of older persons. The public service providers also suggested training older people to adjust to new situations.
- Forums for intergenerational interaction so that both, young and old understand each other better.

Social Participation

Age Friendly Advantages

All the groups agreed that there were enough opportunities for recreation for older persons in young old age group and most of them participated in it.

Barriers

The enjoyment of recreation facilities was limited by physical ability and resources of the older people.

The care givers of very old and or disabled older person opined that there were very few opportunities for recreation. Those who had mobility problems could not go to many recreation centres. These places did not have ramps, connectivity with public transport systems and comfortable seats. The opportunities for recreation and social participation decreased with increasing age and disability and loss of interest. The very old had interest in spiritual discourses but the buildings of the temples and auditoriums made it very difficult for them to go often.

Suggestions for Improvement

Both the groups were strong advocates of community hall in the vicinity for older persons and some exclusive corners in the parks for older persons, where they could sit and socialise and read and play indoor games. Some old-old also wanted concessions and facilities for travel to various tourist destinations and halls organising religious or spiritual discourses. In addition, care givers and service providers also suggested:

- The seating arrangements in the halls meant for spiritual discourses should be conducive to those with arthritis and other mobility problems.
- There should be community halls in every locality with comfortable interiors for recreation of older persons. Special cultural and entertainment shows for older persons should be organised in these halls.
- There should be sports complexes for older persons where they can safely play games of their choice with other older persons.

Communication and Information

Age Friendly Advantages

All the groups agreed that local newspaper, local cable channels, and circulars by the Resident Welfare Associations ensured proper and timely communication of relevant information to older persons.

Barriers

The older women felt left out of these and depended more on word of mouth. The service providers also highlighted the absence of effective means of communication for poor older persons.

The care givers of the very old and or disabled persons were of the view that with increasing age and or disability they were marginalised from the information channels. Most of the information does not reach them directly.

Suggestions for Improvement

Care givers of disabled older persons, older women from low SES background and service providers gave some other suggestions to improve communication:

- The community should be sensitised to make special effort to reach useful and relevant information to these older persons as they tend to withdraw from active participation in civic life. Explore other community channels to disseminate information.
- Increased use of community channels for reaching information to poor older persons
- Older persons should be trained to use computers and access internet for better communication and information.
- NGOs working in particular areas should be made partners to disseminate information to older persons.

Civic Participation and Employment

Barriers

All the groups agreed that there were very few opportunities for older persons for employment or voluntary services. Those that were available were not advertised adequately.

The public service providers were of the view that whatever was available could not be availed in many cases because of lack of transport facilities and attitude of older persons. Whereas the NGOs' representatives were of the view that it was more because of unfamiliarity with modern technology and preference for time and differences in values and attitudes.

The care givers of the old-old and or disabled persons were of the view that most of them were not capable of working either for money or for personal fulfilment.

Suggestions for Improvement

All the groups were unanimous in their demand for a formal channel for collection, collation and dissemination of such information for the benefit of older persons wanted to use their time and skill. All the groups suggested that a national level NGO should take lead in maintaining such a database. Some other common suggestions were:

- Efforts should be made by some NGOs to conceptualise a programme whereby the older persons can be given some work keeping their physical and mental limitations in mind and implement it.
- Integration of transport facility with the housing facility.
- Notices on public buildings in the neighbourhood
- Organise Pre Retirement training programmes for older persons and include retraining as part of the curriculum.
- Sensitise employers to the special needs of older persons in work place.

Community Support and Health

Barriers

There was complete unanimity among all the groups regarding inadequacy of public facilities for health care of older persons and un-affordability of private health care services. Some other important points:

- a) The old-old participants found it extremely difficult to access public health care facilities on their own and preferred to go there with an attendant.
- b) Negligent attitude of service providers towards geriatric care and issues of barriers the physical environment in health care infrastructure affected the old-old and the disabled.
- c) Lack of specialised and emergency services for older persons.

The care givers of the very old and or disabled persons were generally critical of the health care facilities. In many areas these facilities were not available and those that were available were also not very convenient. As there were no ambulance services available it was very difficult to take the older person to those facility. The government hospitals were difficult as these were already overcrowd, there were no wheel chairs or trolleys available to take the patient from the parking lot to the department and then the waiting areas were too crowded and waiting time was too long.

Suggestions for Improvement

Some common suggestion given by most of the groups to improve health care services:

- All the groups wanted improvement in services of the government hospitals for older persons.

- Geriatric departments to be set up to take care of older persons.
- All the private hospitals to provide concessions to older persons
- There should be emergency services available to take them to the hospital at any hour.
- There should be increase in medical facilities for older persons with disability
- There should be facilities for respite care for the older persons. This will give the care givers some time to deal with their individual issues.
- There should also be some professional care training given to care givers in the family so that they can take better care of older person.
- The medical health facilities should be reasonably priced.
- The medical and para- medical; staff should be trained to deal with old patients.
- Volunteers to guide the older patients in multi speciality general hospitals
- Special needs of older persons like eyesight, oral health care, pain management, nutritional requirements should also be addressed.
- Preventive health care management programmes should also be implemented.
- Specific days and hours should be fixed for dealing with older persons.
- There should be public private partnership for improving health facilities for older persons.
- NGOs should be involved for creating health awareness and preventive health care
- There should be health insurance cover for older persons even after the age of 80 years.

3.7 Comparison between Providers of Service with Older Persons (middle and low SES) and Care Givers

General Impression

All the groups agreed that the city was unfriendly to the older persons both in terms of amenities and humanitarian values. However, the young old participants were of the view that more than the infrastructure loneliness was the problem for older persons.

The dependence on care giver increased with age and with disability; though if the individual or the family had resources, it made life easy. For those who were completely dependant, life could be miserable.

Outdoor Spaces and Buildings

Age Friendly Advantages

In some areas the facilities like parks, markets, street lights were better and if the concerned authorities were approached some times actions were taken to rectify the problem. All the groups agreed that the new buildings were better than the existing one.

Barriers

All the groups agreed that in many parts of the city the existing facilities like parks, roads and market places were not maintained properly and unsuitable for older persons. The existing public buildings were not friendly to the older persons as there were no provision for ramps, lifts & handrails etc. All the groups complained about encroachment on the pavements and consequent inconvenience to the older persons.

All the groups agreed that though older people were not specifically targeted but the increasing rate of crime in the city did make them feel insecure. Those older persons living in private houses especially those living alone or only with spouse were more concerned about these issues.

The care givers who had resources could manage to engage paid attendants who could take older persons out but it was not too often. Those who had no money had to take the burden themselves and did not encourage older persons to go out except for important social functions or to go to the doctor.

Transportation

Age Friendly Advantages

The experience of most of the people using the newly introduced metro rail service was better than the road transport. The service though limited to a few areas, had better service, better managed stations, better seating capacity etc.

Barriers

All the groups agreed that the existing public transport system was not friendly to older persons and presented many difficulties to them. The difficulties ranged from mismanaged bus stations, unfriendly design of buses, and misbehaviour of staff and attitude of co-passengers. These problems were faced more by the low SES group as they depended exclusively on this mode of transport. The old-old women found it almost impossible to travel on these buses. The middle SES group travelled more by vehicles owned by them/ family. However, their experience on the road while driving was also not very happy on account of indiscipline, over speeding by other road users and inadequate signage.

The experience with auto rickshaws was also similar across the groups. Most participants had irksome experiences due to rude behaviour and over charging.

The care givers in the middle SES category almost always used private vehicles for transportation of very old and or disabled older persons. But even this was inconvenient at

times without the help of another person to climb in and out of the vehicle and walk to the facility. The low SES persons used auto rickshaws for such older persons but the cost was at times prohibitive.

Housing

Age Friendly Advantages

The awareness about better design of homes to cater to the needs of older persons was on an increase and the new buildings were relatively better.

Barriers

All the groups agreed that the design of houses in the city whether built by Delhi Development Authority or privately did not have friendly features (lifts, doors, kitchen shelves and counters and ramps) for older persons. Some care givers in the middle SES had to move out of their top storey apartment to the ground floor as there were no lifts. The low SES care givers did not make any changes in their houses but made some temporary arrangements for the older person. The older persons also mentioned problems arising out of illegal extension of premises like obstruction of sunlight, diminishing common areas.

Respect and Social Inclusion

Barriers

All the groups agreed that respect for older persons was gradually diminishing from family and community. The low SES participants faced abuse and neglect in the extended family and the middles SES suffered because of out migration of children.

The Middle SES care givers were of the view that the younger persons were generally polite and helpful towards very old and or disabled persons and might help once in a while, but nobody had the time and inclination to give sustained support. In the low SES areas lack of economic resources created problems in taking care of very old and or disabled persons.

Social Participation

Age Friendly Advantages

All the groups agreed that there were enough opportunities for recreation for older persons in middle SES areas and most of the residents of these areas participated in it.

The care givers in Middle SES were able to fight the odds posed by age and disability by arranging for paid attendants.

Barriers

Enjoyment of recreation facilities was limited by physical ability, resources and also the SES area. But, those in the low SES were almost restricted to occasional social functions and socialising with visitors to the home.

Communication and Information

Age Friendly Advantages

All the groups agreed that local newspaper, local cable channels, and circulars by the Resident Welfare Associations ensured proper and timely communication of relevant information to older persons.

The relevant and useful information reached the care givers through the regular channels in the community and they may or may not be passed on to the older persons. There was not much difference in the opinion of middle and low SES older persons.

Civic Participation and Employment

Barriers

All the groups agreed that there were very few opportunities for older persons for employment or voluntary services. Those that were available were not advertised adequately.

The young old in this group wanted to do social service as most of them had secure income in old age and many of them were doing it in their community on individual initiative. The old-old in this category were also keen to do so but did not find many opportunities.

The care givers of the old-old and or disabled persons were of the view that most of them were not capable of working either for money or for satisfaction.

Community Support and Health

Barriers

There was complete unanimity among all the groups regarding inadequacy of public facilities for health care of older persons and un-affordability of private health care services. Some other points that require mention are:

- a) Difficulties faced by older people accessing health care under the Central Government Health Scheme which claims to give complete health cover.

The care givers in the middle SES did not take their very old and or disabled patients to the general hospitals unless they were beneficiaries of the Central Government Health Scheme or had someone known in the department. Most of them took their older persons to the private facilities where there were no managerial issues, but the cost was exorbitant at times.

The Low SES care givers were critical of the public health system, where everything was a big challenge right from taking the patient to the hospital to getting treatment and free medicines.

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. Many groups particularly the low SES old-old, care givers and voluntary sector service providers were apprehensive about the increasing trend of nuclear-isation of the family due to immigration. In view of the declining support from the informal care givers; these groups wanted changes in the environment that would encourage independence of older persons. There were serious issues concerning adjustment of older persons in the new set up and conflict of old and new values. They also 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 only in the group of middle SES young old and public service providers. The discussions centred mainly on negative aspects. This was especially true for both the groups of low SES and women participants. On questions of social dynamics, the discussion was more on the negative experiences. The only group which began on positive note on this issue was the middle SES young old. This group was vocal about negative experiences pertaining to health care delivery system.

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 Delhi

Delhi is the capital of India covering an area of 1483 sq. km. 62% of the area is categorised as urban and 38% rural. The total population of the city is 13,850,507 out of which 93% live in urban areas and 7% in rural areas. It is divided into 9 districts. The density of population per sq.km is 9340. The Urban Rural ratios are: 13957: 1692. 5.2% of the total population of the city is over the age of 60 years.

In the year 2026 the total population of the city will be 28,4,10,000 and the total population of the country is expected to be 1,406,212,000.

Facilities:

Expenditure made by Municipal Corporation of Delhi in the year 2004-2005.

S.No.	Head/ Service	Expenditure (Rs. in lakhs)
01.	Libraries	131
02.	Public Health	4838
03.	Medical Relief	19027
04.	Conservancy, street cleaning, sewage & drainage	39020
05.	Road and public lighting	19261
06.	Market & slaughter houses	332
07.	Garden and open spaces	8268

Public Transport Services:

Delhi Transport Corporation

Total Buses: 3,469; Buses on Roads: 3,138

Total annual Passengers: 11,140 lakhs

Daily Average Passengers: 30 lakhs

Annual Average Distance Covered: 7 lakh Kms

Daily Average Distance Covered: 3,589 Km

Communication Services in the year 2005-06

577 post offices 3,360 letter boxes 10,534,000 phones 5,757,000 mobile phones

Roads in the Year 2005-06:

Municipal Corporation of Delhi (MCD): 27,139 Km,

New Delhi Municipal Corporation; 1,550 Km

Other Roads: 2,168 Km

Total: 31,183 Km

National Highways: 182 Km

Medical facilities: 14 Hospitals each of Delhi Govt and Directorate of Health Services; 5105 and 900 beds respectively. MCD: 42 hospitals with 3,747 beds 5 Primary Health Centres (PHCs) with 47 beds; 4 Central Government Health Services hospitals with 101 beds; Director General Health Services: 4 hospitals with 3,695 beds 2 PHCs with 32 beds; ESI (Min of Labour) 4 hospitals with 1220 beds; 562 hospitals under autonomous administration with 12,381 beds.

Total 654 hospitals with 32,166 beds and 8 PHCs with 79 beds

Housing: 48.94% Pucca Houses 30.16% Semi Pucca and 20.90% Kutchha

91.3% dwelling units 5.31% residential cum shops .63.29% owned, 24.63% hired or rented 92.86% houses have electricity connection.

Security Agencies: 129 police stations and 26 police posts 54,166 policemen

Economic Indicators:

The per capita income at current prices is Rs. 53,976.

Registered vehicles in Delhi in 2005-06

- a. Motor cars and jeeps: 1,466,641
- b. Two wheelers: 3,062,536 and
- c. Auto rickshaws 73,644
- d. Buses: 43,500
- e. Taxis: 20,693

Total : 4,809,010.

Literacy Rate 81.67% in 2001

231 Hindi dailies 70 English Dailies 85 other languages total: 386

2005-06 total no of beneficiaries of Old Age Pension: 150,000

Area Profile from which the sample was selected:

South District: 250 sq km and 16.37% of the total population of the city lives in this district

East District: 64 sq km and 10.57% of the total population of the city lives in this district

West District: 129 sq km and 15.37% of the population of the city live in this district.

Source: Delhi Statistical Hand Book 2006; Directorate of Economics & Statistics; Government of National Capital Territory of Delhi