

# BRIDGE THE GAP

## Understanding Elder Needs

**A HelpAge India  
2022 Report**



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## EXECUTIVE SUMMARY

Over the years, the composition of the world population has changed dramatically. According to a WHO report<sup>1</sup>, life expectancy at birth increased to 69.6 years in 2020, from expected 47.7 years in 1970 in India. According to the latest data from The National Family Health Survey (NFHS-5)<sup>2</sup>, in the last five years, a slight decline has been recorded in the share of the young population. The under 15 populations have declined by 2 percent and the over-60 population has increased from 10 percent to 12 percent. With the declining fertility, along-with the increases in life expectancy, the number of older persons in the population is expected to increase by more than double from 10 crores in 2011 to 23 crores in 2036 - an increase in their share to the total population from 8.4 to 14.9 percent<sup>3</sup>.

This demographic shift has brought new set of challenges and opportunities with it. The basic question that needs to be answered here is how we perceive the elderly, as an increasing burden or as potential contributors. The National Policy on Older Persons (India) and Madrid Plan of Action on Ageing (UN), both emphasize the latter. Therefore, it's time that we start thinking and acting in ways that does not exclude the 10% of the population; but , architecturally and attitudinally include them in society by giving them opportunities for participation, independence and self-fulfilment.

Given this background and the context of the pandemic, this report, as the name suggests tries to explore the current perceptions, realities and aspirations of the older persons and their care givers vis a vis gainful employment, volunteering, health care, safety and security, inclusion in family and society and the new age fact of digital world.

The data from 22 cities in India for both elderly (defined as 60+ years of age) and caregivers (adult caregivers- 16 to 55 years of age living with the elderly) has been collected to investigate socioeconomic, demographic, livelihood opportunities and willingness, abuse, health, and factors related to social connections.

This report paints a compelling picture of the situation of elderly from the economic aspect. It provides a succinct description of trends that are transforming the world in fundamental ways. About 70 per cent of the (elderly) aged are not working and depend on their family or pension for the day to-day maintenance. The situation was worse for elderly females with about only 18.4% being economically independent while the remaining are dependent on others – either partially or fully. Furthermore, with changing healthcare needs for the elderly, the report emphasizes on need to develop availability of free or affordable health care facilities for the older persons. The report also shows the beginning of use of digital health

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<sup>1</sup> <https://apo.who.int/publications/i/item/india-health-system-review>

<sup>2</sup> [http://rchiips.org/nfhs/factsheet\\_NFHS-5.shtml](http://rchiips.org/nfhs/factsheet_NFHS-5.shtml)

<sup>3</sup> Population Projections for India and States 2011-2036; Report of Technical Group on Population Projections, Census of India, July 2020.

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care services. The biggest gap as has been pointed out by many other sources is lack of health insurance for older persons.

The report also highlighted the aspiration of older persons and their families for exploring employment and volunteering opportunities and how social and other factors act as enablers and hindrances. The outstanding finding was that out of those willing to work in old age, 40% wanted to work as long as possible.

Family, though, has come out as the main pillar of strength in shouldering responsibility of aged members; elder abuse was not unheard of. At least ten percent of India's elderly population (aged 60 years and above) stated they experienced ill-treatment and neglect. These are pressing issues deserving of societal redressal. Another key subject, inclusion of the elderly with the caregivers. Some findings that need further investigation are besides immediate family other relatives being added to the category of abusers and 13% reporting physical abuse. On the other side the report also tells a sad story of lack of awareness on major available institutional grievance redressal mechanisms.

The family provides the individual the emotional, social, and economic support. The ability of the aged persons to cope with the changes at home, social activities, etc. depends on the support from his/ her family members. The caregivers can combat this by spending more time with them, bridging the intergenerational gap and include them in family activities. Older persons participated in decision making, spend time with their families, attended social functions; but still felt lonely and isolated. However, they showed willingness to learn new things to become integrated into the contemporary situation.

The report shows a mixed bag in terms of social inclusion; but, if we look at digital inclusion, we find a gap in terms of number of older persons having access to smartphones and usage. There is a need to enable their access to the needed infrastructure and developing their skills and helping them overcome hesitation if any.

We hope this information will stimulate dialogue about financial, physical, and mental well-being, social and behavioural issues, and encourage our community to determine the best ways to address this universal human experience and plan for the aging of our country's population.

## SALIENT FINDINGS

- 47% of the elderly are dependent on family support as their source of income, and 34% depend on pensions. 21% of the elderly are still working and earning.
- 60% of the elderly feel financially secure, and 76% of them feel so because of the family support.
- 57% feel financially insecure because of their expenses exceeding their savings or income. 45% reported inadequacy of pensions and 38% reported lack of employment opportunities as their reasons for financial insecurity.
- Of those working, 56% find their employment environment conducive.
- 36% of elderly are willing to work among which 40% are willing to work as long as possible.
- 58% of care-givers, compared to 39% of elderly, are of the view that employment opportunities are available for the elderly.
- 56% of caregivers want their elderly relative to be employed.
- 54% of care-givers are willing contribute to reskilling of the elderly and 49% are willing to help them find work
- 30% elderly are willing to volunteer and contribute to the society.
- 87% of the elderly reported having health facilities available, but only 52% could access those.
- 67% of elderly do not have any health insurance.
- Better health insurance, and better health facilities nearby are the top two suggestions shared by both elderly & caregivers to improve the system. Free medical treatment facilities for the elderly was also suggested by a majority of care-givers.
- 31% of the elderly have fear of getting hurt in the locality due to frailty and bad infrastructure.
- 59% of elderly report abuse as being prevalent in Indian society. The rate of self-experience of abuse ranges from 2.5% in Chandigarh to 23% in Dehradun, while the national average is 10%. The percentage of elderly being victims of abuse as reported is above the national average in 9 cities.
- Disrespect, verbal abuse and neglect were reported as the most common forms of abuse. Son and daughter in law are reported as the major abusers, and also those other than the immediate family too were added as the major perpetrators of abuse.
- 33% of those who experienced abuse reported scolding the abusers as their response to abuse, while the overwhelming responses was non- confrontational/ passive behaviour.
- 46% of the elders were not aware of any abuse redressal mechanism.
- For the prevention of elder abuse, the elderly suggested counselling, helpline and awareness campaigns. As suggestions to deal with abuse, they mentioned age – friendly response system and time bound decisions.
- Around 79% of the respondents feel that their family do not spend enough time with them.

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## 1. INTRODUCTION

### 1.1 STUDY BACKGROUND

**HelpAge India** is a leading charity in India working with and for disadvantaged elderly for nearly 4 decades. It was set up in 1978 and is registered under the Societies' Registration Act of 1860. Its mission is "to work for the cause and care of disadvantaged older persons and to improve their quality of life."

HelpAge India has since its inception worked in promoting the rights of older population to lead dignified, healthy, and secure lives.

Over the years Help Age India has covered many aspects of elder abuse, levels and area comparisons ranging from perception and experience of abuse in family, youth engagement and experience of ageism, sandwich generation and care from metro cities to Tier II towns.

The last 2 reports focused on COVID 19 and its consequences for the older persons including those living in institutions.

This year is significant from the point of view of time lapse after the devastation of the pandemic and early signs of recovery.

In this context, the study focused on not just the core existential issues that the older person confronts day to day but take stock of the entirety of their experience.



## I RESEARCH OBJECTIVES

### 1. Economic Security

- Income: sources, adequacy
- Work and Employment: Current Status, willingness to work, work environment for aged workers, aspirations
- Volunteering in old age: current status, willingness to volunteer, opportunities



### 2. Health & Well-Being

- Current diseases pattern
- Availability of Health Care Facilities
- Accessibility of Health Facilities
- Use of App based or online health care services
- Role of Self and Family in Preventive Health care
- Aspirations



### 3. Safety & Security

- Aspects of physical security in terms of crime and built environment, aspirations for future
- Elder Abuse: Prevalence, experience, response, redress mechanism, suggested measures for prevention and dealing with abuse
- Choice/Change: laws, security agencies, community, family, self.



### 4. Inclusion

- Social Inclusion: decision making in family, participation in social events, time spent with family members, inclusion in society and aspirations.
- Digital Inclusion: ownership and use of smartphones, training for better use of digital technology



### 5. Role of family in all aspects of life of the older persons



### 1.3 TARGET GROUPS

**Table 1: Target Groups**

RESPONDENT CATEGORY	RESEARCH TOOL
<b>HOUSEHOLD SURVEY – FACE TO FACE INTERVIEWS</b>	
Elder Individuals (Elderly in household setting)	Structured Tool
Caregivers for Individuals (Caregiver in household)	Structured Tool

### 1.4 STUDY DESIGN

This study is cross sectional as the data was collected from many different individuals at a time. Two separate tools were prepared for elderly and caregivers after a thorough secondary literature review to capture the essence of the objectives mentioned above. The elderly tool had following sections: -

1. Living Conditions
2. Health and Wellbeing
3. Safety and Security
4. Elder Abuse and
5. Inclusion to cover the aspects of the objectives.

For some sections in the questionnaire the nature of information being collected was sensitive and it was anticipated that the respondent will not be forthcoming in presence of other family members, hence face to face interviews were undertaken to collect primary data by trained interviewers with CAPI (Computer Assisted Personal Interview) devices. Adequate measures were taken to maintain the privacy of the respondent.

#### **Sampling Design**

The data was collected from 200 households in 22 cities across the country. To select these 300 individuals, 4 wards from each city were selected using probability proportionate sampling (PPS). From each ward 50 households were selected randomly adding to 200 households from each city. A total of 300 individuals (200 elderly and 100 caregivers) were interviewed from these 200 households.

## 1.5 SAMPLE COVERAGE

The overall sample of 6600 was planned to be achieved using structured face-to-face interviews in 22 cities across the country. The table below represents the number of interviews planned vs the actual number of interviews conducted in each state:

**Table 2: Sample coverage**

S.No.	State	City	Elderly Target	Elderly Achieved	Caregiver Target	Caregiver Achieved
1	Andhra Pradesh	Amaravati	200	199	100	100
2	Haryana/Panjab	Chandigarh	200	200	100	100
3	Assam	Dispur	200	200	100	100
4	Telangana	Hyderabad	200	200	100	100
5	Gujarat	Gandhinagar	200	200	100	100
6	Goa	Panaji	200	200	100	100
7	Kerala	Thiruvananthapuram	200	200	100	99
8	Bihar	Patna	200	200	100	100
9	Maharashtra	Mumbai	200	200	100	100
10	Jharkhand	Ranchi	200	200	100	100
11	Uttarakhand	Dehradun	200	200	100	100
12	Tamil Nadu	Chennai	200	200	100	100
13	West Bengal	Kolkata	200	200	100	100
14	Chhattisgarh	Raipur	200	200	100	100
15	Karnataka	Bengaluru	200	200	100	99
16	Rajasthan	Jaipur	200	200	100	100
17	Uttar Pradesh	Lucknow	200	200	100	100
18	Delhi	Delhi	200	200	100	100
19	Himachal Pradesh	Shimla	200	200	100	100
20	Madhya Pradesh	Bhopal	200	200	100	100
21	Odisha	Bhubaneshwar	200	200	100	100
22	Ladakh	Leh	200	200	100	102
	<b>Total</b>		<b>4400</b>	<b>4399</b>	<b>2200</b>	<b>2200</b>

## GEOGRAPHICAL COVERAGE

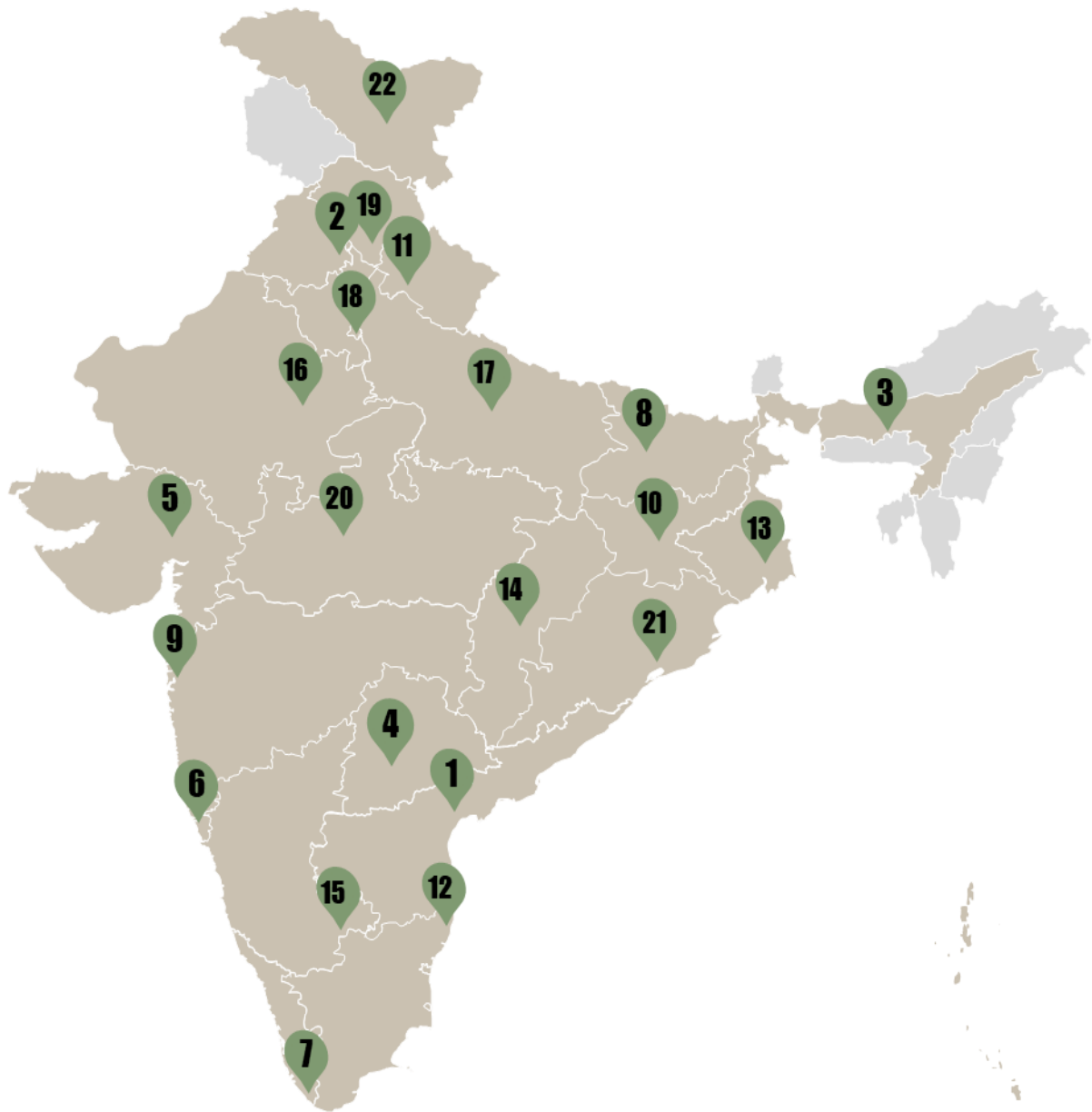


Figure 1: Geographical distribution of sample covered

## 2. DEMOGRAPHICS

### 2.1 ELDERLY

*“As you grow older you discover that you have two hands – one for helping yourself, and one for helping others” - Audrey Hepburn*

Ageing, an inevitable process, commonly measured by chronological age- a person aged 60 years or more is often referred to as ‘elderly’. The elderly population in India is one of the fastest-growing in the world. At present India is considered as the second-largest global population of ageing citizens.

According to Census 2011, India has 104 million older people (60+years), constituting 8.6% of total population.

According to the ‘Population Projections for India and States 2001 - 2026’, this would increase to 12.4% by 2026. Further, every fifth Indian will be a sexagenarian (a person who is between 60 and 69 years old) in 2050 compared with one in 12 now. Thus, by 2050, India would be in a similar position to today’s developed world in terms of the share of the elderly in population. (Source: CRISIL; <https://www.pfrda.org.in>)

A total of 4,399 elderly respondents (60-89 years) were interviewed from 22 cities in the country (Table 2); the majority of our respondents were from 60-69 years and only 4% were octogenarians.

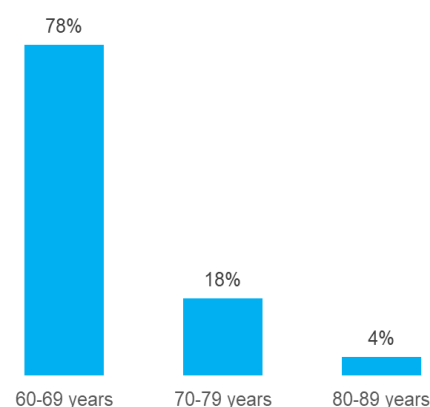


Figure 2: Age of Elderly

#### Social Dimensions:

To categorize under the SEC classification, two broad parameters used were the Occupation and Education of the chief wage earner (Head) of the households.

Living Arrangement: There are 81.7% of people stay with family and 11.4% with a spouse. Collectively, 5.4% elderly live alone where a significant 6.9% are females.

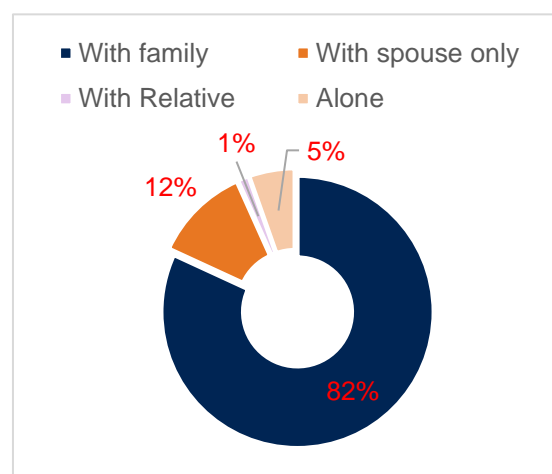


Figure 3: Living Arrangement

## 2.2 YOUNGER ADULT CAREGIVERS

Family members aged 18-49, who provide care to the elderly are called " young adult caregivers". They identify a variety of unmet needs, including obtaining medical help, personal care, disability, mental health concerns or socioeconomic factor and emotional support.

A total of 2200 young adult caregivers (18-59 years) were interviewed from 22 cities. Around 42.5% young adult caregivers are in the age group of 25-34 years.

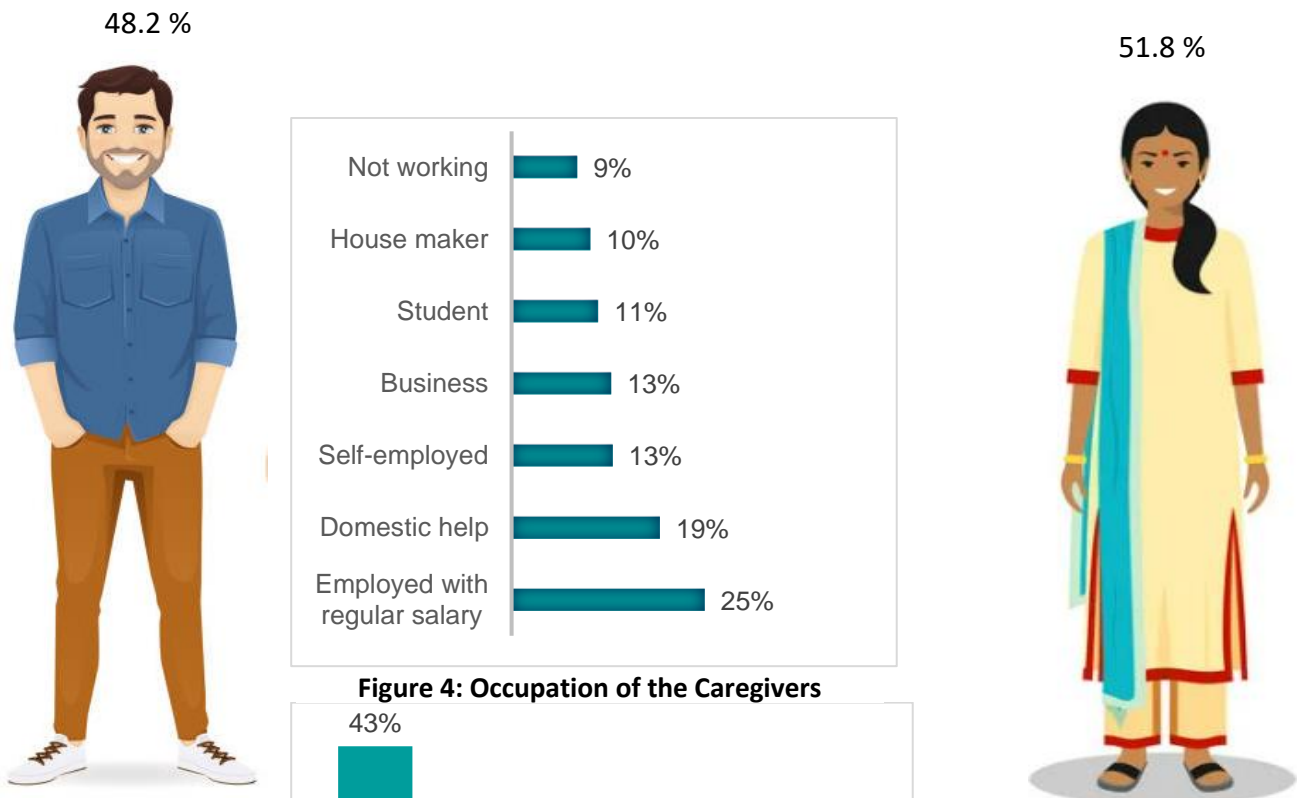


Figure 4: Occupation of the Caregivers

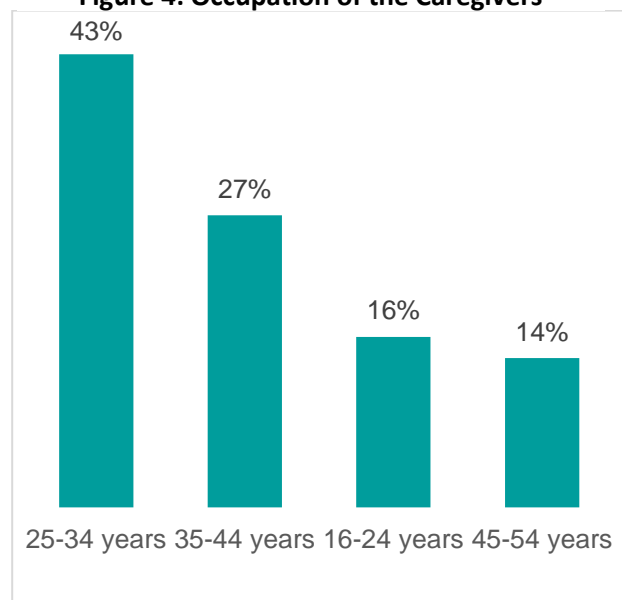


Figure 5: Age groups of young adult caregivers

### 3. MAJOR FINDINGS

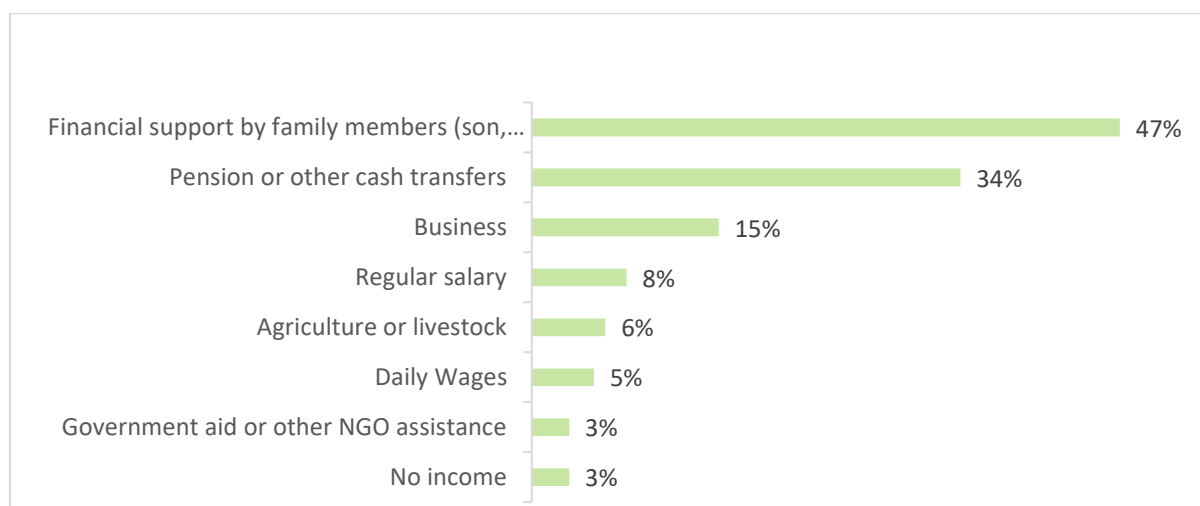
#### 3.1 ECONOMIC SECURITY

*“What then is Freedom? The power to live as one wishes.”- Marcus Tullius Cicero*

Financial security entails feelings of safety by increasing savings, being debt-free, budgeting and investing, whereas financial freedom is about living life on your own terms. International Committee of Red Cross (ICRC) defines economic security as the ability of individuals, households to cover their essential needs sustainably. Although, food, shelter, clothing qualify as essentials, so are the assets needed to earn a living and costs for healthcare and education.

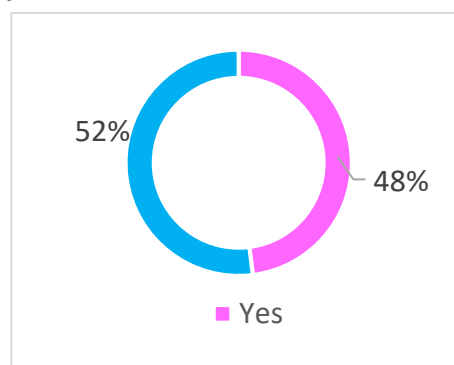
##### Source of Income

Majority of respondents (47.2%) said that their source of income is remittances or allowances by a family member; a total of 36.6% declared their source of income through other means like salary, agriculture, business, loans etc. No less than 34.4% elderly receive pension or cash transfers and only 3% responded to getting any government aid or NGO assistance.



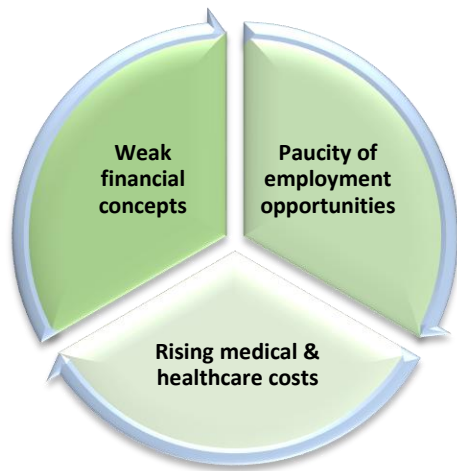
**Figure 6: Source of income of elderly**

Regarding the income/pension, 47.9% elderly were found to be content with their income/pension as per their requirements and 59.5% also felt financially secure. The elders seem financially secure despite their low income/pension as about 75.7% are supported by their family.



**Figure 7: Adequate Income Reported**

Many Indians rely on personal savings for their post-retirement living expenses. The senior citizens in our country face hurdles including dearth of alternative career options, lack of Senior-friendly tax structures and health schemes to name a few.



The lack of understanding of financial concepts & paucity of employment opportunities along with the increase in life expectancy, and rising medical & healthcare costs are a few leading reasons for decline in financial abilities.

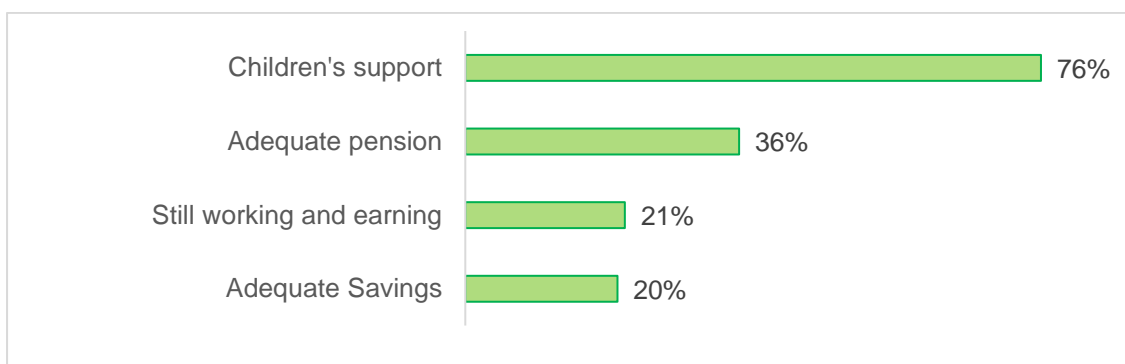
Involving the elderly as active contributors with an increase in the retirement age and a steady income will enable them to lead a life of dignity and to help them become self-reliant.

**Figure 8: Basis for Financial Insecurity**

India has ranked 40th out of 43 pension systems across the world in the 2021 Mercer CFS Global Pension Index survey<sup>4</sup>, suggesting the need for strategic reforms in India to revamp the pension system so as to ensure adequate retirement income.

*An average of 63% elderly from Dehradun, Kolkata and Bhubaneshwar do not feel financially secure.*

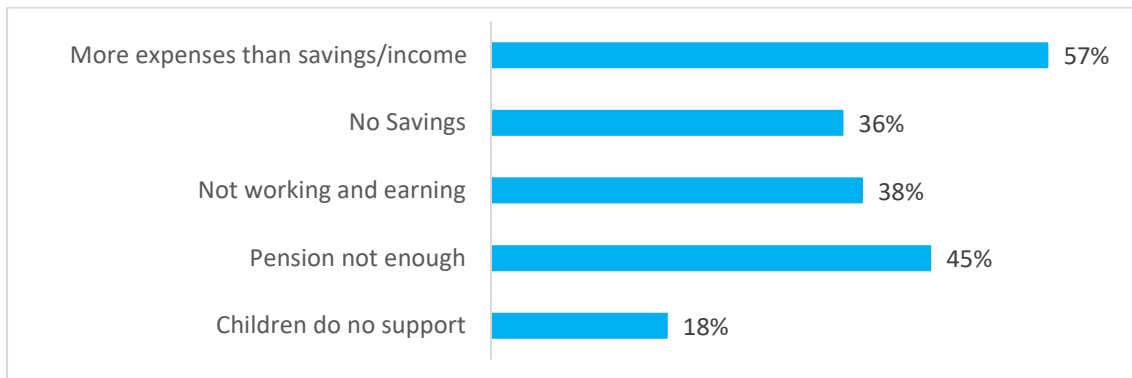
As per the survey, pension is the biggest source of income for those who feel financially secure. The elderly population of 59.5% feel financially secure; a sizeable portion- 75.7% feels secure as their children support and look after them whereas 56.8% feel uncertain as their savings are deficient. 45.2% elderly also believe to have inadequate pension.



**Figure 9: Reasons to feel secure**

<sup>4</sup> <https://www.mercer.com/our-thinking/global-pension-index-2021.html#contactForm>



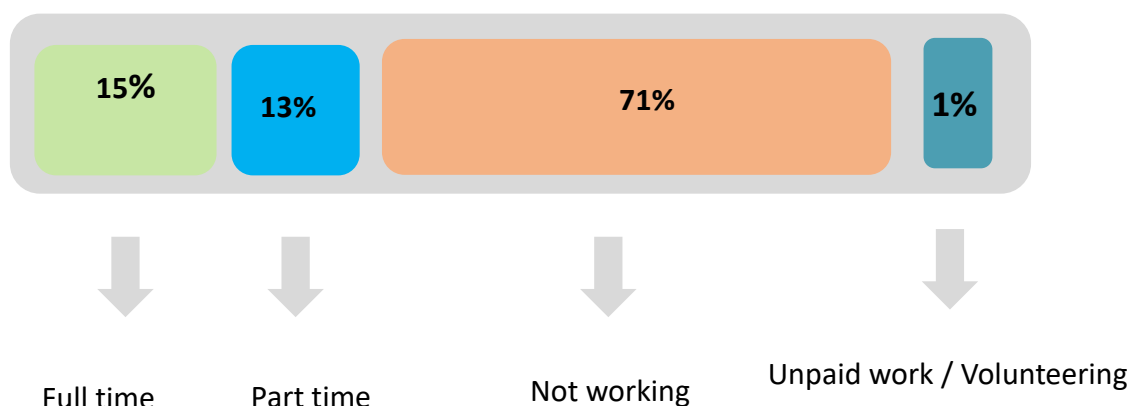


**Figure 10: Reasons for insecurity**

*Amongst the cities, Chandigarh (91%), Gandhinagar (82.5%) and Bengaluru (78%) fared high in elderly being content with their income/pension.*

**Current Working Status:**

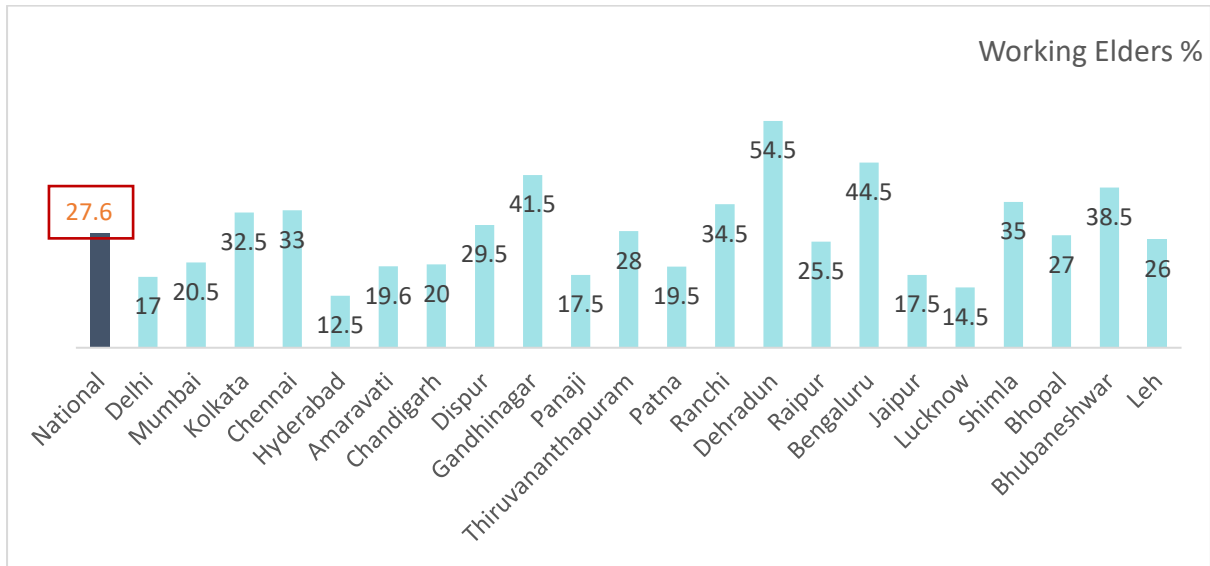
Even though in most of the Indian households, family members are the primary care givers to their elderly, they responded to working either full time, part time or even unpaid work/volunteering work<sup>5</sup>. About 27.6% elderly work either full time or part time out of which 31.7% belong to the age group of 60-69 years. With three fourth of the elderly not working, 80% of the unemployed comprise women.



**Figure 11: Employment status of elderly**

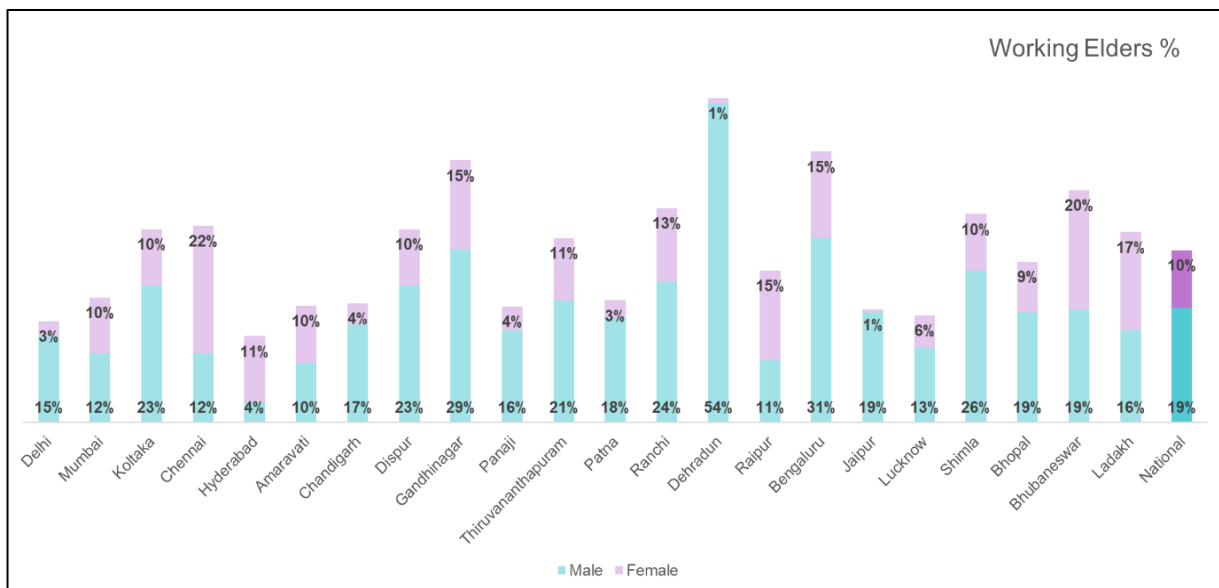
In accordance with the working status of the elderly, Delhi, Jaipur and Patna has less than 5% elderly females employed as compared to Chennai, Bengaluru and Bhubaneshwar, with more than 15% females.

<sup>5</sup> \*This 1% is reported by those elderly who are only involved in unpaid/ volunteering work and are not engaged in any paid job. Some of the full time or part time employed elderly might be doing unpaid/ volunteering work but is not captured in this question. This will be captured in follow-up sections

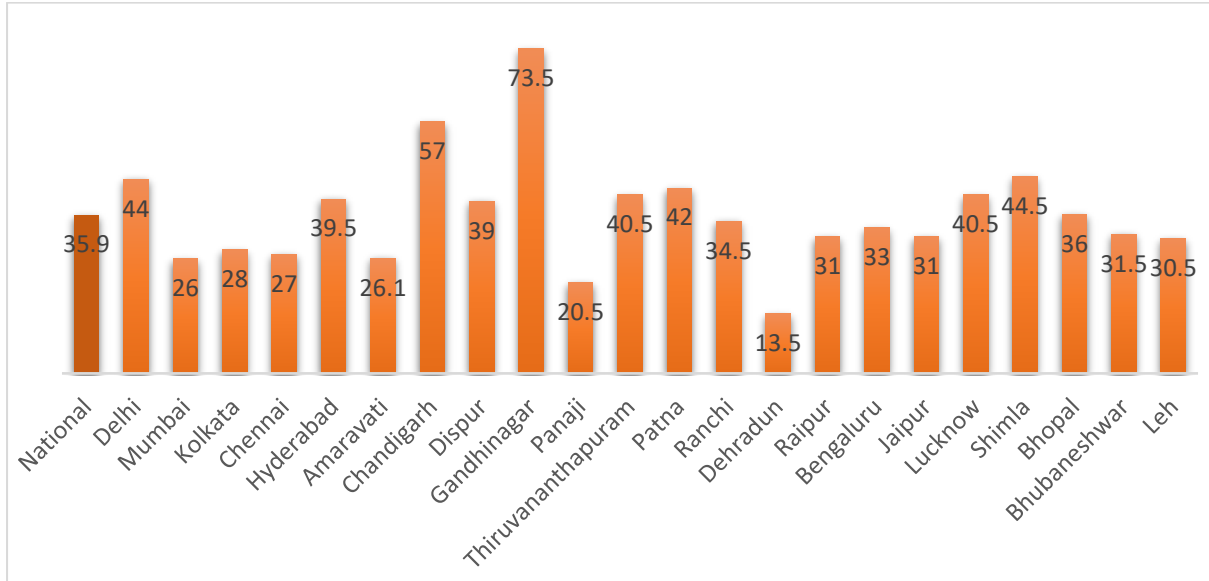


**Figure 12: Working status of elderly – City comparison**

About 14.6% elderly acknowledged to be working full time at present with 22.2% males and 7% females working full time. 71.1% of the elderly population have no source of income.



**Figure 13: Gender-wise comparison of the working Elders (City Comparison)**

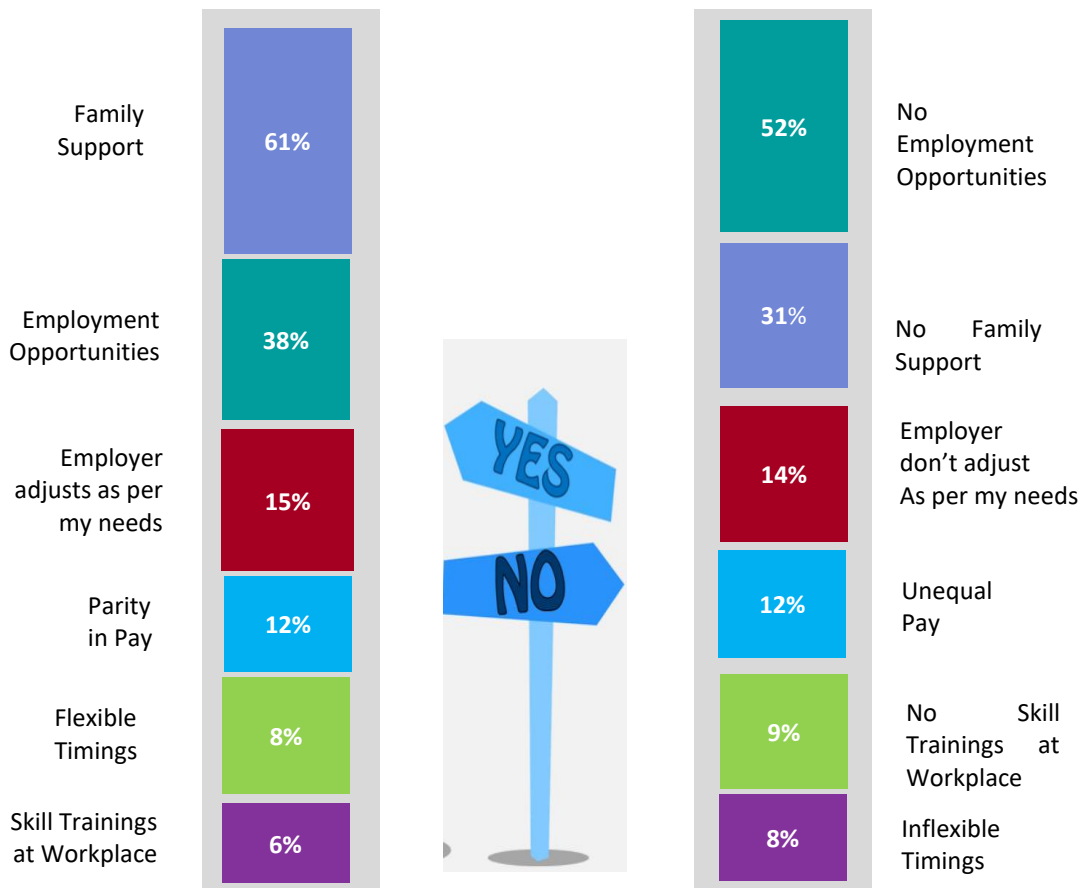


**Figure 14: Percentage of elderly willing to work – City Comparison**

Elderly willing to work after the age 60 ranged from 13.5% in Dehradun to 73.5% in Gandhinagar at 73.5%

### Employment Friendly

In addition to encouragement from family members and positive attitude from their employers - adjusting workplace as per their needs and flexible office timings; more than half the elderly expressed amiable environment at their workplace.



**Figure 15: Elderly Friendly Work Environment**

About one fourth of the elderly population do not find their workplace compatible to their standards; 52.2% elders find that the good job opportunities are sparse.

About 60.6% elderly revealed support from family members to work.

*The citizens of Chandigarh (78.6%) and Dehradun (79.1%) indicated good employment opportunities in their city; Amravati (9.2%) and Hyderabad (9.3%) fared low in the good employment window.*

Among elderly, a total of 38.8% were confident in available job opportunities where 34.8% females and 42.6% males were positive.

*Centring the employment opportunities on the cities: The lowest percentage being 9.2% from Amravati and the highest percentage i.e. 79.1% from Dehradun; From the caregivers, the lowest, 17%, from Panaji and the highest i.e., 99% from Gandhinagar said that there are enough opportunities for elderly.*

On possibility of better work opportunities, 44.9% elderly preferred remote work (from home), wanted the retirement age to be increased and expected more respect at their workplace.

## Adequate and Accessible Employment Opportunities for Elderly - Availability

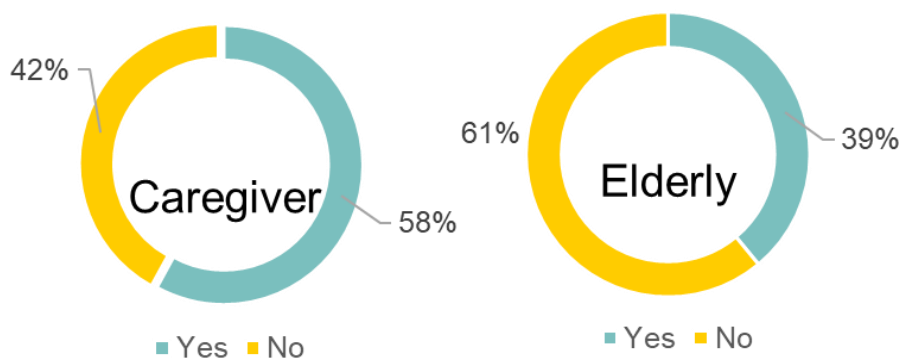
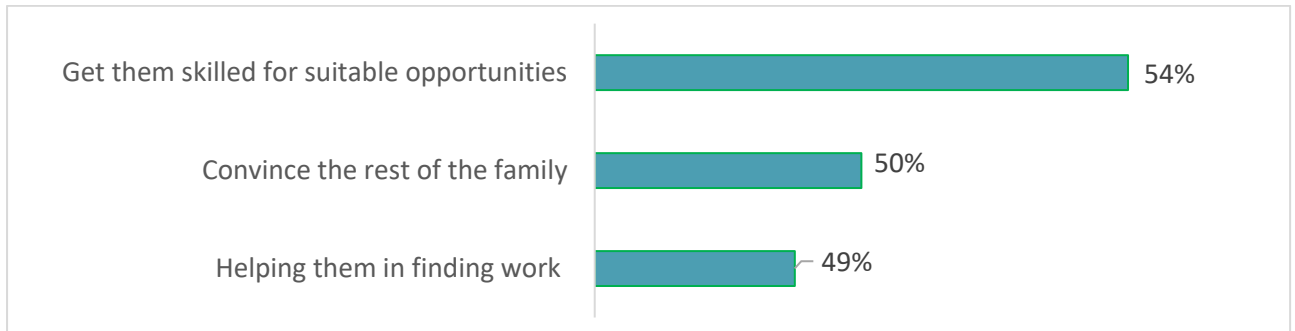


Figure 16: Employment Opportunities

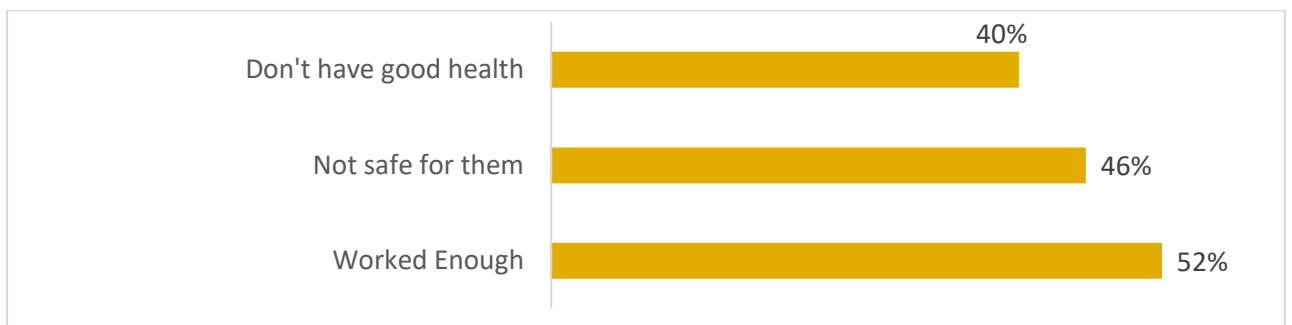
Concurrently, 57.7% of the young caregivers agreed on ample employment opportunities for elderly. We may conjecture that the age-friendly cities and transport infrastructure may remove the physical barriers senior citizens may face in accessing the job opportunity. Continued training for seniors could also help them remain relevant and connected.

At the same time, the caregivers are willing to help the elderly (56.4%) with their employment but half of them do not seem very keen citing their health and safety as major concerns.



**Figure 17: Support caregivers willing to give to elderly if they want to be employed/volunteered**

In addition to this, other issues such as safe transport, good work culture and skilled training are addressed at policy levels, the caregivers would be more encouraging for the employment/volunteer work of the elderly.



**Figure 18: Reasons for caregivers not wanting elderly to be employed/engage in Volunteer work**

### Volunteer work and Opportunities:

At least half the caregivers (56.4%) believe there are ample opportunities for older adults to continue to be gainfully and that they would support their elderly for employment either by skill building (53.7%) and/or assist them in search of suitable job (48.9%). They gather the significance of elderly learning new things and being socially included.

Three fourth of the elderly (74.2%) are not involved in any volunteer work and do not seem interested in contributing to any either<sup>6</sup>. Only 29.8% of the respondents have shown a keenness to do volunteer work and contribute to the society.

Nevertheless, about 42.4% elderly divulged lack of volunteering opportunities for senior citizens while 21.7% remain unaware of any such window (of opportunity).

Amongst the 22 cities, Gandhinagar (73.5%), Chandigarh (57%) and Delhi (44%) reported relatively a higher percentage of elderly who think that there are enough volunteering opportunities available for them.

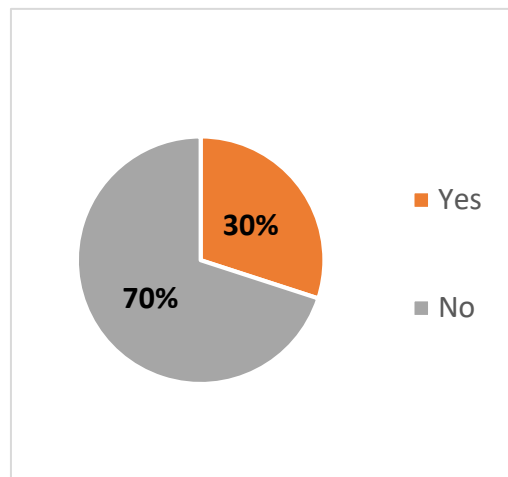


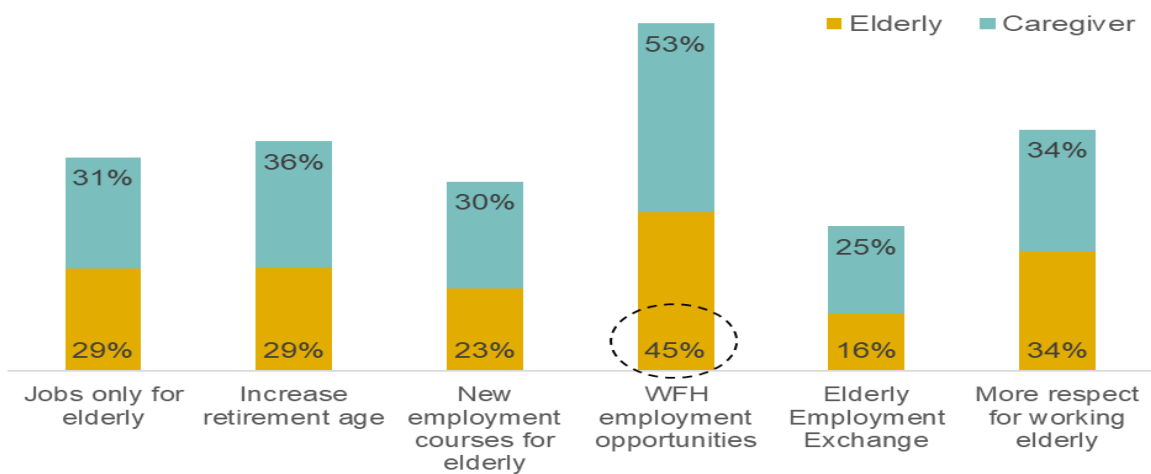
Figure 19: Willingness to volunteer and contribute to society (Elderly response)

### Aspirations:

Both the elders and caregivers were asked on the interventions to be implemented for ensuring better employment opportunities and making elders economically independent. About 6.3% admitted to having new skill training to learn at their workplace that would build their capacities. Such activities could also be combined with livelihood support programs for maximum impact.

A good 39.8% elderly, given a chance, admitted to choose work as long as possible while 34.5% confessed to no interest in working anymore.

<sup>6</sup> The remaining 26% of elderly (who have not engaged in any volunteering activity) is reported by those elderly who are currently involved in unpaid/ volunteering work and are possibly engaged in some paid job. Some of the full time or part time employed elderly might be doing unpaid/ volunteering work and is not captured in this question.



**Figure 20: Aspirations regarding Employment Opportunities**

In order to continue working, 44.9% suggested work-from-home employment and 33.8% insinuating more respect for the working elderly.

### 3.2 HEALTH AND WELLBEING

*“Life is not merely being alive, but being well.”- Marcus Valerius Martialis*

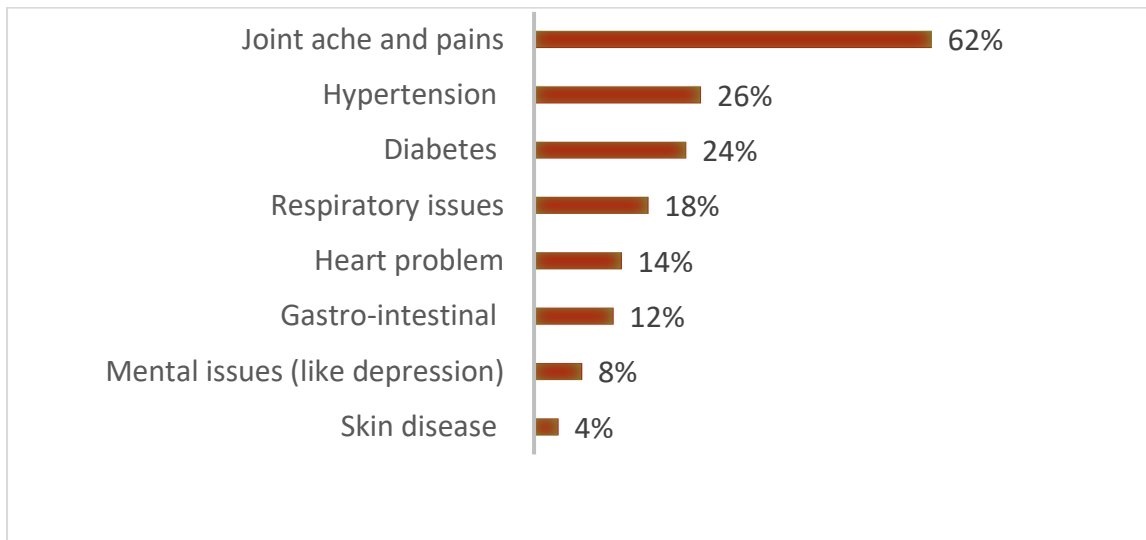
Health is an important aspect in the lives of elderly and this section tries to understand the various facets enabling and impacting the health of elderly.

By 2030, the elderly, being more exposed to non-communicable diseases and chronic diseases (according to the first Longitudinal Ageing Study in India (LASI) by the Union Ministry of Family and Health Welfare on January 6, 2020), will bear nearly half of the total disease burden in India. requiring multiple health visits to Medical facilities for hospitalization. This would lead to serious implications mainly due to weak pension and health insurance coverage and frail health centres.

#### Health Conditions:

The elderly reported some health conditions: 26% with hypertension and 23.7% with diabetes and another 17.8% with respiratory issues.





**Figure 21: Health Issues face by elderly**

Almost half (48%) elderly females and another two fifth elderly males reported their age related disorders and poor functional health as well as chronic disabling conditions affecting vision, mobility, hearing and cognition.

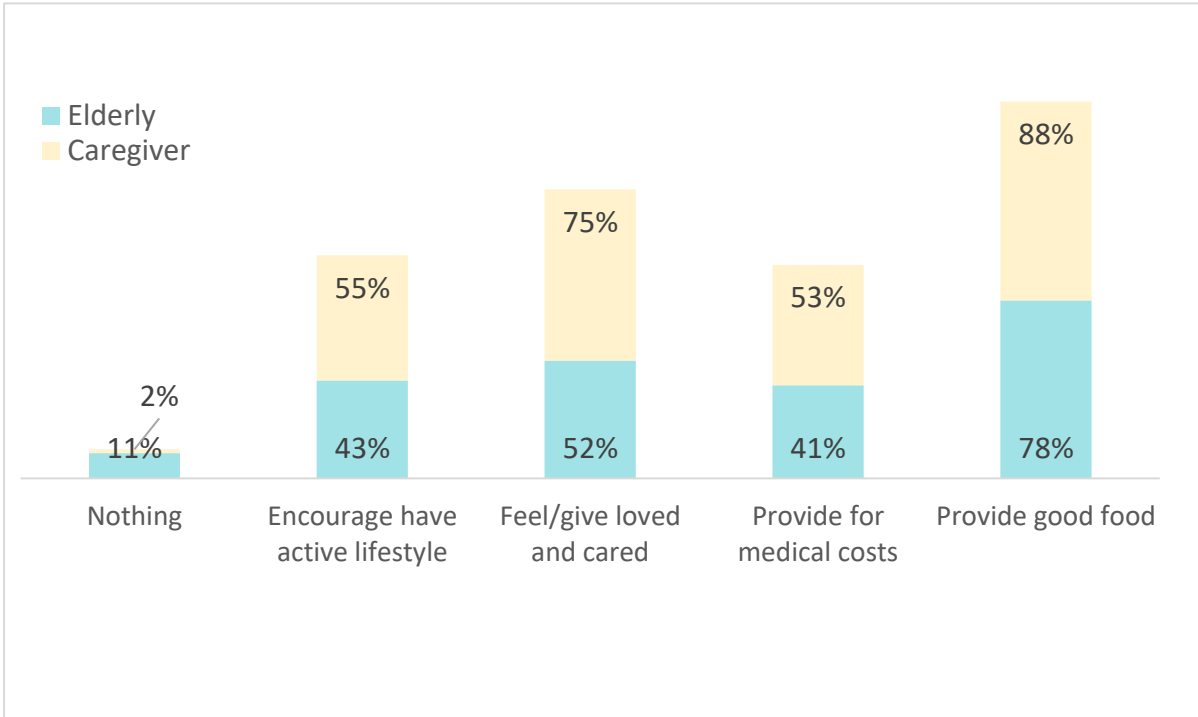
### **Role of Elderly & Family in Maintaining Health**

For an elderly person, family is a crucial social group that tightens especially with spouse, children, grandchildren or siblings and is of great importance to the quality of life and its assessment. About 78.4% of elderly felt that good food and 51.9% believe love and care by children and grandchildren played a big role in maintaining their good health.

Around two third of the young caregivers (72.7%) mentioned spending time with the elderly and 67.5% stated to having taking them to hospital for health check-ups.

### **Steps taken by elderly to maintain their health and wellness at home**

- 74% - Go for daily walk daily
- 54% - Take their medicines on time
- 44% - Controlled/ healthy diet
- 35% - Spend quality time with family
- 33% - Exercise/Yoga/Pranayam



**Figure 22: Role of Elderly and their family in maintaining health**

Laying emphasis on staying healthy year round, there are scores of ideas to engage them for their physical and mental wellbeing like maintaining their motor skills, establishing independence and promoting emotional connection and self-expression.

The elderly listed out exercise, yoga, walks, time with friends and family, reading/writing as few interests. Only 17.3% admitted to going for regular preventive health check-up that increases chances of treatment and limit complications.

### Availability of Health Facilities:

About 87% of the elderly mentioned to having availability of medical care/medication. Amongst cities, this is highest in Chandigarh with 83.5% and lowest in Jaipur with 17%. Elders and Caregivers were asked about the availability and they opined as below:

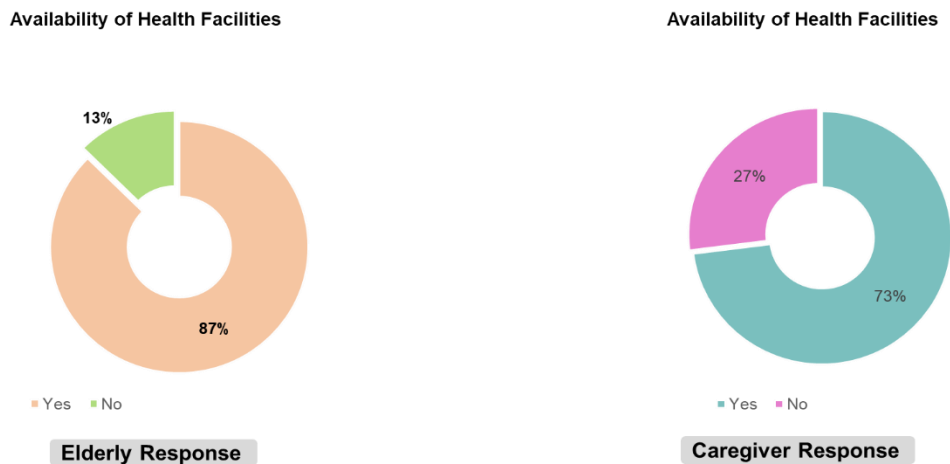


Figure 23: Availability of health facilities for elderly

### Access to Health Services:

While the availability of health facilities is very high (reported by both elderly and caregivers), the access remains low at 52%. This can be related to different access issues such as economic, logistics, staff related etc.

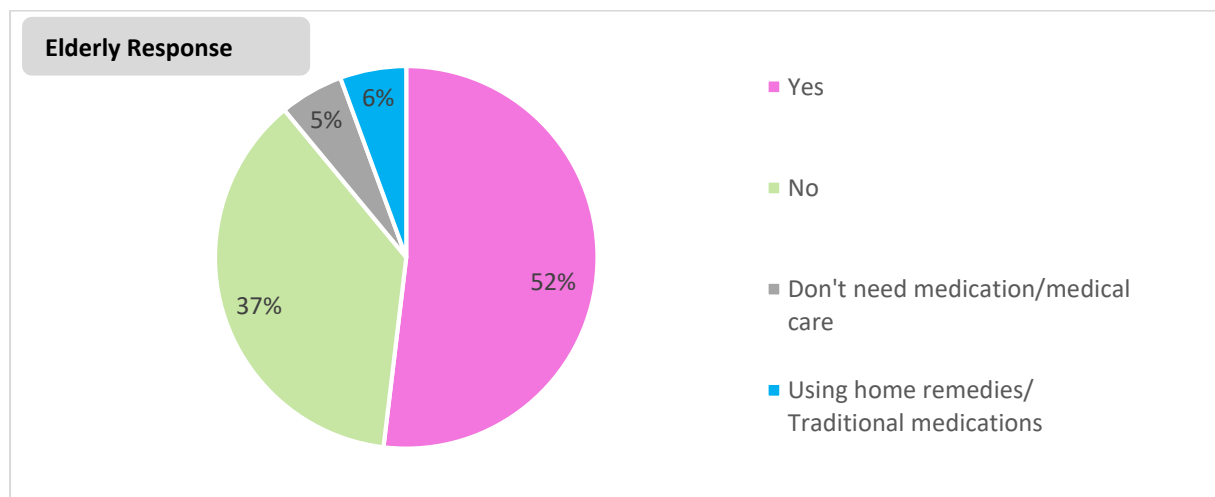


Figure 24: Access to Health Services

Regarding the access to health facilities/app-based consultations/medicine delivery services, 77.6% accepted deficiency of such services in their respective states. Nevertheless, Chandigarh at 70% and Gandhinagar at 63% reported to have access the health and medical facilities.

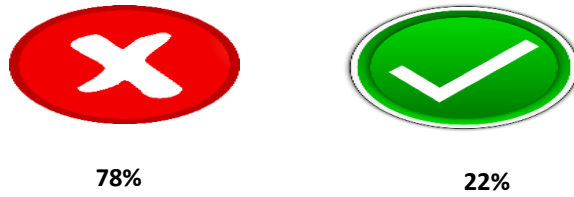


Figure 25: Availability app based/ Online facilities

### Health Insurance:

Health insurance plays a crucial role and covers costs related to hospitalisation and medicines of routine care, emergency care, and treatment for chronic illnesses. About 67% respondents denied having any health insurance but 13.1% agreed to having the Ayushman Bharat card/State Govt. Insurance.

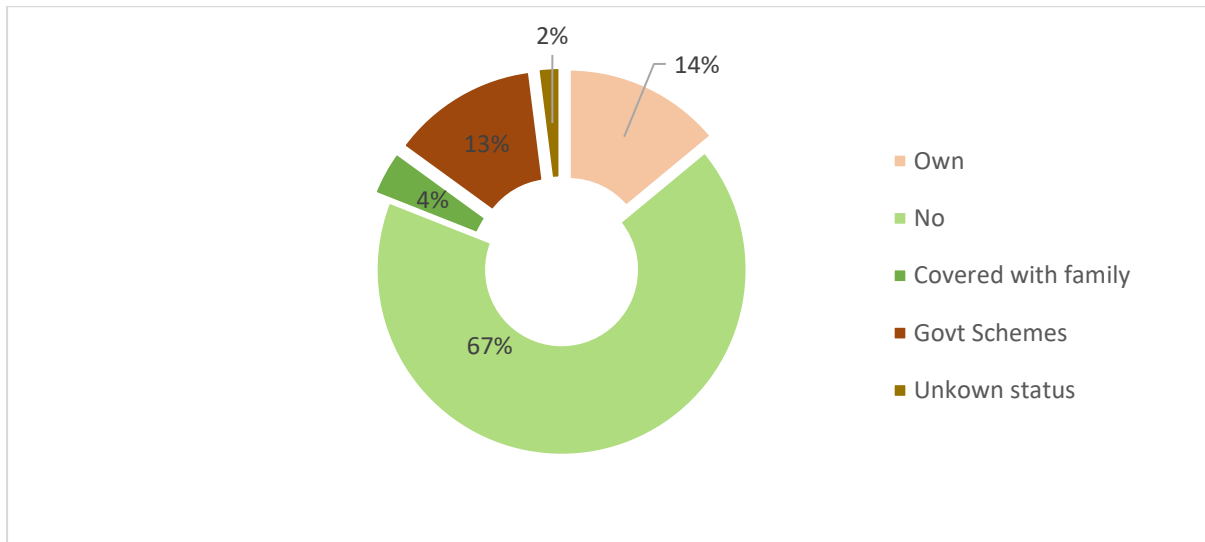


Figure 26: Health Insurance Status

## Aspirations in Health and Wellbeing:

Regarding the changes to be made to facilitate their health, half of the elderly proposed better health insurance and 48.5% wanted improved health facilities nearby. They also advocated for concessions at private hospitals, waive the consultation fee and free medicines.

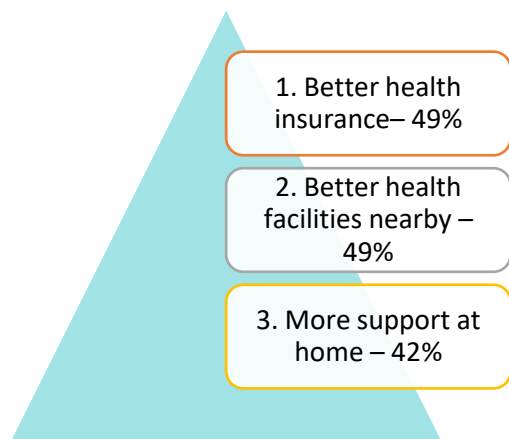


Figure 27: Aspirations for Better Health Care: Elderly Response

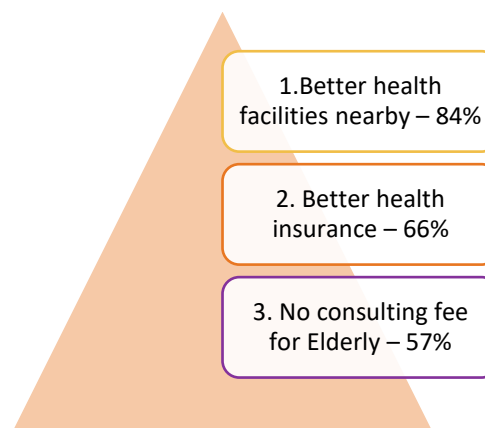


Figure 28: Aspirations for Better Health Care of Elderly: Caregivers' Response

Around three fourth of caregivers opined that the current health care system is appropriate for care of aged. Their suggestions for interventions replicated with those of the elderly- better health insurance (65.8%) and healthcare facilities (84.2%).

Their idea of maintaining health of elderly at home was primarily (87.6%) providing good & affordable meals and care. Accessibility, being the key imitator for social and economic participation, the caregivers vocalized accessibility issues and poor infrastructure for the elderly. They suggested walkways and ramps for easy access by the seniors.

### 3.3 SAFETY AND SECURITY

*“Safety saves sickness, suffering, sadness.” – Safety saying, circa early 1900s*

Elderly safety is crucial as they can be affected by decreased vision, hearing, smell, cognition and mobility. These changes, being gradual, may significantly affect their safety.

Although 85.8% feel physically safe in their localities/area; they do fear falls or hurt due to weak eyesight; also fear assault/burglary and find the society infrastructure not elderly friendly.

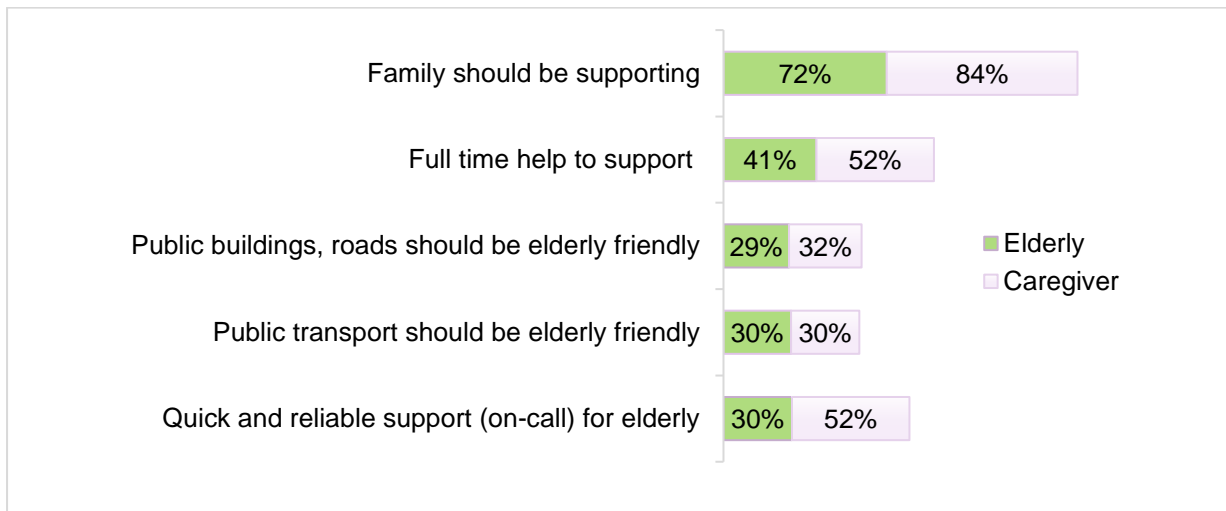


Figure 29: Aspirations regarding safety and security

### 3.4 ELDER ABUSE

*Old age is the most unexpected of all the things that can happen to a man: Leon Trotsky*

The increasing incidents of violation of human rights of older people indicate that most of them are prone to abuse. Elder abuse is predicted to increase with rapidly aging populations and can lead to physical injuries and psychological issues.

Abuse may be categorised as physical, psychological & emotional; financial; neglect and abandonment and loss of dignity and respect.

**Prevalence:** More than half (58.4%) of senior citizens in the country believed Elder Abuse in any form is prevalent in our society. This notion was highest among the elderly of Chandigarh (83.5%) and Delhi (73.5%).

**Type of Abuse:** Based on our interactions with elderly people, ‘disrespect’ (56.5%) ‘verbal abuse’ (36.1%) and ‘beating/ slapping’ (30%) primarily amounted to elder abuse. However, over one-fifth of the respondents (22.7%) also reported not knowing what elder abuse is.

Amongst those respondents reporting prevalence of elder abuse in the society, most elders suffer in silence and do not report to ‘maintain reputation and confidentiality of the family.’

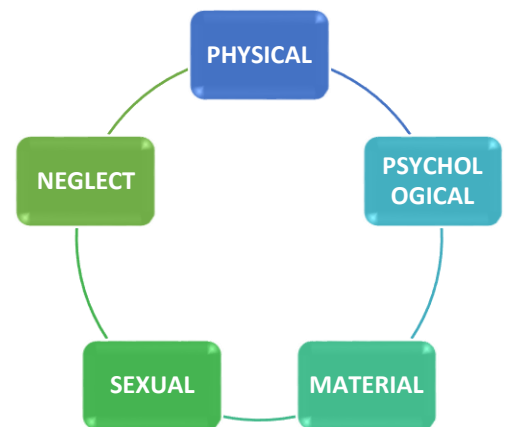


Figure 30:0-6 Types of Abuse

Only 10.3% of the respondents reported being a victim of elder abuse. Upon Understanding the extent, form and reasons behind such abuse, it was revealed that elders faced disrespect (57%), verbal abuse (38.3%), neglect (32.8%) and economic exploitation (24.2%) by their own family members, relatives or children.

The respondents who reported facing elder abuse primarily reported family members as abusers. Cities like Dehradun (23%), Patna (19%) and Bengaluru (19%) fared higher on the charts with elderly facing abuse.

Over one-fourth of the respondents in Amravati (55.6%) and Panaji (58.8%) also reported facing 'neglect' as elder abuse.

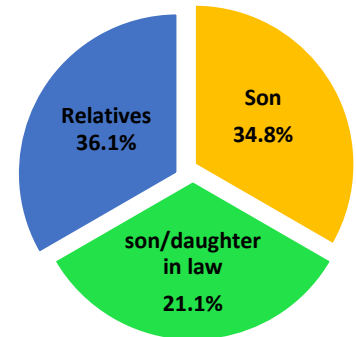


Figure 31:0-14 Perpetrators

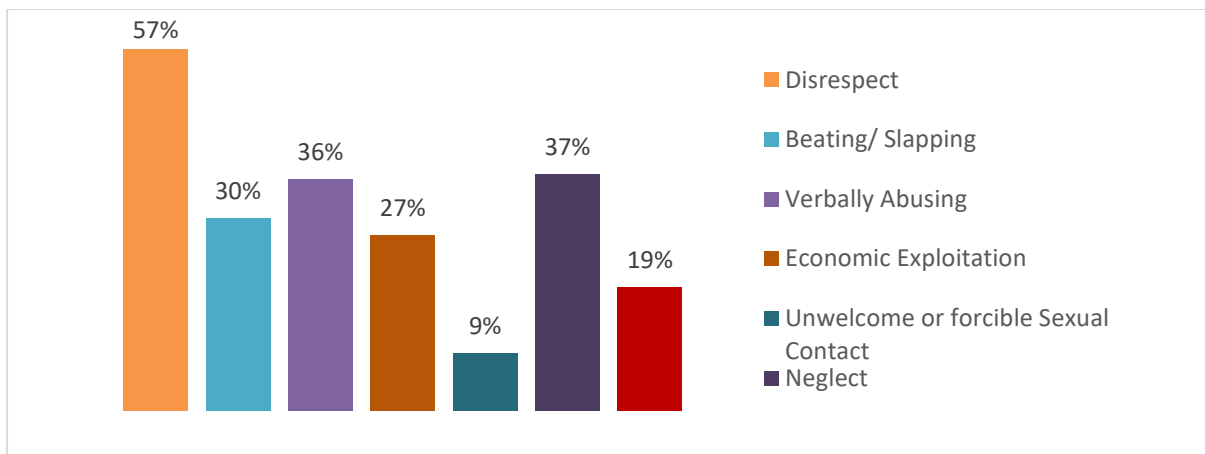


Figure 32: Perception on what amounts to elder abuse

Half the caregivers believe they spend decent time with their elders but also seem to be aware (54.4%) that they neglect the older adults. More focus could be given on framing integrated programs for older persons to keep the engaged and sensitize the children towards respecting the elderly.

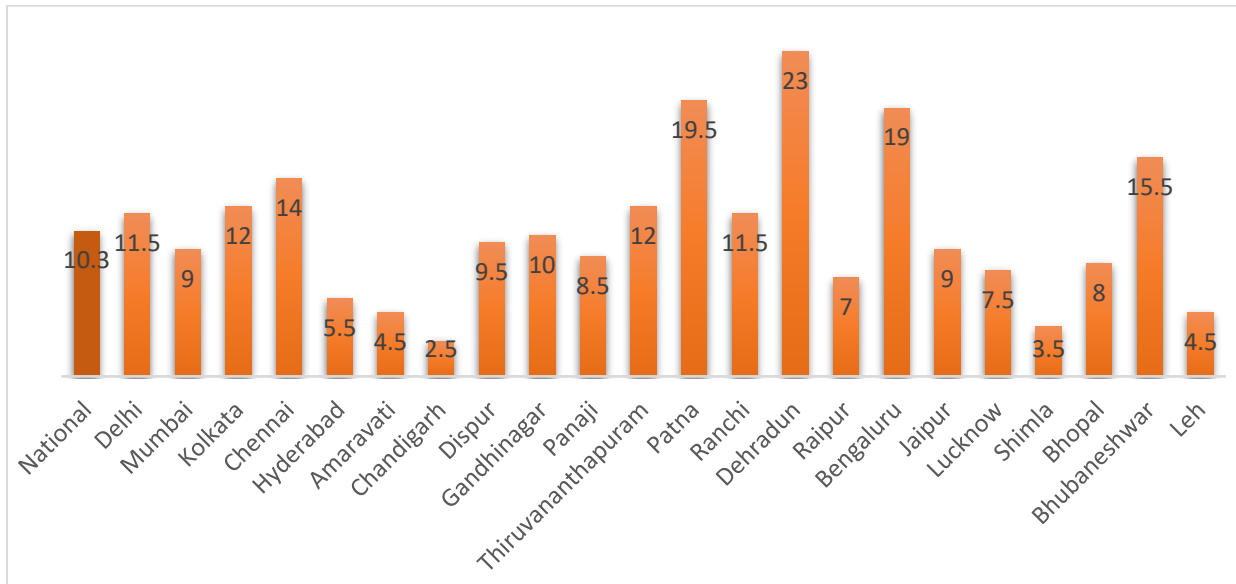


Figure 33: Percentage of victims of elder abuse- City comparison

## Gender-Wise Comparison

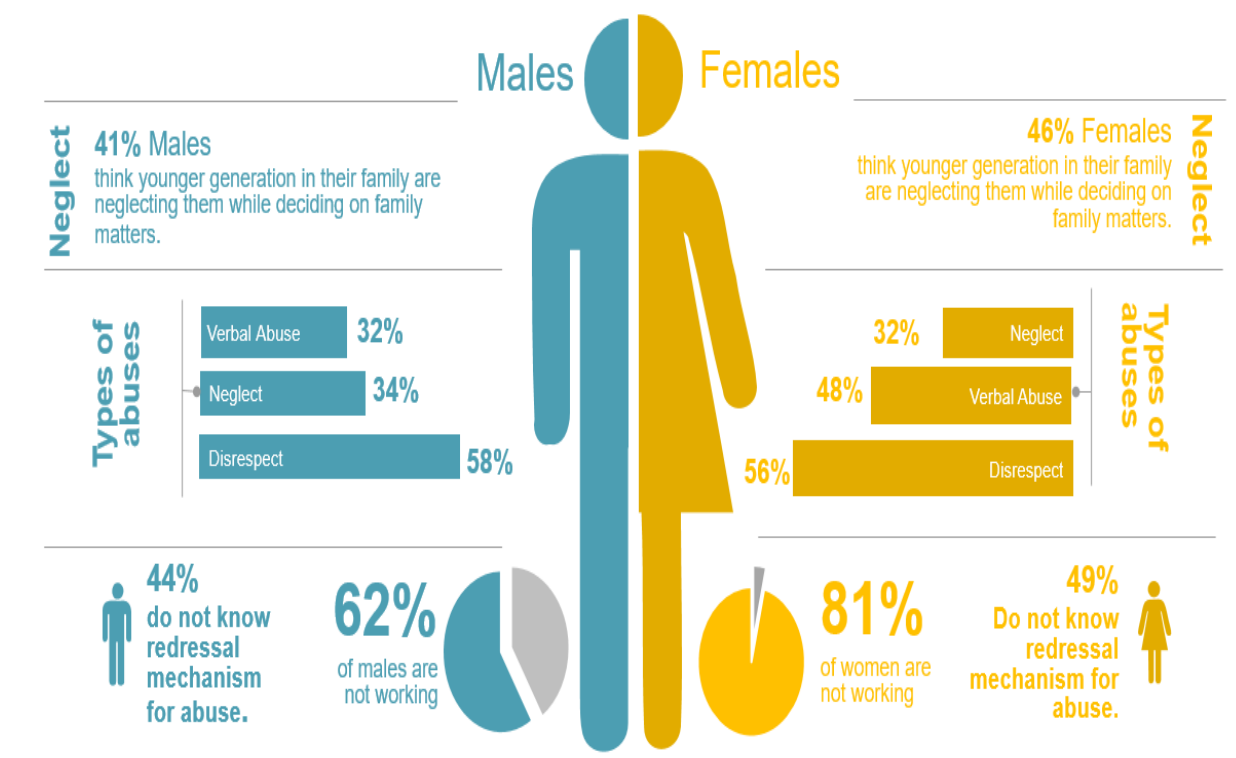


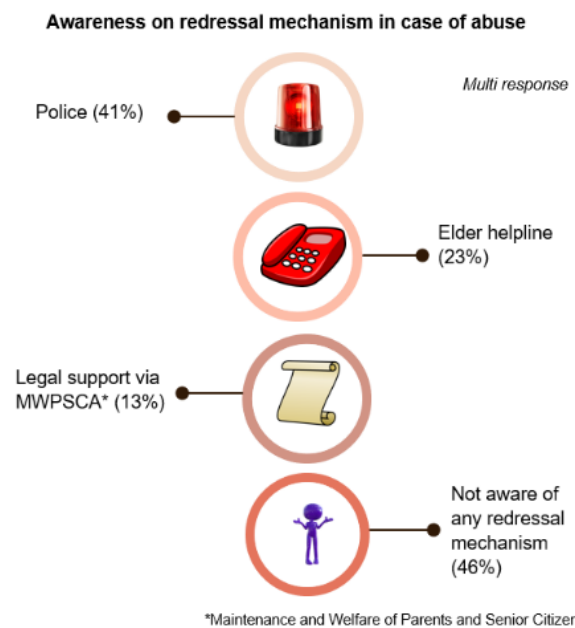
Figure 34: Gender-wise comparison of Elder Abuse



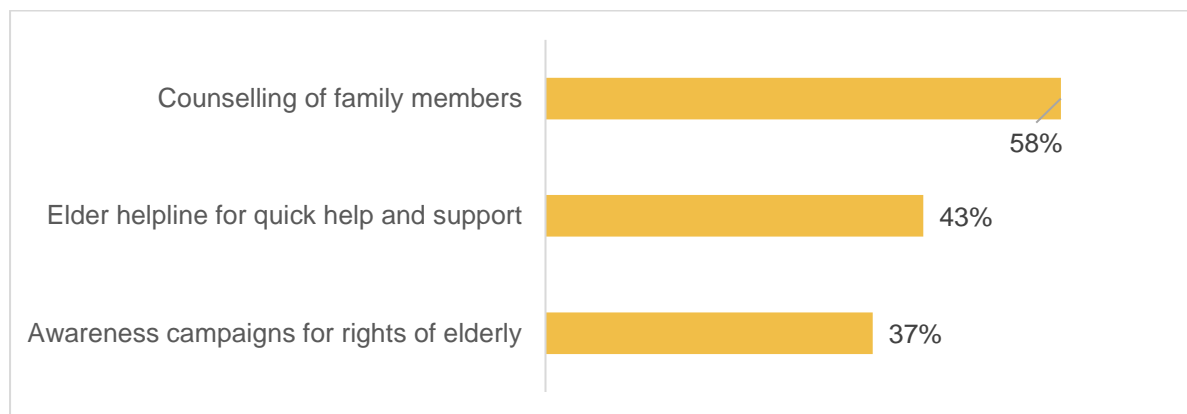
Further, on enquiring about their awareness on redressal mechanisms, 46.3% remained oblivious of any such systems.

On actions or improvements to prevent and deal with the abuse, the elderly suggested sensitisation of children and strengthening inter-generational bonding as the way forward.

Bridging the technology gap, a helpline for quick and easy support, awareness campaigns and access to lawyers are some proposed theories.



**Figure 35:0-30 Awareness on redressal mechanism in case of abuse**



**Figure 36: Suggestions to prevent Elder Abuse**



**Figure 37: Suggestions to deal with Elder Abuse**

To effectively address the abuse related incidents 58% of elderly opined that ‘counselling to family members’ is required at family and environment level and 56% of elderly said that ‘time bound decisions’ for elder abuse need to be taken at policy level to deal with elder abuse.

### 3.5 INCLUSION

*"Treasure the wisdom of old age. Learn from elder people and be wise."* —Lailah Gifty Akita

Rapidly changing socio-economic scenario has changed the living conditions of the elderly. Reasons including social inequalities, migration of young couples, depicting the elders as weak and outdated results in feeling of social isolation.

#### Social Inclusion: Elderly and Family

Although a good 77.6% perceive to be involved in decision making by their caregivers at home, they keep in touch with friends and family by meetings or phone calls, attend social gatherings.

And yet, 43.1% elders felt that they are neglected by younger generations and feel left out.

Most of the elderly use ways like phone calls, face to face meetings and video calls to keep in touch with friends and family. Only 30% of the elderly who live alone meet their own family on everyday basis.

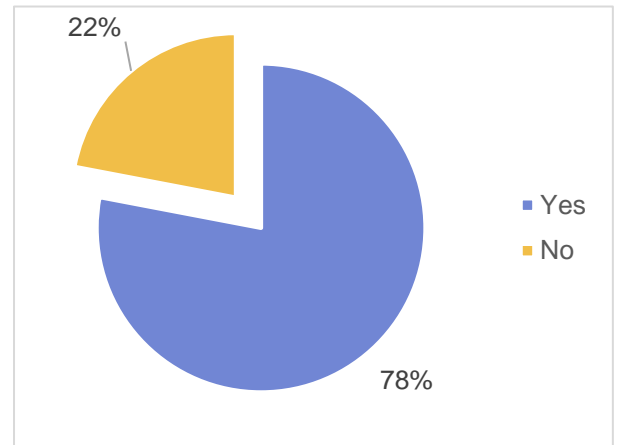


Figure 38: Inclusion- in family matters

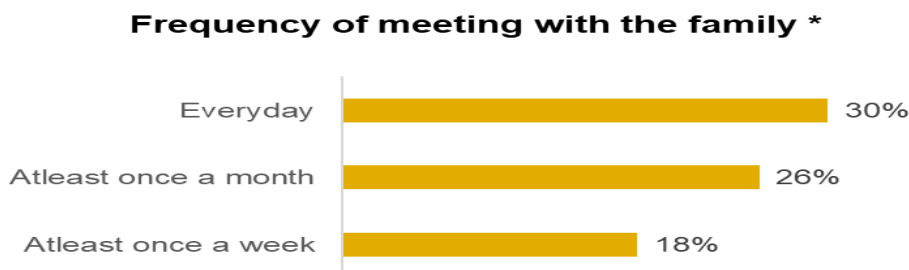
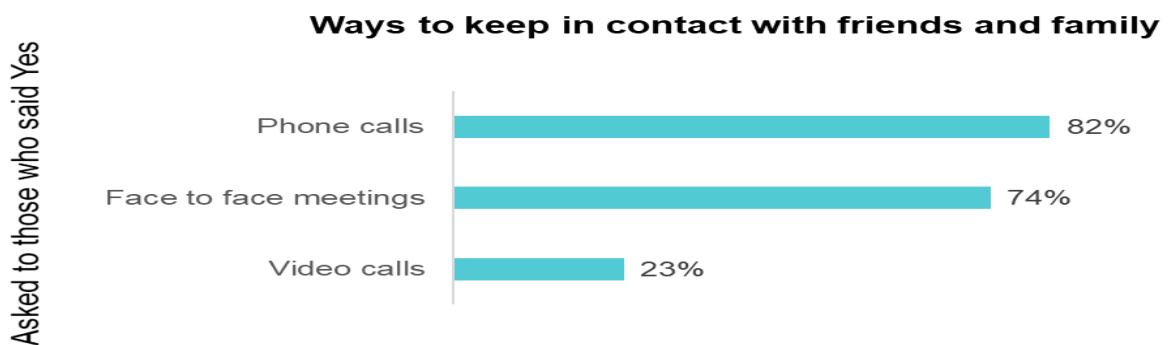


Figure39: Keeping in touch with family & friends

### Time spent with family:

Around 79% of the respondents feel that their family do not spend enough time with them.

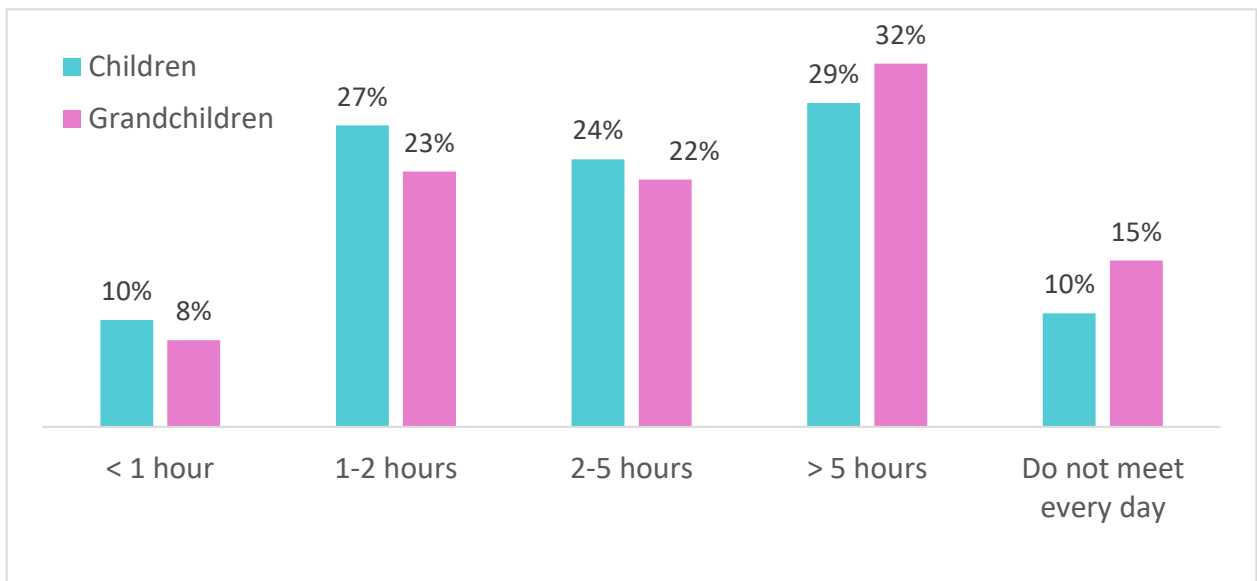


Figure 40: frequency of spending time with Children and Grandchildren

\*The duration is recorded for all children and grandchildren cumulatively. Hence majority feel that overall, their family does not spend enough time with them

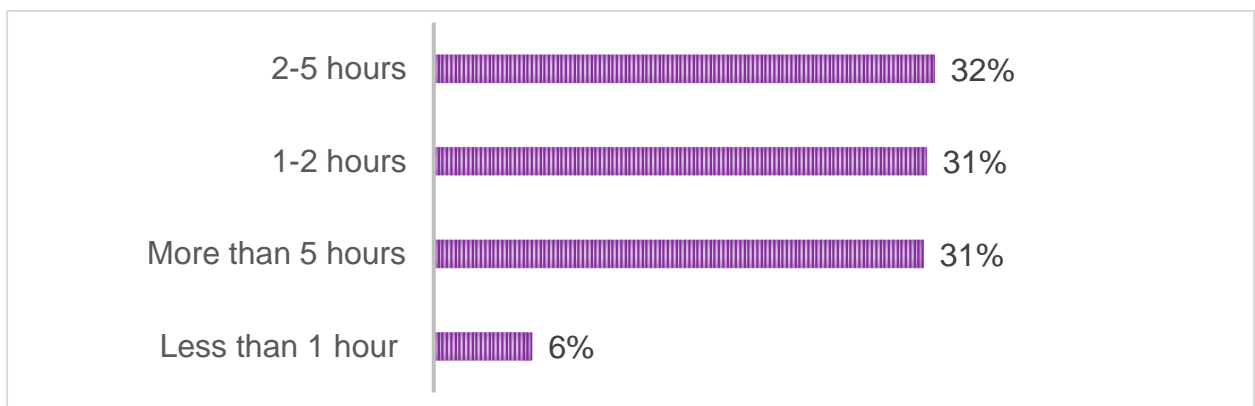
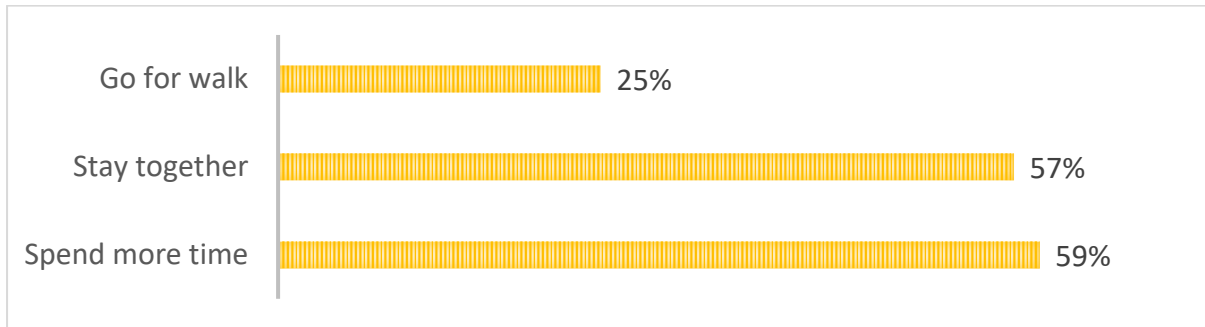


Figure 41: Time spent with Elderly – Caregivers' response

Even though, majority (82%) of them are living with their families, 59% of elderly are saying that they want their family members to spend more time with them. This shows that even after staying with family, larger percentage of elderly feel lonely.



**Figure 42: Aspirations on Family Integration**

Also, 57% are saying that they want their family members to stay with them, the reason may be that elderly miss their other children (with whom they do not stay) and want to stay with them as well.

**Attending Social Events:**

Event	% Attending
Marriages	85%
Birthday Parties	55%
Meetups park/colony	26%
Get together with Friends/ Kitty Parties	20%
Religious Gatherings	8%
Zoom Meetings	4%
Day care	1%
Club	1%

**Figure 43: Inclusion attending Social Events**

Highest percentage of elderly (40%) and caregivers (50%) said that ‘Learning new things’ can make elderly feel part of the society. On the positive note 28% of the elderly feel that they are already part of the society.

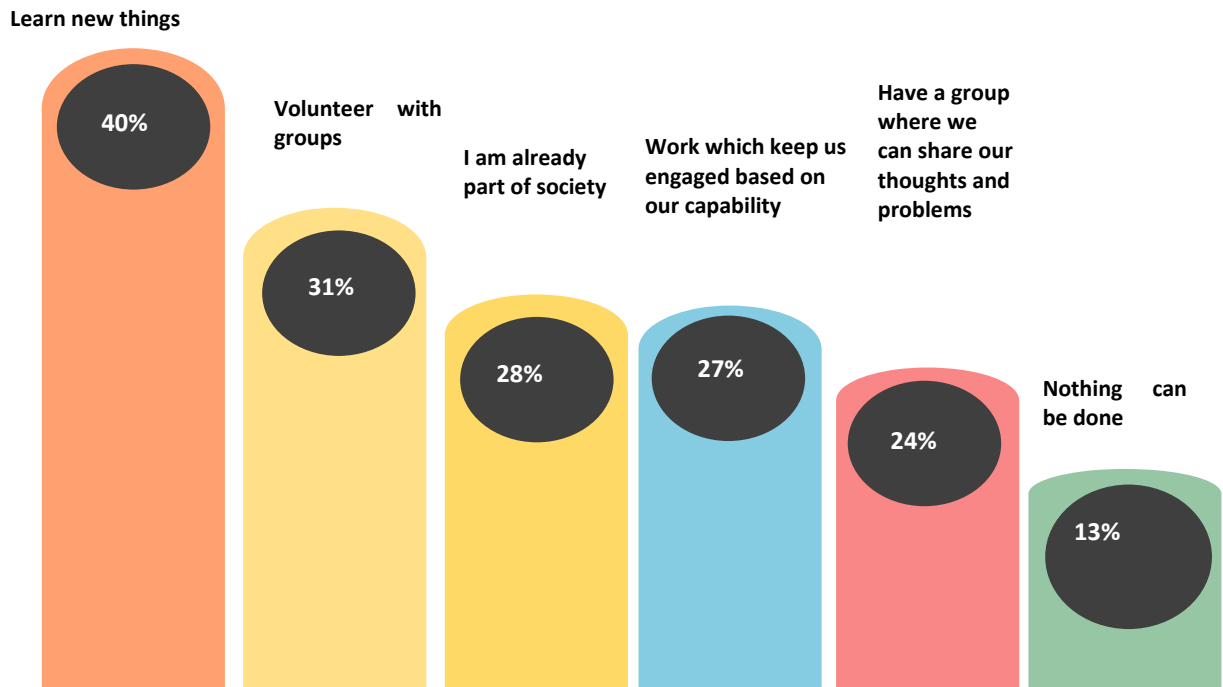


Figure 44: Aspirations for social Inclusion- Elderly Response

*Highest percentage of elderly (40%) and caregivers (50%) said that ‘Learning new things’ can make elderly feel part of the society. On the positive note 28% of the elderly feel that they are already part of the society.*

### 3.6 INCLUSION – DIGITAL TECHNOLOGY

Access to the internet and digital literacy have become vital for social and economic services. Understanding and using the digital tools can reduce dependency and bridge the enormous ‘digital divide’ among the fast growing elderly and the rest of the population.

Two-fifth of the elderly respondents reported ‘not owning a smart phone’ (56.1%). Their activities on smart phones include use of social media (WhatsApp and Facebook), bank transactions, access websites/news, financial transactions using paytm/Gpay and use the camera.

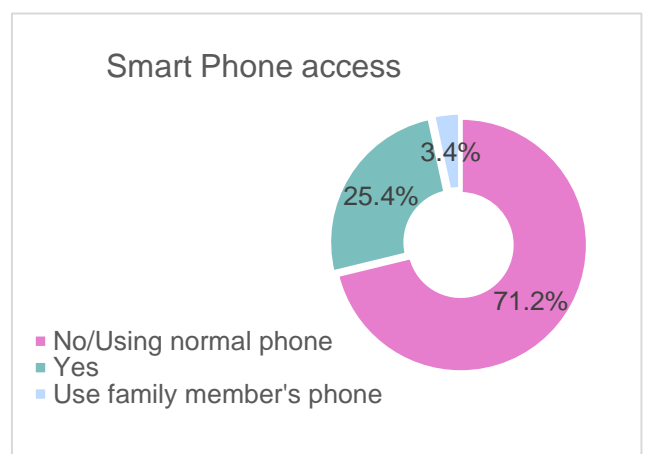


Figure 45: Smart Phone Users

Two third of the caregivers were in favour of trainings for digital inclusion for the elderly, mostly for bank transactions and social media.

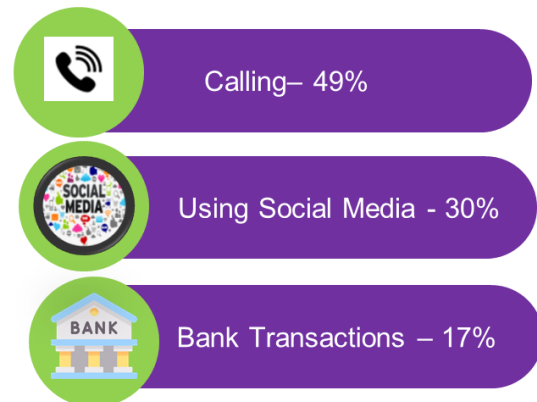
Digital technology is increasingly being tapped to provide education, elderly care, health and social services.

About 32% males and 26% females have been known to use smartphones; few obstacles included lack of internet access and inability to understand English language.

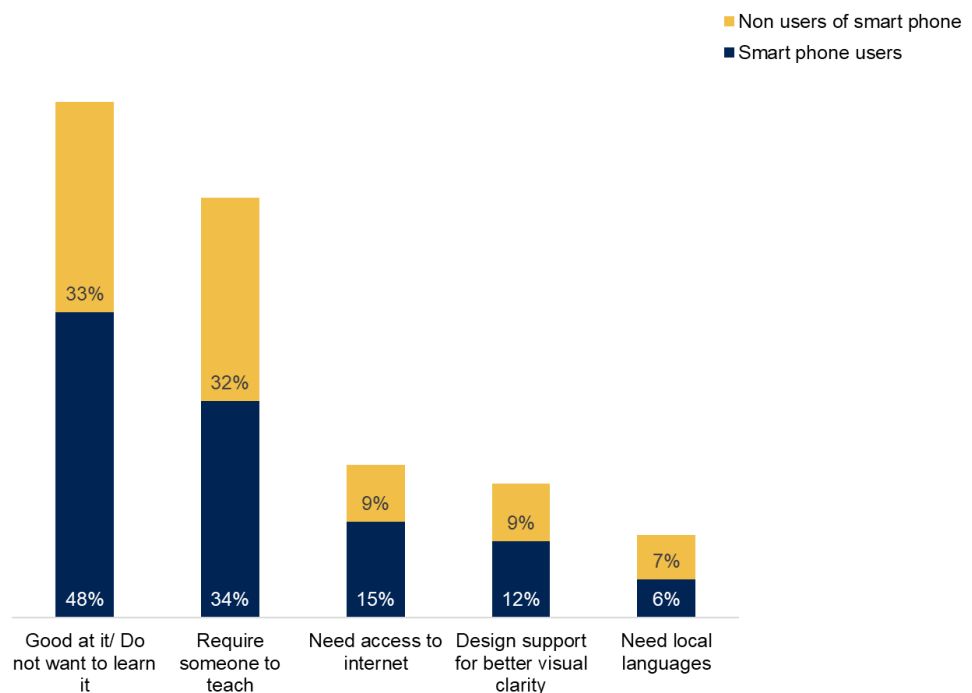
Suggestions received from elderly & caregivers to make smart phone elder friendly:

Many of the respondents from non-user category (33%) have expressed that they don't want to learn using smart phone, whereas 32% said they need someone to teach them.

**Figure 46: Usage of Phone by Elderly**



**Figure 47: Suggestions received from elderly to make smart phone elderly friendly**



The survey suggested that the elderly should be given training primarily for use of social media, bank transitions and google maps.

Including the elderly in the digital world will play a pivotal part in their improved mental and social wellbeing and is critical to reducing digital inequalities.

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## 4. Pointers for Action

### **Employment**

- Employment opportunities should be made available for those elderly who wish to work. There should be facilities for re-training and for matching opportunities with need to facilitate gainful employment.
- The elderly and care-givers responses point to the need to create age appropriate employment environment , in which there should be opportunities to work from home, flexible retirement age, reskilling, employment exchange and more respect for the elderly employees (discourage ageist perceptions and practices).
- Pensions and savings of the elderly should be protected to match the cost of living.

### **Health**

- Make health care facilitates more accessible to the elderly.
- In the context of digitalization of health care services, need to look at making online facilities more accessible, appropriate and age- friendly.
- Health insurance should be made more appropriate for the older persons and efforts should be made for increasing the coverage of free treatment to older persons.

### **Elder Abuse**

- Introduce awareness campaigns with higher/ better reach.
- Value based education in schools and college for change in the attitude of the younger generation.
- Take immediate steps to increase awareness about the institutional redress mechanism and making them efficient and efficacious.
- Make efforts to raise awareness among the older persons about the provisions of Maintenance and Welfare of Parents and Senior Citizens Act.

### **Inclusion**

- Inclusion of the elderly in family and society could be strengthened through more engagement particularly encouraging younger people to spend more time with the elderly in mutually fulfilling ways.
- Digital inclusion; is the way forward, but gaps found in ownership and usage of smart phones and online services to be dealt and addressed.

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