



Awareness & Utilization Review of NPHCE among Elderly in India.

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ABSTRACT:

Introduction: Over the last few years, the population of the world has found remarkable growth including high birth rates and low death rates. Due to the time of transition, it has recorded the growth in the number and proportion of older people. To make focus on the history of civilization; it has not recorded such as rapid and large with ubiquitous growth. In the coming centuries, it is recorded a revolution in the current demographic that continues to grow in nature.

The aim of the study is to know about the awareness & utilization of rehabilitation services under the NPHCE program in India. In addition to this, other

objectives are as follows: To know the current status of NPHCE awareness & its utilization among the geriatric population across India. To know the status of Rehabilitation services under NPHCE. To know the difficulties associated with the implementation of NPHCE To make a comparison with the young population, it was found that in India, it is still known as the home of the second-largest number of older people in the world. It was also found that the number of 60+ age people will increase to 100 million in 2013 and 198 million in the year 2030. As a result, to provide effective support, care, and help for older people, the government of India has passed the National Programme for Health Care for the Elderly to address all the issues related to geriatric health in India.

Conclusion In This review we try to understand how does the NPHCE growing in our country are we doing good enough for health care seek population are the loop holes getting field. The efforts taken by over government improving the status of our geriatric population really reaching to grass root level. The role of NPHCE passed by the Ministry of Health and Family Welfare by introducing comprehensive healthcare setup for elderly people, it needs more attention.

Introduction

There has been wide-scale involvement of the governing agencies around the world for the care and well-being of the elderly. The government has introduced different schemes and programs for elderly care so that healthcare services and independence could be provided to senior citizens. The year 1999 was remarked as the International Year for Elders by the United Nations general assembly to emphasize the need for providing care to older people. In the same year, National Policy on Older Persons was launched by India to meet the primary goal of meeting the well-being conditions of senior citizens. In the policy launched by India, special emphasis is given to the care of elderly women that are often the victim of widowhood, gender, and age. Emphasis is given to developing an age-

integrated society in which bonds between young and elderly people are strengthened. Older aged people are encouraged to perceive their 60+ lives as the milestone of achieving better opportunities and exploring creativity in place of getting depressed because of dependency (Paul & Asirvatham, 2016).

The policy focuses on implementing strategies that are related to the well-being of elderly people by introducing initiatives like an old-age pension plan and affordable health services. Initiatives like the development of synchronized health insurance must be established so that elderly people do not get distressed while acquiring healthcare benefits. The scope of health insurance must be expanded so that all the elderly belonging to different age groups, income groups,



locations, abilities, and disabilities are provided healthcare services. The policy also highlights the role of non-governmental organizations in the segment of taking care of the elderly. It indicates that non-governmental organizations must actively participate in the elderly care program so that improvements could be brought to their quality of life (Ministry of Social Justice and Empowerment, 2015).

The policy also emphasizes that an integrated program must be initiated to provide care to the elderly and ensure enhancement in their quality of life. It can be executed by establishing respite care homes, mobile medical care services, and multiservice centers. However, the major issue with these suggestions and recommendations is that they remain on paper and do not come into force in real construction terms (Integrated Programme for Older Persons, 2015).

To make focus on the National Programme for Health Care for the Elderly, it is considered the most effective attempt passed by the Ministry of Health and Family Welfare to address such kind of issues by implementing comprehensive ways that are set up by the health care that provides effective helps as per the requirement and need of elder people. The major development was done in the field of geriatric by including its presentation, curative, and rehabilitation. It was also found that during the initial two years such as 2010-2011 and 2011-2012, this program was funded by getting support from grants in aid to state/UT. It was also recorded 80% of expenditure for implementing the program was afforded by the Central Government that amounting to Rs.240.00 Cr. Apart from this, the remaining 20% share was borne by the concerned State Government/UT administration the reported total amount was Rs.48 Cr. This program was implemented in 21 states by including all the verticals in the Indian Public health care set that mainly include tertiary level by organizing 8 identified Regional Medical institutions. For secondary level, mainly covered 80 identified District Hospitals including sub-division hospitals and for the primary level, it mainly covered community outreach activity by organizing 20000 sub-centers (Borsheski & Johnson, 2014).

The National Policy on Older Persons (NPOP) in 1999 has been introduced by the Indian Government to meet the rising concern for the geriatric population in India. The policy has been specifically designed to meet the geriatric health care need of older persons. NPOP plays a major role in suggesting procedures through

which the old age phase of people could be made interesting and productive. NPOP activities are coordinated by the Ministry of Social Justice and Empowerment (MOSJE) mandates the implementation of this policy in different states in India. NPOP suggests the formulation of a specific program for the care of the elderly to readdress their grievances. In the health and nutrition segment, NPOP focuses on providing geriatric care to people by setting up geriatric wards. Emphasis is also given on conducting training and orientation programs so that geriatric care is extended to more individuals. NPOP lays more stress on conducting research and training activities for geriatric care. It encourages medical colleges and training institutes to provide quality geriatric care training to the paramedical staff and nurses so that specialized care services could be provided to the elderly. NPOP provides income security, safety, housing, welfare, multigenerational bonding, and productive aging facilities to senior citizens. This policy is linked to the Central Sector Scheme of Integrated Programme for Older Persons (IPOP) which plays a major role in bringing improvements in the quality of life of older people. Through this scheme, the senior citizens in India are provided fundamental facilities of medical care, food, clothing, shelter, and entertainment so that they remain active and productive with growing age. Under this scheme, 90% cost of the treatment of the senior citizen is covered by non-governmental organizations. The scheme provides flexible services such as care homes, geriatric care, and helpline to older persons that help in reinforcing and strengthening their families. Through this scheme, physiotherapy services are provided to elderly people that are suffering from Dementia or Alzheimer's disease. The facilities of physiotherapy clinics are provided so that the elderly people that are suffering from arthritis, back pain, stroke, and muscular dystrophy are treated well. Through physiotherapy, the elderly are provided different services such as massage, exercise, and manipulation with the help of electrical equipment. Through physiotherapy, the pain such as muscle pain, joint pain, and others that are suffered by the elderly because of age are reduced. Physiotherapy services are either offered in clinics or hospital settings. The in-house and out-patient physiotherapy services are also offered to the elderly to manage their health issues. Due to assistance provided by IPOP, 40,056 were benefitted through the assistance of 365 non-governmental organizations which increased to 48,563 in the subsequent year. Additionally, the Ministry of Health and Family Welfare also provides care facilities to elderly people in India. It includes



establishing Geriatric clinics in public hospitals so that physiotherapy services could be provided to the elderly. The financial outlays or constraints faced by elderly people are also met through pension schemes. It helps aged people below the poverty line avail healthcare and medical facilities.

The elderly care program and initiatives that have been introduced in other countries like Denmark, England, and Cuba must also be taken into account. While focusing on Denmark, the country's governing agency highly respects elderly people and developed a mechanism to take care of them. It has led to the introduction of the Danish social service and health-care system so that free medical and social care benefits are to be provided to the elderly by the Danish Government. The expenses of elderly care are handled by collecting a high personal tax of about 50% to 70% on goods and services. Apart from this, 5.6% of the Gross National Product of Denmark is spent in systemizing and strengthening elderly healthcare (Jarden&Jarden, 2015).

In England, the care of elderly people healthcare is taken under the extensive healthcare provisions of National Health Services (NHS). The governing body in England has also developed the National Framework for the care of elder people so that they could avail quality care facilities and live an independent life. Apart from this, elderly daycarecenters have been set up in the United Kingdom so that the older people could be taken care of along with meeting their social needs. Schemes like pension schemes and carers allowance have been initiated in the United Kingdom to ensure that the geriatric population is taken care of and not left out to fend alone (Department of Health, 2015). On the other hand, in Cuba, the government has introduced a free healthcare system so that proper care of the elderly could be taken properly. There has been the implementation of a "cradle to grave" healthcare system in which all the care and services related to healthcare are taken care of by the government. As a result, the life expectancy of the people in Cuba has reached 77 years by ensuring geriatric consultations are provided to the elderly people adequately (Bertera, 2003).

Aim & Objectives

The aim of the study is to know about the awareness & utilization of rehabilitation services under the NPHCE program in India. In addition to this, other objectives are as follows: To know the current status of NPHCE awareness & its utilization among the geriatric population

across India. To know the status of Rehabilitation services under NPHCE. To know the difficulties associated with the implementation of NPHCE

1. Methods

LITERATURE REVIEW

3.1 Geriatric Health in India: Concerns and Solutions According to Mane, Sanjana, Tatil, & Srinivas, (2014), India is in a transition phase. As per the census 1991, it was recorded the population of the elderly 57 million as compared with 20 million in year 1950 in India. As a result, it was recorded a sharp increase in the number of elderly people number during the years 1991 to 2001. Apart from this, it will be reached 324 million in the year 2050 soon.

Prakash&Kukreti, (2013) examined the demographic transition and found that it is attributed to low fertility and mortality rate because of the availability of better healthcare services. It was also found that due to a reduction in mortality, it is higher as compared to fertility. During the years 1951-1961, was recorded a decline in the crude death rate from 28.5 to 8.4 in the year 1996. Additionally, it was also found that over the past decades, the health policies and programs in India highly focus on the issues related to the stabilization of population, maternal and child health, and control of diseases. Although, in India, the current elder statistics also showed a new set of medical, social, and economic problems in such conditions if health care initiatives will not take in the right manner. As a result, it highlighted the requirement of medical and social, and economic problem-based strategies to make effective improvements and provide effective quality of life for the people.

Kailey, Kumar, Kumar, Vempalli, Dhar, Bhardwaj, & Arora, (2021) examined the socio-demographic profile of elderly people and found that in the year 2001, it was found that there were 75% of elder people living in rural areas in India. Out of which 48.2% were women and 55% out were a widow. Additionally, it was also found that 73% of elder people were illiterate and highly dependent on physical labor. Apart from this, the study also examines the role of poverty and found that one-third of living people were below in poverty line that an incidence of 66% older people. The study also highlighted their living standard which was vulnerable in conditions with a lack of adequate food, clothing, and shelter. Apart from this, 90% of elder people were



belonging to the unorganized sector which has no regular resources of income.

Reddy, (1996) examined the problems that are faced by elder people concerning the medical and socio-economic levels. It was found that in India, elderly people highly face the problem related to medical treatment that may be in the form of verbal and non-verbal communicable diseases. It also causes the impairment issues like loss of hearing and vision. Due to the decline rate of immunity and changes in physiology, it has created the burden of communicable diseases among elder people at a high rate. For example, tuberculosis is a disease that is found high rate among older people than youngsters. A study was conducted by taking 100 elderly people from Himachal Pradesh and found that majority of the patients were from rural backgrounds and they were alcoholics and smokers. Out of which 10% of patients were suffered from physical morbidity and 10% of patients were hospitalized at any time because 50% population were suffering from one or more chronic diseases. The study also found the type of chronic diseases such as hypertension, heart diseases, cancer, and so on.

Shah, &Prabhakar, (1997) examined that as per the Indian Council of Medical Research; it reported the chronic morbidity in older people and found that hearing impairment is one of the common morbidity. 13 examined that people who belong to the middle and higher-income groups also facing the problem of obesity and its related issues because of poor and sedentary lifestyle that showed decreased physical activity.

Ingle, &Nath, (2008) also examined the issues of mental morbidities among the elder because of aging of the brain and problems related to physical health. It also focuses on some socio-economic factors such as family breakdown and economic inter-dependency. It also includes other factors like neurotic disorder, personality disorder, abuse from drugs and alcohol, and mental psychosis.

Shah, (2005) examined the preventive strategies and found that their various methods, training has been done to provide effective eldercare. It may be in the form territory level, local or regional level. Apart from this, the government also understands the need for professional training in Geriatric and also focuses on the development of various workshop organizations. For Example, the ICMR workshop highly focuses on research and health care priorities in geriatric medicine and aging.

3.2 Morbidity Pattern among the Elderly Population

Asokan, (2001) examined that at a global level, approximately 605 million people are covered under 60 plus age group. Due to improvement in health care facilities, it has brought longevity which is considered as biggest growth recorded in the 20 century. At present, due to rapid changes in the health care sector, the ratio of old people has changed at a dramatic level and recoded 1 in 14 in the '50s to about 1 in 4. To examine the rate during 1990-2025, it showed the rate of elderly people, in Asia was 50% to 58% at the global level. In Africa, it was 5%, Latin America was recorded 7%, Europe has recorded the dropped figure from 19 to 12%. In India, from 32 years in 1947 was recorded the life span than was increased with 62 years at the present level. To make focus on the morbidity wise, it recorded 50% elder people with chronic diseases in India.

Purty, Bazroy, Kar, Vasudevan, Zacharia, & Panda, (2006) The study also recorded the various components such as the burden of illness also created the biggest issue for elder people in India. The study also focused on the elder people and their morbidity rate by highlighting the prevalence that helps to identify the common medical issues like anemia, cataract, hypertension, arthritis, diabetes, and so on. Hence, the growth in the elder people population has created the need to develop geriatric health care services in developing countries such as India. It also includes proper training to the health care service providers, practitioners so that they can manage the common health-related problem effectively.

3.3 Functional disability among elderly persons

Gupta, Mani, Rai, Nongkynrih& Gupta, (2014) examined the magnitude of disability which is considered as the important factor to measure the burden of disease along with mobility and mortality rates. Old age is highly related to functional disability and physical dependency. As a result, to make focus on functional disability, it is defined as difficulty to acquired and perform basic day-to-day tasks or more complicated tasks which are required for independent living. The study was examined the disability in old age which is very common and highly affects the functionality and compromising the ability to work a particular day to day activity by an older people. It is also related to the impairment of vision that not only has the difficulty of performing day-to-day or basic activity; but it is also related to the higher incidence of all social isolation, dependency, and physical harm. Apart from this, hearing



impairment is also related to the participation in talking so it highly affects the socialization of older people. To make focus on information on the health and functional ability of older people in India, it is limited in nature. There are so many national programs highly conducted in respect to the health care for older people and also provide the provision of Rehabilitation unit at a Community Health Centre. Due to the functional disability among older people, it is essential to develop a comprehensive plan by including the involvement of all the community members and also ensuring primary services in an early recognize manner to that functional disability can be improved in a great way.

Saha, Thakur, Das, & Das, (2021) examined the risk factor that is related to functional disability and it was found that because of increasing age, create the disability situation among the elderly people because the elder people are likely to experience disability as compared to the young and the people function disability is positively related to the window or separated women and also applicable to understand the marital status which is higher not only for a single person but also related to the not married unmarried person. Disability in the form of function also creates the chance of having chronic disease their a high number of diseases medication and their related treatment that provide to decrease the quality of life and increased the social isolation so that it creates the functional disability due to the presence of chronic disease. It is considered a significant indicator of functional disability and it was also recorded that other people who had any kind of chronic disease were 2.1 times more functional design people than other people who did not suffer from any kind of chronic disease.

Ferreira-Agrelí, Dias, Santos-Ferreira, Gomes & Santos-Tavares, (2017) examine the functional capacity of elder people that help the professional team to get more accurate data to analyze the impact of the disease in physical social, and emotional aspects as it is essential to subsidize the planning by implementing the public health policy is especially for elder people and also ensure the prevalence of functional disability for the basic activities and daily life that depend on the natural studies and international studies. The IADLs were the biggest age bunch, lower training, lower pay, presence of a more prominent number of illnesses, and characteristic of gloom. The old with the biggest number of illnesses were females, 70-80 years of age, with the lowest pay permitted by law and a sign of despondency. These outcomes support that the social disparities and

wellbeing status of the old might be connected with practical limits and the presence of comorbidities. Along these lines, the significance of intermittent assessment of the usefulness and viewpoints connected with wellbeing is featured, considering the variables that can affect them to keep up with the freedom and control of the comorbidities of the old as far as might be feasible. In this specific situation, it is featured that the attendant can perform such assessments in nursing interviews. Even though it is preposterous to expect to distinguish the circumstances and logical results connection between the factors, since this is a cross-sectional review, the outcomes tracked down to highlight the requirement for more prominent consideration regarding keeping up with the usefulness and morbidities of this populace. The distinguishing proof of elements related to the practical inability of the old gives significant components to avoidance and intercession measures. In this sense, it is proposed that new examinations be done with a longitudinal plan to confirm the conceivable causal connection between the factors.

Conclusion:

The Indian government has created policies such as the National Policy for Older Persons (NPOP) and NPHCE to address the growing concern for India's geriatric population. The policies are especially developed to address individuals with geriatric health care needs.

The goal of enacting the policies was to encourage older people to view their 60s as a milestone for gaining greater possibilities and developing creativity rather than becoming discouraged as a result of dependency. Although the schemes offer flexible services like medical care, food, clothes, shelter, care homes, geriatric care, physiotherapy, and a hotline to older people, which aid in rebuilding and strengthening their families, the elderly suffer medical and socioeconomic challenges. Aging causes mental morbidities as well as physical health problems in the elderly. The increased burden of communicable illnesses on the elderly exacerbates their physical disabilities and dependency. Though the government recognizes the need for professional training in Geriatrics, there is still a gap in gaining the advantages of these programs for India's rural senior population.

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