

# Agewell programme awareness among elderly

■ RAJKUMAR M. KAMBLE AND M.B. PATIL

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See end of the paper for authors' affiliations

Correspondence to :

**RAJKUMAR M. KAMBLE**  
Department of Home Science,  
Rajaram College, KOLHAPUR  
(M.S.) INDIA  
Email: rajkumarkamble69@gmail.com

■ **ABSTRACT** : The elderly in India are a heterogeneous population with variations in morbidity across several dimensions, gender, location and socio-economic status in particular, as well as great diversity in cultures, religions and languages. The size of India's older adult population is greater than the total population of many developed and developing countries. The aging population is a sign of successful development in medical sciences and technology, living standards and education, but the elderly also raise unique social, economic and clinical challenges including a growing demand for increasingly complex healthcare services. In view of the increasing need for intervention in area of old age welfare, Ministry of Social Justice and Empowerment, Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action. However, this study has been designed to investigate the elderly knowledge about the agewell programme and to know about their attitude and practices towards Agewell Programme. Elderly among study area had average information about agewell programme and there is an urgent need of effective training at grassroot level.

■ **KEY WORDS** : Elderly, Agewell programme, Awareness, KAP

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The size of India's older adult population is greater than the total population of many developed and developing countries. According to World Health Statistics (2011), 83 million persons in India are 60 years of age and older, representing over 7 per cent of the nation's total population (World Health Statistics, 2011). Over the next four decades, India's demographic structure is expected to shift dramatically from a young to an aging population resulting in 316 million elderly persons by 2050 (James, 2011). The aging population is a sign of successful development in medical sciences and technology, living standards and education, but the elderly also raise unique social, economic, and clinical challenges, including a growing demand for increasingly complex healthcare services. Chronic diseases now constitute the leading cause of death and disability among India's old in both urban and rural areas (Patel *et al.*, 2011 and Joshi, 2006).

India's elders, aged 60 and over, make important contributions to society not only via the formal workforce

(primarily in agriculture), but also in raising grandchildren, volunteering, caring for the sick, resolving conflict and offering counsel and translating experience, culture and religious heritage (Krishnaswamy *et al.*, 2008). However, delivering quality healthcare services to this population has proved challenging for a number of reasons. The elderly in India are a heterogeneous population with variations in morbidity across several dimensions, gender, location and socio-economic status in particular, as well as great diversity in cultures, religions and languages. At least 65 per cent of India's old live in rural areas and are illiterate and economically dependent (Government of India, 2006, Ingle and Nath, 2008).

World Bank in 2001 declared that based on the experiences of other developing countries, India is likely to face similar problems in the foreseeable future. In the developed world, consumption by the elderly is financed primarily from their own savings or through social security programmes. In India, less than 10 per cent of the population

is covered under a pension plan, largely because pensions are limited to the organized sector and a very small section of the population is employed by this sector. Also, lifetime earnings are not high enough to facilitate significant savings for retirement. As a result, the elderly rely primarily on transfers, mostly from their children. In all likelihood, family support systems will come under increasing strain as fewer children support parents for a longer time. Hence, the elderly are likely to be more vulnerable to falling into the trap of a low level of economic well-being.

In order to address the problems of elderly in 1991, the General Assembly of the United Nations adopted certain set principles for the elder person. These eighteen principles provide a broad frame work for action to be taken in safeguarding the interests of the elderly. These principles are organized into five clusters *i.e.* Independence, participation, Care, Self-fulfillment and dignity.

In view of the increasing need for intervention in area of old age welfare, Ministry of Social Justice and Empowerment, Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action. The policy defines 'senior citizen' as a person who is 60 years old or above. It strives to ensure well-being of senior citizens and improves quality of their lives through providing specific facilities, concessions, relief, services etc. and helping them cope with problems associated with old age. It also proposes affirmative action on the part of Government Departments for ensuring that the existing public services for senior citizens are user friendly and sensitive to their needs. It provides a comprehensive picture of various facilities and covers many areas like financial security, health care, shelter education, welfare, protection of life and property etc. (Situation Analysis of the Elderly in India, 2011).

Thus elderly person's social, health, physical, financial and mental realms are ensured by agewell programme in India. However, this study has been designed to investigate the elderly knowledge about the agewell programme and to know about their attitude and practices towards Agewell Programme. The programme provides many concessions and facilities to senior citizens by different Ministries/ Departments of the Govt. of India. This study has included some facilities from each Ministry.

**RESEARCH METHODS**

Data for this study were taken from a pilot study of elderly. sixty elderly people having the age above 60 years including male and female were randomly selected from Kolhapur, Sangli and Satara districts in Western zone of Maharashtra. The data for this study were collected through self-structured questionnaire, visits, interviews and personal

contact. The questions regarding socio-economic status of the old age persons were asked in detail. The questions regarding knowledge, attitude and practices were asked to investigate their knowledge about agewell programme. The primary source of data was obtained from different private old age centres like Virungala Kendra, Old Age Homes and also from Senior Citizen Groups in Kolhapur, Sangli and Satara cities.

**RESEARCH FINDINGS AND DISCUSSION**

The results obtained from the present investigation as well as relevant discussions have been presented under the following heads:

**Socio-economic status of elderly:**

The data about socio-economic status of the elderly are given in Table 1. It indicates that the mean age of the study population was 66.5 years with the age range from 61 years to 80 years. Male and female distribution was found in equal ratio in this study. Among married, 70 per cent elderly were living with their spouse whereas 30 per cent were widows. Among these widows, most of them were women.

**Table 1: Distribution of elderly by their socio-economic status**

Sr. No.	Variables	Frequency	Per cent
1.	<b>Sex</b>		
	Male	30	50
	Female	30	50
2.	<b>Marital status</b>		
	Married	42	70
	Widow	18	30
3.	<b>Religion</b>		
	Hindu	12	20
	Muslim	6	10
	Christian	12	20
	Jain	30	50
4.	<b>Type of family</b>		
	Joint	18	30
	Nuclear	30	50
	Extended	12	20
5.	<b>Literacy status</b>		
	Illiterate	6	10
	Matriculate	36	60
	Graduate	6	10
	Post Graduate	6	10
	Diploma / Certificate	6	10
6.	<b>Economic status</b>		
	Dependent	24	40
	Independent	36	60
7.	<b>Occupation at present</b>		
	Business	12	20
	Housewife	30	50
	No occupation	18	30

Majority of the women widows were living with their son in the family. In India as well as in other countries in Asia, marriage and the presence of sons is associated with better survival as well as health outcomes of elderly.

The literacy rate among the elderly was noted as high as 90 per cent. This finding supports to the average literacy rate of Kolhapur city which is 91.3 per cent (Education Section, 2011). Sixty per cent of the elderly possessed education till matriculate. However, some elderly have graduate and post-graduate degrees. Ten per cent of the respondents were certificate and diploma holders.

About half (50 %) of the elderly was composed of Jain religion whereas 20 per cent were Hindu, 20 per cent were Christians and 10 per cent were from Muslim religion. Twenty per cent of the respondents were still working after the age of 60, at the same time 30 per cent of them were taking rest at home. Half of the female respondents were busy in the role of housewives.

Most of the elderly were living in nuclear family (50 per cent) whereas 30 per cent of them were living in joint family; rest of them belonged to extended family (20 per cent). Most of the elderly (60 per cent) were having independent economical status while some of them reported that they were economically dependent on their son in the family.

#### **Elderly knowledge regarding agewell programme:**

The data presented in Table 2 indicate that out of 18 facilities only 6 facilities were known to all the respondents. However, 12 facilities were not known to them. When the knowledge of the elderly about income tax rebate was

Sr.No.	Facilities	Percentage	
		Known	Not known
1.	Income tax rebate	80	20
2.	Higher rate of interest on savings	100	-
3.	Fare concession in bus / ST	100	-
4.	Fare concession in railway mail / express	80	20
5.	Indian airlines discount	-	100
6.	Old age pension scheme	-	100
7.	Housing scheme	-	100
8.	Employment exchange office	-	100
9.	Seat reservation in bus / ST	100	-
10.	Railway's separate counter facility	70	30
11.	Speedy disposal of complaints by police	-	100
12.	24 hr. helpline service	-	100
13.	Special attention in court	-	100
14.	Separate queues in hospital	-	100
15.	Distribution of food grains	-	100
16.	Priority in gas connection	-	100
17.	priority in telephone connection	-	100
18.	Seat reservation in entertainment hall	-	100

examined, it was shown that majority of the elderly (80 per cent) had good knowledge about rebate; where as 20 per cent elderly reported that they did not have knowledge about rebate. It was observed that all the elderly respondents also had good knowledge on higher rates of interest on their saving schemes. The possible reason attributed to this knowledge might be due to efforts taken by the local banks to increase their shares / funds

The elderly respondents mentioned that they utilized fare concession facility when traveled by state transport (ST) service. 80 per cent of the elderly knew that there was a fare concession in Railway mail/Express for elderly, whereas 20 per cent did not knew about fair concession facility. None of them had possessed knowledge on Indian Airline discount. The reason behind poor knowledge might be due to lack of awareness regarding airline services and this area has only one Airport situated near city with irregular services of flights.

When the elderly were asked about old age pension scheme, housing scheme and employment exchange office, they stated that these facilities were not known to them. All the elderly respondents were aware about seat reservation in bus and state transport services. Majority of them (70 per cent) reported that they knew about separate counter facility on railway station for booking and cancellation of tickets while some of them (30 per cent) were not aware about separate counter provided for elderly on railway station.

In order to give security to elderly, the programme has encouraged to speedy disposal of complaints by police departments and they have also provided 24 hours helpline service. Courts in the country accord priority to cases involving older persons and ensure their expeditious disposal, but it was noticed that the respondents were not aware of those facilities. Arguri (1981) also found a reason for non-reporting their crime in police station by elderly in United States of America was the lack of knowledge about the criminal justice system.

Under the Antyodaya Scheme, the Below Poverty Line (BPL) older persons are provided food grains. Even they have given priority in gas connection and telephone connection. All the respondents reported that they did not know about these facilities. The programme has provided separate queues for older persons in hospitals for registration and clinical examination. They have also provided seat reservations in entertainment hall, but the elderly have no idea about such facilities. This indicates that the elderly respondents have poor knowledge about facilities given to them through agewell programme.

#### **Elderly attitude towards agewell programme:**

Table 3 shows the attitude of elderly towards agewell programme. When the attitude of the elderly towards the facilities given through agewell programme was checked the

elderly responded either positively or negatively for each facility. At a glance, it was observed that the elderly have more negative attitudes than positive towards all the concessions and facilities given to them.

**Table 3 : Elderly attitude towards agewell programme**

Sr. No.	Facilities	Percentage	
		Positive	Negative
1.	Income tax rebate	60	40
2.	Higher rate of interest on savings	80	20
3.	Fare concession in bus / ST	90	10
4.	Fare concession in railway mail / express	50	50
5.	Indian airlines discount	10	90
6.	Old age pension scheme	-	100
7.	Housing scheme	-	100
8.	Employment exchange office	30	70
9.	Seat reservation in bus / ST	90	10
10.	Railway's separate counter facility	-	100
11.	Speedy disposal of complaints by police	-	100
12.	24 hr. helpline service	-	100
13.	Special attention in court	-	100
14.	Separate queues in hospital	-	100
15.	Distribution of food grains	-	100
16.	Priority in gas connection	-	100
17.	Priority in telephone connection	-	100
18.	Seat reservation in entertainment hall	-	100

Sixty per cent respondents reported their positive attitude towards income tax rebate whereas 40 per cent of them mentioned that their income was below tax limits. Most of the elderly (80 per cent) were found satisfied with higher rate of interest on their savings. The elderly respondents reacted positively even though they do not have their fixed deposits in any bank or not income tax payer whereas 20 per cent of them showed negative attitude.

Large number of respondents (90 per cent) mentioned that they should get fair concession in Railway mail / Express, Bus / State Transport and in Indian Airlines. They also demanded seat reservation in bus, state transport and in entertainment hall. Some of the respondents explained their problem; it was that they can't stand for long time in bus/ST due to old age, so they claimed for seat reservation facility during transportation. Only 10 per cent of the elderly reported negative attitude and said that they were not satisfied with these facilities.

All the elderly reported that there was a lack of attention towards the elderly population at railway ticket counter and in hospitals. They emphasized that there should be a separate counter only for elderly at each railway station and a separate queue in each hospital. Some elderly who always go for railway ticket booking reported that the separate counter for

senior citizen remains always closed. They suggested that the station master should pay attention towards elderly population and all the doctors should also give priority to elderly in their daily practice.

Some elderly are still busy in their business, if any elderly wants to be active in any type of work to keep him busy, the programme has provided employment exchange office. This office will give them guidance to search a work / job according to their needs. When the elderly were asked about their attitude towards employment exchange office facility, 70 per cent of them responded negatively, whereas 30 per cent of them responded positively. It was observed that positively responded elderly were busy in their business and willing to work in future also. All the elderly pointed out that they did not find any such facility in their cities.

The respondent's attitude towards old age pension scheme, housing scheme and distribution of food grains was reported negatively. They mentioned that poor elderly people should get all the facilities as they are unable to work at this age. They also demanded that elderly should be given a priority in gas and telephone connection which are the basic needs for them. The elderly respondents reported that they should get security through speedy disposal of complaints by police, 24 hrs helpline service and special attention in court.

All the elderly mentioned that these are the most important and safe sources for them to get help at old age. It was noticed that all the elderly respondents shown negative attitude towards facilities, concessions, priorities, pensions, reservations given through agewell programme.

**Elderly practices towards agewell programme:**

The data regarding practices towards agewell programme is given in Table 4. The questions were asked regarding the practices about agewell programme to the elderly for whom they replied whether utilized the facilities or not utilized the facilities. It was noticed that majority of the elderly had not utilized the facilities. Out of 18 facilities, only five facilities had been utilized by the elderly.

All the respondents have received the higher rate of interest on their fixed deposits. 60 per cent of the respondents mentioned that they have utilized income tax rebate facility in elderly life. Whereas 40 per cent of them were not utilized this facility.

It was observed that almost half of the elderly (50 per cent) utilized fare concession while travelling in bus or state transport, whereas 50 per cent elderly whose attitude was positive towards this facility stated that they always travel by private vehicle so never utilized the facility. Rye and Mykura (2011) also found that there have been significant changes in concession use among wealthier senior citizens in Scotland. The average pass holder was younger and more likely to own a car, since they face barriers to bus use other

**Table 4 : Elderly practices towards agewell programme**

Sr. No.	Facilities	Percentage	
		Utilized	Not utilized
1.	Income tax rebate	60	40
2.	Higher rate of interest on savings	100	-
3.	Fare concession in bus / ST	50	50
4.	Fare concession in railway mail / express	30	70
5.	Indian airlines discount	-	100
6.	Old age pension scheme	-	100
7.	Housing scheme	-	100
8.	Employment exchange office	-	100
9.	Seat Reservation in bus / ST	60	40
10.	Railway's separate counter facility	-	100
11.	Speedy disposal of complaints by police	-	100
12.	24 hr. helpline service	-	100
13.	Special attention in court	-	100
14.	Separate queues in hospital	-	100
15.	Distribution of food grains	-	100
16.	Priority in gas connection	-	100
17.	Priority in telephone connection	-	100
18.	Seat reservation in entertainment hall	-	100

than cost.

The state transport system has given fare concession and seat reservation facility to the elderly only after the age of 65 years. It was noticed that if elderly persons have a "senior citizen card" they can't utilize this facility without a separate senior citizen certificate which is given through Collector Office after completion of age 65 years. 70 per cent of elderly have never taken fare concession in their elderly life where as only 30 per cent of them reported the utilization of fare concession in railway mail or express. The elderly opined that the fare concession facility is very useful for old age people. All the respondents stated that they have never used separate counter on their railway station. This facility is very necessary for elderly people but it is seen that they never claimed for the separate counter facility in past life.

All the elderly had the knowledge about seat reservation in bus and state transport service, but only 60 per cent of them claimed and utilized this facility. 40 per cent elderly stated that they never claimed for seat reservation while travelling in bus and state transport service. It was noticed that the Indian Airline discount is financially affordable for some of them but due to lack of knowledge elderly never utilized the facility. Kaushal (2013) noted that old age pension raised family expenditures, lowering poverty and many households spent most of the pension income on medical care. But the respondents in this study reported that

they have never utilized old age pension scheme, housing scheme and employment exchange office facility in their elderly life.

It was observed that they have never utilized 24 hours helpline and separate queues in hospital in their elderly life. The women respondents opined that services should be activate immediately, as they were facing many health problems in old age. It was pointed out that the elderly respondents have never utilized speedy disposal of complaints by police, as they have not given any police complaint in their elderly life. As they were not aware about special attention given to elderly in court, they have never utilized this facility.

The distribution of food grains, priority in gas and telephone connection and seat reservation in entertainment hall, such facilities are never in practice of elderly respondent. It revealed that the elderly had not utilized effectively the facilities and concessions given to them through agewell programme.

### Conclusion:

The elderly respondent's social, financial, mental realms are ensured by agewell programme. The socio-economic status of the elderly from Western Maharashtra was good. The knowledge about facilities and concessions given through agewell programme was reported poor in the study area. All the elderly showed negative attitude towards all the concessions and facilities given to them through agewell programme. The negative attitude towards employment exchange office suggested that the elderly persons are unable to work physically as well as psychologically. It was observed that the elderly have not utilized agewell programmes facilities effectively. It is thus, suggested that effective training should be organized for elderly by government and non-government organization so that elderly can enhance their knowledge.

Authors' affiliations:

**M. B. PATIL**, Department of Home Science, Rajaram College, KOLHAPUR (M.S.) INDIA

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