A STUDY ON THE HEALTH EXPENDITURE OF SENIOR CITIZENS WITH SPECIAL REFERENCE TO KEEZHMAD PANCHAYAT

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(Affiliated to Mahatma Gandhi University, Kottayam)

In partial fulfillment of the requirement for the degree of

MASTER OF ARTS in ECONOMICS

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CERTIFICATE

This is to certify that the Project titled "**A STUDY ON THE HEALTH EXPENDITURE OF SENIOR CITIZENS WITH SPECIAL REFERNCE TO KEEZHMAD PANCHAYAT**" is a record of the original research work conducted by AISWARYA SAJEEVAN (Register No: AM21ECO001) under my guidance and supervision in partial fulfilment of the requirements for the award of the degree in Master of Arts in Economics **(Affiliated to Mahatma Gandhi University, Kottayam)**. The research work has not previously formed the basis for the award of any Degree, Diploma, Associate ship, Fellowship or any other similar title and it represents a contributory work on the part of the candidate.

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DECLARATION

I hereby declare that the Project titled **"A STUDY ON THE HEALTH EXPENDITURE OF SENIOR CITIZENS WITH SPECIAL REFERENCE TO KEEZHMAD PANCHAYATH"** submitted by me for the M.A. Degree in Economics is my original work and this work has not been previously formed the basis for the award of other Academic qualification, fellowship of other similar title of any other University or board.

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CHAPTER – 1

INTRODUCTION

1.1 INTRODUCTION

The ageing population is one of the most notable feature of the economies in the twenty-first century. There are both challenges and opportunities associated with ageing. The term old age refers to the ages nearing or surpassing the life expectancy of human beings, thus the end of the human lifecycle. In general, the elderly population is large and growing due to advancements in the healthcare facilities. Globally, millions of people pass the 65-year-old milestone every day, starting their lives as senior citizens.

As time passes, every country is experiencing an increase in the number and proportion of older persons in the population. This demographic shift has moved the focus of researchers, policymakers and healthcare providers from how to extend the lifespan to ways of improving the quality in the later years. Population ageing is a ubiquitous phenomenon that affects the nation's developmental paradigm. Besides changing the shape of the pyramid, the phenomenon is also bringing about new needs, demands for new resources and new opportunities. It is therefore imperative to pay greater attention to ageing related issues and to promote holistic policies and programmes for dealing with ageing societies.

As a result of the physical, psychological and social changes, this group of people is faced with many difficulties that challenge their sense of self and their capacity to live a satisfying life. Also in old age, many people experience loneliness and depression due to living alone or due to reduced connections with their culture of origin, resulting in inability to actively participate in community activities. It is therefore essential to give them the support and care required to keep them assured.

The longer life expectancy brings opportunity for not only the elderly and their family but also for societies as a whole. Additional years of life provide the chance to perform various activities such as further education, a new career or a long-neglected passion. In spite of this, the extent of this opportunities and contributions is heavily influenced by one factor: health.

They require high level of healthcare compared to their younger counterparts. These years are costly in economic terms too. They require elderly care which meets their needs and requirements. The elderly care can range from providing assisted living, long term care, housing, nursing homes, adult day care and hospice care. There is a wide range of practices and institutions involved in elderly care, since each country has its own elderly care needs and

cultural perspectives. The health expenditure pattern of the aged will be completely different from the younger population who is more able and agile compared to them.

The deteriorating traditional arrangement in India is affecting the senior citizens as there are very poor arrangements for taking care of them. It is therefore very crucial for the government to provide a strong social security system. According to the Population Census 2011, India has 104 million senior citizens (60+ years), constituting about 8.6 percent of its population. As per the Registrar General of India, the share of elderly persons in the total population will rise from 6.9 percent in 2001 to 12.4 percent in 2026. As this class of population increases the support cost for them will rise and the government budget will be feeling the pressure.

1.2 REVIEW OF LITERATURE

This chapter deals with the empirical studies undertaken in the past about various aspects of population ageing, problems faced by the elderly, health expenditure of senior citizens and demographic transition. These works are taken from various international, national and local articles, journals, newspapers and reports regarding the population ageing and its consequences.

According to the **United Nations Report (2023)** the improvement in global health is reflected by the increased global life expectancy. But not all elders receive these improvements in health. While some are economically active and healthy while the others are living with ailment and poverty. As the global population ages, there will be more need for long-term care, a weakness that was exposed during the COVID-19 pandemic. Unfortunately, in majority of the countries the public spending to cover this growing demand is not sufficient.

Basant Kumar Panda, Sanjay K. Mohanty (2022) conducted a study which showed that about 43% of the older adults were deprived in multiple dimensions. The study found that the households with older adults in deprived households suffered higher financial catastrophe. And the study suggested that therefore, it is imperative for the government and the policymakers to focus on multiple aspects of geriatric wellbeing on one hand and improve financial mechanism to reduce catastrophic health spending on the other.

Tenzin Zompa (2021), in her article in The Print mentions that the elderly population of India which was 138 million in 2021 is expected to rise to 41% to reach 194 million in 2031. The

female population will be 101 million and the male population will be 93 million, according to the report of National Statistical Office.

Amit Kapoor (2021) emphasizes two important policy challenges: providing income security for the elderly while minimizing the fiscal cost associated with the high old-age dependency ratio.

Businessline (2018) points out the 'demographic advantage' of India with a growing young population is overshadowed by the 'demographic disadvantage' arising due to the increase in the elderly population, as around 65 percent of them are either in financial crisis or they are financial dependent on others.

World Bank (2016), The main findings of the report **"Demographic changes and economic and social challenges in 21st century Uruguay"** is that the main challenge of a country with an ageing population was productivity. A positive growth rate can be maintained in the medium and long term through higher levels of productivity during the demographic window, when there are more economically active individuals. The percentage of senior citizens above the age of 65 is expected to raise to 30% by 2100 in Uruguay. In the absence of policy changes, nearly 43 percent of GDP will be allocated to basic social services and social protection. In addition to more people needing health care, the relative cost of those services will rise as well, since older people require more costly treatment.

Mattam (2015) examines the utilization of healthcare facilities and the health status of families belonging to the BPL category in Kerala in the era of economic reforms. According to the study, operational inefficiencies in the government hospitals adversely affect the poor families use of healthcare facilities. In the study it was found that the treatment expenditure in government hospitals is positively related to the debt among the BPL families. A changing morbidity pattern and abnormal growth of the private sector contributed to the hike in Kerala's healthcare expenditures.

Ramani Ponnapalli, Krishnamurthy Ponnapalli, A. Subbiah (2013) conducted a study on the comparative perspective about population ageing and the demographic transition taking place in India and its 15 states. According to them India shows progression in demographic transition and different states are at different stages of the transition based on the progress they

have made in the health socio-economic aspects. The ageing process was well advanced in the Southern states when compared to the Northern states. Kerala when compared with other states was exceptional in the process of ageing and demographic transition process.

Subhojit Dey, Devaki Nambiar, J. K. Lakshmi, Kabir Sheikh and K. Srinath Reddy (2012) in their study mentions the inadequacy in the routine health data collection in India as most of the routine data collection procedure fails to capture any pathological progression or disaggregate morbidity and disability outcomes of the elderly. In order to promote healthy lifestyle, early detection and routine screening among the elderly is required.

Amartya Sen (2000) based on the research of Lincoln Chen and Christopher Murray, highlights that Kerala has much higher morbidity than the rest of the states in India. But it does not imply that the state is less healthy.

According to **Krishna Raj (1999)**, the social security systems in Netherlands have built in gender biases that adversely affect women's life course.

According to **Boss (1997)**, 75 percent of the economically dependent elderly people receive support from their children and grandchildren. It was found in a survey conducted for a middle-class locality in New Delhi that, despite this, the elderly still tends to suffer from psychological stress.

1.3 STATEMENT OF PROBLEM

The demographic changes that had taken place over the last few years have increased the life expectancy and reduced the birth rate which in turn have led to a significant increase in the ratio and impact of the senior citizens in our society. As a result, the community of the senior citizens have become increasingly diverse in terms of their age, health and social conditions. As natural as it is to grow old, it is also inevitable that there will be problems associated with it. When one is in this stage of life, housing, healthcare and financial care are more important than ever.

As ageing is not only an escalating demographic issue, but is also an economic issue that has gained prominence recently. Therefore, is it essential to create policy measures to enhance the

quality of life of the senior citizens and their contribution to the economic growth. They must also make the administration and their society aware of the issues affecting the senior citizens. Thus, it is very essential in the present scenario to study about the socio-economic conditions and health expenditure of the senior citizens.

1.4 OBJECTIVES OF THE STUDY

- To analyse the socio-economic conditions of senior citizens in Keezhmad Panchayat.
- To examine the health expenditure pattern of the senior citizens in Keezhmad Panchayat.
- To evaluate the social security schemes provided by the Central and State Government to support the senior citizens.

1.5 THEORETICAL FRAMEWORK

The process of demographic change is well explained through the demographic transition theory. Four stages are involved in the transition. Stage 1 is the pre-industrial society which is the period of high death rates and birth rates and roughly in balance. Stage 2 is that of a developing country. In this stage the death rates drop rapidly due to improvements in food supply and sanitation, which increase life spans and reduce disease. Stage 3 is marked by fall in the birth rate due to access to contraception, it is also accompanied by an increase in wages, urbanization, a reduction in subsistence agriculture, an increase in the status and education of women, etc. In stage 4, there are both low death rates and low birth rates.

India is currently in the third phase of the demographic transition, during which the population is growing primarily among people between the age of 15 and 60. Making the best use of this demographic opportunity window could lead to a rapid improvement in the nation's economic growth, nutritional status and health status. But at the same time the ratio of elderly population to the total population is showing an increasing trend.

Given the early onset, Kerala's demographic transition has reached its mature stage, with life expectancy at birth exceeding 75 years, fertility below replacement level and a population growth of 5% between 2001 and 2011. Being ahead in the demographic trend, the state

anticipates an even faster rise in old population in the years to come. This places a strain on the social security system and elevate the role of the government in providing healthcare.

Ageing brings about a number of problems, the most significant of which is health related. A large proportion of the elderly are economically dependent, which means that treatment can lead to financial hardship for the family. Therefore, it is very much essential to provide these section of the population with the required concessions in the healthcare facilities and effective implementation of the welfare schemes available for the senior citizens.

1.6 RESEARCH METHODOLOGY

To study about the health expenditure of senior citizens both primary as well as secondary data is being used. Questionnaire is used to collect the primary data from the respondents. The secondary data is obtained from journals, government reports, newspapers, research papers, websites and publications of United Nations, WHO, Social Justice Department, National Statistics Survey, World Bank, etc.

Area selected for the study is Keezhmad Panchayat, in the Ernakulam district. As per the Census 2011, the total population in the Keezhmad panchayat is 36,567 in which the number of elderly population is 3,212. The elderly male population is 1,849 and the elderly female population is 1,363. The elderly males outnumber the elderly females in the Keezhmad Panchayat. For the purpose of study 2.491 percent of the total elderly population in the Keezhamd Panchayat is taken as sample which constitutes 80 senior citizens. Sampling technique used in the study is random sampling technique. A total of 80 samples of respondents above the age of 60 is collected for the study. The data collected is analysed using tools like bar diagrams, pie chart, column chart, etc.

1.7 SCHEME OF THE STUDY

The scheme of the study is organized in the following ways:

→ Chapter 1: Introduction

First chapter deals with the introduction, review of literature, statement of problem, theoretical framework, research methodology, limitations of the study and concepts and definitions.

- → Chapter 2: Overview

  Second chapter provides an overview about the demographic transition and trends in India and Kerala and also the social security schemes available to the senior citizens.

- → Chapter 3: Analysis and Interpretation

  Third chapter deals with the analysis and interpretation of the data collected from the respondents.

- → Chapter 4: Findings and Recommendations

  Fourth chapter deals with the major findings, recommendations and conclusion of the study.

1.8 LIMITATIONS OF THE STUDY

- Examining health expenditure pattern is quite challenging, as every individual have different medical conditions and thus different expenditure. So, the generalization of the study becomes difficult.
- The respondents were reluctant to share the informations related to their family problems.

1.9 CONCEPTS AND DEFINITIONS

Senior Citizen – According to the law, a “senior citizen” means any Indian citizen, who has attained the age of sixty or above.

Demographic Transition – It is the shift from high fertility and mortality to low fertility and mortality, resulting in the substantive change in the age distribution of the population.

Birth Rate – birth rate is the ratio between the number of live births in the year and the average total population of that particular year. It is often expressed as the number of live births per 1,000 of the population per year.

Death Rate – it is the ratio of number of deaths in a given period to the population of a particular area or during a particular period of time, usually calculated as the number of deaths per 1,000 people per year.

Health – health is not merely an absence of disease but it is a state of complete physical, mental and social well-being.

Household health expenditure – Health expenditure includes all expenditures for the provision of health services, family planning activities, nutrition activities and emergency aid designated for health.

Old age dependency ratio – the ratio of the number of individuals aged 65 and over to the number individuals of working age at ages 15 to 64.

CHAPTER – 2

HEALTH EXPENDITURE OF SENIOR CITIZENS – AN OVERVIEW

2.1 POPULATION AGEING

The ageing of the population is a global phenomenon. Over time, every country in the world has experienced an increase in the number and proportion of older persons in the population. Assisted by improvements in the health and medical care system, population ageing is an inevitable demographic reality. Globally, the older population is growing faster than the general population due to increased longevity and declining fertility rates. This phenomenon is referred to as population ageing. Ageing of the population has a significant impact on the socio-economic and health status of the senior citizens.

In 1982 in Vietnam, the United Nations adopted the first International Plan of Action on Ageing and it took the General Assembly until 1991 to adopt the UN Principles for the Older Persons and its four main themes – Independence, Participation, Care, Self-fulfillment and Dignity. A general comment on the Economic, Social and Cultural Rights of Older Persons has been adopted by the Committee on Economic, Social and Cultural Rights. With the International Year of Older Persons in 1999, the Conceptual Framework based on the Plan and Principles came into being with four priority area: (i) the situation of the older persons, (ii) individual lifelong development, (iii) the relationship between generations, (iv) the inter-relationship of population, ageing and development. A Political Declaration and an International Strategic Plan of Action on Ageing had been adopted unanimously by the 2nd World Assembly on Ageing (WAA) in Madrid in 2002. The 2004 report of the Secretary-General to the General Assembly recommends “assigning full-time focal points on ageing and providing them with adequate resources to further implementation”. On the 1st of October, the International Day for Older Persons is celebrated.

Ageing of population has adverse effect on sustainable development. The Sustainable Development Goal 3 focuses on the well-being for all at all ages including the elderly. India is committed to attaining the Sustainable Development Goals and is progressively integrating global indicators into national development indicators. In addition to sustained fertility decline and an increase in life expectancy, reduced infant, child and maternal mortality, as well as improved control of non-communicable diseases play a positive role in population ageing. The average life expectancy of people has increased in recent decades. Population ageing, therefore, requires the governments to adopt policies and programs that promote sustainable economic growth, reduce poverty and address inequality.

2.2 CHANGING DEMOGRAPHIC PROFILE

There is a rapid increase in the number and proportion of elderly population globally and in Kerala. Demographic transition occurred globally in the recent years mainly due to the reduction in fertility and increase in the longevity of life which is a consequence of economic well-being and improved healthcare facilities. The most commonly used indicator for monitoring changes in the age structure of the population is the Old Age Dependency Ratio (OADR), which is defined as the number of individuals aged 65 years and above per 100 individuals of working age. The relative size of older age group is increasing with declining fertility and longevity, while that of the younger age group is declining. All regions are expected to see an increase in old age dependency ratio.

The percentage of people aged 65 and above has increased from 6 percent in 1990 to 9 percent in 2019 worldwide and it is projected to increase to 16 percent in 2050. Survival beyond the age of 65 is increasing in most parts of the world. The improvement in the life expectancy at birth is overrun by the life expectancy at older ages (World Population Ageing, 2019). In order to improve the lives of older people, their family and the community they live in, a global collaboration called the United Nations Decade of Health Ageing (2021-2031) is bringing together the Government, international agencies, civil societies, media, professional and private sector. They support healthy ageing. There is more to it than merely the absence of diseases. It is important to consider the living arrangements of older people in order to determine their well-being. World Population Ageing 2020 emphasizes the importance of understanding the relationship between older people's living arrangements, their socioeconomic status, their health and well-being.

2.3 DEMOGRAPHIC TRANSISTION IN INDIA AND KERALA

Demographic transition is the shift from high fertility and mortality to low fertility and mortality. Kerala’s current demographic trends are indicative of this transition. With changes in fertility and mortality rates, the age composition of population has changed significantly. Population ageing is one of the important consequences of demographic transition. this kind of change in the age composition has implications on Kerala’s socio-economic situation.

One of the most important demographic indicators of a country is its population. India’s elderly population has been increasing steadily, since 1961. Various health interventions following the

1981 census contributed to the rapid growth of the elderly population. As per the 2011 Census, India has nearly 104 million elderly people, of which 52.8 million are females and 51.1 are males. In 2011, the proportion increased from 5.6 percent to 8.6 percent. In recent years, the percentage of elderly in the country has been rising at an increasing rate and this trend is likely to be continued. The share of the population above the age of 60 is expected to increase from 8 percent in 2015 to 19 percent in 2050. By 2031 India's elderly population is projected to touch 194 million. According to the India Ageing Report 2017, by the end of the century, the total aged population of the country is projected to be nearly 34 percent. In the recent decades, the ageing population in the state has also been increasing.

Over the last few decades, the aged population in the State has also been increasing. The percentage of population in the age group 60 and above to the total population is 12.6 percent for Kerala as against the national average of 8 percent. Kerala's old age dependency ratio was 19.6 percent, while in India it was 14.2 percent. It was highlighted in the Elderly in India Report 2021, that there is a spectacular growth in the aged population compared to the general population. The growth rate of the general population was 12.4 percent during 2011-2021 while the growth rate of the aged population was 36 percent. Thus, the percentage share of the elderly population to the total population in India is on the rise and is expected to rise to 13.1 percent in 2031 from 10.1 percent in 2021. As in the case of Kerala, it ranks first in the proportion of elderly population to the total population and it is predicted to reach 20.9 percent in 2031. At the national level, the annual growth of the elderly population is projected to be 3.28 percent, whereas in Kerala it is 3.96 percent. Kerala has the highest life expectancy at birth among males and females, according to the Sample Registration Report 2014-18. In Kerala, the life expectancy at birth is 72.5 years for men and 77.9 years for women.

By 2031, the number of elderly females in India is expected to exceed the number of elderly males. As a result, out of the projected total elderly population of 194 million in 2031, 101 million will be females and 93 will be males. As per the projected population for 2031, the sex ratio is expected to be 955 for general population and 1,085 for elderly population.

2.4 ECONOMIC, HEALTH AND SOCIAL STATUS OF ELDERLY POPULATION

Economic Status

The old age dependency ratio is showing an increasing trend. At the all-India level, the ratio has increased from 14.2 percent in 2011 to 15.7 percent in 2021, and it is expected to rise to 20.1 percent in 2031. According to the 2011 Census, Kerala's old age dependency ratio was 19.6 percent and it is expected to reach 34.3% by 2031. As of 2021, the female old age dependency ratio is significantly higher as compared to the male dependency ratio, in states like Kerala, Tamil Nadu, Himachal Pradesh and Punjab.

According to the 75th Round of NSS, Social Consumption on Health in India, conducted in 2017-18, there is a wider disparity in the economic status of elderly females as compared to that of elderly males. In rural areas, there were only 10 percent of elderly females who were economically independent while it was 11 percentage in urban areas. And for elderly men, the corresponding percentages were 48 and 57.

Health and Social Status

The health conditions associated with the old age are diverse. Typically, it encompasses chronic diseases, mental and physical health problems, physical disabilities and other comorbidities. Based on NSS 75th Round (July 2017 to June 2018) Social Consumption on Health in India, the Elderly in India Report 2021 highlights the health status of the elderly population. It was observed that, despite illness, older men were more likely to report their health condition as fairly good compared to the older women. Rural and urban areas had almost equal percentages of physically mobile elderly persons in the age group 60-64 years in 2004 and 2017-18. It was 94.7 percent in 2004 and 96.4 percent in 2017-18. Kerala's percentage distribution of aged persons based on physical mobility is 92 for males and 87 for females. According to the urban-rural classification, the distribution is 88 percent for rural and 91 percent for urban.

Among elderly individuals, locomotor disabilities are most prevalent disability (4.9 percent) followed by hearing disability (1.2 percent) and visual disability (1.1 percent). In examining the percentage of elderly disabled persons in rural areas compared to urban areas in the broad category of disabilities, such as blindness, low vision, visual disabilities and hearing disabilities, it was found that the rural areas had slightly higher percentages of elderly disabled

people in comparison to urban areas (NSS 76th Round, July to December 2018 – Persons with Disabilities in India).

There has been an improvement in the literacy levels among elderly males and females in both rural and urban areas over time. There is, however, a huge gender gap in literacy rates. According to the Population Census 2011, less than half of the elderly females are literate (28%) as compared to the elderly males (59%). The situation in urban area is better than that of rural area. It has been observed that older people in urban areas have significantly higher levels of general education than those in rural areas. Rural and urban residents aged 60 and above in Bihar, Jharkhand, Himachal Pradesh, Rajasthan, Jammu & Kashmir, Uttar Pradesh, Uttarakhand, Chandigarh and West Bengal have exceeded have exceeded the all-India average in number of years in formal education.

2.5 PROBLEMS FACED BY SENIOR CITIZENS

Ageing brings about a variety of anatomical and physiological changes in older people. As a result of these changes, they undergo many physical, psychological, behavioral and attitudinal changes. In spite of the fact that ageing is a natural stage of life, it brings with it numerous challenges for those who have reached that stage. According to various studies the major problems faced by the elderly are grouped into economic problems, physiological problems, housing related problems, social problems and crimes against elderly. For solving the problems associated with ageing, relevant data on the structure of population, various problems of aged and facilities available to them, etc. should be available.

The old age dependency ratio is used as a proxy for the economic dependence of older people in population ageing analysis. There are many societal and policy implications associated with population ageing. Demographic shift could lead to lower labour participation and savings rate, increased health expenditures and strain the pension and health schemes. Growing prevalence of non-communicable diseases disproportionately affects the elderly. In order to address the issues of population ageing, both technical and institutional innovations are needed.

2.6 SCHEMES AND PROGRAMS FOR THE WELFARE OF ELDERLY PERSONS

Administrative Set-Up

Ministry of Social Justice and Empowerment is the nodal ministry for the welfare of the senior citizens. In collaboration with the State governments, Non-Governmental Organizations and Civil Society, the Ageing Division of the Social Defence Bureau of the Department of Social Justice and Empowerment develops and implements policies and programs for improving the quality of life of senior citizens. Various programs for senior citizens focus on their welfare and maintenance, especially those who are indigent, by supporting old age homes, mobile medical units, etc. These programmes are implemented by providing support for the capacity building of Government, Non-Governmental Organizations (NGO), Panchayati Raj Institutions (PRI), Local Bodies and the Community.

National Policy on Older Persons (NPOP), 1999

To reaffirm the commitment to ensuring the well-being of older people, the National Policy on Older Persons was announced in January 1999. In accordance with the policy the State should provide financial and food security, healthcare, housing, supportive services to the older persons and an equitable share in the development process. In addition to this, they should also be protected from abuse and exploitation and their quality of life should be enhanced.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

To ensure the needs-based maintenance of the parents and senior citizens and their welfare, the Maintenance and Welfare of Parents and Senior Citizens (MWPSC) Act was enacted on December 2007. The Act has made it mandatory for the children and relatives to look after the elderly and their parents and also enabled the elderly to revoke property transfer if the relatives neglect them. All the State Government and Union Territories administrations have notified the act and brought it into force. This Act is not applicable in Jammu & Kashmir and Himachal Pradesh has its own Senior Citizens Act.

National Action Plan for Senior Citizens (NAPSrC)

The National Action Plan for Senior Citizens came into effect on 1st April 2020. It is an umbrella scheme. It integrates the articulation of current schemes, future plans, strategies and

targets it with schemes/programmes, accountability, financials and clear outcomes. The Plan addresses four major needs of the elderly, which are financial security, healthcare, food and human interaction/life of dignity. Furthermore, it covers all aspects of safety/protection and general well-being of the elderly, beginning with awareness generation and social sensitization.

Pradhan Mantri Vaya Vandana Yojana (PMVVY)

Government of India launched the pension scheme Pradhan Mantri Vaya Vandana Yojana in May 2017 to provide social security schemes and programmes for the welfare of elderly people, exclusively for the senior citizens of age 60 year and above. It was available from 4th May 2017 to 31st March 2020. This scheme has now been extended until March 31, 2023. This is a simplified version of Varishtha Pension Bima Yojana and will be implemented by the Life Insurance Corporation (LIC) of India.

Indira Gandhi National Old Age Pension Scheme (IGNOAPS)

Ministry of Rural Development implemented this scheme as a part of the National Social Assistance Program in the year 2007 according to the guidelines prescribed by the Government of India, for the senior citizens above the age of 60 and below the poverty line. This scheme aims to provide social protection to the eligible beneficiaries. Under this scheme the beneficiary will receive a monthly pension. And as it is a non-contribution pension the beneficiary does not have to contribute any amount to acquire the pension.

National Program for Healthcare of the Elderly (NPHCE)

Ministry of Health and Family Welfare launched NPHCE in 2010-11 to address various health-related problems of the elderly people. The main objective of this scheme is to provide proper healthcare facilities to senior citizens at various levels of primary, secondary and tertiary healthcare.

Rashtriya Vayoshri Yojana (RVY)

Under this scheme, senior citizens of age 60 and above who suffer from age-related disabilities/infirmities, as well as those in the BPL category, are provided with physical aids and assistive devices. The scheme addresses disabilities such as hearing impairment, low vision, loss of teeth and locomotors disability. In accordance with the announcement made in

the Budget Speech 2015-16, the Rashtriya Vayoshri Yojana (RVY) was formulated and launched on 1st April 2017.

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

PM-JAY was launched by the Ministry of Health and Family welfare under the Ayushman Bharat in 2018. Under this scheme, poor and vulnerable families are covered for secondary and tertiary care hospitalization at both public and private hospitals empanelled by the scheme, by providing a health cover of Rs. 5 lakh per family per year. Thus, becoming the largest health assurance scheme in the world.

Old Age Pension Scheme

The Indira Gandhi National Old Age Pension Scheme (IGNOAPS) is a non-contributary pension scheme for senior citizens of age 60 and above belonging to the BPL category, provided by the Government of India. Beneficiaries of the social security pensions, including IGNOAPS, receive a monthly pension of Rs.1600, of which the greater share is covered by the state government. For persons aged 60-79, the Central share contribution is Rs. 200 per month, and for those aged 80 and above, it is Rs. 500. State Government covers any amount above and over this. There are 28.3 lakh beneficiaries for IGNOAPS as of November 2021. Thus, constituting 54.8 per cent of the total security pensioners in the State.

Through the Information Kerala Mission, the Government of Kerala developed an online application system, Sevana Pension, for the distribution of social security pensions. The pension is distributed to the eligible beneficiaries through local bodies. Direct Benefit Transfer System has been successfully implemented by the State.

Schemes Provided to the Elderly by the Government of Kerala

Among all the states in the country, Kerala has the highest percentage of elderly population. Senior citizens face the challenge of a lack of social support as they age. State governments are responsible for social security and protection schemes for the elderly. Kerala Social Security Mission and Social Justice Department are two agencies that implement elderly welfare schemes in Kerala. The nodal department for implementing schemes for elderly is the Social Justice Department. In addition to the Department, LSGIs and elderly self-help groups play an

important role in elderly care. Furthermore, several NGOs and charitable organizations provide services to the elderly. Considering the importance of providing care for the elderly, kudumbashree also provides vital care for the elderly through its participation in an elderly inclusion programme, a destitute rehabilitation programme (Asraya) and palliative care.

Following are some of the programmes formulated by the Kerala State Government to help the elderly people:

Sayamprabha

This is a comprehensive package, implemented by the Social Justice Department, for the creation of an old-age friendly environment, helping the elderly to overcome the challenges and attain overall physical and mental health in a way that is meaningful and sustainable. Under Sayamprabha, the following programmes are implemented:

- Nutritional kits are distributed to elderly people registered in Sayamprabha homes by Vayoposhnam. The scheme covered approximately 4,100 beneficiaries in 2021-22.
- Under the Vayoamrutham project, treatment is provided for elders in Government old age homes with the support of the Indian System of Medicine for Ayurveda. Benefits of this scheme is availed by around 900 persons of 16 Government old age homes every year.
- As a part of Vayomadhuam scheme, glucometers are provided free of cost to old age people who fall into the BPL category.

Dementia Care Programme.

Smruthipadham is a programme initiated by the Kerala State Initiative on Dementia. The Social Justice Department and the Alzeimer's and Related Disorders Society of India have taken up the initiative. Under this project, a full-time daycare center is available at Edavanakkad, Ernakulam and a daycare facility is available at Kunnamkulam. There are around 40 people who receive benefits from dementia centers in Ernakulam and Thrissur every year.

Vayomithram

The Kerala Social Security Mission implements a social safety net programme to provide health and social services to the elderly above the age of 65 residing in the state's municipal and corporation areas. Currently, 95 Vayomithram units are operating effectively in 6

Corporation areas, 85 Muncipal areas and 4 Block Panchayat areas of the State. Under this project, free medical check-ups and treatments are provided through mobile clinics.

Navajeevan

In order to enable the upliftment of senior citizens from a state of economic and social backwardness, the Department of Employment is implementing the self-employment scheme to assist them in starting their own enterprises. Under this scheme, senior citizens will be able to obtain bank loans up to Rs.50,000 for starting self-employment ventures, with the government providing a 25 per cent subsidy subjected to a maximum of Rs.12,500 for each loan.

Institutions for Elderly Care

The Social Justice Department runs old age homes, regulates the operations of such Institutions outside the Government and implements schemes for the elderly. A total of sixteen old age homes are operated under the control of the Department of Social Justice. The Local Self-Governments had been running ‘Pakal Veedu’, which is a daycare for the elderly and later it was upgraded to Sayamprabha Homes which included recreational, healthcare and nutritional supply for the elderly.

Furthermore, the department also piloted ‘Model Sayamprabha Homes’ for various old age needs in Thiruvananthapuram and Kozhikode districts as Multi-Service Day Care Centers. The Department launched the “Second Innings Project”, in order to upgrade the status of Government old age homes to national standards. Upon the success of the Kannur pilot project, the scheme was extended to Government old age homes in Kollam and Malappuram.

Empowerment of Special Neighbourhood Groups by Kudumbashree

Currently, there are 25,992 geriatric neighborhood groups with 2,83,615 members functioning and 525 micro-enterprises have been launched through them. With the support of Panchayats and hospitals, medical camps are conducted at the Gram Panchayat level Community Development Societies (CDS) and ward level Area Development Societies (ADS). In conjunction with COVID-19, a special campaign titled “Grant Care for the Elderly” was organized to raise awareness about reverse quarantine among the elderly population (17,68,929

numbers) through phone, as well as provided them with food and medicines. A revolving fund of Rs.5000 was provided to 4,700 elderly neighborhood groups in 2020-21.

2.7 E-HEALTH

E-health is a pioneering project funded by the Government of India and the Department of Health and Family Welfare, Government of Kerala. It is designed to provide centralized healthcare system for the residents in Kerala. The system is based on AADHAR, hence the citizens will have unique identity card and healthcare records which can be used lifelong to get treatment in Government hospitals. With e-health citizens can easily book an appointment in any Government hospital. E-health enables the citizens to virtually consult the expert doctors through the M-ehealth app in mobile. The main aim of the e-health platform is to establish a proper healthcare system for the people of the state, thereby taking care of the old and weak section of the society.

2.8 CONCLUSION

As people grow older, they should be able to enjoy good health. It is therefore imperative that more innovative and sustainable approaches be taken to deal with the problems that this rapidly growing group faces. In order to develop a viable strategy, a reliable and up-to-date database on the characteristics of the population is needed. The creation of such a database would help to converge the activities of various departments in this sector and of the Local Self Government Institutions. To improve service delivery, institutional mechanisms must be strengthened.

CHAPTER – 3

ANALYSIS & INTERPRETATION

3.1 INTRODUCTION

Ageing is an irreversible, continuous and universal process. The age at which one tends to be economically dependent and whose productive contribution declines can probably be considered the onset of ageing state. This is the period of life where the individual's health also starts declining and they become more vulnerable. They need more healthcare facilities than people of any other age group. Hence, it is important to analyse the health expenditure of the senior citizens and whether they are able to meet their health expenditure, as it is the basic human right for senior citizens to have social security. For analysing whether the senior citizens are able to meet their health expenditure, their source of income, employment status, health condition, health expenditure, source of treatment and other factors are analysed.

3.1.1 ANALYSIS CRITERIA

In this chapter, we examine the primary data collected through personal interview and mailed questionnaire. Eighty samples are collected in total from senior citizens of age groups 60-69, 70-79, 80-89 and above 89. Questions regarding their income, health conditions, monthly health expenditure and additional expenditure related to health are asked to the senior citizens. Whether they are able to meet their health expenditure with the income they earn and whether they are getting any benefits from the Government schemes are analysed. Their socio-economic status is also covered in the primary analysis. This chapter is further divided into three sub categories:

- Socio-economic status of the respondents
- Health conditions and health expenditure of the respondents
- Awareness of social security schemes and E-health platform

3.2 SOCIO-ECONOMIC STATUS OF THE RESPONDENTS

By collecting the general information of the respondents their socio-economic status can be obtained. For this study, age, employment status and source of income are the important factors considered.

3.2.1 AGE WISE DISTRIBUTION

The age wise distribution can help to understand an approximation of which age group has greater number of respondents in the Keezhmad Panchayat.

Table 3.2.1 Age wise distribution

Age	No. of Respondents	Percentage of Respondents
60-69	37	46.3%
70-79	29	36.2%
80-89	12	15%
Above 89	2	2.5%

Source: Primary data

From the data collected it can be observed that there are 37 respondents between the age of 60-69. While there are 29 respondents belonging to the age group 70-79, 12 respondents of age group 80-89 and 2 respondents who are above 89. Most of the respondents belong to the age group 60-69.

3.2.2 MARITAL STATUS

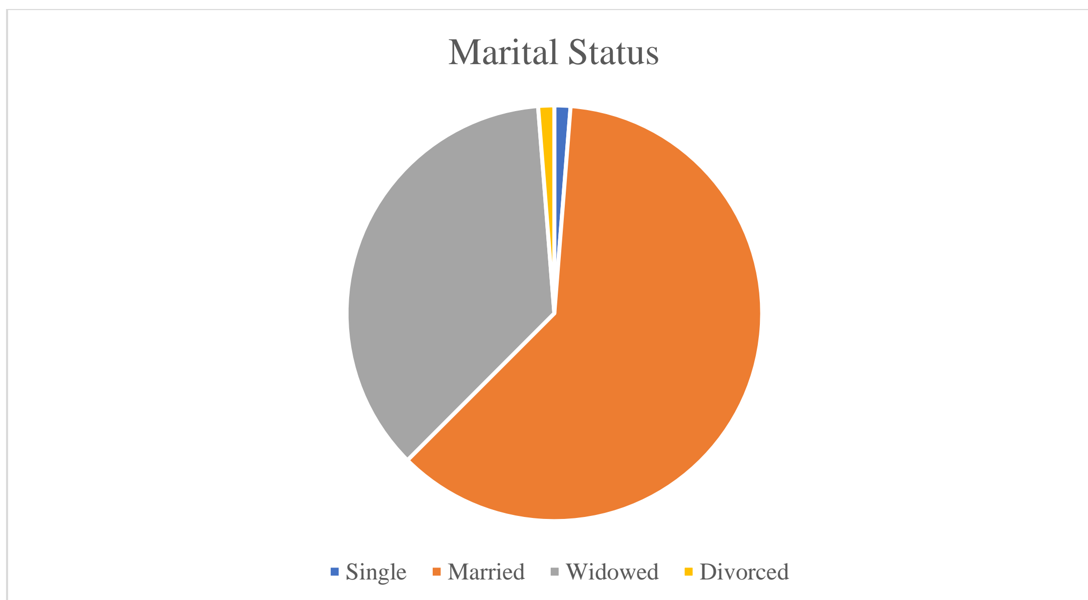
The below table shows the marital status of the respondents:

Table 3.2.2 Marital status

Marital Status	No. of Respondents	Percentage of respondents
Single	1	1%
Married	49	61%
Widowed	29	36%
Divorced	1	1%

Source: Primary data

Figure 3.2.2 Marital Status



Source: Primary data

The data shows that 1 percent of the respondents is single, 61 percent of the respondents are married, 36 percent of the respondents are widowed and 1 percent of the respondents is divorced. Therefore, the majority of the respondents are married.

3.2.3 TYPE OF FAMILY

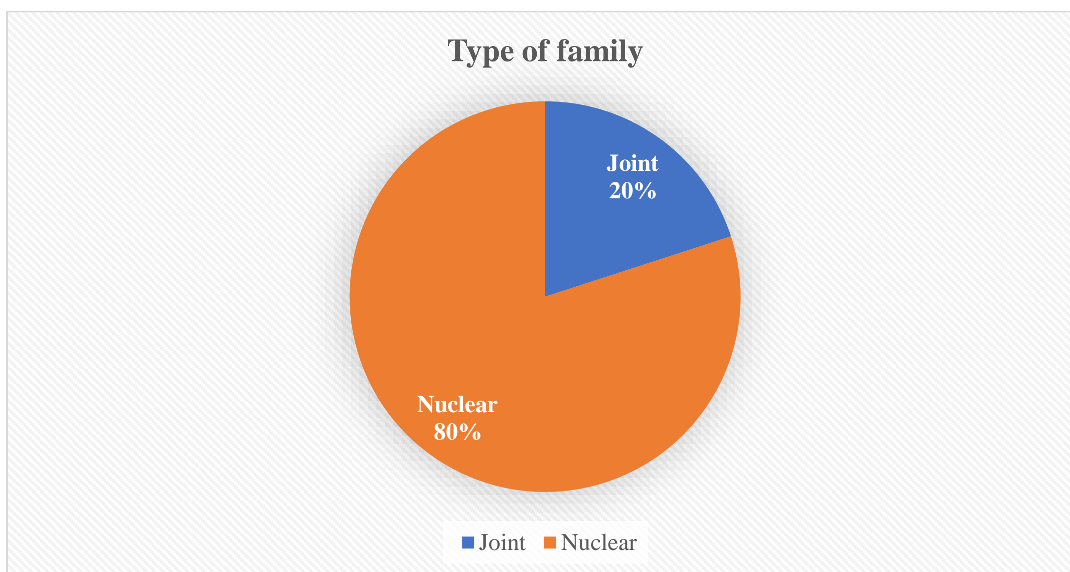
Traditional Indian culture and social arrangements emphasized the prevalence of social security provided for families; the elders were revered and obeyed in their households, neighbourhoods and communities. But with the emergence of nuclear family, these arrangements have almost disappeared.

Table 3.2.3 Type of family

Type of Family	No. of Respondents	Percentage
Joint Family	16	20%
Nuclear Family	64	80%

Source: Primary data

Figure 3.2.3 Type of Family



Source: Primary data

From the data collected it is clear that there is only 20 percent of the respondents that belong to a joint family, while 80 percent of the respondents belong to a nuclear family. This shows the fact that the nuclear family is emerging and the joint family is eroding with time.

3.2.4 APL/BPL STATUS

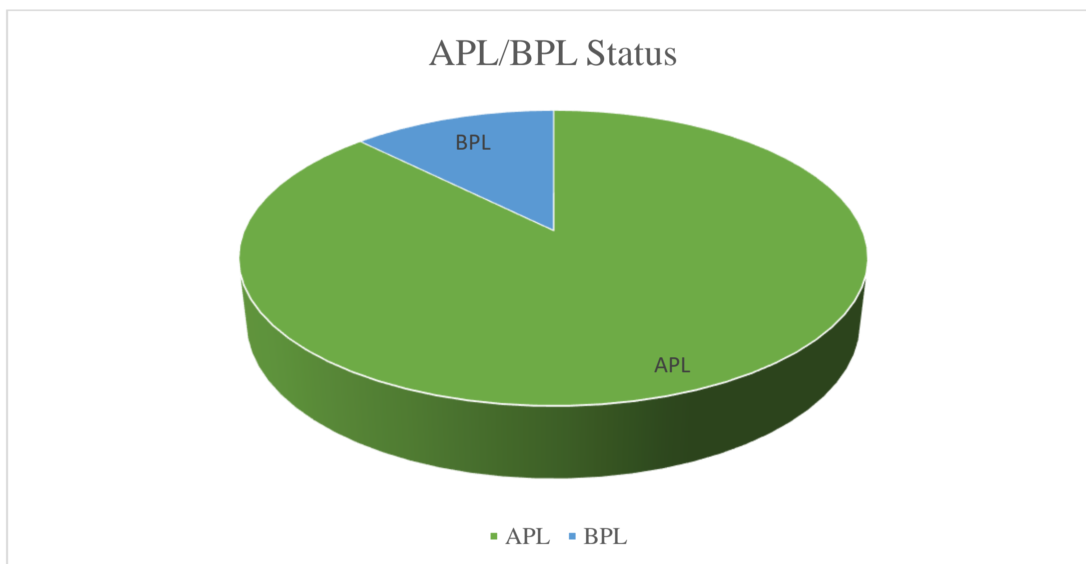
Poverty line is the amount of money needed to meet a person's basic needs. The below graph shows the APL/BPL status of the households of the respondents which can be used to understand whether they are above or below the poverty line.

Table 3.2.4 APL/BPL status

APL/BPL Status	No. of Respondents	Percentage
APL	70	88%
BPL	10	13%

Source: Primary data

Figure 3.2.4 APL/BPL Status



Source: Primary data

By assessing the above figure, about 88 percent of the respondents belong to APL category and 13 percent of the respondents belong to the BPL category. So, from the analysis it can be understood that most of the respondents belong to the APL category and that they are above poverty line, meaning that they earn minimum amount of money to meet their basic needs.

3.2.5 EDUCATIONAL QUALIFICATION

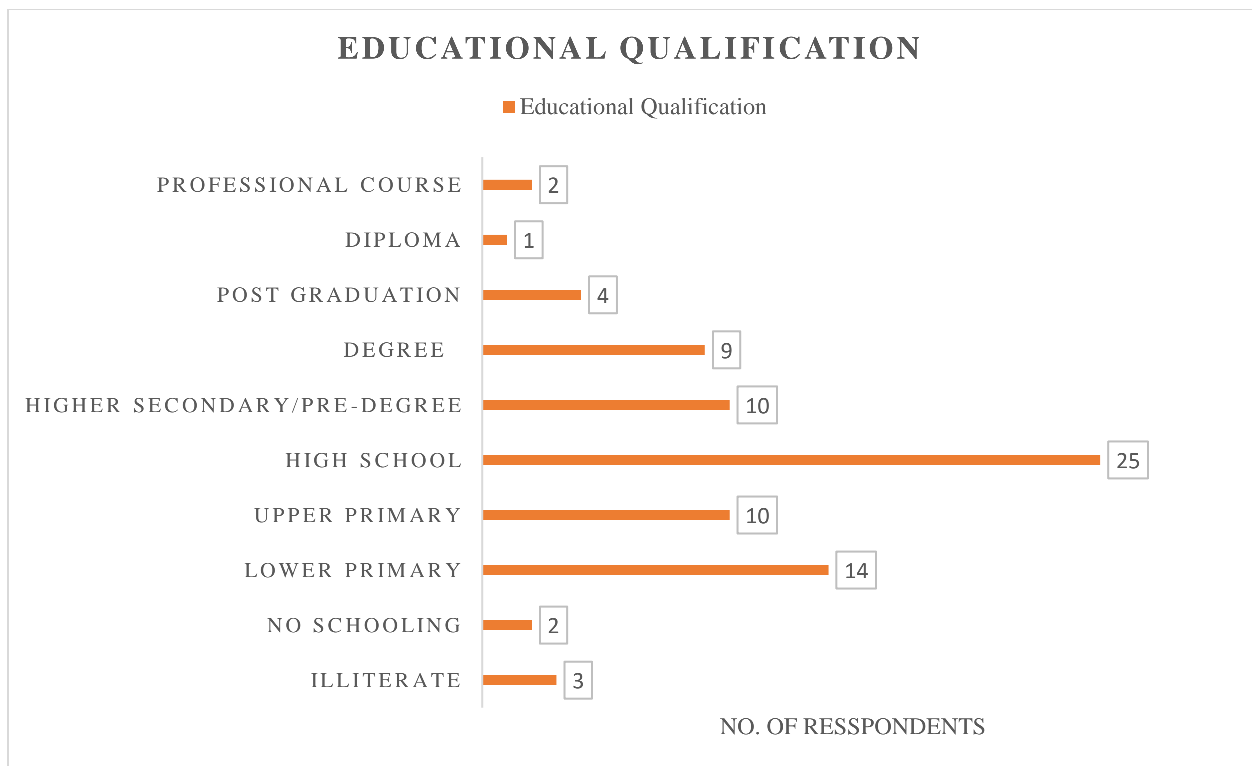
An individual's quality of life is certainly determined by their education. It is very critical for the senior citizens to have education and be literate, as it can help them not being subjected to much exploitation and will also give them a sense of self-esteem.

Table 3.2.5 Educational Qualification

Educational Qualification	**No. of Respondents**	**Percentage of respondents**
Illiterate	3	4%
No schooling	2	3%
Lower primary (1-4)	14	18%
Upper primary (5-7)	10	13%
High school (8-10)	25	31%
Higher secondary/Pre-degree	10	13%
Degree	9	11%
Post graduation	4	5%
Diploma	1	1%
Professional course	2	3%

Source: Primary data

Figure 3.2.5 Educational Qualification



Source: Primary data

From the data analysis, 4 percent of the respondents are illiterate, 3 percent have no schooling, 18 percent have attended only till lower primary (1-4), 13 percent have attended upper primary (5-7), 31 percent have attended high school (8-10), 13 percent have completed higher secondary/pre-degree, 11 percent have completed degree, 5 percent have done post-graduation, 1 percent have done diploma and 3 percent have done professional course. It can be observed that the majority of the respondents are literate and have attended schools and even colleges

3.2.6 PERCENTAGE OF CURRENTLY EMPLOYED RESPONDENTS

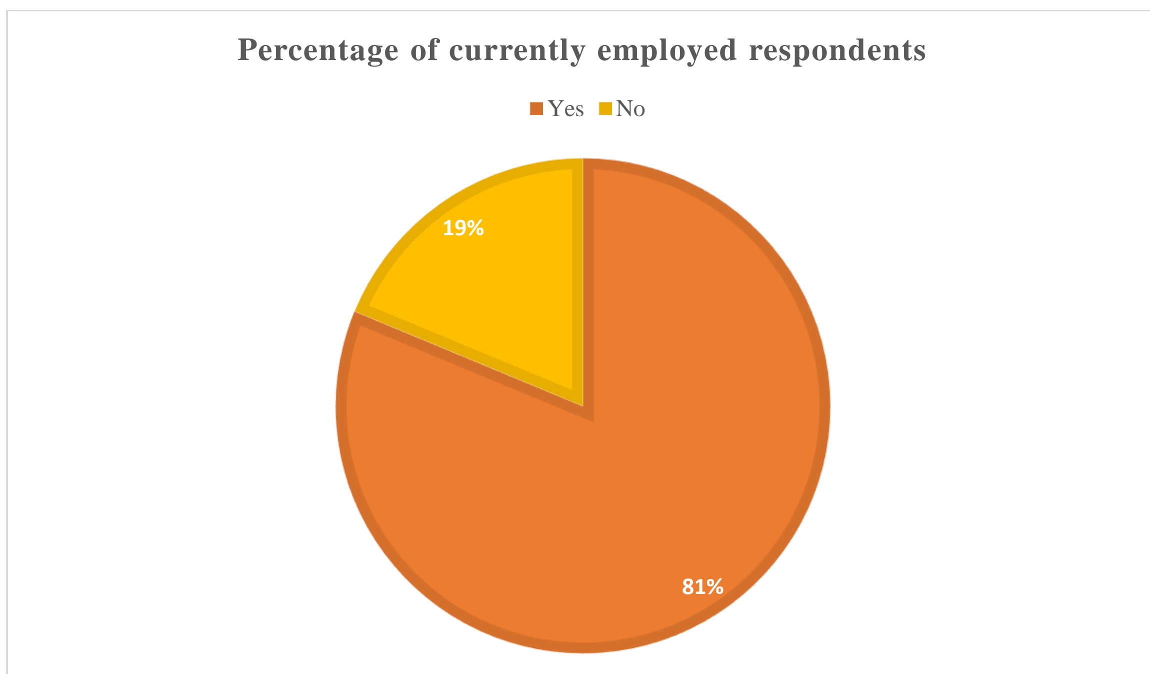
Even in their old age some of the senior citizens are still employed in order to make the ends meet.

Table 3.2.6 Percentage of currently employed respondents

Currently employed respondents	No. of Respondents	Percentage
Yes	15	19%
No	65	81%

Source: Primary data

Figure 3.2.6 Percentage of currently employed respondents



Source: Primary data

It can be observed that 81 percent of the respondents are not currently employed, while 19 percent of the respondents are employed.

3.2.7 SECTOR IN WHICH THE RESPONDENTS ARE PRESENTLY EMPLOYED

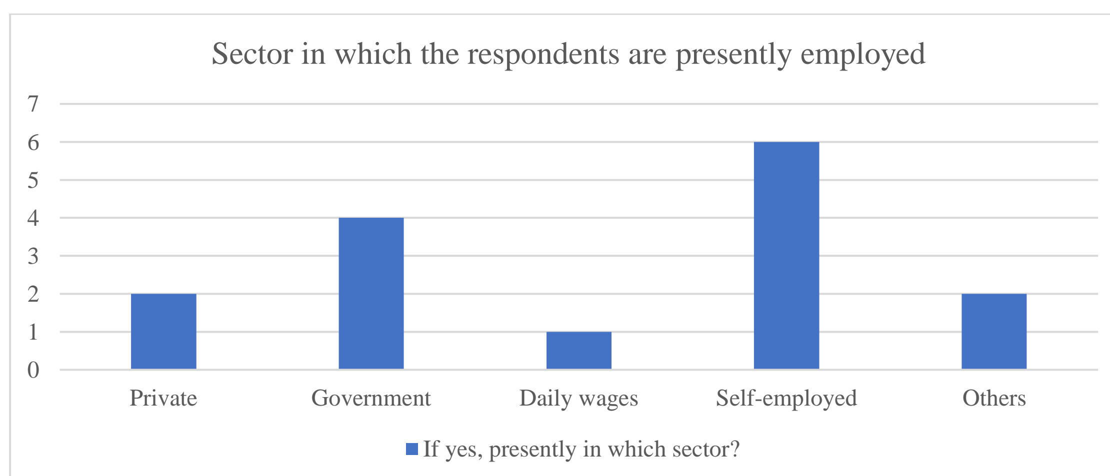
The below table shows that sector in which the respondents who are still employed are currently working:

Table 3.2.7 Sector in which the respondents are presently employed.

Sector in which the respondents are presently employed	No. of Respondents	Percentage
Private	2	14.3%
Government	4	28.6%
Daily wages	1	4.8%
Self-employed	6	38.1%
Others	2	14.2%

Source: Primary data

Figure 3.2.7 Sector in which the respondents are presently employed.



Source: Primary data

Some of the respondents are still employed. From the data collected it can be seen that out of the 15 respondents who are employed 2 are employed in private sector, 4 of them are employed in the government sector, 1 of them is a daily wage worker, 6 are self-employed and 2 are employed in other sectors.

3.2.8 MAIN OCCUPATION

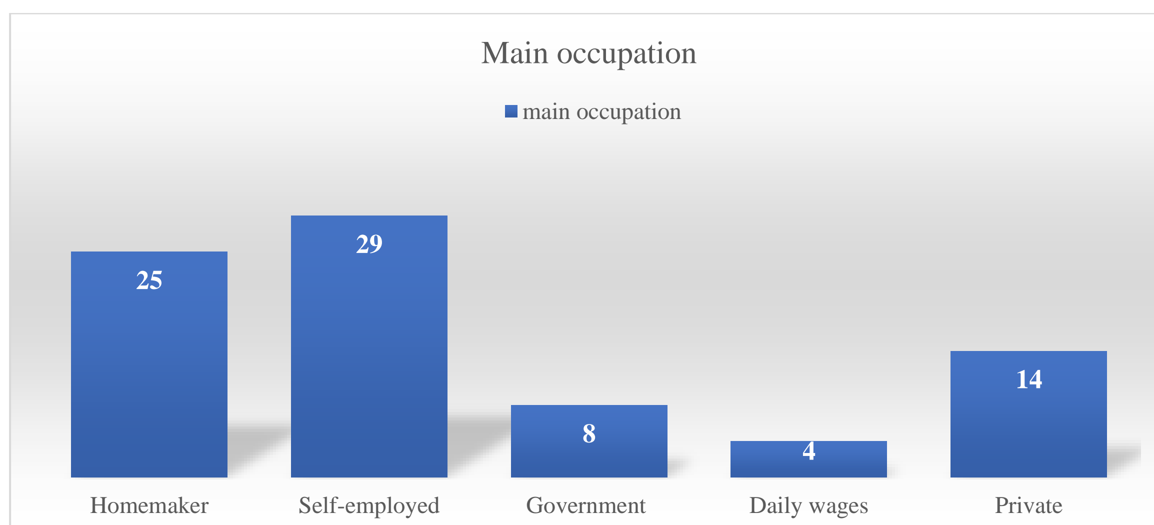
The below table shows the main occupation in which the respondents were engaged:

Table 3.2.8 Main occupation

Main occupation	No. of Respondents	Percentage
Homemaker	25	31.25%
Self-employed	29	36.25%
Government	8	10%
Daily wages	4	5%
Private	14	17.5%

Source: Primary data

Figure 3.2.8 Main occupation



Source: Primary data

The senior citizens were engaged in various occupations in their working age. Out of the 80 samples collected, 25 of them were homemakers and were not employed, 29 of them were self-employed, 8 of them were employed in the government sector, 4 were daily wage workers and 14 of them were employed in the private sector. Most of the respondents were self-employed.

3.2.9 REASON FOR NOT WORKING

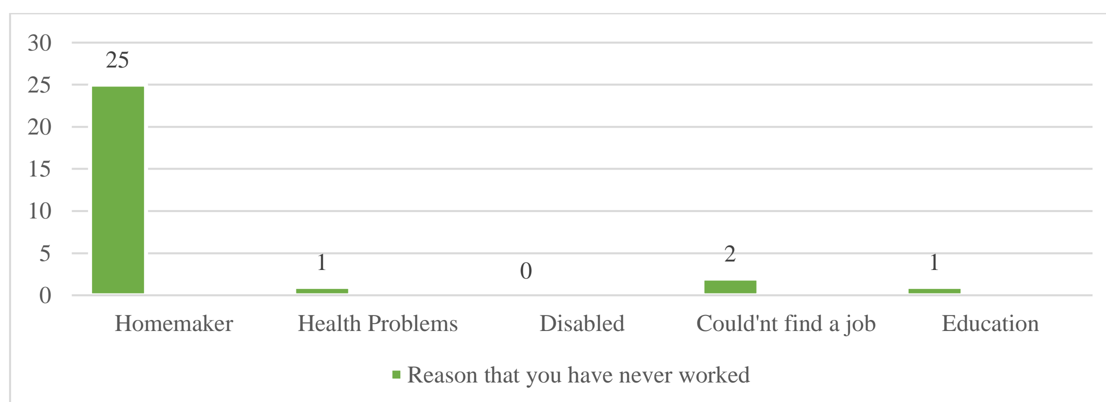
Even though the majority of the respondents had an occupation some of the respondents have never worked. The reasons why they never worked is given in the table given below:

Table 3.2.9 Reason for not working

Reason that they have never worked	No. of Respondents	Percentage
Homemaker	25	86.2%
Health problems	1	3.4%
Disabled	0	0%
Couldn't find a job	2	6.9%
Education	1	3.4%

Source: Primary data

Figure 3.2.9 Reason that the respondents have never worked



Source: Primary data

The reason why most of the respondents (86.2 percent) never worked was that they were homemakers and were not able to go for work. 3.4 percent of the respondents never worked because they had health problems, 6.9 percent of them were not able to find a job and another 3.4 percent of the respondents never worked because of their education background.

3.2.10 PERCENTAGE OF RESPONDNETS ACTIVELY LOOKING FOR WORK

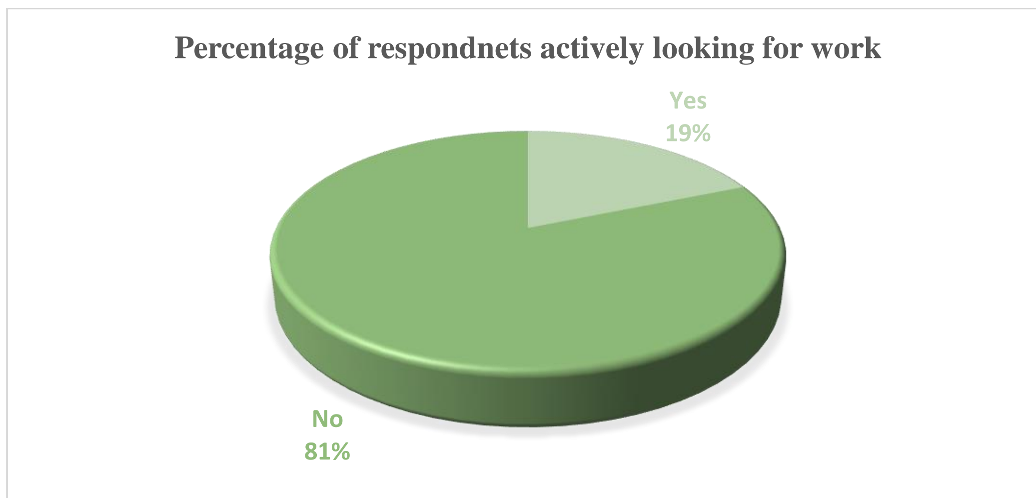
Even in the old age some of the individuals might still be looking for works which they can take up for various reasons. The table below shows the percentage of respondents who are looking for work even in this age:

Table 3.2.10 Respondents actively looking for work

Respondents actively looking for work	No. of Respondents	Percentage
Yes	15	19%
No	65	81%

Source: Primary data

Figure 3.2.10 Respondents actively looking for work



Source: Primary data

Among the sample collected, 19 percent of the respondents are actively looking for work, while 81 percent of them are not looking for any work. So, the majority of the respondents are not looking for work at this age.

3.2.11 REASON WHY THE RESPONDENTS ARE LOOKING FOR WORK

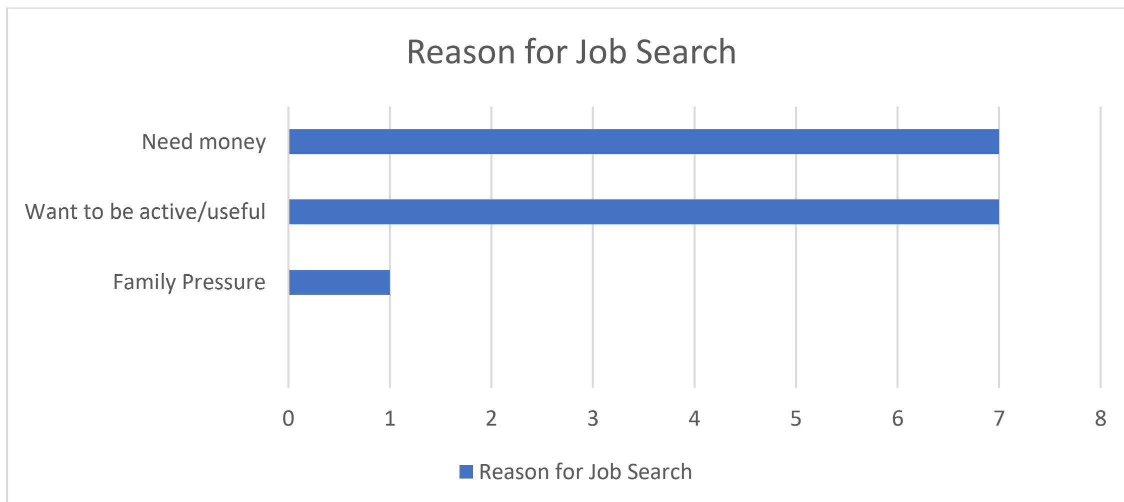
About 19 percent of the respondents of this study are actively looking for work and they do so because of the reasons provided in the table below:

Table 3.2.11 Reason why the respondents are searching for work

Reason why they would like to work	No. of Respondents	Percentage
Need money	7	41.2%
Want to active/useful	7	41.2%
Family pressure	1	17.7%

Source: Primary data

Figure 3.2.11 Reason why the respondents are looking for work



Source: Primary data

The two main reasons why the respondents are looking for work is the need for money and the to be active and useful. 41.2 percent of the respondents is looking for work to earn money while another 41.2 percent of them want to be active and useful. 5.9 percent of the respondents are looking for work due to family pressure and another 5.9 percent of the them are looking for work due to other reasons.

3.2.12 SOURCES OF INCOME

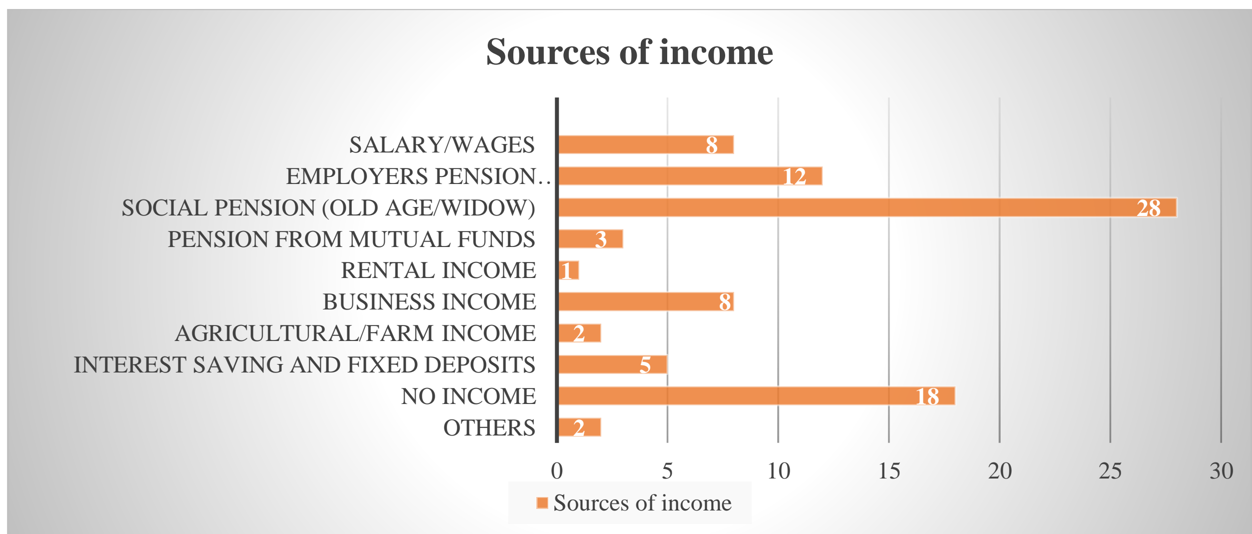
Income is a critical factor that is necessary for the humans to sustain their livelihood. It gives a sense of security and enables to meet the basic needs of the humans.

Table 3.2.12 Sources of income

Source of Income	No. of Respondents	Percentage
Salary/Wages	8	10%
Employers pension (Government/Other)	12	15%
Social pension (Old age/ Widow)	28	35%
Pension from mutual funds	3	3.8%
Rental income	1	1.3%
Business income	8	10%
Agricultural/Farm income	2	2.5%
Interest saving and fixed deposits	5	6.3%
No income	18	22.5%
Others	2	2.6%

Source: Primary data

Figure 3.2.12 Sources of income



Source: Primary data

From the data collected it can be observed that 10 percent of the respondents source of income is their salary/wages, 15 percent of the respondents receive employers pension, 35 percent of the respondents receive social pension (old age/widow), 3.8 percent receive pension from mutual funds, 1.3 percent receive rental income, 10 percent of them receive business income, 2.5 percent of the respondents source of income is agricultural income, 6.3 percent of the have interest savings and fixed deposits, 2.6 percent of them have other income sources like family income and dividends, while 22.5 percent of the respondents do not have any source of income. Hence, among the respondents most of them have social pension as their source of income.

3.2.13 INCOME SUFFICIENCY

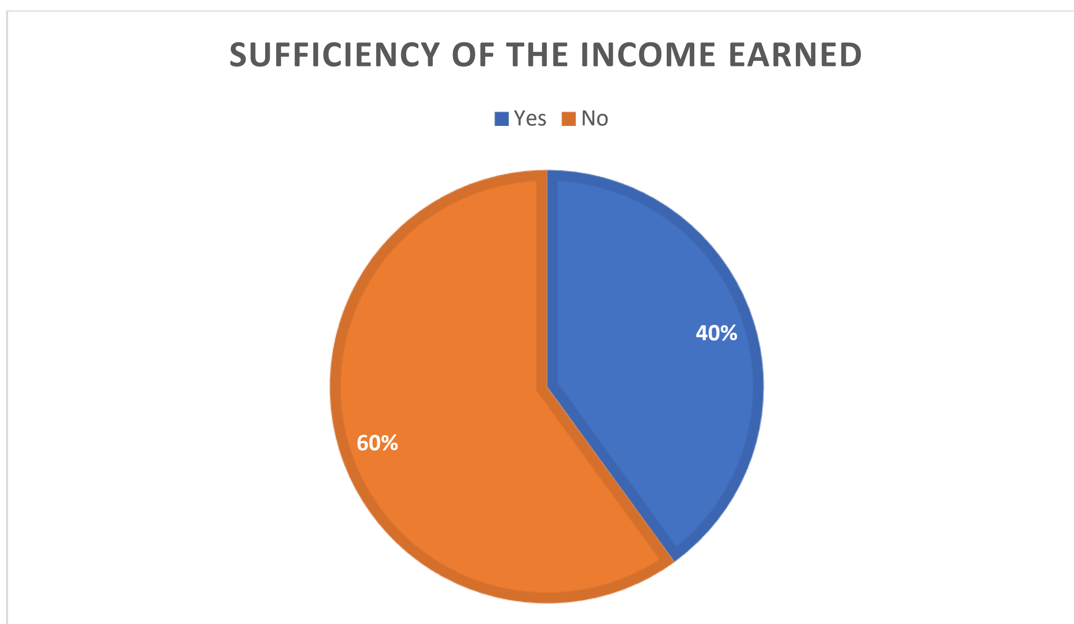
It is not only important for an individual to have a regular source of income, but it is very much necessary that they have an income that will help them to meet their basic needs. Also, they will not have to depend on their children for their day-to-day needs.

Table 3.2.13 Income sufficiency

Income sufficiency	No. of Respondents	Percentage
Yes	32	40%
No	48	60%

Source: Primary data

Figure 3.2.13 Sufficiency of the income earned



Source: Primary data

According to the survey, 40 percent of the respondents have income that is required to meet their basic necessities, while the majority of the respondents (60 percent) do not have enough income to meet their basic needs.

3.3 HEALTH CONDITION AND HEALTH EXPENDITURE OF SENIOR CITIZENS

As one age their health starts to decline and will need more attention and care. They will require more health care facilities, medications must be taken on a daily basis, will need to visit the hospital more often and may require additional health care supplies. And hence the health expenditure associated with them will also be high. But the dependency ratio will be higher for the senior citizens as they will not be in a condition to work and earn at this particular age. Some might be working, some of them will have their savings or pension and mostly their children would be looking after them. Analysis of their health condition and health expenditure will give an insight about the above-mentioned statement.

3.3.1 GENERAL HEALTH CONDITION

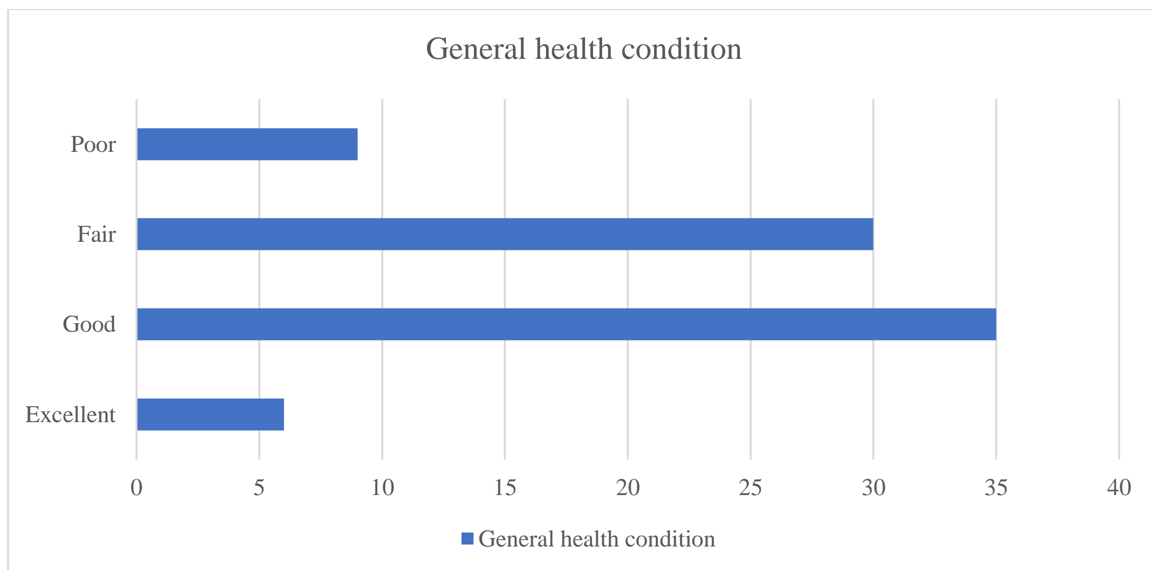
Health is important to every individual regardless of their age group. Even with a good health the elderly will need more care. Healthier they are, they will not have to depend too much on others.

Table 3.3.1 General health condition

General Health Condition	No. of Respondents	Percentage
Excellent	6	7.5%
Good	35	43.7%
Fair	30	37.5%
Poor	9	11.3%

Source: Primary data

Figure 3.3.1 General health condition



Source: Primary data

It can be observed that out of 80 respondents 6 have excellent health condition, 35 have good health, 30 feels like their health condition are fair and 9 of them have poor health condition. By analysing the data, it can be found that majority of the respondents have rated their health condition good.

3.3.2 PRESENCE OF THE FOLLOWING AILMENT

Table 3.3.3 Presence of the following ailment in the respondents

Ailments	No. of Respondents	Percentage
Arthritis	2	2.5%
Heart disease	10	12.5%
Diabetes	40	50%
Chronic lung disease	0	0%
Asthma	12	15%
High blood pressure	24	30%
Alzheimer disease	1	1.3%
Cancer	1	1.3%
Dementia	0	0%
Liver trouble	1	1.3%
Cholesterol	24	30%
Thyroid	4	5%
Cataract	6	7.5%
Osteoporosis	2	2.5%
Urinary infection	3	3.8%
Kidney failure	2	2.5%
Paralysis	1	1.3%
Back pain	20	25%
Nil	9	11.3%
Others	4	5.2%

Source: Primary data

From the data collected it can be concluded that diabetics is the most common ailment the respondents (40) have, followed by high blood pressure (24 respondents) and cholesterol (24 respondents). This is followed by backpain (20 respondents). Other ailments asthma, heart disease, etc.

3.3.3 CONSUMPTION OF MEDICINES FOR THE AILMENT

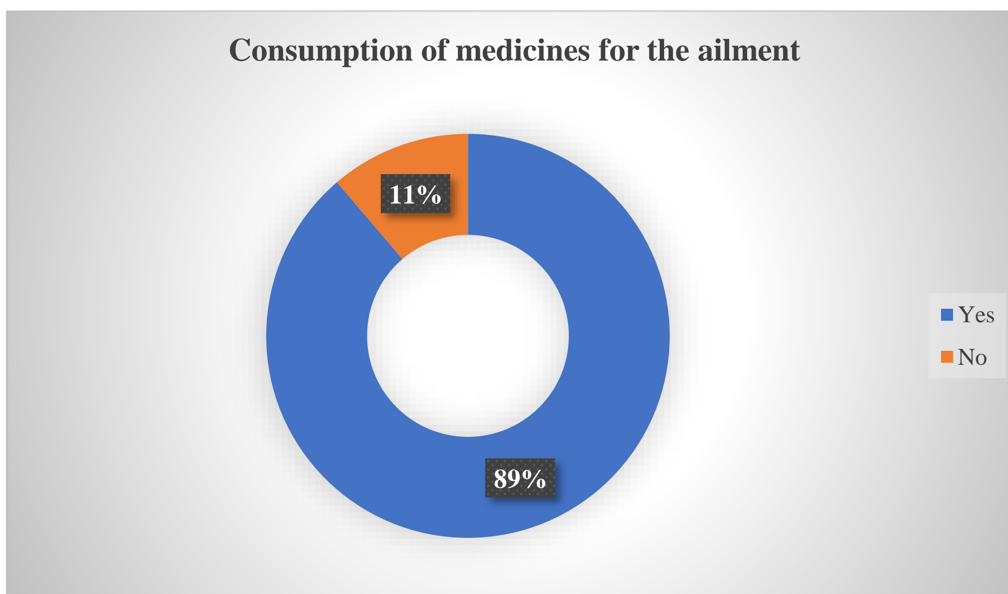
The below table shows whether the respondents have been taking any medication or treatment for the particular ailment:

Table 3.3.3 Consumption of medicines for the ailment

Consumption of medicines for the ailment	No. of Respondents	Percentage
Yes	71	89%
No	9	11%

Source: Primary data

Figure 3.3.3 Consumption of medicines for the ailment



Source: Primary data

89 percent of the respondents are taking medication and treatment for the particular medication. Hence, this get added on to their health expenditure. While 11 percent of the respondents are not taking any kind of treatment or medication and this is not added on to their health expenditure.

3.3.4 AVERAGE COST OF THE PARTICULAR TREATMENT/MEDICINE PER MONTH

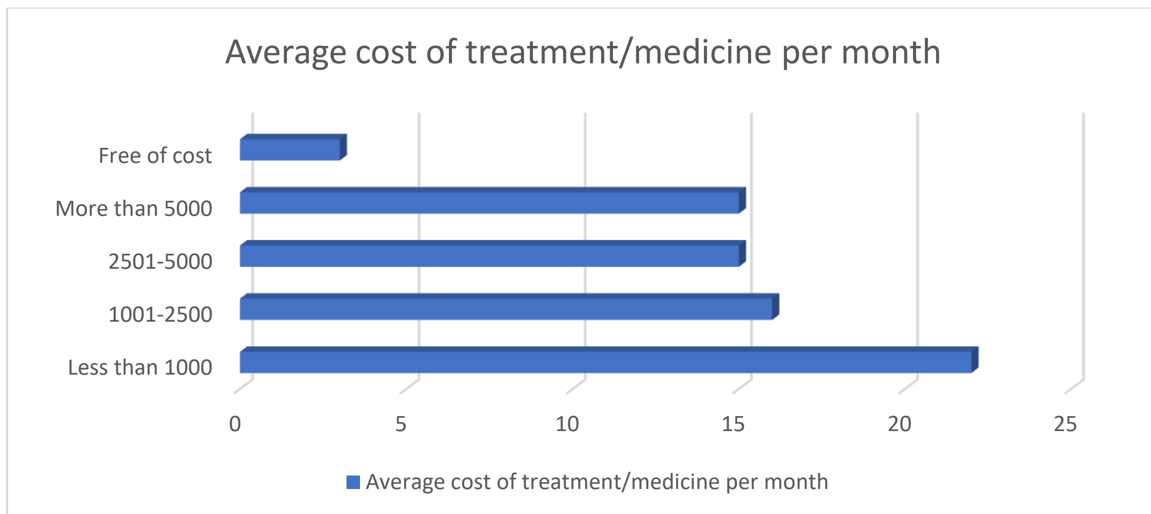
The below table shows the average cost that was incurred by the respondents for the particular ailment:

Table 3.3.4 Average cost for the particular treatment/medicine per month

Average cost for the particular treatment/medicine per month	No. of Respondents	Percentage
Less than 1000	22	31%
1001-2500	16	22.5%
2501-5000	15	21.1%
More than 5000	15	21.1%
Free of cost	3	4.2%

Source: Primary data

Figure 3.3.4 Average cost for the particular treatment/medicine per month



Source: Primary data

According to the data collected, for 31 percent of the respondents the average cost of treatment or medicine per month was less than 1000, for 22.5% it is between 1001-2500, for 21.1 percent it is 2501-5000, for 21.1 percent it is more than 5000 and for 4.2 percent of respondents it is free of cost. For majority of the respondents the average cost of the particular treatment was less 1000.

3.3.5 SOURCE OF TREATMENT

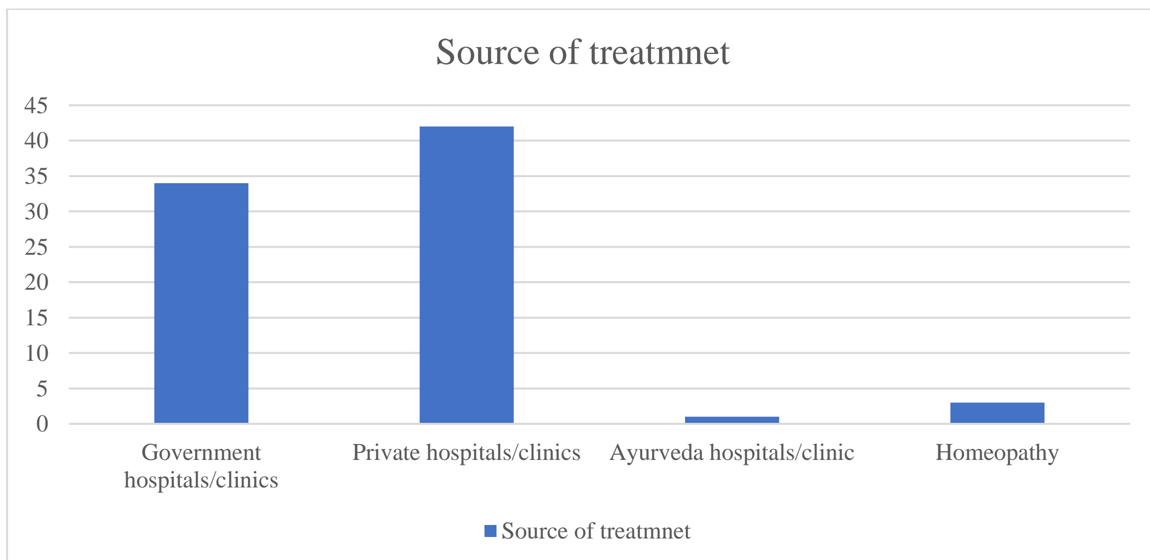
The below table shows the various source of treatments available for the respondents:

Table 3.3.5 Source of treatment

Source of treatment	No. of Respondents	Percentage
Government hospitals/clinics	34	42.5%
Private hospitals/clinic	42	52.5%
Ayurveda hospital/clinic	1	1.2%
Homeopathy	3	3.7%

Source: Primary data

Figure 3.3.5 Source of treatment



Source: Primary data

Everyone has their own choice when coming to the source of treatment. Out of the 80 respondents, 34 of them prefer government hospitals for treatment, 42 of them prefer private hospitals, 1 of them prefer ayurveda hospital and 3 of them prefer homeopathy. Most of the respondents preferred private hospitals.

3.3.6 REQUIREMENT OF EMERGENCY CARE/TREATMENT

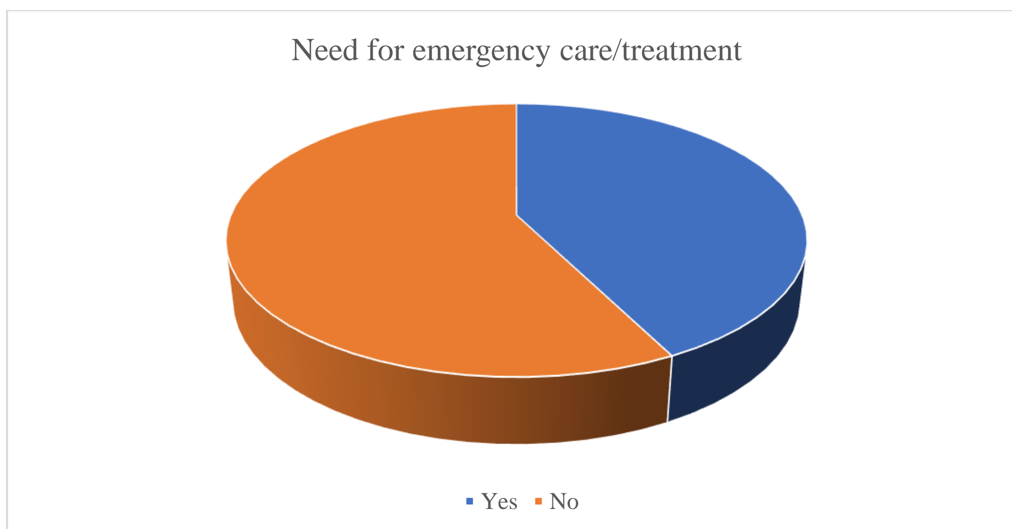
The elderly people are more prone to various health issues and they might require emergency care or treatment more often than the other age group.

Table 3.3.6 Need for emergency care/treatment

Need for emergency care/treatment	No. of Respondents	Percentage
Yes	34	42.5%
No	46	57.5%

Source: Primary data

Figure 3.3.6 Need for emergency care/treatment



Source: Primary data

The emergency treatment where seeked by 43 percent of the respondents, while 53 percent of the respondents have not seeked any emergency care. Therefore, the majority of the senior citizens have not seeked any emergency treatment.

3.3.7 COST OF THE PARTICULAR TREATMENT

The cost that was incurred for the emergency treatment is given below:

Table 3.3.7 Cost of the particular treatment

Cost of the particular treatment	No. of Respondents	**Percentage**
0-50,000	14	46.67%
50,001-1,00,000	4	13.33%
1,00,001-1,50,000	4	13.33%
1,50,001-2,00,000	4	13.33%
2,00,001-2,50,000	0	0%
2,50,001-3,00,000	1	3.33%
3,00,001-3,50,000	1	3.33%
3,50,000-4,00,000	1	3.33%
Above 4,00,000	1	3.33%

Source: Primary data

According to the data most of the emergency treatment costed between 0-50,000, for 12 of the respondents the cost incurred were between 50,001-2,00,000. And for the rest of the 4 respondents this was between a range of 2,50,001 to above 4 lakhs.

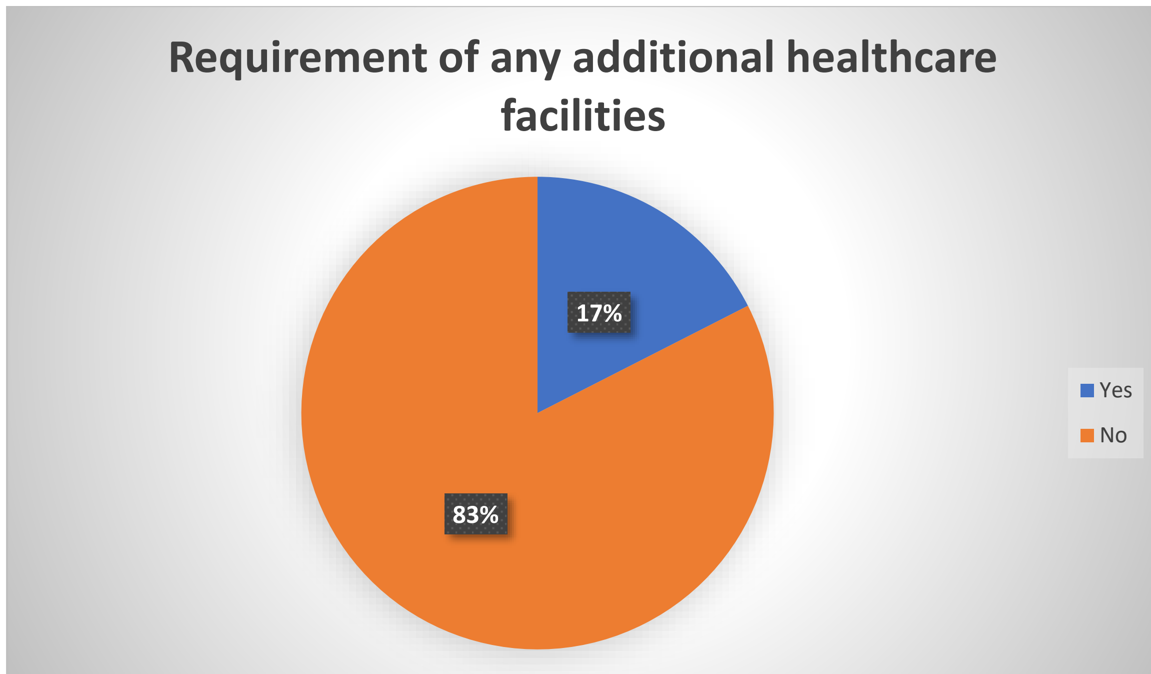
3.3.8 REQUIREMNET OF ADDITIONAL HEALTH CARE FACILITIES

Table 3.3.8 Requirement of additional health facilities

Are any additional health care facilities required	**No. of Respondents**	**Percentage**
Yes	14	18%
No	66	83%

Source: Primary data

Figure 3.3.8 Requirement of additional healthcare facilities



Source: Primary data

When an individual gets old, they might not only need medicines and treatments, but they might also need addition healthcare facilities and care like home nurse, wheelchair, walking stick and other medical instruments. They might also add up to their health expenditure. From the data collected it can be observed that a majority of 83 percent of the respondents did not require any additional facility, while the rest 18 percent require them.

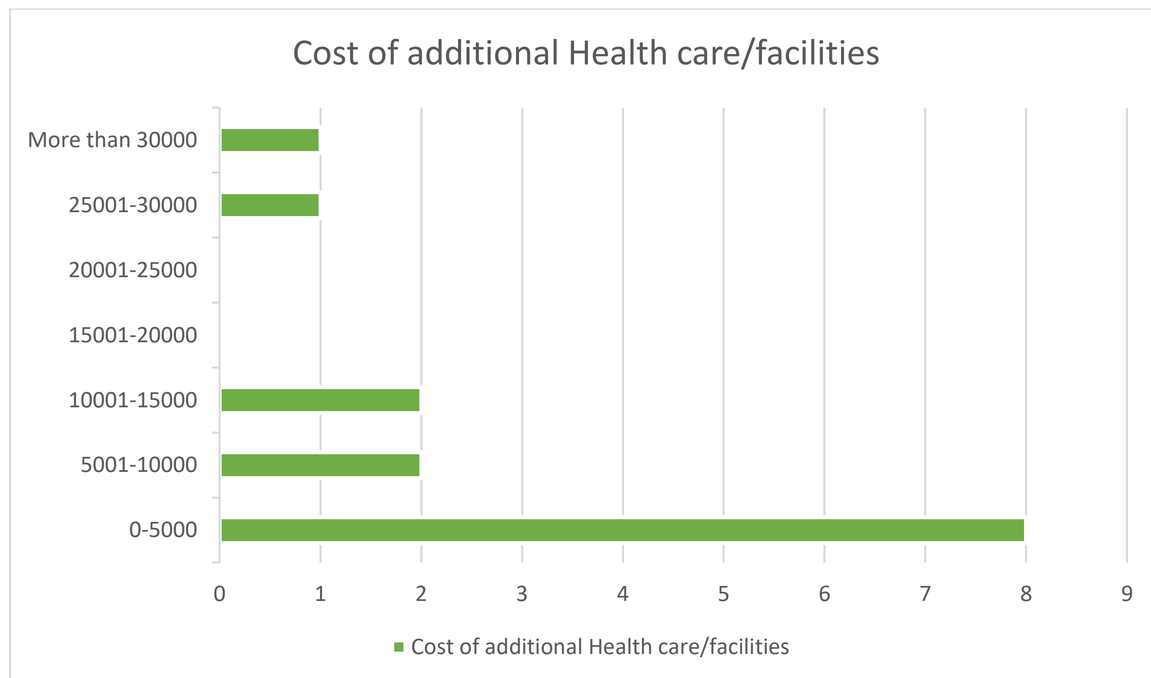
3.3.9 COST OF ADDITIONAL HEALTH CARE/FACILITIES

Table 3.3.9 Cost of additional health care/facilities

Cost of additional healthcare facilities	No. of Respondents	Percentage
0-5000	8	57.14%
5001-10000	2	14.28%
10001-15000	2	14.28%
15001-20000	0	0%
20000-25000	0	0%
25001-30000	1	7.14%
More than 30000	1	7.14%

Source: Primary data

Figure 3.3.9 Cost of additional healthcare/facilities



Source: Primary data

The data shows that mostly the additional health facility costed between 0-5,000 (8 respondents). For 2 respondents each it costed 5,001-10,000 and 10,001-15,000. For one respondents each it costed 25,001-30,000 and above 30,000.

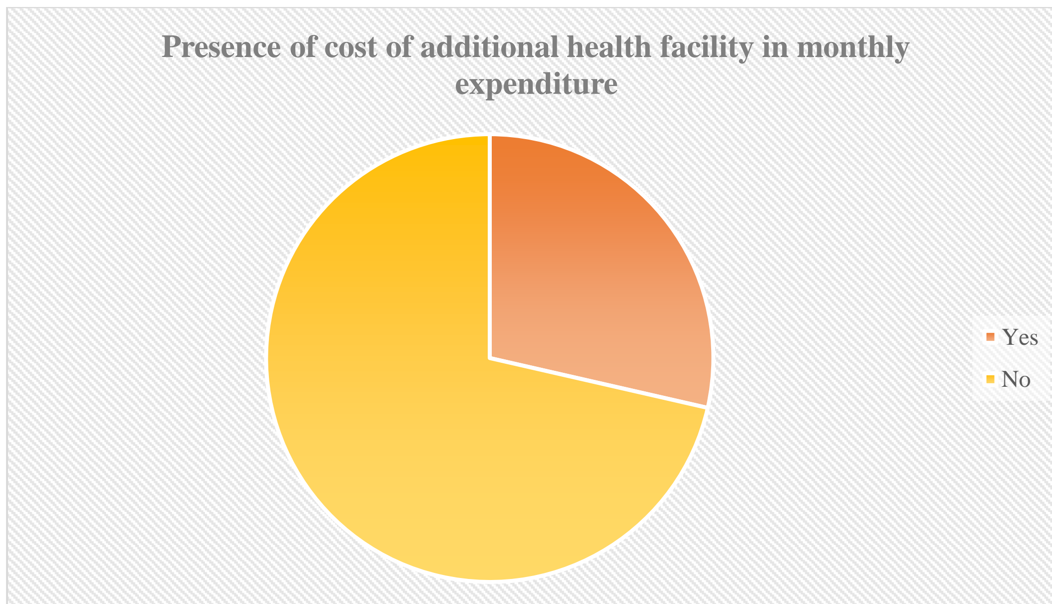
3.3.10 PRESENCE OF THE COST OF ADDITIONAL HEALTH FACILITY IN MONTHLY EXPENDITURE

Table 3.3.10 Presence of the cost of additional health facility in monthly expenditure

Presence of cost of additional health facility in monthly expenditure	No. of Respondents	Percentage
Yes	10	71%
No	4	29%

Source: Primary data

Figure 3.3.10 Presence of cost of additional health facility in monthly expenditure



Source: Primary data

It was identified that mostly the expenditure incurred on the additional healthcare facilities were did not come under their monthly expenditure (10 respondents). For only 4 respondents this cost came under their monthly health expenditure.

3.3.11 CONCESSION IN THE TREATMENT AND PURCHASE OF MEDICINE

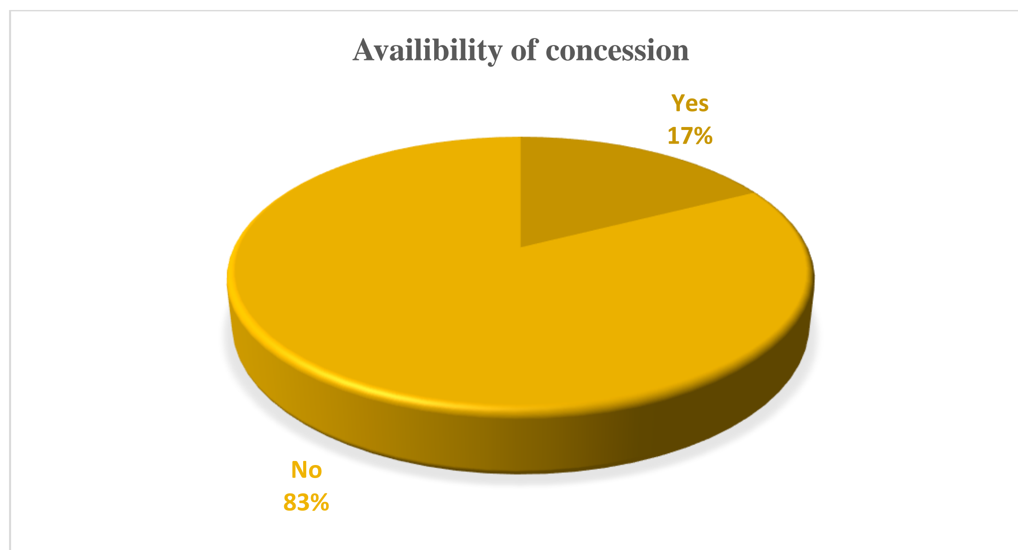
Availability of concession in the treatment and purchase of medicines can be a great help for the senior citizens, because at this age they will not have much means to earn income to meet all their necessities.

Table 3.3.11 Concession available in treatment and purchase of medicine

Concession in the treatment and purchase of medicine	No. of Respondents	Percentage
Yes	14	18%
No	66	83%

Source: Primary data

Figure 3.3.11 Concession available in treatment and purchase of medicine



Source: Primary data

Only 18 percent of the respondents are receiving some kind of concession while the rest 83 percent of the respondents are not receiving any kind of concession for their treatment and medicines.

3.3.12 TYPE OF CONCESSION

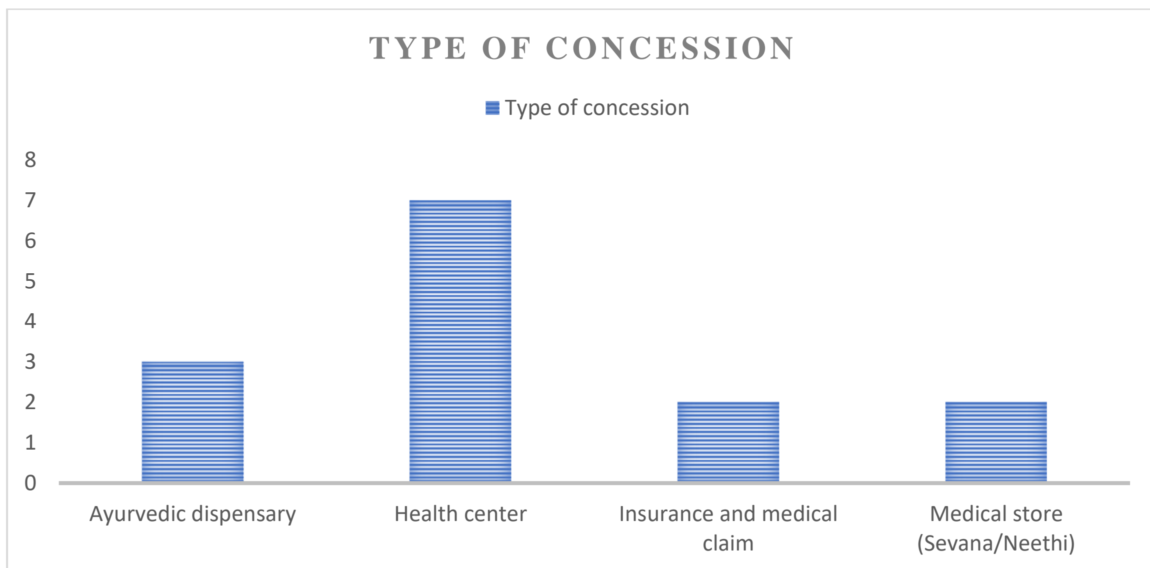
The various type of concessions received by the respondents are given in below:

Table 3.3.12 Type of concession

Type of concession	No. of Respondents	Percentage
Ayurvedic dispensary	3	21.42%
Health center	7	50%
Insurance and medical claim	2	14.28%
Medical stores (Sevana/Neethi)	2	14.28%

Source: Primary data

Figure 3.3.12 Type of concession



Source: Primary data

The most common type of concession received by the respondents (7) is concession in medicines and treatment from the health center in Keezhmad Panchayat and 3 of the respondents receive concession from the ayurveda dispensary. 2 of the respondents get concession through medical and insurance claim while 2 other respondents receive concession for medicine from medical stores like Sevana and Neethi stores. While 66 respondents do not get any concession.

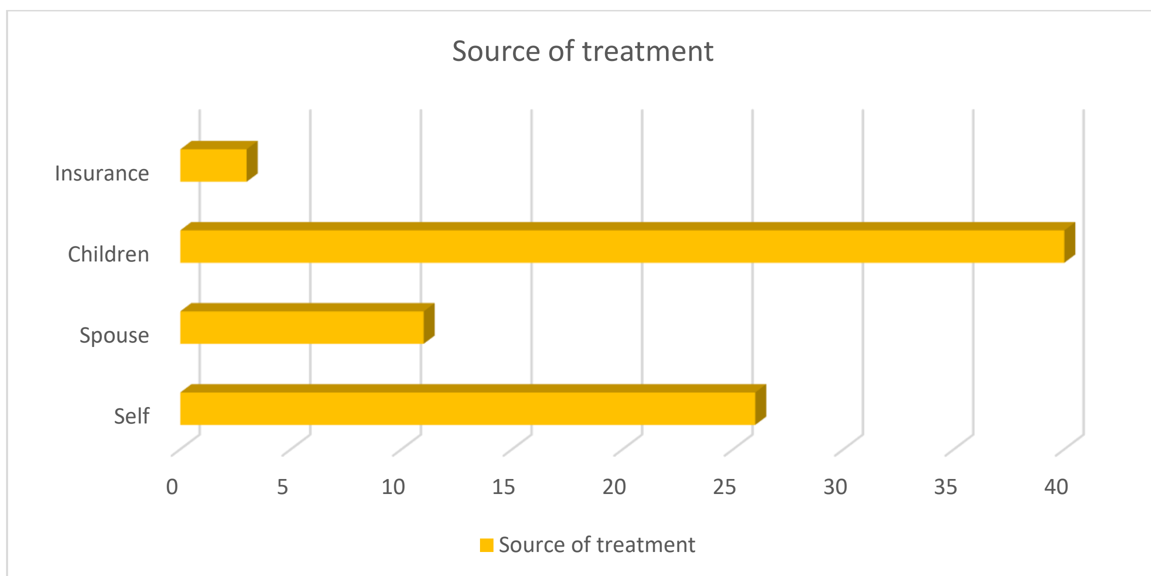
3.3.13 SOURCE OF TREATMENT

Table 3.3.13 Source of treatment

Source of treatment	No. of Respondents	Percentage
Self	26	32.5%
Spouse	11	13.8%
Children	40	50%
Insurance	3	3.7%

Source: Primary data

Figure 3.3.13 Source of treatment



Source: Primary data

According to the data, 32.5 percent of the respondents pay for the treatment by themselves, 13.8 percent depends on their spouse, 50 percent depends on their children and the rest 3.7 percent have insurance. Therefore, the majority of the respondents depend on their children to pay for their treatment.

3.3.14 HOSPITAL PREFERRED

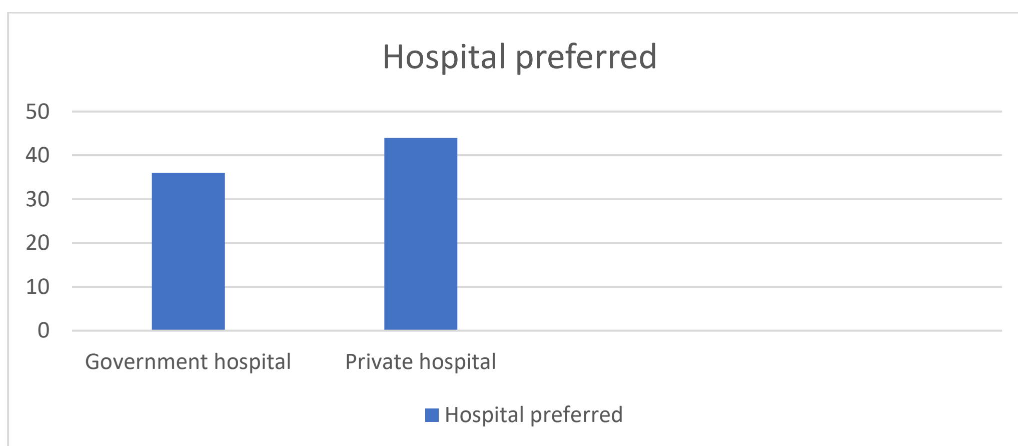
The table below shows the hospital preferred by the respondents:

Table 3.3.14 Hospital is preferred by the respondents

Hospital preferred	No. of Respondents	Percentage
Government hospital	36	45%
Private hospital	44	55%

Source: Primary data

Figure 3.3.14 Hospital preferred



Source: Primary data

It can be observed that a majority of 55 percent of the respondents prefer private hospital over government hospital. While 45 percent of the respondents prefer government hospitals.

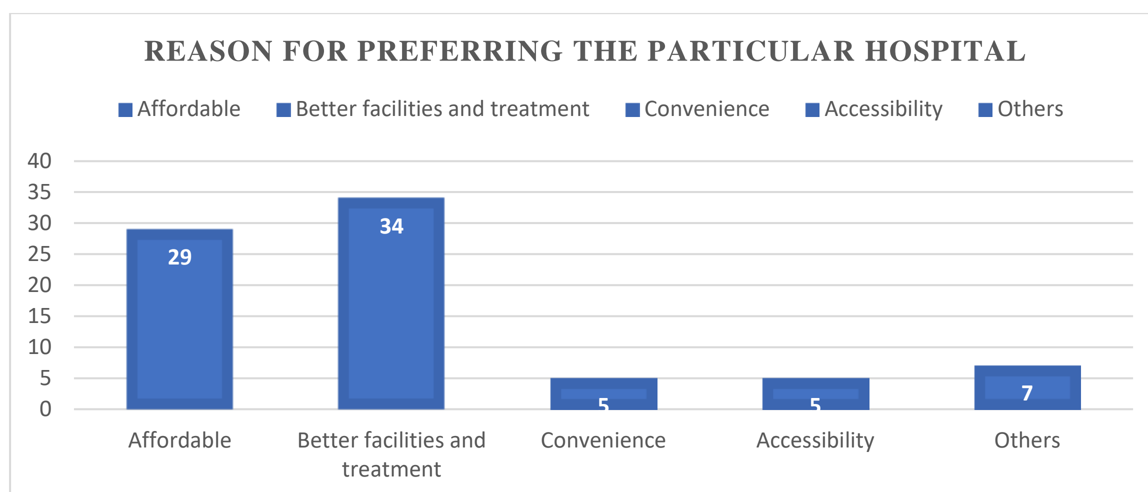
3.3 15 REASON FOR PREFRRING THE PARTICULAR HOSPITAL

Table 3.3.15 Reason for preferring the particular hospital

Reason for preferring particular hospital	No. of Respondents	Percentage
Affordable	29	36%
Facilities and better treatment	34	43%
Convenience	5	6%
Accessibility	5	6%
Others	7	9%

Source: Primary data

Figure 3.3.15 Reason for preferring the particular hospital



Source: Primary data

Most of the respondents choose the hospital based on the availability of better facilities and treatments. 43 percent (34 respondents) preferred the particular hospital because of the better facilities and treatment. 36 percent (29 respondents) preferred hospitals that where affordable, 9 percent of respondents (7) preferred hospitals based on the other factors like specialists, value for money, quality, while 6 percent of the respondents (5 each) preferred accessibility and convenience.

3.3.16 HEALTH CHECKUP FREQUENCY

As an individual enter into old age their health will start to decline and they will have higher chance to get various health issues. Therefore, it is important to have a frequent health checkup. This will also get added to their health expenditure.

Table 3.3.16 Health checkup frequency

Health checkup frequency (per year)	No. of Respondents	**Percentage**
0-5	59	84.28%
6-10	10	14.28%
11-15	1	1.42%

Source: Primary data

According to the data, a majority of 59 out of 80 respondents perform a health checkup 0-5 times a year, while 10 of them do it 6-10 times a year and 1 of them do a health checkup 11-15 times a year.

3.3.17 MONTHLY HEALTH EXPENDITURE

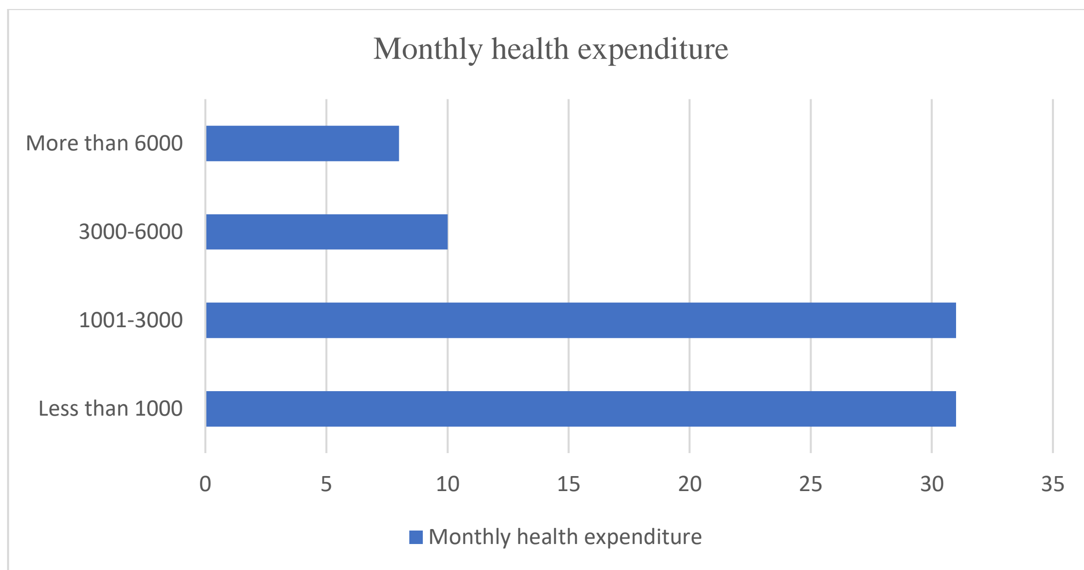
Monthly health expenditure provides an insight about the health expenditure that has to be incurred by the respondents every single month. It shows how much of the income they will have to use up to meet health related issues.

Table 3.3.17 Monthly health expenditure

Monthly health expenditure	No. of Respondents	Percentage
Less than 1000	31	38.8%
1001-3000	31	38.8%
3000-6000	10	12.5%
More than 6000	8	10%

Source: Primary data

Figure 3.3.17 Monthly health expenditure



Source: Primary data

The data shows that 38.8 percent of the respondents have a monthly health expenditure less than 1000, while another 38.8 percent have an expenditure between 1001-3000. 12.5 percent of the have health expenditure of 3000-6000 and the rest 10 percent have a monthly health expenditure of more than 6000. Most of the respondents have a monthly health expenditure between less than 1000 to 3000.

3.3.18 RESPONDENTS HAVING MEDI-CLAIM/HEALTH INSURANCE

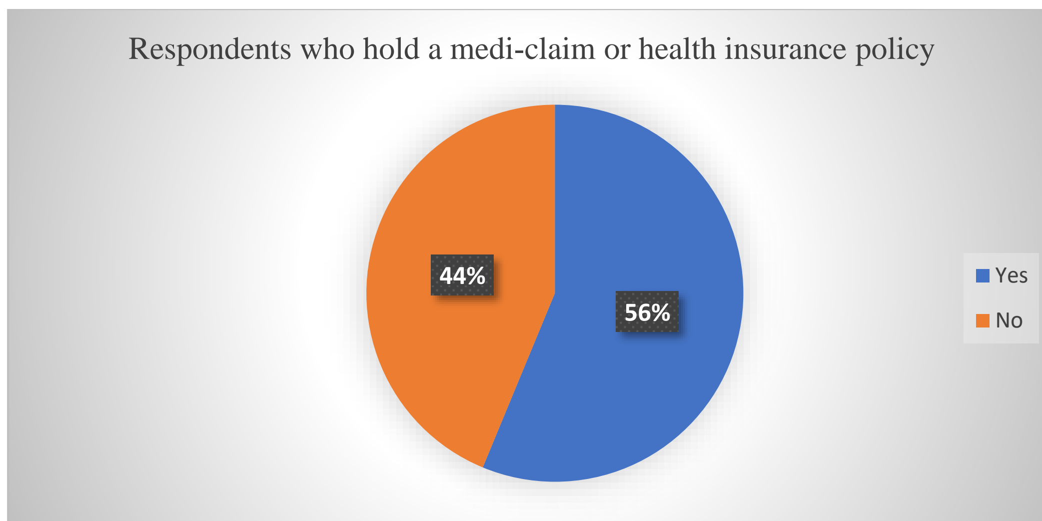
Health insurance and medi-claim can be used to cover the expenses that arise out of medical conditions or emergencies. By having insurance policy, the insured party will not have to incur the entire cost of their treatment. This can therefore be very helpful for senior citizens.

Table 3.3.18 Medi-claim/Health insurance

Respondents who hold a medi-claim or health insurance policy	No. of Respondents	Percentage
Yes	45	56%
No	35	44%

Source: Primary data

Figure 3.3.18 Medi-claim/health insurance



Source: Primary data

From the data collected it can be shown that a majority of the respondents (56 percent) hold an insurance or medi-claim. While 44 percent of them do not hold any insurance policy or medi-claim.

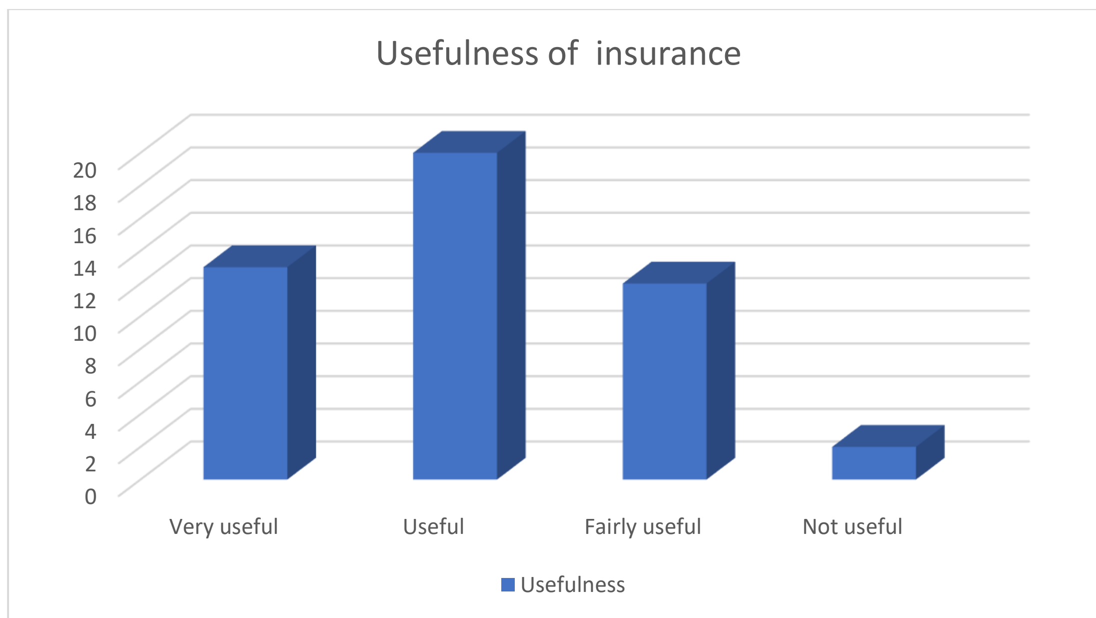
3.3.19 USEFULNESS OF THE INSURANCE POLICY

Table 3.3.19 Usefulness of the insurance policy

Usefulness of the insurance policy	**No. of Respondents**	**Percentage**
Very useful	13	27.7%
Useful	20	42.6%
Fairly useful	12	25.5%
Not useful	2	4.3%

Source: Primary data

Figure 3.3.19 Usefulness of the insurance policy



Source: Primary data

According to the data collected, 20 of the respondents have rated insurance policy to be useful, 13 have rated it very useful, 12 have rated it fairly useful, while 2 of them have rated it as not useful.

3.4 AWARNESS OF SOCIAL SECURITY SCHEMES AND E-HEALTH PLATFORM

Old age is a time when individuals will require social security and welfare schemes, so that they get the required support at such an age. Having more assistance, easy accessibility to doctors, concession in medicines and treatments is the most useful during the old age. Therefore, the availability of schemes that can provide all these feature can be useful for the elderly. The awareness about schemes, e-health, the benefits accrued from them are analysed in this section.

3.4.1 AWARENESS AND BENEFIT AVAILED

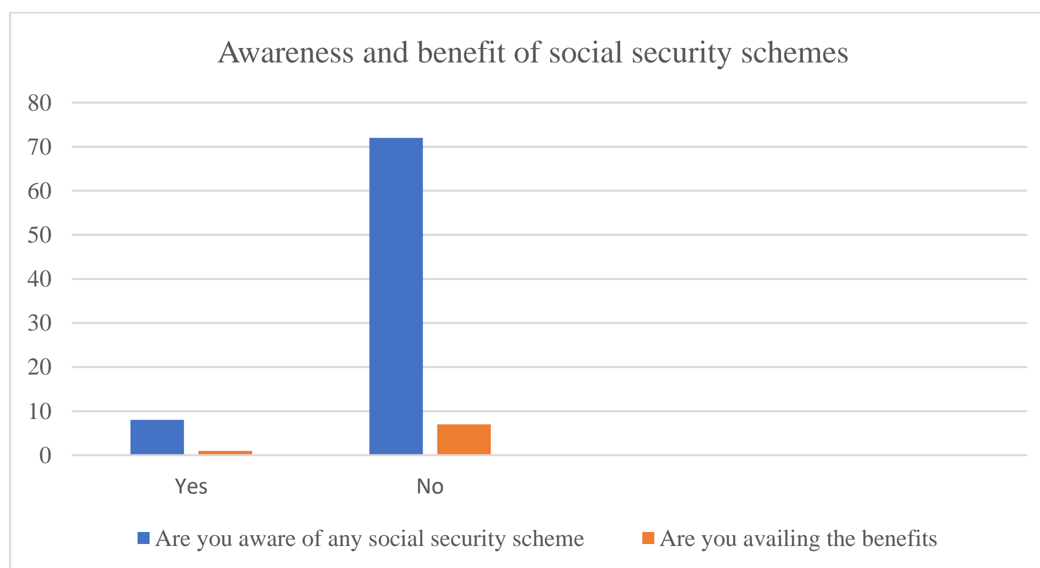
Whether the respondents are aware of the social security schemes and even if they are aware of it are they availing any benefits from it is given in the below table.

Table 3.4.1 Awareness and benefit of social security schemes

Awareness of social security schemes	**No. of Respondents**	**Percentage**	**Benefit availed**	**No. of Respondents**	**Percentage**
Yes	8	10%	Yes	1	12.5%
No	72	90%	No	7	87.5%

Source: Primary data

Figure 3.4.1 Awareness and benefit of any social security schemes



Source: Primary data

It can be observed from the data that, only 8 out of the 80 respondents are aware of social security schemes and from that 8 only one of the respondent is availing benefits from it.

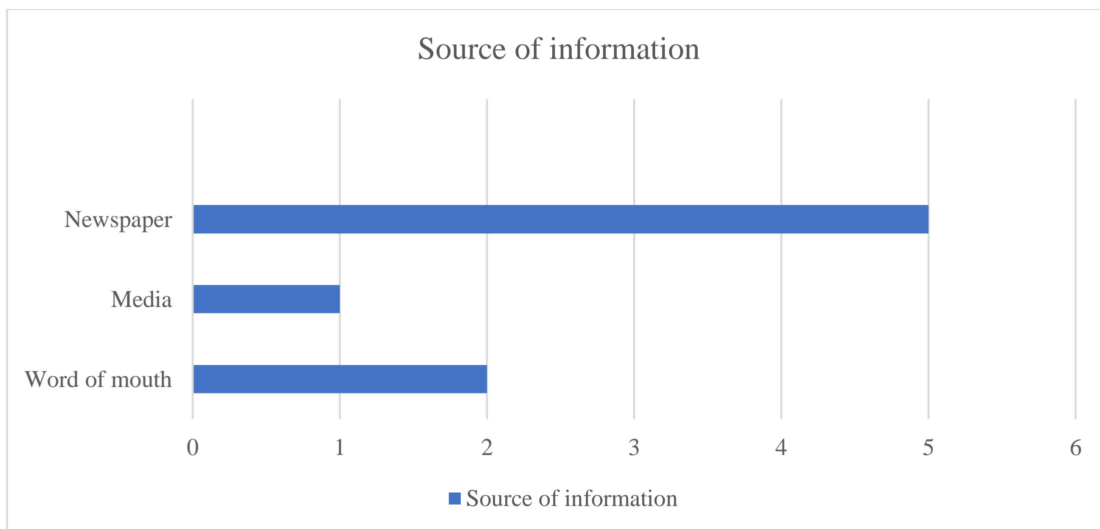
3.4.2 SOURCE OF INFORMATION ON SOCIAL SECURITY SCHEMES

Table 3.4.2 Source of information

Source of information on social security scheme	No. of Respondents	Percentage
Newspaper	5	55.6%
Media	1	16.7%
Word of mouth	2	27.8%

Source: Primary data

Figure 3.4.2 Source of information



Source: Primary data

The major source of information according to the data collected is newspaper (5), while 1 of the respondent got information from media while 2 of them got information by word of mouth.

3.4.3 AWARENESS ABOUT E-HEALTH PLATFORM

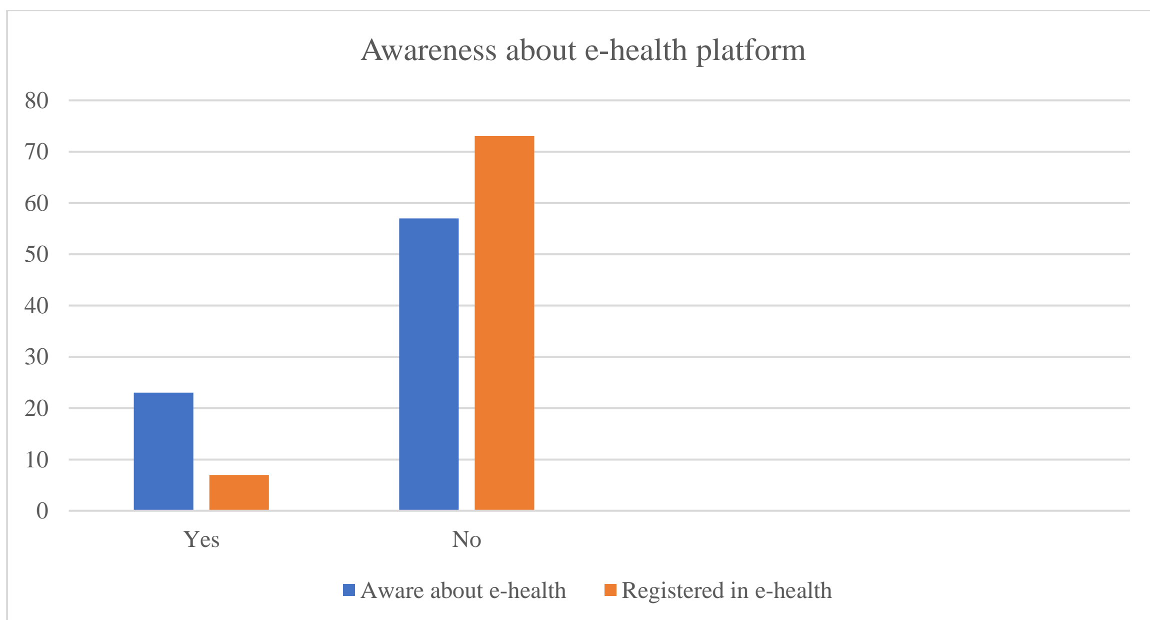
E-health platform can be useful for the senior citizens as they can book appointment with a doctor even by sitting at home.

Table 3.4.3 Awareness about e-health platform

Awareness about e-health platform	No. of Respondents	percentage	Registration in e-health platform	No. of Respondents	percentage
Yes	23	28.7%	Yes	7	8.3%
No	57	71.3%	No	73	91.3%

Source: Primary data

Figure 3.4.3 Awareness about the e-health platform



Source: Primary data

Among 80 respondents 23 of them are aware of the e-health platform while a majority of 57 respondents are not aware of it. Out of 23 only 7 have registered in e-health.

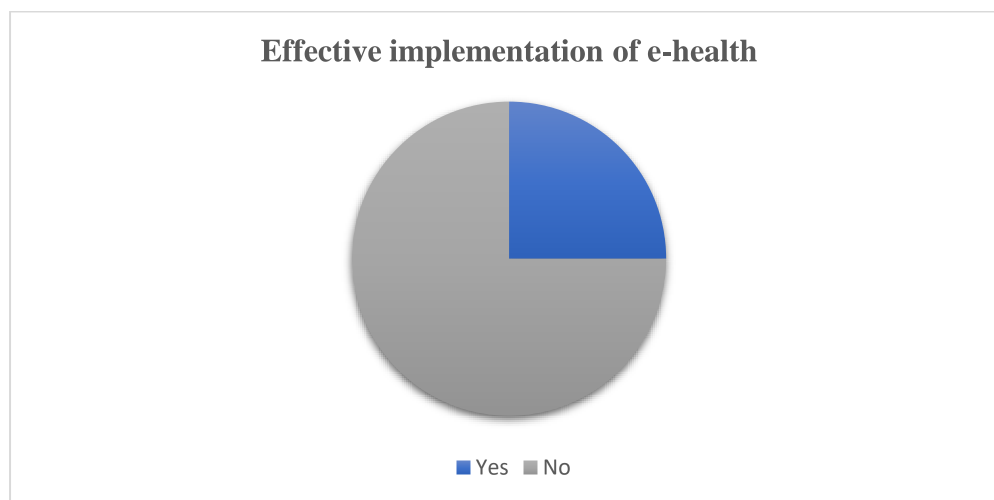
3.4.4 EFFECTIVE IMPLEMENTATION OF E-HEALTH

Table 3.4.4 Effective implementation of e-health

Effective implementation	No. of Respondents	Percentage
Yes	7	25%
No	21	75%

Source: Primary data

Figure 3.4.4 Effective implementation of e-health



Source: Primary data

The data shows that only 25 percent of the respondents believe that the e-health platform is effectively implemented while the rest 75 percent do not think that the e-health is effectively implemented.

3.5 CONCLUSION

In this chapter an overall analysis of the primary data is being conducted. Various graphs and tables are used in order to portray the socio-economic status and health expenditure of the senior citizens. It can be concluded from this chapter that majority of the respondents are taking medicines and treatment for various ailments, and among them very few can afford the health expenditure by themselves but most of the respondents are dependent on their children. There is also a small category of the respondents who are still actively looking for work, mainly because they need money and to be useful or active.

CHAPTER – 4

FINDINGS, RECOMMENDATIONS AND CONCLUSION

4.1 INTRODUCTION

Ageing causes a decline in the health of an individual. Among all age groups, older people consume the greatest amount of health care resources. A study was conducted to analyse the health expenditure of senior citizens. This chapter constitutes the major findings, suggestions and conclusion of the above-mentioned study. The findings and suggestions are obtained from the primary data analysis which was done by collecting a sample of 80 respondents.

4.2 MAJOR FINDINGS

The major findings of the study on the health expenditure of senior citizens in Keezhmad Grama Panchayat is stated below. The findings are divided into three sub-sections based on the objectives that is being considered in this study:

4.2.1 SOCIO-ECONOMIC STATUS OF THE RESPONDENTS

The findings of the second objective of the study are stated below:

- Most of the respondents (46.3 percent) belonged to the age group of 60-69.
- Majority of the respondents (61 percent) marital status was 'married'.
- 88 percent of the respondents belonged to the APL category; hence, they are above poverty line and earn a minimum amount of income to meet their basic necessities.
- Most of the respondents (25) have done schooling till high school and majority of them are literate too.
- Main occupation of the respondents falls under government sector, private sector, daily wages, self-employed and homemaker (as most of the respondents were females), in which 36.25 percent of the respondents were self-employed.
- The main source of income of the respondents (28) is social pension like old age pension and pension for widows.

4.2.2 HEALTH CONDITIONS AND HEALTH EXPENDITURE OF SENIOR CITIZENS

Findings obtained from primary data analysis are as follows:

- 43.7 percent of the respondents rated their health condition as good.
- The three most common ailments the respondents have is diabetes (50 percent), followed by cholesterol (30 percent) and high blood pressure (30 percent). Majority of

them had these ailments for more than 5 years and are taking medications for this. 38.8 percent were even hospitalized due to these ailments. And the expenditure associated with these ailments mainly fall under Rs.1000.

- About 52.5 percent of the respondents had private hospitals as their main source of treatment and even when asked their preference they choose private hospitals. The main reason for choosing private hospitals were the better facilities and treatment provided.
- A small portion of the respondents constituting 17.5 percent required additional health care/facilities like wheelchair, walking stick, home nurse, etc. and for some of the respondents it came under their monthly health expenditure.
- The monthly health expenditure for 38.8 percent of the respondents was less than 1000 and for another 38.8 percent it was between 1001-3000.
- When asked about concession in treatment and purchase of medicines only a small percentage of 17.5% of the respondents received concessions. And from this small portion most of them received a concession provided by the health center.
- A majority of 56.3 percent of the respondents had medi-claim/health insurance of which only 27.7 percent of the respondents found it very useful. The majority of the health expenditure is met by the children of the respondents.

4.2.3 SOCIAL SECURITY SCHEMES FOR SENIOR CITIZENS PROVIDED BY CENTRAL AND STATE GOVERNMMENT

In order to anaylse this objective, both secondary data and primary data is used. The secondary data is used to get an understanding of different social security schemes that is provided by both Central and State government to the senior citizens and their objectives. The primary data analysis is employed to determine the awareness of the social security schemes available for the senior citizens and whether they are availing benefits from these social security schemes. The findings are given below:

- The nodal department that provides the welfare schemes for the senior citizens is the Ministry of Social Justice and Empowerment. Some of the social security schemes provided by the Central Government include National Policy on Older Persons, Maintenance and Welfare of Parents and Senior Citizens Act, Pradhan Mantri Vaya Vandana Yojana, Indira Gandhi National Old Age Pension Scheme, National Action Plan for the Welfare of Senior Citizens, National Program for Healthcare of the Elderly, Pradhan Mantri Jan Arogya Yojana, Old Age Pension Scheme, etc.

- The some of the main objectives of these schemes are to ensure the well-being of the senior citizens, protect them from abuse, to provide social protection, healthcare facilities, housing, pensions food security.
- In Kerala the nodal department that implements welfare schemes is the Social Justice department. Some of the social security schemes provided by the State Government are Sayamprabha, Vayomithram, Navajeevan, Vayoamrutham, Dementia Care Programme, and the empowerment of Special Neighbourhood Groups by Kudumbashree.
- The objectives of the above schemes include the creation of an old age friendly environment, providing day care centers and old age homes for the elderly, provide bank loans, food, medicines and social services.
- Out of the 80 samples taken, only 10 percent of the respondents (8) were aware of the social security schemes while 90 percent of the respondents were not aware of any of the schemes provided by the government.
- Among the respondents who were aware of the social security schemes only 1 of the respondent mentioned that they are availing benefits. And the rest are not availing any of the benefits from the schemes available to them. The benefit availed by the respondent was the provision of pension.
- When enquired about the e-health platform only 28.7 percent respondents were aware of it and among that only 8.8 percent had registered in it.

4.3 RECOMMENDATIONS

After performing the data analysis, it was observed that out of the 80 respondents only 8 respondents (10 percent) were aware about the social security schemes provided by the Central and State government to the senior citizens. In the old age the individuals will not be having the health conditions necessary to engage in any productive works in order to earn income to meet their basic needs. From the data collected it is understood that 81 percent of the respondents are not employed and also whatever income they obtain from various source is not enough to meet their basic necessities. And health expenditure is a basic necessity. So, the social security schemes that focus on providing free healthcare or concession in their treatments and purchase of medicines can be of immense help for the senior citizens. But, unfortunately the senior residents of the Keezhmad Panchayat were not aware of these schemes which can be very helpful for them to meet the most common and basic necessity of human life. Social

security and social protection schemes for the elderly population fall under the responsibility of the State Government. In the data collected it was observed that 5 of the respondents were aware of the security schemes through newspaper, only 1 respondent knew about these through media. Therefore:

- Government has to ramp up their effort to make the older people aware of the benefits they can avail from these schemes. The most common and easy way they can do this is through media. Make sure provide the needful information through television and newspaper. The Government can also give instructions to the respective panchayats and municipalities to make sure that all of its citizens are aware about the schemes and also that they are availing the benefits from it.
- Even with the implementation of the e-health platform majority of the respondents are not even aware of it. The job is not done with just implementing a scheme but effective implementation of these kind of platforms and schemes is what is required. The Government can make it mandatory for the senior citizens or their family to hold a health card so that they can easily book appointments with the doctors.
- Senior citizens should be given proper information and demonstration about online health facilities.
- Medicines are very much necessary and should be provided at a low cost.
- Provide health checkups at home and provide door step assistance.

4.4 CONCLUSION

The elderly population is not a homogenous group, so it is necessary to understand the demography of ageing in Kerala, as well as the factors influencing their health, disability, living arrangements and economic independence. Several intersections need to be taken into account, including the specific needs and challenges of the elderly above the age of 80, widows/unmarried women/childless women, people with disabilities, those who are weak, people without immediate family members, etc.

Compared to the rest of India, Kerala is ageing faster. A study conducted by the Center for Development Studies indicate that the elderly population of the state is growing at a constant rate of 2.3 percent. Also, according to the 2015 NSS Survey, 65 percent of the elderly are morbid. The elderly population in Kerala is expected to be about 20 percent by 2025 which will place a tremendous demand on the social security system. In a state like Kerala where the

elderly population is higher than other states in India, the State Government have to take up the responsibility and have to put extra effort to provide required measures to support and protect the elderly.

Appropriate social and economic policies have to be made to mitigate the ill effects of population ageing. A critical examination and appropriate redesigning of social policies for the elderly are needed for society to adapt to ageing as well as for the ageing population to adapt to the changing society. While dealing with the difficulties of the younger populations, new priorities must be added to the restricted resources for social services for the elderly. Women's issues are equally crucial when discussing social measures for the ageing population. Women outlive men because they have higher life expectancy. Women face exacerbated risk throughout their life, making them more vulnerable in old age. It is thus important to give them proper care and support.Although the older people will be needing a continuous health and social services, adequate social security system, better living arrangements, improvement in disease prevention and proper treatment, etc. will improve the health, well-being and independence of the older people. Ageing is thus a natural phenomenon that entails both opportunities and challenges. The elderly is a valuable resource for any society. Therefore, it is the duty of every single person to provide them the utmost care and for the Government support them relentlessly. It is important to remember that social security is not charity, rather, it is their fundamental right as human being.

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QUESTIONNAIRE

1. Gender
    - Male
    - Female
    - Other
2. Age
    - 60-69
    - 70-79
    - 80-89
    - Above 89
3. Marital Status
    - Single
    - Married
    - Widowed
    - Divorced
4. Type of family
    - Joint
    - Nuclear
5. APL/BPL status
    - APL
    - BPL
6. Educational qualification
    - Illiterate
    - No schooling
    - Lower primary school (1-4)
    - Upper primary school (5-7)
    - High school (8-10)
    - Higher secondary/pre-degree
    - Degree
    - Post-graduation
    - Diploma
    - Professional course (specify)
7. Are you currently employed?
    - Yes
    - No
    - If yes, presently in which sector?
        - Private
        - Government
        - Daily wages
        - Self-employed
        - Others (specify) ___________________________________
8. What was your main occupation? ______________________________

9. If you have never worked, what is the main reason for that?
    - o Homemaker
    - o Health problems
    - o Disabled
    - o Couldn't find a job
    - o Retired
    - o Others (specify) ___________________________________
10. Have you worked in the last one year?
    - o Yes
    - o No
    - If yes, how long?
        - o Less than 3 months
        - o 3-6 months
        - o More than 6 months
11. Are you actively looking for work at this age?
    - o Yes
    - o No
    - If yes, what is the main reason that you would like to work at present?
        - o Need money
        - o Want to be active/useful
        - o Family pressure
        - o Others (specify) ___________________________________
12. What are your sources of income?
    - o Salary/Wages
    - o Employers Pension (Government/Other)
    - o Social pension (Old age/ Widow)
    - o Pension from mutual funds
    - o Rental income
    - o Business income
    - o Agricultural/Farm income
    - o Interest saving and fixed deposits
    - o No income
    - o Others (specify) ___________________________________
13. Are there any other income earners in the family/house?
    - o Yes
    - o No
14. Do you contribute any money from your total income for household expenditure?
    - o Yes
    - o No
15. Is the income that you earn sufficient to fulfill your basic necessities?
    - o Yes
    - o No
16. How do you rate your general health condition?
    - o Excellent
    - o Good
    - o Fair
    - o Poor

17. Do you have any of the following ailments or diseases?
- Arthritis
- Heart disease
- Diabetes
- Chronic lung disease
- Asthma
- High blood pressure
- Alzheimer disease
- Cancer
- Dementia
- Liver trouble
- Cholesterol
- Thyroid
- Cataract
- Osteoporosis
- Urinary infection
- Loss of natural teeth
- Accidental injury
- Skin disease
- Paralysis
- Back pain
- Kidney failure
- Others (specify) ___________________________
- Nil

18. How long have you been suffering from this ailment?
- Less than a month
- 1-6 months
- 6 months to 1 year
- 1-5 years
- More than 5 years
- Don't know

19. Have you been taking medications or treatment for this?
- Yes
- No

20. Have you been hospitalized due to any of this ailments during the last one year?
- Yes
- No

21. What is the main source of treatment?
- Government hospitals/clinics
- Private hospitals/clinics
- Ayurveda hospital/clinic
- Homeopathy
- Self-medication
- Others (specify) ______________________________
- Nil
- Don't know

22. How much on average do you need for the particular treatment/medicine per month?
    - Less than 1000
    - 1001-2500
    - 2501-5000
    - More than 5000
    - Free of cost
23. Have you seeked emergency care/treatment in any situation?
    - Yes
    - No
- If yes, how long have you hospitalized? ________________
- How much did the particular treatment cost? _________________
24. Do you require any additional health facilities/care like wheelchair, walking stick, home nurse, etc.?
    - Yes
    - No
- If yes, how much does it cost? _______________
25. Do you get any concession in the treatment and purchase of medicines?
    - Yes
    - No
- If yes, please mention. ________________________________
26. Who pays for the treatment?
    - Self
    - Spouse
    - Children
    - Insurance
    - Others (specify)
27. Which hospital do you prefer?
    - Government hospital
    - Private hospital
28. Why do you prefer government/private hospital? ___________________________
29. Number of yearly visits to hospitals for health checkup? ______________________
30. Monthly health expenditure
    - Less than 1000
    - 1001-3000
    - 3001-6000
    - More than 6000
31. Do you currently hold a medi-claim/health insurance policy?
    - Yes
    - No
- If yes, which insurance policy?
    - Government
    - Private
    - Others
32. Who is the policyholder of the particular insurance policy?
    - Myself
    - Children
    - Others (specify) _________________________

33. Rate the usefulness of having insurance in covering the medical expenses?
    - Very useful
    - Useful
    - Fairly useful
    - Not useful
34. Are you aware of the social security schemes provided by the government?
    - Yes
    - No
  - If yes, mention the scheme. ____
35. From which source did you get the information?
    - Newspaper
    - Media
    - Others (specify)
36. Are you availing any benefits of this scheme?
  - If yes, what kind of benefits?
    ____
  - For last how many years are you receiving this benefit?
    ____
37. Are you aware of e-health platform?
    - Yes
    - No
38. Have you registered in the e-health platform?
    - Yes
    - No
39. If yes:
  39.1. Do you have the health card? Yes/No
  39.2. Have you booked doctor's appointment using e-health platform? Yes/No
  39.3. What are the benefits availed from e-health platform? Yes/No
  39.4. Do you think e-health platform is effectively implemented? Yes/No
  39.5. Suggestions: ____