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Reimagining Elderly Care in India: A Sociological Review of NPHCE through LASI Survey Outcomes

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Abstract

Healthcare is a central concern of studies in the field of Geriatric care and for the same, social security tools have been adapted to serve the needs of the elderly. From amongst many other policy tools, NPHCE (National Program for Healthcare of the Elderly) is a major program that has been implemented since the year 2010 and it has been amended time to time to accommodate the developments in the field of elderly care and adopt the best practices as it was initially done during the formulation of NPHCE. The LASI (Longitudinal Ageing Survey of India) survey is a part of the NPHCE and this study takes secondary data from the LASI to assess the implementation of the program focusing upon health related habits of the elderly, their hospitalisation, healthcare utilisation, financing and other health concerns such as hypertension (as it is the cause for many other health issues). On basis of the usage of healthcare facilities this paper sought to understand whether the older individuals have been able to access the benefits as given in the scheme depending upon the indicators that are provided in the survey data. The study concludes that there is a higher usage of private facilities among the elderly and lower usage of government facilities which signifies a major drawback in the program implementation as there is a lack of trust towards the government facilities among the older individuals.

Keywords: Geriatric care, Healthcare utilisation, National Program for Healthcare of the Elderly, Longitudinal Ageing Survey of India, Elderly

1. INTRODUCTION

Elderly care can be segmented into the care provided by the family and the care provided by others. Meanwhile there exist the traditionalist view which sees elderly care as being an act of past, considering much changes in Indian society owing to westernisation and the other view considers that elderly care is still being practised in the society to a great extent and the situation is no different than how it was in the past (Ansari, H., 2021).

A Sociological review of the elderly care will involve the use of a sociological approach, which in terms of evaluating the condition of the elderly the social context approach is suitable while in terms of sociological analysis, the conflict perspective suits the purpose as elderly care involve conflicting demands for different generations. For the younger ones the life tasks of education, career and family settlement are more important and the elderly care can be secondary leading to conflict of interest.

The demographic transition in India has shifted a major share of country's disease burden from children to older people. This transition from higher to lower rates of fertility and mortality as accompanied by socioeconomic development means that there is a shift in leading causes of disease and death which is referred to as epidemiologic transition. This transition consists of reduced burden of infectious and acute diseases with emergence of chronic and degenerative diseases. Furthermore, this transition has led to a significant share of global burden of disease for India (Yadav, 2014). The data from the Longitudinal Ageing Survey in India (LASI) indicates that 21% of the elderly population in India suffers from at least one chronic condition, with urban areas showing a higher prevalence (29%) compared to rural areas (17%) (Etimes.In., 2024). Chronic illnesses are a significant factor in determining the overall health of the elderly. Apart from this, it is also important to understand the factors influencing the elderly health in longer run as the social security measures are an essential element of controlling the disease burden of the older population.

The Indian scenario in the context of aging has been different and unique one as it has been said that "India will get old before it gets rich" (Khetan, 2024). The statement throws light on the issue of aging in India, as due to an increase in the population of the elderly, the country is expected to suffer the consequences of lack of infrastructure, workforce and resources in place to help the older population, thereby impacting the country's overall economic growth. This is something which is bound to happen as the essential supportive infrastructure for the elderly population will be missing, leading to larger socioeconomic implications. The infrastructure crunch can lead to problems for the present as well as the future generations

leading to overburdening of the available infrastructure which is a problem for the healthcare professionals as well as the patients. The demographic transition has led to higher disease burden and lower economic production, which means that there is larger population dependent upon welfare resources with a situation where there is a lower generation of these resources. In order to cover this gap, the government has implemented a series of policies and programs which concern different aspects of elderly health in addition to the pension schemes. Owing to the low awareness of these policies and programs, the elderly have not been able to benefit much from these government programs. The NPHCE is one such program that focuses upon improving the availability of healthcare services for the older people from the primary to the tertiary level. It can be noted that the elderly often have problems with hearing, vision, walking and other mental health issues.

India has taken several measures in accordance with international laws and policies in order to ensure that the development of this welfare sector is ensured. However, on ground assessment of such policies and interventions by the government may reveal a different picture altogether. Furthermore, a lack of research on the ground level implementation of these policies poses problems in identifying the newer concerns that may arise due to the changing dynamics of the population. Thus, it becomes even more important to identify the impact of these government based policies and interventions to understand the needs of the elderly better. The experiences of healthcare are embedded in the social context of the individual which allows the individual to hold a certain approach towards the healthcare facilities and therefore utilise them. The life experiences of a person are based upon their status in the society which can be a status which they carry from their birth or a status that they have achieved as an outcome of their profession or their familial lineage. Thus, the social context is relevant to understanding the individual approach towards the welfare programs.

Comprehensive healthcare for senior citizens: The NPHCE initiative

As the population dynamic is shifting towards an elderly population, the need to have an infrastructure in place which caters specifically to the needs to the elderly in the country grows. To counter such concerns, the Indian government introduced the National Programme for Health Care of the Elderly (NPHCE) initiative, which caters specifically to the healthcare needs of the elderly. The overall goal of the NPHCE initiative was to ensure better health, autonomy and dignity and quality of life for senior citizens in India. It aimed to do so by establishing healthcare facilities at the primary, secondary and tertiary levels to specifically cater to the

healthcare needs of the senior citizens. By doing so, NPHCE aimed to counter healthcare needs of the elderly by early diagnosis of the health concern, leading to timely treatment, followed by home-based care and rehabilitation for the affected elderly. The program is aimed at providing accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population. Creating a new "architecture" for Ageing. To build a framework to create an enabling environment for "a Society for all Ages". In the programme, it envisage providing promotional, preventive, curative and rehabilitative services in an integrated manner for the Elderly in various Government health facilities. Through the NPHCE initiative, the government also aim to train healthcare workers to specialize in geriatric care and also to promote awareness among the family members of the elderly. The NPHCE was started in the year 2010, a budget of 1710 crore was allocated to NPHCE with a share of 75% for centre and 25% percent for state and present budget allocation. It aimed to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an ageing population. The health statistics to provide evidence for the recorded change through LASI survey outcomes for Delhi, providing the list of the number of dedicated care centres established in Delhi. For Delhi, the National centre of ageing situated in AIIMS, Delhi is there apart from district level dedicated geriatric care units which function through the district hospitals. The basis for the program is that it has been observed that non communicable diseases are more common among the older people regardless of their socio economic status. Also, disabilities are frequent in old age which affects functionality of older people thereby compromising the ability of older people to engage in activities of daily living. Also, it can be noted that the national health mission and LASI are a component of the NPHCE program. The NPHCE aims at providing dedicated geriatric care services through district hospitals and geriatric care wards. The outcomes of the program are aimed at extending the healthcare services for the older people extending the human resources available for the geriatric care services through the means of health education, awareness, increasing infrastructure and dedicated clinic services. The rehabilitation component is also there for the older persons. It provides the provision for regional geriatric care centre and National center for ageing with special focus on 75+ population.*(National Programme for the Health Care of the Elderly, 2016).*

About LASI

The LASI survey is based upon a comprehensive set of scientific evidence which comes from demographics , household economic status, chronic health conditions, symptom-based health conditions, functional health, mental health (cognition and depression), biomarkers, health insurance and healthcare utilization, family and social networks, social welfare programmes, work and employment, retirement, satisfaction, and life expectations. The Longitudinal Ageing Study in India (LASI) was initiated in the year 2016 as a comprehensive survey covering the entire nation with focus upon scientific examination of health, economic, and social factors and the outcomes of ageing in India. The survey represent the elderly aged 45 years and above in India covering the states and the UTs. It covered a sample of 72,250 individuals aged 45 and older as well as their spouses comprising 31,464 elderly individuals aged 60 and above and 6,749 oldest-old individuals aged 75 and above from all states and UTs except Sikkim. This survey is the first in India and largest in the world with longitudinal database informing the policy and program for the older ones in social, health and economic well being. This survey is aligned with Health and Retirement Study (HRS) globally to facilitate cross-national comparisons.

2. REVIEW OF LITERATURE

Ageing population creates health challenges, socioeconomic factors, and lifestyle behaviors concerns as can be seen in the studies on LASI data. The literature review uses major articles to uncover relation between education, communicable and non-communicable diseases, healthcare and lifestyle factors among elderly focusing on demographic and socioeconomic variations.

Education and Disease Burden

In accordance with LASI data, Chauhan and Kumar (2022) assess the relation between education and the prevalence of diseases among the elderly. Their study found a contrast as illiterate elderly have a high burden of communicable diseases (31.9%) in comparison to those with higher education (17.3%). This can be because of poor knowledge about the communicable diseases among illiterate, with poor living conditions owing to unemployment and low socioeconomic status. Also Non Communicable Diseases(NCDs) are more prevalent among the educated elderly (67.4%) than the illiterate elderly(47.1%). The study found that education contributes significantly to health inequality with 50% of the rural urban divide in

the prevalence of communicable diseases. The educational and working status are major factors in high rural-urban disparity in NCD prevalence, showing that socioeconomic factors play an important role in shaping the health among the elderly.

Significance of LASI Data

According to a comprehensive study of LASI framework by Bhattacharjee and Raj (2024), the LASI data has significance in understanding the multidimensional nature of ageing in India. Aditya Raj emphasises the LASI's methodology and its importance during the demographic shift and changing healthcare needs. The study states ALSI as a important tool to understand the ageing complexities, with insights into health, social and economic areas. The work mentions the reliability of LASI data as a tool for further research and reviews.

Lifestyle and Behavioral Factors

Halder et al. (2024) state that the lifestyle and behaviour habits impact the elderly health focusing on mid- and older-aged women from northeastern India, found that there is a higher likelihood of consuming tobacco among these elderly. This is mainly among the women who are poorly educated, widowed, separated, unmarried, living alone in rural areas, consuming alcohol, belonging to lower socioeconomic classes, and exhibiting depressive symptoms apart from poor health. This focuses on the impact of education, marital status and socioeconomic conditions on health behaviour and the intersectionality of social determinants. This study emphasise the need for targeted interventions to address the demographic vulnerabilities and the need for region as well as gender specific health policy.

Healthcare Utilization Patterns

Nayan Jyoti et al. (2022) found the utilization of healthcare among the elderly in workforce through LASI data, stating that atleast 50% prefer the private healthcare services and only 26% use public healthcare. Apart from education and work status, it states factors affecting healthcare access as gender, marital status, religion, wealth, tobacco use, self rated health and the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). It provides that health seeking behaviour is affected by personal, socioeconomic and cultural factors. This provides that there is a need for holistic approach towards improvement of healthcare access and addressing differences in healthcare access.

Synthesis and Implications

These studies depict a relation between education, health outcomes, lifestyle behaviors, and healthcare access in India's elderly. Education is a major factor which affects disease type and individual ability to access healthcare. The high burden of communicable diseases among the illiterate ones shows gaps in health literacy and living conditions, the burden of NCDs among the educated depicts lifestyle and occupational factors linked to higher socioeconomic status. The lifestyle factors like tobacco use, increase health risks, among vulnerable subgroups. The pattern of healthcare use show preference for private services with a combination of socioeconomic and personal factors, showing differences in accessibility and quality of public healthcare.

The LASI data as evaluated by Bhattacharjee and Raj (2024), gives the foundation for these insights, allowing researchers to focus on challenges of ageing population in changing demography. The studies have revealed gap in understanding showing interrelation of education and diseases and cultural factors in affecting lifestyle choices. Further research can integrate qualitative methods to complement LASI's quantitative insights. It can be concluded that there is a need for public health interventions to address education, promote healthy lifestyle and improve the healthcare access.

Theoretical Framework

The social context serves as the basis for evaluation of demographic details of an individual. Moreover, according to this approach, the society has a set of norms for conduct, a social context which influence the health behaviour of the individuals, this may be rational when seen from the perspective of norms of conduct and may appear irrational when seen from a distance. Many factors having a influence on health are outside the direct control of individuals. Ziglio(1992) states that a social approach to health promotion will include interventions in from of resource reallocation, community action, government policies and a social change to help produce safer and healthier environments.

The social concerns surrounding individual and community differences have always existed in the society. The social difficulties were mostly dealt through the medium of social norms elaborated in the cultural values. The modern scientific attitudes towards social problems

concern alleviating the social problems through coping mechanisms which includes the medicine and counselling therapy. The congested modern structures and society provide little explanation for the concerns of elderly, mainly dealing with them through laws and policies of the government showing sympathy for the condition of the older people but no immediate relief. The social context can be justified if the changes that they seek are limited to their personal situation like that of losing their loved ones, while if they seek changes in the structures of society then it will signify their unhappiness with the social changes which have appeared with time.

3. OBJECTIVES OF THE STUDY

- To assess the NPHCE program meant to provide comprehensive care for the older people.
- Provide a descriptive framework to understand the current status of usage of healthcare services.
- Evaluate the outcomes of NPHCE through LASI survey data.

4. RESEARCH METHODOLOGY

The paper follows qualitative analysis to provide a detailed and comprehensive description of the relevant data following a descriptive analytical approach to summarise the outcome of NPHCE by using secondary data from the LASI survey. The study is a mixed method research based upon explanatory approach to evaluate the outcomes of the NPHCE through the survey outcomes of LASI data. This study integrate quantitative evaluation of secondary data from the LASI outcomes providing qualitative insight to contextualise the outcomes through social framework of elderly healthcare preferences. This approach uses the theoretical framework that focuses on influence of social context including the norms, experiences and socio economic status on the healthcare utilization. Descriptive and inferential analysis of the LASI data is being done to evaluate the healthcare utilisation among the elderly.

The data from the Executive summary of the LASI survey has been taken selectively to evaluate the status of utilisation of healthcare services by the older people. The analysis of data is done in a brief detail taking clues from the LASI survey data, the data is supported by description which elaborates the statistics. This analysis is based upon the data that is particularly relevant according to the objectives of NPHCE. This study uses analytical approach to gain insights into the statistics relating to the elderly population. This approach concentrate on how the relevance of the elderly population stands in light of what the survey found. This provides a comprehensive narrative which highlights the positives and negatives of the statistics which is relevant to the study.

For the sampling, this study uses the LASI wave 1 sample that employs a multistage stratified area probability cluster sampling method based upon three-stage sampling approach for rural areas (sub-districts, villages, households) and a four-stage approach for urban areas (sub-districts, wards, census blocks, households). This ensures the representativeness among the demographic and geographic differences. The LASI survey employs a multistage stratified area probability cluster sampling method to determine the final units of observation: older adults aged 45 and above along with their spouses, irrespective of their age. The LASI wave 1 uses 3stage sampling approach for rural regions and a four-stage sampling method for urban regions. The initial phase consist of selecting Primary Sampling Units, specifically sub districts and the second phase focuses on selecting villages in rural regions and urban wards within the PSUs. In the third phase, it selects households from particular villages in rural regions.

5. DATA ANALYSIS

The data for the study has been taken from the LASI survey report and it has been analysed by reorganising the data in suitable tables and providing graphical representation for the same. The LASI survey mentions the data under various sub sections according to the suitability of the data. The survey considers a number of headings for classifying the available data and certain specific sections have been taken up for analysis for this study. This includes the practices of intoxication, fitness activities, self-rated health, hypertension, healthcare utilisation, out-patient care, hospitalisation and sources of finance.

For the convenience of this study, the data has been divided under following sub headings:

Table 1. Intoxication practices

INTOXICATION PRACTICES	PERCENTAGE	NUMBER
SMOKING	13	8,647
TOBACCO CONSUMPTION	21	13,968
HEAVY DRINKING	2.6	1,730

This table represent intoxication practices which includes smoking behaviour by 8,647 individuals which comprise 13% of the sample population. A total of 13,968 individuals consume tobacco which comprise 21% of the total population.

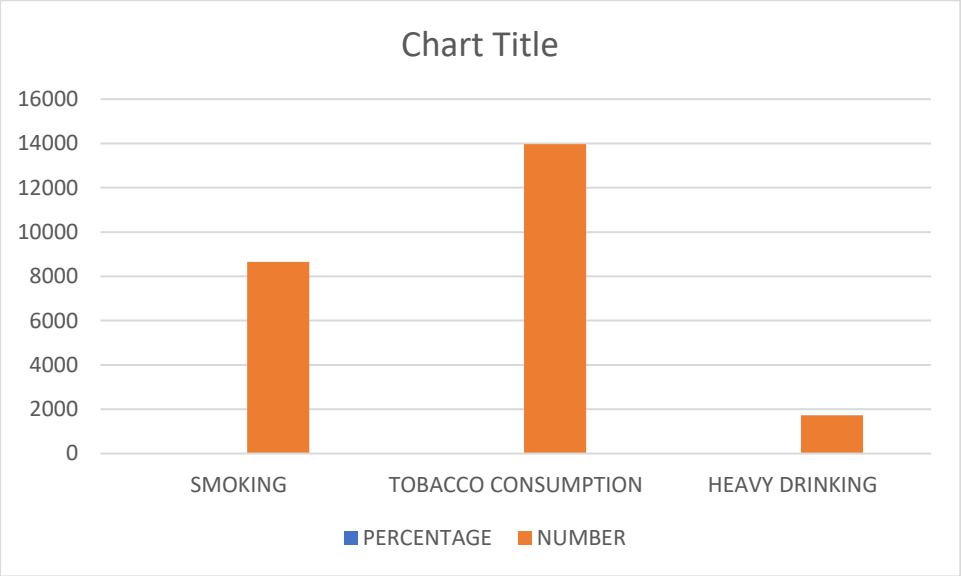


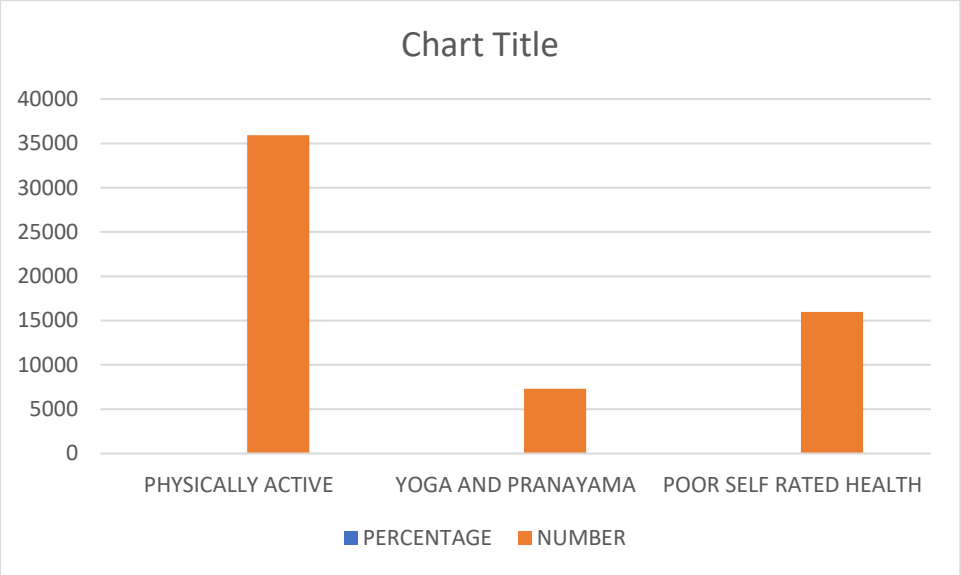
Figure 1

FITNESS ACTIVITES

54% are physically active
11% practice yoga and pranayama

poor self rated health has been stated by 24%

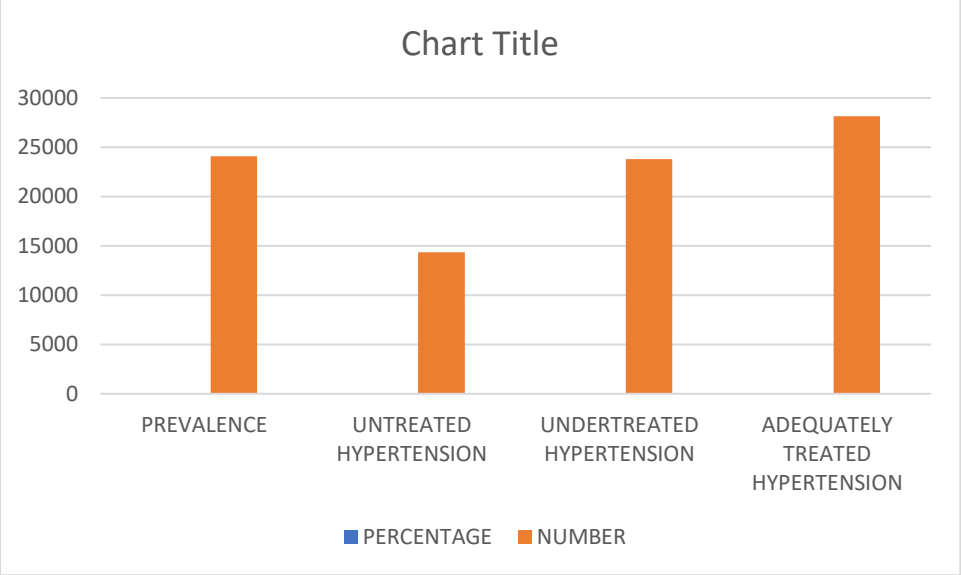
FITNESS	PERCENTAGE	NUMBER
PHYSICALLY ACTIVE	54	35,918
YOGA AND PRANAYAMA	11	7,317
POOR SELF RATED HEALTH	24	15,964



HYPERTENSION SITUATION

prevalence of hypertension is at 36.2%
untreated hypertension of 21.6%
undertreated hypertension at 35.8%
adequately treated hypertension at 42.3%

HYPERTENSION	PERCENTAGE	NUMBER
PREVALENCE	36.2	24,079
UNTREATED HYPERTENSION	21.6	14,367
UNDERTREATED HYPERTENSION	35.8	23,813
ADEQUATELY TREATED HYPERTENSION	42.3	28,136



5. RESULT

With a total of 66,515, individuals surveyed across all the states and UTs except for the state of Sikkim, this survey is representative of nation and provides a nationally representative data set, its findings can be generalized to understand the status of ageing trends and its socio economic and health aspects. According to LASI survey, 13% of elderly currently engage in smoking and another 21% consume tobacco, 2.6% engage in heavy drinking. This suggest that a substantial percentage of the elderly are consuming alcohol and tobacco placing them at a higher risk to develop chronic illness in future. Since the health is a key asset in old age, most of the welfare funds aim at providing a remedy for the chronic illness. A 54% of elderly are physically active and 11% practice yoga and pranayama suggesting that a good percentage of the elderly are concerned about their health and take measures to maintain their health. The elderly are a high risk group who are vulnerable to develop chronic illness and therefore it becomes important for them to engage in healthy practices.

A poor self-rated health has been stated by 24% of the elderly. This gives an idea about the self-perception of elderly about their own state of health as it shows that a good number of older people are holding negative view about their own health. The older individuals often donot get access to counselling services which means their understanding of themselves could be flawed and need to reframed with proper understanding. The prevalence of hypertension is at 36.2% alongside the untreated hypertension of 21.6%, undertreated hypertension at 35.8%

and adequately treated hypertension at 42.3%. Hypertension often becomes a source of other illnesses and is a precursor to other chronic illnesses. A substantial number of older individuals suffer from hypertension suggesting a poor state of their health.

In terms of Healthcare utilisation, the hospitalisation in past 12 months was at 7.9% with the share of private facility visit at 59.1% and the public facility visit at 37.6%. The hospitalisation of the older persons is low as in later years the elderly focus upon dealing with the pain rather than reporting it, this marks a significant change in the mindset in later years. Moreover the higher use of private facility shows lack of trust and poor infrastructure in the government institutions which shows that there is a wide scope for improvement in the services. This indicator is very significant in terms of providing for the elderly through proper channels and it ensures that it is necessary for the older ones to work their way out by themselves.

A 59.3 elderly sought outpatient care in past 12 months and at the same time, persons who consumed any medicine without consulting a healthcare provider was at 43.4%. This percentage suggests that the individuals who sought professional help for their medical issues is still low and those who are self medicating is quite high. This gives a clue that information dissemination is still low in the society and the individual adaptability suffers because of that. In terms of healthcare financing, the mean expenditure on hospitalisation stands at 22797 and mean expenditure on last hospitalisation for public facility stands at 8028. The mean expenditure on last hospitalisation for private facility stands at 31930. The expenditure in last hospitalisation is quite high for a low income country like India, this suggests that it is bearing heavily on the individual pockets. The lack of government services is one reason because of which hospitalisation has to be done in the private facilities which is nowhere appropriate for the older individuals with poor financial stability.

The sources of finance during last hospitalisation includes 82.9% income and 22.5% savings. This shows that the elderly are still having to work and have to finance their own medical expenses which shows that it is not a appropriate situation to have. Since the older people need to be provided with welfare schemes, ideally they shall have the space to spend their income for their own well being and not merely the medical expenses. In terms of health insurance coverage, 18% elderly have health insurance. The health insurance is an essential item for good health and low insurance coverage is indicative of poverty in old age, lack of awareness and poor decision making which actually shows that there has to be better dissemination of information through the channels appropriate to the choice of elderly.

6. CONCLUSION (larger conclusion)

In India, the mainstay of elderly care is family and the government programs which combine to produce the desired outcome. Both the aspects are needed for a wholesome impact on the elderly health. The presence of morbidities in old age as an outcome of illness increases the vulnerability of the elderly in addition to other demographic factors. The public health services provide the essential relief to the poor elderly without which their lives may be much shorter than as it is with these services. From this study, we can conclude that the indicators do not present a good picture of the public health services for the elderly and there is a wide scope for improvement in the same so that the public health services become equitably available to all the sections of the elderly. Moreover, in the old age, finance is a big concern as there is a lack of resources after retirement which leads to a reduction in the income. The policymakers need to understand that the elderly are a vulnerable population who need to be served so that they can lead a smooth life and it can only be ensured through proper allocation and implementation of programs. The efforts are expanding as there are advancements in the agenda of WHO but it need to be placed into fast track mode to ensure the welfare of the elderly. The efforts at the national level lack innovation and suffer from poor participation of all age groups in ensuring the elderly well-being.

The datasets generated and/or analysed during the current study are available with the International Institute for Population Sciences, Mumbai, India repository and could be accessed from the following link:https://iipsindia.ac.in/sites/default/files/LASI_DataRequestForm_0.pdf. Those who wish to download the data have to follow the above link. This link leads to a data request form designed by International Institute for Population Sciences. After completing the form, it should be mailed to: datacenter@iips.netfor further processing. After successfully sending the mail, individual will receive the data in a reasonable time.

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