

**MANAGEMENT AND PLANNING OF
LONG-TERM GERIATRIC CARE IN INDIA:
AN EXPLORATORY STUDY**

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**Management and Planning of
Long-Term Geriatric Care in India:
An Exploratory Study**

by

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CERTIFICATE

This is to certify that the thesis titled “Management and Planning of Long-Term Geriatric Care: An Exploratory Study” submitted by Sunil Kumar Gulati, to the Indian Institute of Technology, Delhi for the award of the degree of Doctor of Philosophy (Ph.D.), is a bonafide record of the research work done by him under our supervision. The content of this thesis, in full or in parts, has not been submitted to any other institute or university for the award of any degree or diploma. Material wherever borrowed has been duly acknowledged.

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ABSTRACT

Given that Japan is already 36.1% old and 51% HHs have head of HH who is above 60 years and 31% HH are 'single person HH' and 66% of these are women with total number of people availing Long Term Care being 6.8 million and the amount being spent on LTC of elderly being 3.7 trillion yen should make us sit and take note of the good work Japan and many OECD countries have done regarding LTC of elderly. But while France got 150 years to adapt from 10% to 20% elderly, India, will get only about 20 years to go from current 10.1% to 20% with a decadal growth rate of 40.6% of elderly during 2021-31. This study based on structure questionnaire surveys of 321 care-receivers, 300 caregivers, 14 Old Age Homes and 9 FGDs concludes that an action plan is required to tackle the situation.

It finds Place of Ageing, Economic status, whether Head of HH, satisfaction level, number of children, Inability to do Household Work during last 30 days and Hospitalization during the last one year being as most vital determinants of dependence leading to need for LTC of the elderly. The most important predictors of formal caregiving emerge as whether caregiver has received any training; gender of care giver; age of CG, whether caregiver is feeling unappreciated and the duration of Care receiver being bed ridden. Training is more impactful for males than females and appreciation more impactful for female CGs.

The actionables that emerge from this study are 1) Include listing OAH/Day care centres as Census houses, Caregivers as a job role & Bed-ridden elderly as a disability etc in Census so that exact data becomes available over time. 2) Need action plan for training Caregivers, Family Caregivers & RPL (for those already giving care) so that supply of caregivers improves. 3) Allow Religious Organizations/NGOs to start small OAHs with equal Commercial FAR 4) Allow Change of Land Use to start OAH/Day Care Centres in residential areas/Village land. 5) Make and implement an 'Action Plan for Healthy Ageing' immediately 6) Start LTC Insurance in India. Allow Companies to contribute LTC Insurance of Employees. 7) Earmark Primary Schools/Creches becoming surplus for Day Care Centres/OAHs. Allow Elderly PG in residential areas. 8) Put an Elder Mark/Elderly Friendly/Elderly Mode for Goods/Locations & Public spaces/Services 9) Include Caregiving under MGNREGS for Rural areas where caring for 4 elderly in a day will be counted as Manday under MGNREGS also use MGNREGS for Training care-givers. 10) Allow Companies to sponsor LT care of the parents/in-laws of Employees and to sponsor LTC of elderly under CSR. 11) Start a Loneliness Helpline and follow-up reminder service for elderly on mobile at due time to take medicine /supplements/exercise regularly...they will feel someone cares.

सार

यह सच है कि जापान में अब 36.1% बुजुर्ग हैं और 51% घरों में परिवार प्रमुख 60 वर्ष से अधिक हैं, 31% परिवार एकल परिवार हैं और इनमें से 66% महिलाएं हैं। वहां अब बुजुर्गों की दीर्घकालिक देखभाल का लाभ उठाने वाले लोगों की कुल संख्या 6.8 मिलियन है और बुजुर्गों की दीर्घकालिक देखभाल पर 3.7 ट्रिलियन येन राशि खर्च होने के तथ्य जानकर हमें जागना होगा और जापान और कई ओईसीडी देशों द्वारा बुजुर्गों की दीर्घकालिक देखभाल के संबंध में किए गए अच्छे काम पर गौर करना होगा। क्योंकि फ्रांस को 10% से 20% बुजुर्गों की तैयारी हेतु 150 साल मिले, जबकि भारत को 2021-31 के दौरान 40.6% बुजुर्गों की दशकीय वृद्धि दर के साथ वर्तमान 10.1% से 20% तक जाने के लिए केवल 20 साल मिलेंगे। यह अध्ययन 321 देखभाल प्राप्तकर्ताओं, 300 देखभाल करने वालों, 14 वृद्धाश्रमों और 9 एफजीडी के संरचना प्रभावली सर्वेक्षणों और अन्य तथ्यों पर आधारित निष्कर्ष निकालता है कि स्थिति से निपटने के लिए तत्काल कई कार्य योजनाओं की आवश्यकता है।

इस शोध से पता चलता है कि वृद्धावस्था में निर्भरता के सबसे महत्वपूर्ण निर्धारक “उम्र बढ़ने का स्थान, आर्थिक स्थिति, घर का मुखिया होना, देखभाल से संतुष्टि का स्तर, बच्चों की संख्या, पिछले 30 दिनों के दौरान घरेलू काम करने में असमर्थता और पिछले एक वर्ष के दौरान अस्पताल में भर्ती होना” हैं, जिनके कारण दीर्घकालिक देखभाल की आवश्यकता होती है। बुजुर्ग की औपचारिक देखभाल के सबसे महत्वपूर्ण सूचक “क्या देखभाल करने वाले को कोई प्रशिक्षण प्राप्त हुआ है; देखभाल करने वाले का लिंग; उसकी उम्र, क्या देखभाल करने वाला उपेक्षित महसूस कर रहा है और देखभाल प्राप्तकर्ता के बिस्तर पर पड़े रहने की अवधि”। महिलाओं की तुलना में पुरुषों के लिए प्रशिक्षण अधिक प्रभावशाली है और महिला देखभाल करने वालों के लिए सराहना अधिक प्रभावशाली है।

इस अध्ययन से जो कार्य योजना सामने आती हैं वे हैं 1) जनगणना में वृद्धाश्रमों/डे केयर केंद्रों को जनगणना में घरों के रूप में गिनना, देखभाल करने वालों को नौकरी की सूची में और बिस्तर पर पड़े बुजुर्गों को विकलांगता के रूप में सूचीबद्ध करना शामिल है ताकि समय के साथ सटीक आंकड़े उपलब्ध हो सकें। 2) देखभाल करने वालों, परिवार की देखभाल करने वालों और आरपीएल (पहले से ही देखभाल करने वालों के लिए) को प्रशिक्षित करने के लिए कार्य योजना की आवश्यकता है ताकि देखभाल करने वालों की आपूर्ति में सुधार हो। 3) धार्मिक संगठनों/एनजीओ को समान वाणिज्यिक एफएआर के साथ छोटे वृद्धाश्रम शुरू करने की अनुमति हो। 4) आवासीय क्षेत्रों/गांव की भूमि में वृद्धाश्रम/डे केयर सेंटर शुरू करने के लिए भूमि उपयोग में बदलाव की अनुमति हो। 5) 'स्वस्थ उम्र बढ़ने के लिए कार्य योजना' तुरंत बनाएं और लागू करें। 6) भारत में दीर्घकालिक देखभाल प्रदान करने हेतु एलटीसी बीमा शुरू हो। कंपनियों को कर्मचारियों के एलटीसी बीमा में योगदान करने की अनुमति दें। 7) रिक्त पड़े प्राथमिक स्कूलों/क्रेच आदि को डे केयर सेंटरों/ वृद्धाश्रम के लिए चिह्नित करें। आवासीय क्षेत्रों में बुजुर्ग पीजी की अनुमति दें। 8) वस्तुओं/स्थानों और सार्वजनिक स्थानों/सेवाओं के लिए बुजुर्ग चिह्न/बुजुर्गों के अनुकूल/बुजुर्ग मोड लगाएं। 9) ग्रामीण क्षेत्रों के लिए मनरेगा के तहत दीर्घकालिक देखभाल प्रदान को शामिल करें, जहां एक दिन में 4 बुजुर्गों की देखभाल को मनरेगा के तहत ध्याड़ी के रूप में गिना जाएगा, प्रशिक्षण के लिए भी मनरेगा का उपयोग करें। 10) देखभाल करने वाले कंपनियों को कर्मचारियों के माता-पिता/ससुराल वालों की दीर्घकालिक देखभाल प्रायोजित करने और सीएसआर के तहत बुजुर्गों की दीर्घकालिक देखभाल प्रायोजित करने की अनुमति दें। 11) बुजुर्गों के लिए “अकेलापन हेल्पलाइन” और अनुवर्ती अनुस्मारक सेवा शुरू करें ताकि वे नियमित रूप से दवा/पूरक/व्यायाम लेने के लिए उचित समय पर मोबाइल पर याद कराये जाएँ... उन्हें लगेगा कि कोई उनकी परवाह करता है।

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ACRONYMS AND ABBREVIATIONS

ABBREVIATION	FULL FORM
ADL	Activities of Daily Living
BKPAI	Building a Knowledge Base on Population Ageing in India
CG	Care giver
COPD	Chronic Obstructive Respiratory Disease
CR	Care Receiver
DBT	Direct benefit Transfer
DCW	Direct Care Workers
FTEs	Full-time Equivalent (FTEs)
HH	Head of Household
HUDCO	Housing and Urban Development Corporation Ltd
IADL	Instrumental Activities of Daily Living
Lakh	100,000
LASI	Longitudinal Ageing Study India
LPNs	Licensed Practical Nurses
LTC	Long Term Care
LVNs	Licensed Vocational Nurses
mn	Million
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MHFW	Ministry of Health and Family Welfare (USA)
NCHS	National Center for Health Statistics USA
NCOP	National Council for Older Persons
NGO	Non-Governmental Organization
NHHAS	National Home Health Aide Survey (USA)
NPOP	National Policy for Older Persons
NSAP	National Social Assistance Programme (India)
NSLTCP	National Study of Long-Term Care Providers USA
OAH	Old Age Home
OECD	Organization for Economic Cooperation and Development
PA	Physical Activity
PG	Paying Guest
RHBC	Relationship Based Home Care (Europe)
RML	Reverse Mortgage Loan
RMLeA	Reverse Mortgage Loan-enabled Annuity
RNs	Registered Nurses
Rs	Rupees
RVY	Rashtriya Vayovandan Yojana
SRS	Sample Registration System, under Census of India
UNFPA	United Nations Population Fund on
Yrs	Years