

***From the Field***

## **The Elderly Women Forum at Vypeen in Ernakulam District of Kerala**

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***Abstract***

The well-being of the elderly is affected due to rapid changes in social systems and values with old age. Increasing number of cases of elderly abuses are being reported in many parts of the country. India's old age population has increased from 19 million in 1947 to 100 million in 2012 (7.8% of the population). The projected figures are 10.7 per cent in 2021 and 12.40 per cent in 2026. In a state like Kerala, there are four million elderly people comprising of about 12 per cent of the population, growing at the rate of 2.3 per cent annually. There are several legal and policy provisions for the protection of the elderly in India. The Directive Principles of State Policy, Article 41; Code of Criminal Procedure (Section 125 (1) and (2)); the Hindu Adoption and Maintenance Act, 1956; National Policy for Older Persons (NPOP), 1999; and the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, are some of them. The NPOP recognizes the need for special attention towards older females so that they do not become the victims of neglect and discrimination on account of gender, widowhood and age. The policy also elaborates about the non-governmental organizations' (NGOs) role in supporting and facilitating the services for elderly. The health and healthcare services, living arrangements and social support and work, and retirement and income security are essential services required for the well-being of elderly. A field study of a women elderly group conducted at Vypeen village in Ernakulam district of Kerala reveals that the resource-poor elderly women are organized into local-level network under social work agency for their psychosocial well-being. The group's demands for increasing the frequency of their meetings

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and to have productive engagement indicate that the elderly need meaningful engagement and participation in their family and community for realizing the quality of life at old age.

**Keywords**

older persons, social support, social protection, welfare services, family support

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**Introduction**

The stable joint family system in traditional Indian society was a guarantee for the protection of the old age people in the context where elderly people were being respected as part of the dominant cultural values prevailing in the society. In the traditional social system, old age was perceived as wisdom personified due to the result of a well-spent life and commanded unquestionable power, authority and respect. In the modern society, due to rapid changes in social systems and values, old age is no more longed for as a coveted period but a period entered with reluctance and trepidation and crossed with countless hurdles. A multiplicity of factors contribute to the changing status of the aged in the society.

India's demographic profile suggests a steep rise in the elderly population in the coming decades. This is due to the declining rates of fertility and increasing expectation of life at both birth and later ages. In 1947, only 19 million people in the country were at 60 years and above, but by 2012 India had around 100 million people of the same age (7.8% of the population). The number is expected to increase to 323 million, constituting 20 per cent of the total population by 2050 (UNFPA and Help Age International, 2012). As per the Census 2001, the elderly population accounted for 7.4 per cent of total population in 2001. For males, it was marginally lower at 7.1 per cent, while for females it was 7.8 per cent. A study by the National Commission on population states that senior citizens comprised of 8.3 per cent of the population by 2011, and projects that there will be 9.3 per cent by 2016, 10.7 per cent by 2021 and 12.40 per cent by 2026.

Census 2011 figures indicate that in India 8.6 per cent of the people are aged 60 and above, compared to 7.4 per cent in 2001. According to the 2011 Census, Kerala accommodates 4 million elderly people comprising about 12 per cent of Kerala's population and the elderly population is growing at a perpetual rate of 2.3 per cent. The growth rate is high among

the elderly aged 70–80 and above. In other words, along with the declining growth rate of the population, the proportion of elderly in Kerala is increasing over the years. In India in general and in Kerala in particular, families have traditionally supported elderly persons. In Kerala, only 3.1 per cent of the elderly are living alone in their houses (*The New Indian Express*, 2014).

### **The Social Protection of Elderly in India**

The Constitution of India (Directive Principles and Article 41) indicates that “the economic capacity and development make effective provisions for ...old age, sickness and disablement and in other cases of undeserved want.” Section 20 of the Hindu Adoption and Maintenance Act, 1956, has imposed an obligation on the children to maintain their parents who are financially unable to maintain themselves. A provision for maintenance of parents was introduced in the Code of Criminal Procedure (Cr.P.C) in 1973. As per Section 125 (1d and 2) of the Cr.P.C, persons belonging to all religions and communities, including daughters and married daughters, have a duty to maintain their father or mother in their old age if he or she is unable to maintain himself or herself.

### **The National Policy for Older Persons**

The early social welfare interventions for elderly included old age pension and shelter. These were introduced by state governments in the 1950s and 1960s, and most of the states in India have some form of old age pension schemes. Additional schemes were launched in the succeeding decades.

The national policy on older persons was announced by the Government of India in 1999, the year of the international year of older persons declared by the UN. The year 2000 has been declared as the national year of older persons by the Government of India. The national policy reflects a few basic and interlinking concerns. These include the impact of demographic changes overtaking the country’s population in the wake of an increase in health coverage and adoption of the small family norms resulting in an increase in the responsibility of the working population for elderly care. The policy highlights the plight of the vulnerable within the older people’s category, such as widows, women in general, the poor, rural resident, and the disabled and chronically ill and others.

The concern for aged people has become a national concern. The NPO Passures that the older person would not live unprotected, ignored or marginalized lives but would be helped to live the last phase of his or her life with purpose and dignity and in peace. The policy visualizes state support or financial security, healthcare, shelter, welfare and other need of older people. It also recognizes the need for special attention towards older females so that they do not become victims of neglect and discrimination on account of gender, widowhood and age. The policy envisages financial security, healthcare and nutrition, shelter, welfare and provisions of basic facilities for elderly (identity cards, fare concession, reservation of seats in public transport, priority in allotting gas and telephone connections, etc.). The policy also elaborates on non-governmental organizations (NGOs) who are supporting and facilitating services for elderly by ensuring transparency, accountability, simplification of procedures and timely release of grant to NGOs working for the older persons.

The Government of India introduced the Maintenance and Welfare of Parents and Senior Citizens Bill, 2007, seeking to make it a legal obligation for children and heirs to provide sufficient maintenance to senior citizens. The bill proposed to make provision for state governments to establish old age homes in every district. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, which is also known as Senior Citizens Act, was enacted to eliminate some procedural implications of the erstwhile provisions and legal obligations. Maintenance of parents is included in Section 125 of Criminal Procedure Code, 1973, and also in the Hindu Adoption and Maintenance Act, 1956. Under both the above acts, parents can claim maintenance from their children. But the government wanted to put in place some explicit, speedy, inexpensive process and hence the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, was enacted.

The 2007 Act maintains that it should be the duty of the children to maintain their parents. It is applicable to all persons irrespective of their religion. Maintenance covers all basic necessities and requirements of life. There is no restriction/bar on the age of the parent. Parent can claim maintenance without any bar of age, except in the case that children are minors. The Act also includes the childless senior citizen. A childless senior citizen can claim maintenance from a relative who is a legal heir of that senior citizen and who is in possession of or would inherit his or her property after his death.

The foundation of the new policy, known as the National Policy for Senior Citizens 2011, is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor. A higher proportion of elderly women than men experience loneliness and are dependent on children. Social deprivations and exclusion, privatization of health services and changing pattern of morbidity affect the elderly. All those of 60 years and above are senior citizens. This policy addresses issues concerning senior citizens living in urban and rural areas, and special needs of the “oldest old” and older women (GoI, 2016).

### **Programmes for Older Persons**

The increasing number of elderly demands that civil society may initiate programmes and services for the welfare of elderly with the support from government, corporate and public charity funds to provide maximum care to the needy elderly in the country. The demands for services for the elderly are mainly in the following sectors.

**Health and Healthcare:** The ageing of India’s population will lead to increases in the prevalence of chronic conditions, such as diabetes and hypertension.

**Living Arrangements and Social Support:** Four out of five older Indians live in multigenerational households with their children. The 2005–2006 National Family Health Survey in India (World Bank, 2013) has revealed that the share of older Indians living with only a spouse or alone doubled between the early 1990s and the mid-2000s. A number of trends may explain these changes in living arrangements, including declining fertility, leaving fewer children available to care for older parents, rural-to-urban migration for employment that separates families and changing social expectations regarding interfamily obligations (Scommegna, 2012).

**Work, Retirement and Income Security:** Despite India’s recent rapid economic growth, the majority of older Indians remain poor. Less than 11 per cent of them have a pension of any sort, according to national surveys. Saving is difficult or impossible for a majority of Indians because earnings are low, some economic activity in the informal sector does not involve currency exchange and a large share of the ageing population lives in a rural area where banking is unavailable. With little old age income support

and few savings, labour force participation remains high among those aged 60 and older, particularly among rural Indians. Evidence suggests that not only does a large share of the elderly earn income, but they also support their adult children who often live in homes and work on farms owned by their parents (Scommegna, 2012).

### **Social Work Agency's Engagement with Elderly People**

Sahrudaya Services and Charities, a faith-based service organization, is the social service agency of the Sacred Heart Province of Carmelites of Mary Immaculate (CMI) Congregation, Kochi. The thrust area of Sahrudaya, since its inception in 1979, comprises the socio-economic uplift of the poor and marginalized sections of the society. The major programmes of the agency are the following:

1. **Sahrudaya Parppida Padhathi:** Building new houses for providing shelter to the poor and the homeless people. The scheme is implemented with the participation from local community, beneficiary, local self-government and Sahrudaya.
2. **Crisis Interventions (Grant-in-Aid):** The financial assistance is provided for the repair of houses, medical treatment and marriage assistance as per the application received from the poor people from the operational areas of the agency.
3. **Student Sponsorship Programme:** Sahrudaya provides educational services to 689 low-income group children in 15 villages. The financial assistance of Rs. 2000 is given to each poor child in a year with continued monitoring of the academic performance of the children. Holiday camps are organized for the integral development of children. Parents are requested to attend the guardians meeting once in three months. In such meetings, all mothers are given sessions on effective parenting and effective child-rearing methods.
4. **Health Insurance Programme:** Sahrudaya has implemented a health insurance programme directly joining with Oriental Insurance Company for financially backward people who are associated with the agency's services.
5. **Self-Help Groups:** The agency has formed many self-help groups in the backward areas of Alappuzha and Ernakulam district for the empowerment of poor women.
6. **Medical Camps:** Sahrudaya has conducted eye camps and general medical camps at Kottarappally and Vypeen villages in collaboration

with Little Flower Hospital in Angamaly and the Medical Trust Hospital in Kochi, with many poor people having benefited out of medical camps, especially the elderly people of the senior citizen forums.

- 7. Seniors' Forums:** A flagship programme of the agency is organizing older people in the villages and providing continued socio-economic and healthcare services to them on a regular basis to enhance the quality of life of the older people in the backward villages.

*Sahrudaya* extends a helping hand to the elderly people in association with religious institutions and local government agencies. One of the important steps in this direction is senior citizen forums. *Sahrudaya* has formed seniors' forums in all its centres. The seniors above the age of 60 and who reside within an area of two kms of the centres are the members of this forum (Table 1). In each centre, the seniors come for the forum's meetings regularly, irrespective of caste or creed. *Sahrudaya* conducted the programme *Vayovandanam* in October 2014 in all centres to observe the Senior Citizens Day. With the cooperation of the general public and local hospitals, the agency organized medical camps for all the members of the seniors' forum.

Table 1. Seniors' forums under the agency

<i>Name of the centre</i>	<i>No. of members</i>
Little Flower, Manappuram	30
Assumption, Neeleeswaram	150
Jyothis Bhavan, Angamaly	30
Christ the King, Karukutty	40
Assisi Bhavan, Vallakom	30
Jeevanilayam, Vallakom	30
Rajagiri Seashore, Vypeen	30
St. Joseph, Koonammavu	40
Sacred Heart, Thevara	40
Kripa, Chunagamveli	30
Sevagram, Pothy	35
Total	485

Source: *Sahrudaya*, 2014, p.24.

Based on a need assessment study carried out by the Rajagiri College (Rajagiri, 1999) of the elderly people living in the neighbourhood of the Rajagiri institutions, senior citizen forums at Neeleswaram and Manappuram began to function from 2001. In these forums, most of the groups are mixed groups of elderly men and women. The groups at many places meet every weekend, and in other places, they have organized monthly sessions. The social workers of the agency provide professional assistance, like counselling and other social support, required for the group including periodic medical check-up and distribution of free medicine. The groups are trained in such a way that many groups are capable enough to organize their meetings independently of the social worker. They are provided the venue and facilities of the institutions for free. The celebration of festivals, like Onam, Deepavali and Christmas, with cultural activities by the members is a regular feature of these senior citizen groups.

### **Women Elderly Group at Vypeen: A Field Study**

UN had observed 1999 as the international year of older persons with the motto of towards a society for all ages (UNO, 2015). The increasing life expectancy combined with the falling birth rates has caused a rapid ageing of the population creating tremendous challenges to address the concerns of elderly, especially for resource-poor countries and states all over the world. A country is categorized as a country of the elderly when the population of those above 65 years account for 7 per cent or more of the total population. It is anticipated that India will reach this figure by 2025. As people grow older, their mental and physical functions grow weaker, which need care of others. Adequate number of senior citizens homes, short-stay homes and day-care centres are required to address the needs of older people. The elderly women are always at disadvantage on account of their gender, widowhood and age. The elders group at Vypeen is an all-women group which is considered for the purpose of this study with the following objectives:

- 1) To understand the socio-economic and health status of the members
- 2) To understand the linkages of elderly women with the social security support system
- 3) To analyse the family support pattern for the elderly women
- 4) To study the level of participation of elderly women in their household affairs

- 5) To evaluate the organizational support given by the agency to the elderly women group

An interview schedule was used to collect the socio-economic and health profile of the respondents, and a focus group discussion (FGD) was carried out to understand the perception of members regarding group programmes as well as to collect their feedback and suggestions for improving the programme. Data was collected with the support of the agency social workers in September 2015.

## Analysis and Interpretation

### Socio-Economic Profile of the Members

The socio-economic profile of the members of the senior citizen women group is presented in terms of the variables, such as age, marital status, education, economic status, religion, caste and level of education (Table 2). The respondents for the study were the 30 members of the elderly women group at Vypeen in Ernakulam district, who regularly participate in the group activities of the senior citizen forum organized under the Sahrudaya Rajagiri project.

Table 2. Socio-economic profile of the members

<i>Variable</i>	<i>Category</i>	<i>Frequency</i>	<i>Per cent</i>
Age	60–65 years	10	33.3
	66–70 years	11	36.7
	Above 70 years	9	30.0
	<i>Total</i>	<i>30</i>	<i>100.00</i>
Marital Status	Married	13	43.3
	Widow	16	53.3
	Single	1	3.3
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Religion	Hindu	15	50.0
	Christian	15	50.0
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Caste/Communities	SC	4	13.3

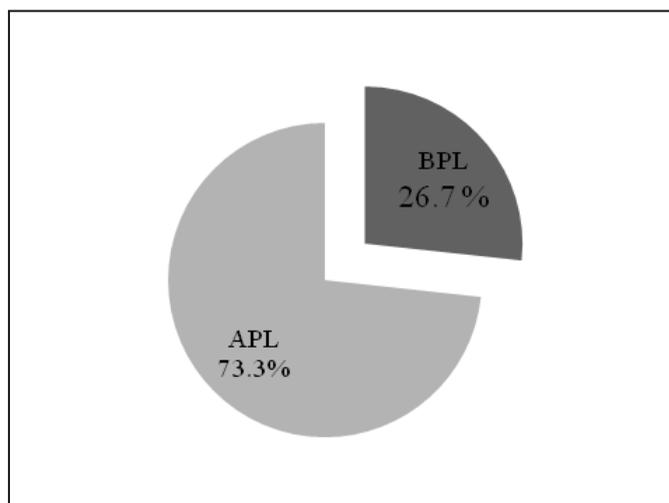
	OBC	10	33.3
	General	16	53.3
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Economic Status	APL	22	73.3
	BPL	8	26.7
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Level of Education	L.P. School	5	16.7
	U.P. School	16	53.3
	High School	5	16.7
	SSLC	4	13.3
	<i>Total</i>	<i>30</i>	<i>100.0</i>

Note: SC =Scheduled Caste; OBC= Other Backward Communities; APL=Above Poverty Line; BPL =Below Poverty Line.

The age-wise distribution of the respondents shows that 33.3 per cent were in the age group of 60-65 years and another 36.7 per cent belonged to the 65-70-year category. The percentage of older women in the category of 70 and above was 30 per cent, which indicates increasing pattern of longevity in Kerala. The data regarding marital status indicates that a good majority of the respondents (53.3%) were widows, 43.3 per cent were leading married life and only one elderly woman (3.3%) was in the status of single life. Equal percentages (50%) of members were from Christian and Hindu religions. Majority of the respondents were from forward communities (53.3%), a good number belonged to other backward castes (OBC) (33.3%) and 13.3 per cent were from scheduled caste (SC) communities. The economic status of the family is determined by the official deceleration of the family as Above Poverty Line (APL) or Below Poverty Line (BPL) by the government. Majority of the members (73.3%) belong to the APL section, and only 26.7 per cent of the members were from the BPL section (Figure 1).

The data on the education of the respondents show that the level of education varied between lower primary and SSLC (Secondary School Leaving Certificate). Only 13.3 per cent had completed SSLC, 16.67 per cent upper primary education, 16.11 per cent high school education and 16.7 per cent high school education, and a good majority (53.3%) had

Figure 1. Economic status of the respondents (%)



education only up to the upper primary and 16.7 per cent had only lower level of education.

Table 3. Linkages of elderly women with the social security programmes (N=30)

<i>Social security component</i>	<i>Frequency</i>	<i>Per cent</i>
Eligible for family/widow pension	25	83.3
Receiving pension	23	76.7
Receiving widow pension	14	46.7
Receiving other type of pension	9	30.0
Having health insurance	2	6.7
Life insurance coverage	1	3.3

Social security programmes are envisaged by the government to provide maximum welfare to its citizens, especially the weak and fragile sections of the society. The elderly people are to be protected from various types of casualties by way of social security services. The data regarding the accessibility and utilization of social security programmes by the members of the elderly women group are analysed here to understand the situation regarding the social security services.

A vast majority (83.3%) of the respondents were eligible for family or widow pension, and a good number (76.7%) were receiving either family pension or widow pension from the government. This is a good indicator that social security services are reaching the grass-roots level of the society. Although the government and other private insurance agencies are offering health insurance and life insurance policies, the coverage was very low in the group. Only two people (6.7%) had taken healthcare policies, and only one person (3.3%) had life insurance coverage from the group. A complete health insurance coverage and adequate life insurance coverage are to be provided to the elderly so that the social security services are readily available and accessible to the elderly. This of course is a challenge for the government, as far as social protection policies are concerned. The facilitating NGOs can also extend their services by way of providing enhanced social security services to the elderly.

Table 4 presents the details of the ailment situation of the elderly group under study. Non-communicable diseases (NCDs), which are typical to elderly people, are prevalent among the members of the elderly group. Sixty-seven per cent were suffering from diabetes mellitus, 63.3 per cent reported blood pressure, 26.7 per cent had some kind of cardiovascular problems and 13.3 per cent had arthritis. In terms of psychosocial problems, the majority were having problems related to loneliness (70%). Equal percentages (56.7%) were having either frustration or the feeling of rejection from the family. The group requires some kind of psychosocial assistance to overcome the hurdles of loneliness, frustration and feeling of rejection in the family. The elderly women forum and their group activities may be helpful for women to have better psychosocial health and quality of life. The social workers of the agency have to take into account these psychosocial issues perceived by the members of the group for targeted intervention by way of offering counselling services as well as focused group experience to the members of the group.

Majority (83.3%) of the elderly women were staying with their family or family members, and only 16.6 per cent were staying alone (Table 5). In case of financial necessities and in crisis situations, such as critical illness, the husband, son or daughter (immediate family) took care of them (90.6%). Only a few members had to depend on others for financial assistance or help in critical situation. Most of them spent time with family members, and own family was the primary source of comfort for them in difficult

Table 4. Physical and psychosocial ailments of the elderly (N=30)

<i>Diseases</i>	<i>Frequency</i>	<i>Per cent</i>
<i>Physical problems</i>		
Diabetes mellitus	20	66.7
Blood pressure	19	63.3
Heart disease	8	26.7
Arthritis	4	13.3
Cancer	1	3.3
Renal problems	1	3.3
<i>Psychosocial problems</i>		
Experiencing frustration in life	17	56.7
Feeling of loneliness	21	70.0
Feeling of rejection in the family	17	56.7

situations. The family was found to be the primary source of dependence as well as protection agent for the elderly. Family-based protection of elderly is the best option for the better happiness and well-being of the elderly. In a national-level study, it is observed that among economically dependent elderly, 6-7 per cent were financially supported by their spouses, almost 85 per cent by their own children, 2 per cent by grandchildren and 6 per cent by others. Of elderly women, less than 20 per cent depended on their spouses, more than 70 per cent on their children, 3 per cent on grandchildren and 6 per cent or more on others including the non-relations (MOSPI, 2011). The dependency pattern of the group is found to be following the national pattern in terms of economic dependence.

Table 5. The nature of family support for the elderly women

<i>Variable</i>	<i>Status</i>	<i>Frequency</i>	<i>Per cent</i>
Nature of stay	With son	15	50.0
	With husband	8	26.7
	With daughter	2	6.7
	Alone	5	16.6
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Dependence for financial needs	Son	18	60.6
	Husband	7	23.3
	Daughter	2	6.7

	Others	1	3.3
	Self	2	6.7
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Help in crisis situation	Own family	27	90.0
	Neighbours/friends	1	3.3
	Others	2	6.7
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Time spent	Own family members	26	86.7
	Neighbours/friends	2	2.6
	Others	2	2.6
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Source of comfort in difficulties	Own family	25	83.3
	Neighbours/friends	4	13.3
	Others	1	3.3
	<i>Total</i>	<i>30</i>	<i>100.0</i>

Only seven members (23.3%) were the head of the family, but five members (16.7%) had reported that they played some proactive role in their family management and the same percentage was involved in domestic responsibilities (Table 6). The elderly were not given appropriate roles in the family, which often resulted in their rejection from the family and subsequent psychosocial problems of loneliness and frustration in life. A good number of members (63.3%) are having leisure time activity of viewing television, listening to radio and so on, which may be helpful in reducing the degree of loneliness and frustrations of life.

Table 6. Involvement of elderly in family affairs

<i>Involvement in the family</i>	<i>Yes/no</i>	<i>Frequency</i>	<i>Per cent</i>
The head of the family	Y	7	23.3
Proactive role in the family	Y	5	16.7
Dependence on elderly	Y	3	10.0
Domestic responsibility	Y	5	16.7
Financial saving	Y	13	43.3
Leisure time activity	Y	19	63.3

The programme was started three years ago, and all the initial members were found to be participating in the programme regularly. More members were added to the group in the subsequent years, and majority of them (83.3%) were regular in attending the monthly programmes of the group (Table 7). Regarding the evaluation of the programme by the members, about 20 per cent held the opinion that programme was of average level and 53.3 per cent had a good opinion. Twenty-seven per cent of the members had a very good appreciation about the programme. A good majority (80%) had evaluated the programme as good or very good which indicates the respondents' appreciation of the programme. The higher per cent of attendance (83.3%) also shows that the programme is well received and found to be beneficial for the members for their psychosocial well-being and happiness.

Table 7. Members' participation and evaluation of the programme

<i>Variable</i>	<i>Status</i>	<i>Frequency</i>	<i>Per cent</i>
Duration of attending the programme	Up to one year	8	26.7
	Last two years	6	20.0
	Last three years	16	53.3
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Frequency of attending the meeting	Always	25	83.3
	Sometimes	5	16.7
	<i>Total</i>	<i>30</i>	<i>100.0</i>
Evaluation of the programme	Average	6	20.0
	Good	16	53.3
	Very good	8	26.7
	<i>Total</i>	<i>30</i>	<i>100.0</i>

### Results of the Focused Group Discussion

An FGD was carried out to understand perceptions of members regarding the performance of the group and the benefits of the programmes at various levels, namely personal, family and community levels. For having manageable groups for the discussion, three sessions were conducted with ten members, each participating in the discussions of each session. The leading questions for the group discussion were the following:

- 1) What are the regular activities of the group?
- 2) What are the benefits at personal level from attending this programme?
- 3) What are the benefits for the family from this programme?
- 4) What are the advantages for local community from this programme?

The members were very interactive, and most of them had participated in the discussion and expressed their views and opinion about the above questions. The summary of the discussions was compiled with the help of the social worker who had helped in organizing the focus group discussions with the members of the elderly group. It is presented below.

### ***Regular Activities of the Group***

The regular activities of the group comprise the monthly meeting on the first Tuesday of every month, awareness classes on relevant topics, old age day celebrations in October every year, Christmas and Onam celebrations, Women's Day celebrations, pilgrimage to holy places once in a year, visit to nearby farms and garden and visit to children's home and day-care centres for children for interaction with children and medical camps in every quarter for the welfare of elderly and other people in the locality. A few members of the group have engaged in vegetable cultivation in the neighbourhood, which gave them an opportunity for collective action in a limited manner.

### ***Benefits at Personal Level***

Many members opined that by becoming members of the group, they had better awareness about the various issues of the community and society and they could share the same information with their children and grandchildren. The agency workers had helped many of them to get their pension on time by proper liaison with the government departments. Financial and other assistance, like Onam kits, Ayurvedic medical kits and medical aid in emergency, were provided through the programmes. Participation in regular programmes and special programmes had provided many elderly women with opportunities to participate in cultural programmes that allowed them to express their talents in public forums resulting in better personal worth and happiness.

***Benefits at Family Level***

The agency's facilitation for health insurance to all members of the family and educational sponsorship to their grandchildren were found to be the major benefits of the programme for their families. A good number of elderly women thought that the house visit of social workers and social work students was beneficial to maintain good relationship with educated people, resulting in a feeling of relatedness and subsequent feeling of worth and happiness.

***Benefits at Community Level***

The most important benefits at community level, as perceived by the members, were the following:

- 1) The medical camp conducted for the group.
- 2) The linkage with the agency was helpful for all members of the community to avail the service offered for the benefits of children and women in the locality.
- 3) The physical facility of the agency was available for the community's programmes, like marriage and other common celebrations of the locality.

***Suggestions of the Group***

A major suggestion of the group to improve the quality of the programme was to increase the frequency of meetings. Some of them wanted the meeting to be held every week, but majority preferred bimonthly meetings. The members who were physically healthy wanted some kind of productive engagement, like small and microenterprises, so that they could have some kind of regular earning. The frequency of visit to children's homes and pilgrimage centres may also be increased for more exposure and connectivity to the external world.

**Conclusion**

The National Policy on Older Persons of 1999 and National Policy on Senior Citizens of 2011 have envisaged that the state has to ensure financial and food security, healthcare, shelter and other needs of older persons; equitable share in development, and protection against abuse and exploitation; and availability of services to improve the quality of their lives. These policies encourage voluntary organizations and NGOs to

supplement the care provided by the family to the older persons by extending healthcare services and protection to the vulnerable elderly people. Drawing insights from the aforesaid national policies, Sahrudaya has formed seniors' forums in the villages, where it has social development programmes for the community. The elderly resource-poor women in the Vypeen village are organized into a local-level network of women under the elderly forum for their overall psychosocial well-being. The group's suggestions for increasing the frequency of their meetings and to have a productive engagement indicate that older people need meaningful engagement and participation in their family and community for realizing the quality of life at older age.

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