

A Descriptive Study to Assess the Level of Knowledge Regarding National Geriatric Health Care Policies Among Elderly People in a Selected Area of Haridwar

Rakhi Pandey (Guide)¹, Swati Singh Chauhan (Co-guide)², Aparna Singh³, Arya⁴, Pooja Negi⁵, Poonam⁶, Himanshi⁷, Kanak⁸

¹Nursing officer, Paediatric ICU, Maharaja Suhel Dev Medical College, Bahraich, Lucknow (U.P.)

²Asst. Prof., Community Health Nursing, Shri Swami Bhumanand College of Nursing, Haridwar

^{3,4,5,6,7,8}B.Sc. Nursing Student, Shri Swami Bhumanand College of Nursing, Haridwar



DOI:<https://doi.org/10.36676/jrps.v15.i3.1521>

Accepted 16/09/2024

* Corresponding author

Published 18/09/2024

Abstract

This descriptive study aimed to assess the level of knowledge regarding national geriatric health care policies among elderly people in a selected rural area of Haridwar. Geriatric health care is an important aspect of ensuring the well-being and quality of life for the elderly, a population that is often dependent on external support due to the aging process. The study was conducted among 80 participants aged 60 years and above using a non-probability purposive sampling technique. Data was collected through a self-structured questionnaire designed to evaluate knowledge of national policies such as the Indira Gandhi National Old Age Pension Scheme, Atal Pension Yojana, Ayushman Bharat Yojana, and others. The results indicated that the majority (65%) of the elderly had average knowledge, while 35% had poor knowledge of these policies, and no participant demonstrated a high level of knowledge. Further analysis revealed no significant association between the level of knowledge and demographic factors such as age, gender, education, and income. This lack of awareness suggests a pressing need for greater dissemination of information regarding geriatric health care policies in rural communities, where elderly people may be particularly vulnerable to poor health outcomes due to limited access to healthcare and support services. The study concludes that improving awareness and access to these policies can empower the elderly to better utilize available resources, ultimately improving their health and well-being. The findings highlight the need for targeted health education programs and policy-level interventions to bridge the knowledge gap in rural areas. Future research should explore larger populations and examine strategies to effectively increase policy awareness among the elderly.



Keywords: Geriatric health care, National health policies, Elderly population, Rural community, Knowledge assessment, Haridwar, Indira Gandhi National Old Age Pension Scheme, Atal Pension Yojana, Ayushman Bharat Yojana, Health policy awareness.

Introduction

Geriatric health care is an essential component of public health, focusing on promoting the well-being, independence, and quality of life for elderly individuals. With the aging population in India rapidly increasing, the government has introduced several national health care policies aimed at supporting the elderly. Policies such as the Indira Gandhi National Old Age Pension Scheme, Atal Pension Yojana, Ayushman Bharat Yojana, and others are designed to provide financial assistance, healthcare services, and social security to the elderly population. However, despite the availability of these policies, a significant gap remains in terms of awareness and utilization, particularly among elderly people living in rural areas. Rural communities often have limited access to health information and services, leading to lower awareness levels about government schemes that could significantly benefit the elderly. In this context, understanding the knowledge levels of elderly people regarding these health policies is crucial to ensuring their effective implementation. This study aims to assess the level of knowledge regarding national geriatric health care policies among elderly individuals in a selected rural area of Haridwar. By identifying the extent of awareness and exploring associations with demographic factors such as age, gender, education, and income, the study seeks to highlight the need for enhanced outreach and education efforts targeting the elderly in rural areas. With India's elderly population projected to grow significantly in the coming decades, addressing this knowledge gap is essential for promoting healthy aging and improving the quality of life for older adults. This study provides valuable insights into the current state of awareness among elderly individuals and suggests directions for future interventions aimed at increasing policy awareness and utilization in rural communities.

Importance of Geriatric Health Care

Geriatric health care is of paramount importance in ensuring the well-being, dignity, and quality of life for elderly individuals, who often face a range of physical, emotional, and social challenges. As people age, they become more susceptible to chronic illnesses, disabilities, and cognitive decline, making it crucial to provide comprehensive health care tailored to their specific needs. Geriatric health care not only focuses on managing medical conditions but also emphasizes preventative care, promoting independence, and maintaining overall well-being. In many countries, including India, the elderly population is rapidly growing, and this demographic shift presents unique challenges for health care systems. Elderly individuals often require more frequent medical attention, long-term care, and social support, placing significant demands on healthcare resources. Moreover, geriatric care is essential in addressing age-related issues such as mobility limitations, mental health concerns, and the risk of social isolation, which can lead to depression and reduced quality of life. In response to these challenges,



governments worldwide, including India, have developed policies and programs aimed at supporting the elderly through financial aid, healthcare services, and social welfare schemes. However, access to and awareness of these services remain limited, particularly in rural areas, where elderly people may lack knowledge about available health care policies. This makes geriatric health care education and outreach critical for ensuring that older adults can access the services and support they need. Effective geriatric care helps reduce hospital admissions, promotes healthy aging, and ensures that elderly individuals can maintain their independence and lead fulfilling lives. As the elderly population continues to grow, the importance of developing robust geriatric health care systems will only increase, making it a central focus for public health initiatives aimed at ensuring the health and well-being of older adults.

National Health Policies for Elderly in India

National health policies for the elderly in India are designed to address the unique challenges faced by the country's rapidly growing older population, ensuring that they have access to essential health services, financial security, and social welfare. The Indian government has implemented several key policies aimed at improving the quality of life for elderly individuals. The Indira Gandhi National Old Age Pension Scheme provides financial assistance to senior citizens who fall below the poverty line, offering them a basic income to support their daily needs. Another important initiative is the Atal Pension Yojana, which encourages unorganized sector workers, including elderly individuals, to save for their future by offering a defined pension upon reaching the age of 60. The Ayushman Bharat Yojana, one of India's largest healthcare programs, provides coverage of up to ₹5 lakhs per family annually for secondary and tertiary healthcare services, including treatments and hospitalizations for elderly citizens. Additionally, the Rashtriya Vayoshri Yojana aims to assist senior citizens suffering from age-related disabilities by providing aids and assistive devices such as wheelchairs, hearing aids, and walking sticks. The Pradhan Mantri Vaya Vandana Yojana, a pension scheme administered by the Life Insurance Corporation (LIC), offers a guaranteed pension to senior citizens, providing them with a reliable income during retirement. Despite these well-intentioned policies, many elderly individuals, particularly those in rural areas, remain unaware of these benefits, limiting their access to much-needed health services and financial support. Furthermore, implementation challenges and administrative barriers often prevent the elderly from fully utilizing these policies. To address this, there is a need for enhanced outreach, education, and streamlined processes to ensure that the elderly population is well-informed and able to take advantage of the benefits provided by these national health policies. Strengthening these initiatives is essential to promoting healthy aging and improving the overall well-being of India's elderly population.

Rising Elderly Population in India

India's elderly population is rapidly increasing, making it one of the most significant demographic shifts in the country's history. With improved healthcare, better living standards, and declining birth rates, the proportion of elderly people (aged 60 years and above) is expected

to rise significantly in the coming decades. According to projections, by 2050, India will have over 300 million elderly individuals, making up nearly 20% of the total population. This growing elderly population presents unique challenges for the country's health and social systems, particularly as the elderly require more healthcare services, long-term care, and financial support. The rise in the elderly population has been accompanied by an increase in age-related health conditions such as chronic diseases, mobility issues, cognitive decline, and mental health concerns. The traditional family support system in India, where elderly people lived with their children, is gradually changing due to urbanization, migration, and nuclear family structures, leaving many elderly individuals without sufficient care and social support. This demographic shift necessitates a robust policy framework and infrastructure to meet the growing needs of the elderly population. The government must invest in health services, social security, and pension schemes to ensure the well-being of the aging population. Moreover, there is a pressing need to promote healthy aging by encouraging preventive healthcare, raising awareness about geriatric care policies, and creating age-friendly environments. As India becomes an aging society, addressing the needs of the elderly will become increasingly important to ensure that they can live with dignity, security, and good health. Failure to adequately plan for this demographic transition could lead to a public health crisis, with millions of elderly individuals facing financial insecurity, poor health, and social isolation in their later years.

Vulnerabilities of the Elderly Population

The elderly population is one of the most vulnerable groups in society, facing multiple challenges that affect their physical, emotional, and financial well-being. As people age, they are more likely to experience chronic health conditions such as hypertension, diabetes, arthritis, and cardiovascular diseases, which require ongoing medical attention and care. Many elderly individuals also suffer from cognitive decline, including memory loss and dementia, which can affect their independence and quality of life. Physical limitations, such as reduced mobility and sensory impairments, make it difficult for elderly people to perform daily tasks, often leading to dependence on others for support. In addition to health issues, elderly individuals face financial vulnerabilities, especially those without pensions or savings. With limited income and rising healthcare costs, many elderly people struggle to afford the medical care, medications, and services they need. Social vulnerabilities are also prominent, as elderly individuals are often isolated due to the migration of younger family members, the breakdown of traditional family structures, and the absence of community support. Loneliness and social isolation can lead to mental health problems such as depression and anxiety, further exacerbating their sense of helplessness. Elder abuse, neglect, and exploitation are also serious concerns for elderly individuals, who may be physically frail and unable to defend themselves. This abuse can come in various forms, including emotional, physical, or financial, and is often perpetrated by caregivers or family members. The cumulative effect of these vulnerabilities leaves elderly people at a higher risk of poor health outcomes, decreased quality of life, and even premature



death. To address these issues, there is a need for comprehensive social protection, healthcare access, and community-based support systems to safeguard the well-being of the elderly population.

Role of Health Awareness in Elderly Care

Health awareness plays a pivotal role in elderly care, as it empowers older individuals to make informed decisions about their health, seek timely medical care, and take preventive measures to maintain their well-being. As people age, they face an increased risk of chronic diseases and health complications, which can significantly affect their quality of life. Raising awareness about common age-related health conditions, such as hypertension, diabetes, arthritis, and cognitive decline, can help the elderly recognize early symptoms and seek appropriate medical intervention. Health education campaigns targeting elderly individuals can also emphasize the importance of preventive healthcare, such as regular medical check-ups, vaccinations, and lifestyle changes like a balanced diet and physical activity. Furthermore, health awareness initiatives can inform elderly individuals about the government's health policies, schemes, and support systems designed specifically for them, such as the Indira Gandhi National Old Age Pension Scheme, Ayushman Bharat Yojana, and Rashtriya Vayoshri Yojana. In rural areas, where access to healthcare facilities and information may be limited, increasing health awareness is particularly important. Elderly people in these regions often lack knowledge about available healthcare services and preventive measures, which contributes to late diagnosis, untreated medical conditions, and poor health outcomes. Raising awareness among caregivers and family members is equally critical, as they play a significant role in managing the health of elderly individuals. Health literacy among caregivers ensures better care management, improves adherence to medical treatment, and reduces the likelihood of complications.

Review of literature

(Bartwal Janki, Awarthi Sadhna Rawat, Chandramohan Singh 2016) studied "A study to know the social demographic profile of the rural elderly and awareness utilization of geriatric welfare services among elderly people" and said that the utilization of geriatric welfare services was poor among the elderly, with only 19.7% of participants availing old age pension, highlighting a gap between service availability and utilization.

(Shah Vishwa, Shashtri Unnati, Thakur Riya, Solanki Krishna, Solanki Palak 2014) studied "A study to assess the knowledge regarding geriatrics health problems among geriatrics in selected old age homes of Ahmedabad city" and said that 50% of participants had average knowledge of geriatric health problems, 16.7% had excellent knowledge, and 33.3% had poor knowledge, indicating the need for better awareness and education among the elderly.

(Dr. D. Shakhardande Veena, Ms. U. Nalawade Ankita, Mr. N. Pasalkar, Mr. B. Ranaware Chandrakant, Ms. B. Mendhapure Kajal 2021) studied "To assess the knowledge regarding selected government health schemes among people in selected rural areas of Pune district" and

said that 85.5% of participants were aware of old age pension schemes, but only 41% utilized these schemes, demonstrating a disparity between awareness and utilization.

(Umashankar Hemalatha, D. Sudeepu, Sharma Nidhi, Ratnesh 2018) studied "Challenges faced in utilization of social security facilities among elderly in rural Bangalore" and said that awareness was higher among males than females, but administrative challenges in accessing social security schemes hindered their effective utilization.

(Goswami Shweta, Singh Mitasha, Dhaka Rohit, Prabhata 2017) studied "A study to assess the awareness and utilization of social security schemes by the elderly population of Faridabad, Haryana" and said that while 85.5% of participants were aware of old age pensions, the utilization rate was low, with only 41% of rural and 32.1% of urban participants using the schemes.

(Maroof Mohd, Najam Anees, Ansari M. Anthar 2016) studied "Awareness of geriatric welfare services among the rural elderly population in Aligarh, Uttar Pradesh" and said that awareness of geriatric welfare services was poor, with only 35.6% aware of health insurance schemes and 28.9% aware of social services, indicating the need for increased awareness efforts.

(A.B. Dey 2020) studied "Exploring awareness regarding healthcare policies and programs for older persons among stakeholders in New Delhi" and said that the geriatric population had poor knowledge regarding welfare services, creating a gap between healthcare providers and recipients that affected preventive and promotive care.

(Lokesh Mukut, Shiv Hiren, Abhishek Ashok 2016) studied "A study to describe the existing programs and schemes related to older people with a focus on NPHCE and an analysis of the program achievements and challenges in India" and said that while NPHCE and other elderly programs were being implemented, India's elderly population would reach 6.57% of the total population, with similar challenges noted in previous studies.

(Jennam M Evans, Bhattacharyya K Onil, Pretesh R Kiran 2011) studied "Activating the knowledge to action cycle for geriatric care in India" and said that India's geriatric care system had poor outcomes (56%), recommending the development of a geriatric action plan to improve the implementation and impact of NPHCE.

(Preet Usha et al. 2020) studied "A study of morbidity profile among geriatric population in Uttarakhand" and said that the most common health issues among the elderly were musculoskeletal (77.20%), psychological (75.90%), cardiovascular (33.80%), and respiratory problems (19.74%), emphasizing the need to strengthen geriatric health services at all levels.

(Paul N. Sherin Susan, Asirvatham Mathew 2021) studied "The need for scaling up implementation of geriatric health policy in India in Kerala" and said that the government should encourage social science research in elderly care to improve policy implementation, especially in rural areas, where there has been negligence in scaling up geriatric programs.

(Dr. D. Shweta, Dr. Sucharita Suresh, Yathindra Chitra 2019) studied "A study to know the awareness among the elderly regarding the rights of the elderly in Karnataka" and said that 57% of respondents had moderate awareness and 39% had poor awareness of their rights, which could negatively affect their health status and quality of life.

(Maroof Mohd, Ahmad Anees, Khaliq Najam, Ansari M Athar 2016) studied "A study to assess the awareness regarding geriatric welfare services among the rural elderly population in Aligarh" and said that 84% of participants were aware of government facilities, 28.9% were aware of social services, and 35.6% were aware of health insurance schemes, with significantly higher awareness among males.

(Misbah Samreen, Kadir Ehsan, Nofal Rukh, Khan Ahmad, Rahman ur Mahmood 2015) studied "A study to assess knowledge and awareness regarding geriatric problems among adults of Rawalpindi" and said that the majority of participants wanted to improve their health but believed that preparation for aging should start earlier, emphasizing the role of both government and non-government organizations in raising awareness.

(Gu Liubao, Feng Huihui, Jin Jian 2017) studied "A study to assess the effect of medical insurance on the health status and life satisfaction of the elderly in China" and said that medical insurance significantly improved the health status and life satisfaction of the elderly, highlighting the importance of providing equal medical security for aging populations.

Data Analysis

| S.NO | DEMOGRAPHIC VARIABLE | FREQUENCY(f) | PERCENTAGE (%) |
|------|----------------------|--------------------|----------------|
| 1. | | Age | |
| | 61-70 Years | 63 | 78.75% |
| | 71-80 Years | 16 | 20% |
| | 81-91 Years | 1 | 1.25% |
| 2. | | GENDER | |
| | Male | 57 | 71.25% |
| | Female | 23 | 28.75% |
| 3. | | RELIGION | |
| | Hindu | 71 | 88.25% |
| | Muslim | 9 | 11.25% |
| 4. | | TYPE OF FAMILY | |
| | Nuclear Family | 55 | 68.75% |
| | Joint Family | 25 | 31.25% |
| 5. | | EDUCATIONAL STATUS | |
| | Formal Education | 45 | 56.25% |
| | Informal education | 35 | 43.75% |
| 6. | | MONTHLY INCOME | |
| | 6000-10,000 Rs. | 54 | 67.5% |

| | | | |
|----|-------------------|------------------------|--------|
| | 11,000-15,000 Rs. | 26 | 32.5% |
| 7. | | HEARD ABOUT ANY SCHEME | |
| | Yes | 73 | 91.25% |
| | NO | 7 | 8.75% |
| 8. | | SOURCE OF INFORMATION | |
| | Relatives | 29 | 36.25% |
| | Digital media | 19 | 23.75% |
| | Peer group | 32 | 40% |

The majority of participants are male (78.75%), with a majority of Hindu (88.25%) and Muslim (11.25%) families. Most belong to joint families (68.25%) and nuclear families (31.25%). Formal education (56.25%) is prevalent, with a majority of participants taking it. Monthly income ranges from 6,000-10,000 Rupees (67.5%). Most participants have knowledge about any scheme, with the majority obtaining information from peer groups (40%), relatives (36.55%), and digital media (23.75%).

Discussion

The findings of this study reveal a significant gap between the awareness and utilization of geriatric welfare services among the elderly population, particularly in rural areas. Despite the existence of various government schemes designed to support the aging population, the low level of awareness and poor access to these services have hindered their effective utilization. Factors such as gender, education, and socio-economic status play a role in this disparity. There is an urgent need for targeted interventions, including educational campaigns and streamlined administrative processes, to improve awareness and accessibility of geriatric services, ultimately promoting the well-being of elderly individuals.

Conclusion

In conclusion, the study highlights the critical need to bridge the gap between awareness and utilization of geriatric welfare services among the elderly, especially in rural areas. Despite the availability of beneficial schemes, limited knowledge and challenges in accessing these services prevent elderly individuals from fully utilizing them. Enhancing awareness through targeted education and simplifying administrative processes is essential for improving service uptake. Addressing these issues will not only ensure better access to healthcare and financial support but also improve the overall quality of life for the aging population, enabling them to live with dignity and independence.

Reference

- Kowal, P., & Dowd, E. J. (2001). *Definition of an older person: Proposed working definition of an older person in Africa for the MDS project*. Retrieved from [https://www.researchgate.net/publication/264534627_Definition_of_an_older_person_Proposed_workigdefinition_of_an_older_person_in_Africa_for_the_MDS_Project#:~:text=As%20far%20back%20as%201875,population%20\(UN%2C%202001\).](https://www.researchgate.net/publication/264534627_Definition_of_an_older_person_Proposed_workigdefinition_of_an_older_person_in_Africa_for_the_MDS_Project#:~:text=As%20far%20back%20as%201875,population%20(UN%2C%202001).)
- Pillalamarri, A. (2023). *India is the world's most populated country*.
India Growing. (n.d.). *Uttarakhand*. Retrieved from <https://www.indiagrowing.com/Uttarakhand>
- Vikaspedia. (n.d.). *Senior citizens' status in India*. Retrieved from <https://vikaspedia.in/social-welfare/senior-citizens-welfare/senior-citizens-status-in-india>
- Government of India. (2023, May). *Indira Gandhi old age pension scheme (IGNOAPS)*. Retrieved from <https://dhar.nic.in/en/scheme/indiraschemeignoaps/#:~:text=Under%20the%20National%20Social%20Assistance,t%20o%20provide%20them%20financial%20assistance>
- Press Information Bureau. (2022, March). *Scheme for welfare of senior citizens*. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1806506>
- Financial Services Government of India. (2023, July). *Atal Pension Yojana (APY)*. Retrieved from <https://financialservices.gov.in/beta/en/atal-pensionyojna>
- National Health Authority. (2019). *Pradhan Mantri Jan Arogya Yojana (PM-JAY)*
GeeksforGeeks. (n.d.). *Annapurna scheme*. Retrieved from <https://www.geeksforgeeks.org/annapurna-scheme/>
- Rohilla, E., & Singh, K. (n.d.). A study on elderly abuse, violence, and neglect in Haryana. *Indian Journal of Health and Wellbeing*, 75-78. Retrieved from https://www.researchgate.net/publication/341178152_A_Study_on_Elderly_Abuse_Violence_and_Neglect_in_Haryana
- Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *Lancet Global Health*, 5(2), e147-e156. [https://doi.org/10.1016/S2214-109X\(17\)30006-2](https://doi.org/10.1016/S2214-109X(17)30006-2)
- Khanal, P., Ra, S., & Chalise, H. N. (2018). Children's migration and its effect on elderly people: A study at old age homes in Kathmandu. *American Journal of Gerontology & Geriatrics*, 1(1), 100. <https://doi.org/10.4172/ajgg-1-100>
- Deys, N., Nambiar, D., Lakshmi, J. K., Sheikh, K., & Reddy, S. (2017). Health of the elderly in India: Challenges of access and affordability. *National Library of Medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK109208/#:~:text=While%20health%20Dseeking%20is%20hindered,in%20urban%20areas%20is%20misleading>

- Acharya, A., & Ranson, K. (2005). Health care financing for the poor: Community-based health insurance schemes in Gujarat. *Economic and Political Weekly*, 40(4), 141-150. <https://doi.org/10.4172/ajgg-1-100>
- Agarwal, B. (1994). Gender and command over property: A critical gap in economic analysis and policy in South Asia. *World Development*, 10(1), 1455-1478.
- Patel, V., Kumar, A. K., Paul, V. K., Rao, K. D., & Reddy, K. S. (2011). Universal health care in India: The time is right. *The Lancet*, 377(9764), 448-449. [https://doi.org/10.1016/S0140-6736\(10\)61960-5](https://doi.org/10.1016/S0140-6736(10)61960-5)
- Raju, S. (2000). Ageing in India: An overview. In M. Desai & S. Raju (Eds.), *Gerontological social work in India: Some issues and perspectives* (pp. 45-67). New Delhi: BR Publishing.
- Deswal, V. P. S. (2011). Elder abuse: Problems and preventive measures. *Development Journal*, 17(3), 377-388.