

# Impact of Kudumbashree Elderly Special NHGs on Quality of Life of Elders.

Kudumbashree Mission formed special NHGs comprising senior citizens (elderly), as members through a process of local mobilization for poverty eradication. Through the Elderly special NHGs, Kudumbashree will help the elderly for their sustainable livelihood, rehabilitation and integration into society and their participation in the mainstream developmental process. This document describes the impact of Kudumbashree elderly NHGs on quality of life of elders.



30<sup>th</sup> April 2021

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## A. Overview of the project and objective

State Poverty Eradication Mission popular as Kudumbashree was formed with the objective of eliminating absolute poverty in the State of Kerala. Unlike other poverty eradication movements, Kudumbashree has adopted a strategy of fostering organized bargaining capacity by bringing together poor families. Kudumbashree implements poverty elimination projects through community based three tier organizational setup led by local self-governments. Neighborhood groups (NHG) are the basic unit in this three-tier community level system. Each Neighborhood group consists of 10 to 20 female members aged 18 and above representing each family. These Neighborhoods are federated into Area Development Societies (ADS) in the ward level and Community Development Societies (CDS) in the Municipal/Panchayat levels.

Kudumbashree received great appreciation from all over the world because of the work and motives behind it. Problems like gender inequality, discrimination on the basis of gender, caste, religion etc., serious diseases, and violation of human rights create loneliness and depression which is more severe than poverty. This is why along with poverty eradication Kudumbashree aimed at these major problems and decided to start Special NHGs consisting of those PWDs, Elderly and Transgenders.

Elderly NHG consist of 10 to 20 people. (NHG cannot be formed with less than 10 members). The specialty in Elderly NHG is that men who completed 60 years of age can also take membership. Concessions are given to elderly NHGs from normal NHG. Savings and internal lending are not mandatory if needed they can start these activities. Till now **2,83,615 members** are there in **25,992 elderly NHGs**.

The objective of this study is to examine the changes that the project has brought on economic, social and psychological aspects that constitute quality of life for the elderly. The study also assesses if the project has raised awareness of the elderly about their entitlements and their access to social benefits.

## B. Background of the study

### Ageing in India: Demographic trends

India's elderly population is growing – both the share and size of population aged 60 years and above have increased over the last decades. While the 60+ population constituted 5.6 percent (25 million in absolute numbers) of India's total population in 1961, there were 8.3 percent or over 90 million elderly people in 2013, and the number continues to grow. According to current trends, the population of elderly is projected to grow to a share of 12.4 percent (173 million) in 2026 and 18.3 percent (315 million) in 2050

This demographic transformation is caused by a downward trend in fertility coupled with an increase in life expectancy. In 2013, Indians had an average life expectancy of 66 years. Life expectancy differs for men and women: Women live on average two years longer than men. This corresponds to a sex ratio in the 60+ population of 105 women per 100 men. The gender imbalance rises sharply with increasing age (60 - 69 years: 98/100; 70 - 79 years: 114/100; 80+ years: 116/100). The tradition of men marrying women of significantly younger age in India, especially in the past, contributes to an even larger number of female than male widows, reinforcing the already vulnerable position of elderly women in Indian society.

The large increase in human life expectancy over the years has resulted not only in a very substantial increase in the number of older persons but in a major shift in the age groups of 80 and above. The demographic profile indicates that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700%-the fastest growing group. According to the studies undertaken by Help Age India following statistics are indeed thought provoking.

- The more developed states in the southern region, including Kerala, and a few others like Punjab, Himachal Pradesh and Maharashtra have experienced demographic transition ahead of the others. Kerala is in the final states of demographic transition to low fertility and mortality.
- The ageing scenario of Kerala is much more prominent than in any other state of India. People above 60 constitute 13% of the state's population of 3.34 crore compared to the national figure of 8.2%, according to the 2011 census. A society having a population of more than 10 per cent elderly is considered as an old age society.
- The proportion of elderly dependent population in the state is 57.8% and 35.1% of the aged persons possess no property. At Rs.7,311 crore, the annual outing from the exchequer for pensions is more than 35% of the total tax receipts. Mirroring the rest of the population in Kerala, nearly
- Mirroring the rest of the population in Kerala, nearly 75% of elders live in rural areas.
- In the 60+ years age group, Kerala has the highest sex ratio at 1,247 females to 1,000 males, as compared to 1028 females for 1000 males all India. The situation improves further to 1,319 (70+ years) and 1,472 (80+ years). However, elder females fare worse than elder males in terms of dependence, inability to meet basic needs and ownership of property.
- High literacy rates, increase in standard of living, access to health facilities, increased transportation facility, wide road network, high rate of institutional delivery and acceptance of family planning, etc., have helped to decrease the death and birth rates. The present scenario leads to a drastic growth in the elderly population from one out of ten persons in 2001 to one out of four persons in 2051. Rapid changes in age structure may be more difficult for societies to adjust to than change that is spread over a longer time horizon.

**Table 1: Elderly Population in India and Kerala, 2001 and 2011***(In lakhs)*

<b>India</b>	<b>2001</b>			<b>2011</b>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<b>Total population</b>	<b>5,321.57</b>	<b>4,964.54</b>	<b>10,286.10</b>	<b>6,232.70</b>	<b>5,875.85</b>	<b>12,108.55</b>
60–69	230.58	242.65	473.24	316.46	324.73	641.19
70–79	107.91	104.69	212.60	141.42	142.99	284.41
80+	39.19	41.20	80.39	52.84	60.05	112.89
60+	377.68	388.54	766.22	510.72	527.77	1,038.49
<b>% of 60+ to the total population</b>	<b>7.1%</b>	<b>7.8%</b>	<b>7.4%</b>	<b>8.2%</b>	<b>9.0%</b>	<b>8.6%</b>
<b>Kerala</b>						
<b>Total population</b>	<b>154.69</b>	<b>163.73</b>	<b>318.41</b>	<b>160.27</b>	<b>173.79</b>	<b>334.06</b>
60–69	8.80	10.54	19.34	11.44	12.72	24.17
70–79	4.47	5.66	10.13	5.35	7.00	12.35
80+	1.57	2.32	3.89	2.04	3.38	5.42
60+	14.84	18.51	33.36	18.84	23.10	41.93
<b>% of 60+ to the total population</b>	<b>9.6%</b>	<b>11.3%</b>	<b>10.5%</b>	<b>11.8%</b>	<b>13.3%</b>	<b>12.6%</b>

**Table 2: Projected Elderly Population of Kerala, 2021–2051***(In lakhs)*

<b>Age</b>	<b>Growth Rate</b>	<b>2021</b>	<b>2031</b>	<b>2041</b>	<b>2051</b>
60–69	2.2	30,19,902	3,773,498	47,15,148	58,91,780
70–79	2.0	15,05,742	18,36,225	22,39,244	27,30,718
80+	3.3	7,54,731	10,51,251	14,64,269	20,39,553
<b>60+</b>	<b>2.3</b>	<b>52,71,660</b>	<b>66,27,187</b>	<b>83,31,267</b>	<b>1,04,73,526</b>

In 2001 Kerala had 26.1% child population, 63.4% adult population of working age and the elderly population was 10.5%. Average age of death in Kerala is 75 years for women and 71 years for men. The elderly population would increase to 25.6% by 2051 In the 60+ years age group.

Kerala's population is ageing at a rate faster than the rest of the country. Kerala has witnessed a dramatic demographic transition in comparison with the other states in the country (Govt. of Kerala 2017). The Kerala Ageing Survey (KAS) 2013 report states that as per the 2011 census, there are 4.2 million people above 60 years in Kerala. More importantly, while the general population is growing at a rate of 0.5 per cent, the elderly population of the state is growing at a rate of 2.3 per cent. Out of the total elderly population, 11 per cent are old-old, which is the fastest growing group in the old category that includes those above 80 years.

In the elderly category, women outnumber men, and among them a majority are widows. As per the Ministry of Statistics and Programme Implementation (MOSPI), Government of India (GOI), the old age dependency ratio of Kerala at 19.6 per cent is higher than the rest of the country at 14.2 per cent, highlighting the importance of care for elderly in Kerala (GOI 2016).

### **Care for the elderly in the Indian context**

Elderly care in India hugely depends on family and/or domestic help (Dey 2017; Rajan 2001; Rajan 2008). All forms of extra-familial care services are stigmatized and those families who do employ them tend to be labelled as uncaring. Elderly care is determined by the magnitude of conditions: first, the prevalence of chronic diseases like mental illness, physical disabilities and other co-morbidities; second, social concerns like migration of children due to which the older people are left behind without any physical and psycho-emotional support; third, elder abuse, which is quite common due to their vulnerabilities (Shankardass and Rajan 2017); and fourth, financial insecurities and inadequate health care coverage that lead to further vulnerabilities (Shrivastava et al. 2013). Often, the elderly feels insecure and isolated even when they are residing with their own family. The reasons for this include changes in lifestyle, generation gap, lack of financial security and independence and so on. As the elderly live longer, the chances of chronic functional disability also increase, resulting in the need for assistance; hence, families are forced to buy care to look after the daily needs of the elderly.

To counter this issue, Kerala became one of the first states in India to implement a senior citizen policy. The first policy of this kind, which was introduced in 2006 by the social justice department, was later modified and relaunched as State Old Age Policy in 2013 (Government of Kerala 2013). Some of the main objectives of the policy include: promotion of physical activity; information and communication technology-enabled independent living for the aged; adapting health systems to the need of the aged; providing institutional care for the aged; and proving economic security to the elderly.

The concept of elderly care is embedded in a three-tier system: the household, institutional and society levels. At the household level, caregivers would be spouses, children, siblings and other relatives. Second, at the institutional level, hospitals, local self-governments and care homes would take care of the elderly. Finally, at the societal level, neighbors, friends and other non-relatives would be the caregivers. As structures of household change, the state and society have to share the responsibility in caring and providing security for the elderly.

### **Role of Kudumbashree in the world of elderly**

Kudumbashree has an enriched experience in working with vulnerable population namely Ashrya- the project for destitute, Tribal Special project, and BUDS- School for differently abled children. This experience provides an insight to understand the basic reasons behind the vulnerabilities and capacitate a delivery support mechanism which will facilitate their articulation of need and empowerment. More over being a nodal Agency for National Rural

Livelihood Mission (NRLM), Kudumbashree has been entrusted with the responsibility of piloting Elderly Inclusion Project in two districts namely Eranakulam & Kollam. One block each in both districts namely Mulamthuruthy and Edakkatuvayal were selected for the project. It was decided to select these blocks as Help Age India (a Non-Governmental Organization that strives to work for the cause and care of disadvantaged older persons and to improve their quality of life) already had a similar intervention in these areas.

Kudumbashree formed Elderly NHGs in these two blocks. Formation of Elderly NHGs was much easier as Kudumbashree has a strong three tier CBO structure across the state viz Community Development Society's at Local Body, Area Development Society at ward level and the Neighbourhood groups. The PRI- CBO convergence has another thrust area where convergence of the program becomes very handy. Preliminary surveys to identify the citizens above 60 years of were conducted at the ward level and through ward level mobilization campaigning was conducted. The interested members were joined together and formed Elderly NHGs. An Elderly NHG is basically a group of 10 to 20 elderly aged 60 and above who form a group based on self-selection. The specialty in Elderly NHG is that men who completed 60 years of age can also take membership. Unlike general NHGs where financial Inclusion becomes the prime component, group for the elderly focuses on spending time in sharing and belonging.

Once the group is formed, each member of the Elderly NHG is motivated to save on a monthly/weekly basis. Savings and internal lending are not mandatory if needed they can start these activities. The amount ranges between Rs. 10 and Rs. 100 per month and is decided by the elderly. The money collected as saving is deposited in the bank in a joint account opened by the office bearers of Elderly NHG. Each group maintains set of books/records and individual passbooks. After a period of about 3 months this savings is used for internal lending based on an interest rate fixed by the group. The maximum interest rate should be 12% per annum on reducing balance. The interest generated through the lending process works as additional income for the group and enables the group to accumulate a larger fund.

The basic idea of the Elderly NHG approach is to support the elderly as a community that is capable of addressing its own needs and problems. In order to address their poverty and exclusion, the elderly should be assisted through social mobilization, financial and economic inclusion and medical aid. The Elderly NHG serve as a space for the elderly to share their common concerns, pool resources and draw upon each other's capacities. One main objective of the Elderly NHG approach is to diversify the livelihood opportunities of the elderly, to augment their income and to strengthen their economic independence.

Providing the elderly with a platform to meet regularly and discuss issues of income generation, health, well-being and abuse aims to positively impact the role and relations of the elderly with their social environment, to improve their psychological state and to reduce the isolation that many of them face. Hence, the Elderly NHG approach not only aims to positively change the economic situation of the elderly, but also to foster their social inclusion.

Another objective concerns the inclusion of the elderly in the public programmes. By organizing the elderly into groups at the panchayath/ULB level, they can be informed about their rights and entitlements as well as collectively and actively claim them. Advocacy activities of the groups can raise the visibility and sensitivity of the larger public towards issues and problems of the elderly.

Elderly NHGs not only provide an economic opportunity but also strengthen the capacities of the elderly to save and create a spirit of entrepreneurship. They can promote empowerment of the elderly by supporting collective action and advocacy for their rights and entitlements, thereby acting as an important peer group beyond the network of family, friends and neighbors. Furthermore, strong grassroots level Elderly NHGs can provide social assistance to fellow destitute elders.

Based on the experiences of the pilot project in Ernakulam and Kollam district, later in 2016-17 the elderly NHG programme is expanded to all CDSs of Kudumbashree across the 14 districts. Till now **3,12,280 members** are there in **25,992 elderly NHGs**.

*Table 3: The district wise status of Elderly NHG*

Sl. No.	Districts	Total No of CDSs	No. of Elderly NHGs	No. of Elderly members	Average members per NHG
1	Trivandrum	83	1,080	11,855	11
2	Kollam	74	1,929	25,131	13
3	Pathanamthitta	58	1,353	22,284	16
4	Alappuzha	79	1,875	23,292	12
5	Kottayam	78	1,302	16,037	12
6	Idukki	54	1,205	11,919	10
7	Ernakulam	101	2,888	39,145	14
8	Thrissur	100	2,549	27,020	11
9	Palakkad	96	2,607	29,055	11
10	Malappuram	110	1,983	23,554	12
11	Kozhikode	82	3,589	42,892	12
12	Wayanad	26	1,107	11,047	10
13	Kannur	81	1,770	20,750	12
14	Kasaragod	42	755	8,299	11
	<b>Total</b>	<b>1,064</b>	<b>25,992</b>	<b>3,12,280</b>	<b>12</b>

## C. Methodology of the study

### 1. Sample technique

District-wise details of number of Elderly NHGs was taken from the MIS of State organization team. Top five districts where most number of Elderly NHGs were selected. Selections of CDSs and Elderly NHGs were done randomly after consultation & discussion with district mission teams. A telephonic interview was conducted with selected Elderly NHG members, CDS members and district mission staff for the study.

Sl No	District	No. of CDSs	No. of Elderly NHGs	Elderly members	Average Elderly NHGs per CDS
1	Kozhikode	82	3,589	42,892	44
2	Ernakulam	101	2,888	39,145	29
3	Palakkad	96	2,607	29,055	27
4	Thrissur	100	2,549	27,020	25
5	Malappuram	110	1,983	23,554	18

### 2. Method of data collection

Secondary data on district wise Elderly NHGs collected by State organization team is used for the study.

### 3. Tools of data collection

Primary data was collected through telephonic interviews with elderly NHG members, CDS members and district mission staff.

## D. Findings

The primary and secondary data collected was analyzed. The findings of the report are prepared based on the information collected from the field. The major findings are:

1. Kudumbashree CDSs are effectively implementing the elderly NHG formation activities in their respective CDS. It is also evident that elderly NHGs brought changes in the life of the elderly members by way of changes in their income, savings etc. The collective approach seems to motivate the elderly to save regularly despite their low incomes.
2. As on 31<sup>st</sup> March 2021, Kudumbashree mission provided Rs. **255.66 lakhs corpus fund to 5,028 Elderly NHGs**. Members are using this fund for their internal loan activity, purchase of books/record stationeries for their NHG etc.
3. CDSs were successfully organized various health camps with the support of hospitals and health staff in the panchayath. Through these health camps elderly were also provided Cataract surgeries, health care devices, artificial denture etc.
4. During the current Covid-19 situation CDSs are ensuring that the elderly is given proper medical care and supply of medicines seamlessly.



5. Kudumbashree CDSs are also supporting the elderly members to access their entitlements like Health Insurance, Social Security Pension etc.
6. With the formation of Elderly NHGs, the local governments became more involved in their activities, including the inclusion of special schemes for the elderly in the annual plans of the local bodies and the operation of day care centers (Pakalveedu) for them etc. Kudumbashree CDSs are constantly intervening in this matter.
7. Kudumbashree CDS with the support of local self-governments organized special entertainment programs for the elderly. Storytelling, poetry, writing their own experiences, and interacting with children are some of these activities.
8. Income insecurity is one of the major causes of vulnerability in old age. In India, it is normative for families to take care of the needs of older persons, including economic and social needs. The case of aged women is worse than this where more than four out of five women have either no personal income at all or very little income; income insecurity increases with advancing age. Only a small percentage of older women reporting no income actually receive a social pension. It is assumed that health status of elders prevents them to get into any sorts of income generating activities. But through the right intervention and handholding support it is proved that they are not only happy but are also committed themselves to engage into various income generating activities. The details of livelihood initiatives under taken by elderly in Kozhikkod, Ernakulam, Palakkad, Thrissur and Malappuram districts are as follows.

No	Districts	Total No. of Elderly NHG members	No. of Individual Enterprises started for Elderly	No. of Group Enterprises started for Elderly	Number of Elderly members in Group MEs	Total Elderly members started Enterprises
1	Kozhikode	42,892	4	2	6	10
2	Ernakulam	39,145	111	33	211	322
3	Palakkad	29,055	15	10	47	62
4	Thrissur	27,020	27	16	82	109
5	Malappuram	23,554	8	6	22	30

9. From the study, the assumed social and psychological impacts of Elderly NHGs are less clear. The social and psychological processes and changes are subject to many different variables and are more difficult to capture. It might well be true that in the long run the elderly will gain more respect from others and for themselves, but such changes will take time to become explicit.
10. Access to Entitlements: Old persons dependent on others for their daily needs, are routinely abused, neglected, and exploited worldwide and India is no exception. Usually, the abusers are their dear near ones. Through this program the elders and their family members are sensitized and groups are empowered to voice against the injustice and ask for their rights.

## E. Suggestions

1. **Programmes for the elderly:** Kerala has been actively involved in providing care for the elderly. Three innovative schemes, implemented by the Social Security Mission, Government of Kerala, are Vayomithram, Aswasakiranam, and Care Givers for Institutions. Vayomithram is being implemented by Kerala Social Security Mission jointly with local self-governments for health care and support to people over 65 years, with free medicines, palliative care and counselling services. Aswasakiranam gives assistance to caregivers of physically and mentally disabled elderly in below poverty line (BPL) families. The third scheme provides care providers in old-age homes. The first scheme is delivered in municipalities in urban areas, while the other two schemes are provided in rural and urban areas. Vayomadhuram, Mandahasam, Sayamprabha, day-care centres run by LSGD institutions etc. are some other schemes implementing by government of Kerala for elderly people. **Kudumbashree CDSs need to be aware of these programmes, converge with these departments and ensure that the support is provided to the eligible elderly NHG members.**
2. Kudumbashree should ensure a **proper monitoring mechanism with the support of community-based organizations** for the effective implementation of the programmes for the elderly.
3. Kudumbashree should ensure that the **representatives of elderly NHGs are become the members of CDSs (byelaw amendment)**. This will help the elderly members to discuss their issues and recommendations in CDS meetings. The CDS can bring these issues and recommendations to the attention of the LSG.
4. Mission should give **financial assistance and also formulate new schemes to support elderly NHGs**.
5. Through the right intervention and handholding support it is proved that elderly members are committed themselves to engage into various income generating activities. The linkage **loans provided by banks** will help the elderly members to start income generation activities. But now banks are showing some reluctance to sanction loans to Elderly NHGs. Kudumbashree mission should intervene to **ensure that banks provide linkage loans to eligible elderly NHGs**.
6. Conduct **awareness programmes and melas** for popularizing active ageing process among the elderly. It should be conducted at Panchayat/ward level to convey the message in ground level for the common public.
7. Special **programmes should be organized with the support of educational institutions** and elderly supporting organizations to create awareness on importance of elderly among youth and children.
8. The **social and psychological processes and changes** are subject to many different variables and are more difficult to capture. It might well be true that in the long run the elderly will gain more respect from others and for themselves, but such changes will take time to become explicit.

9. **The families, can be seen as one of the most decisive factors influencing** the relations and feelings of the elderly, Kudumbashree **CDS should integrate them into the Elderly NHG programme.** This could include awareness activities to sensitize families towards the needs of the elderly.
10. More advocacy and supportive activities **to improve access to existing social schemes** should be taken up. This would include a **clear information and communication strategy** which reaches out to all Elderly NHG members and provides them with easy-to-understand and useful information.

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