

BRINGING OLDER PEOPLE TOGETHER



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Building a resource towards healthy ageing





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Written & edited by

Neetu Sharma

Gramin Vikas Vigyan Samiti (GRAVIS)

3/437, 458, M.M. Colony, Pal Road

Jodhpur – 342 008, Rajasthan, INDIA

Phones: 91 291 2785 317, 2785 116, Fax: 91 291 2785 116

E-mail: email@gravis.org.in

Website : www.gravis.org.in



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Author's Note

Social relations are the essence of people's life, more so in traditional societies where technology has not taken over the roles traditionally played by the close family and community. Although urbanisation seems to have altered relationships among community members and groups, rural and traditional societies continue to value them as the fulcrum of the society. These social relations transcend personal spheres and assume the role of major determinants in economy, politics and general wellbeing of the given region. Villages in Thar Desert in Western Rajasthan are islands of acute poverty in the water deprived region. Rural population in this region accord tremendous amount of importance to the community relations, as formal institutional structures continue to prove ineffective in addressing their needs. Exclusion from the mainstream development process make people turn to their own extended families and local communities for support. Community relations are very useful indigenous and reliable source of support for the groups with multiple vulnerabilities such as women and older people. Strengthening already existing structures community based and creating new ones, has been high on agenda for GRAVIS for achieving the goal of integrated community development. Along with building on the traditional models of self help groups of women, GRAVIS has innovated community based mobilisation by creation such groups with active participation of older women, and has created futuristic structures such as inter-generational learning groups (IGL) and village older peoples' associations (VOPAs) that are adapted to suit local situation and need.

GRAVIS' experience with community based structures in the context of older peoples' health and wellbeing provides evidence of the impact of formalisation and amplification of such structures, for improved nutrition and health status, enhanced social esteemed, and economic and political empowerment of older men and women. Capacity building and hand-holding before these groups became complete independent, have fostered the need for self-care and infused self esteem among older men and women, who earlier considered themselves as burden on others. Their enterprise in a constructive collaboration with GRAVIS' inputs in the form of financial literacy, technical information and a little financial support have created novel demographic imprints in the Thar region, wherein older people are active participants in local economy and politics.

GRAVIS' community mobilisation initiatives towards the goal of healthy ageing may be used as a replicable model in similar geographic and socio-economic context. GRAVIS' future work must be directed towards policy advocacy in the direction of increased investment in supporting older peoples' community based structures, and their recognition as institutions of importance in relevant domains such as health nutrition, food and water security and so on.

Neetu Sharma

1. AN AGEING WORLD

For most people, older age resonates with ill health, economic and physical dependence on others and very often a compromised social status. As productivity, in terms of economic and labour, reduces, older people stop being counted as human resources for any country, society or region. On the contrary, older people are at times treated as a burden, and remain deprived or deprioritised in the planning and investments at national and local levels. While there is sufficient evidence that points towards increased demand for investments in various sectors, especially health, institutional care and livelihood opportunities specifically for older people, in most national budgets older peoples concerns seem to reflect only as meagre old age pensions, that are even lower than the minimum wage standards set in the respective countries. Turning a blind eye to the needs of older people may cost mankind a great deal, especially considering the number and share of older people in total population.



An older woman in rural India

¹<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

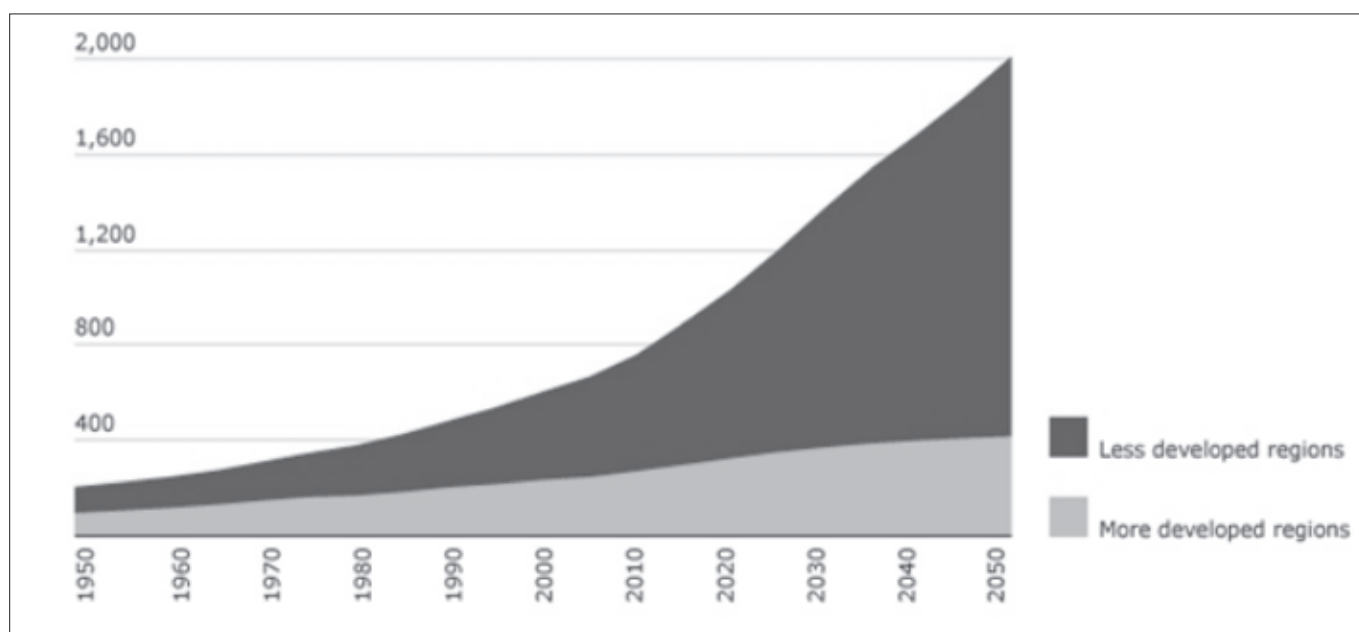


Of the world's seven billion people, 893 million are over 60. People aged 60 and older make up 12.3 per cent of the global population, and by 2050, that number will rise to almost 22 per cent¹. Growing proportion of the older peoples' population, however, has not been reflected in their shares in the national budget, social security programmes and welfare schemes. As people get older, they need enhanced care, health support, and even livelihood and food security. Need for enhanced resources for older people is also argued owing to their physical and financial dependence on people around them, very often their families but a lot of times older people have to manage their lives on their own too. A growing share of older persons are no longer living with extended family, but reside alone, due to demographic shifts such as population ageing, internal migration and semi-urbanization or many rural areas. Lack of adequate health and care facilities affect the overall wellbeing of older people and deprives them from the right to live a healthy life.

In countries with means to provide for institutional care for older people, independent and assisted living facilities, and full time and part time nursing homes for people who are not able to live on their own without medical care, and other continuing care facilities either as independent care residences or assisted ones for ensuring access to facilities and services on a regular basis. The divide, however, between developed and developing countries concerning older peoples' care and support facilities is very wide. In developing regions, in addition to loneliness and reduced physical activities are just a small aspect older peoples' challenging lives, as in resource deprived developing countries older people struggle to have access to even basic health care and social security that are given in the other world. Decreased mobility, virtually absent means of livelihood and absurdly low social security benefits are some other defining factors of older peoples struggles.

2. GROWING OLDER IN DEVELOPING WORLD

Low and middle income countries have witnessed a phenomenal increase in the number and proportion of older people. Much greater than what the developed nations have seen. With frail and ill equipped social security and public health systems and constant struggle to find resources to be allocated for the social development sector, including public health and care facilities. Older peoples' share remains negligible in the budgets allocated in areas that are of critical importance for them. As the population estimates suggest that older peoples' population is likely to increase at a much greater pace and by 2050 less developed regions will have four times more population of older people than that of more developed nations.



Source: World Population Prospects: The 2004 Revision Population Database, UN Department of Economic and Social Affairs <http://esa.un.org/unpp/index.asp?panel=2> (23 November 2006)

However, the challenges confronted by the older population in these countries are multi-fold and multidimensional. Barriers in accessing quality health care for instance may not be limited to including affordability, older people also face problems as regards accessibility, age discrimination, as well as age-related stigma. Although the experience may vary for different gender, income levels, and racial or ethnic backgrounds; the social and economic determinants play a major role in determining older people's access to health care services. Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies. Caregiving for grandchildren, a role assumed by many older persons especially in developing countries directly impacts their already limited mobility. In addition, the higher mobility of younger family members adds to their vulnerabilities. A growing share of

older persons are no longer living with extended family, but reside alone or in retirement homes, due to demographic shifts such as population ageing, more dual-earner households, internal migration and urbanization.

Experience has shown that older people also remain at greater risk of violence, lower lifetime earnings, greater risk of living alone, and greater risk of poverty. Older persons, especially in isolation and those with cognitive decline, dementia, and those who are highly care-dependent, may become anxious, angry, stressed, agitated, or withdrawn during the outbreak or while in isolation. All stakeholders need to be cognizant of the fact that loneliness is a serious health risk to older persons who are compelled to avoid social contact. The continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers should be ensured by any means. COVID 19 pandemic has proved to be much more catastrophic for older people. Symptomatic individuals in their seventies are twenty times more likely to require hospitalization than those in their twenties. Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to adverse outcomes and infection of COVID-19.



Older people live in difficult conditions in villages



In India, this demographic transformation is not even across regions and states, however, is soon becoming pervasive and is likely to bring about unprecedented changes in the age composition of the population. Following a sustained decline in fertility-mortality parameters, life expectancy in the country has increased substantially since the 1990s, bringing about a rapid increase in the size of the 60+ years population. Most of these achievements have, however, been stymied by many social and economic vulnerabilities associated with old age. Ageing, for instance, causes livelihood insecurity for many, on account of no or inadequate resource transfers to the elderly. Public and family interest in the livelihood of elderly persons wanes with growing age, leading to a seemingly hapless situation for them. The problems of the elderly do not attract the required attention during natural disasters such as floods, earthquakes, droughts etc – as their health and other vulnerabilities make them liable to greater harm. In such circumstances, emerging evidence shows that community intervention is a useful tool to improve the livelihood security of the elderly.

3. AGEING IN THE THAR DESERT

The Thar Desert region of Western India is one of the most challenging climatic zones of India and the world. Despite being inhabitable because of the extreme temperatures, sand storms, water scarcity and conditions that make human survival difficult, Thar is inhabited by more people per kilometre than any other Desert in the world. Several social, economic and political factors, coupled with the challenges brought about by recurrent droughts, define their lives. Widespread and intense poverty situation, reliance on rainfed agriculture for livelihoods and exclusion from state support mechanism due to distances and lack of transport, etc., mean living on the edge and struggling for survival everyday. An already demanding state of affairs for the communities residing in rural areas of the Thar Desert, primarily in the Jaisalmer, Barmer and Jodhpur revenue districts of Western Rajasthan, has a significantly serious impact on older people's lives. Dual stress originating from both ageing and resourcelessness exposes older people to several additional vulnerabilities. Demographic details of the Indian part of Thar Desert can largely be drawn from the demographic data of the state of Rajasthan that covers 60% part of Thar in India. Rajasthan stands among top five states in the country in terms of elderly population. People aged 60 years and above constitute 7.5% of the total population of Rajasthan, out of which 76% live in rural areas. There are a total of 51.12 lakh elderly people (60 years and above) in the state. Of them 26.80 lakh are female and 24.32 lakh male. Almost three-fourth of the elderly in the state come from rural background².



The Thar Desert

²'Elderly in India 2016', Report by ministry of statistics and programme implementation (MOSPI), Government of India.



The Desert is cruel, and perpetually impoverished people are forced to endure its unrelenting wrath. Low precipitation generates a persistent water shortage. In remote places, particularly in the drought-affected districts of Jodhpur, Jaisalmer, and Badmer, rural populations' water difficulties are exacerbated by their reliance on rainwater for all reasons, including agriculture, personal use, and even washing, cooking, and drinking. This emerges as a lack of food production, difficulties in maintaining personal hygiene, and consequently a lack of nutrient-rich food and health problems. Women and girls are deprived of opportunities for education, socialisation, learning, leisure, and monetarily profitable activities as a result of their water fetching responsibilities.

While the Desert and recurring droughts do not discriminate between different categories and impoverished communities are affected uniformly by them, the vulnerabilities and negative impact are exacerbated for specific groups, such as older people and women. The climatic, geographical, as well as social and economic conditions of the Desert's destitute villages have devastating effects on the older people.

Individual features, physiology, and economic standing, which in turn determine access to health facilities, food, and nutrition, play a significant role in determining health and general well-being. Additionally, the socioeconomic and physical surroundings also play a crucial part in supporting a healthy and active lifestyle. Especially as physical capacities decline with age, the surrounding environment plays a crucial influence. Extremely hot and low temperatures have a greater impact on the physical condition of elderly persons than they do on younger people. If the surrounding environment is not conducive to general health and well-being, it is inevitable that the elderly would be most affected. In the case of elderly people, the Thar Desert, which represents a harsh environment with arduous geographical and climatic conditions, has significant ramifications for their survival and general well-being and remains their Achilles' heel.

The demographic data of the state of Rajasthan, which encompasses 60 percent of the Indian portion of the Thar Desert, can provide a significant amount of information about the Indian portion of the Thar. Rajasthan is among the top five states in the nation in terms of the proportion of elderly residents. People over the age of 60 makeup 7.5% of Rajasthan's total population, of which 76% reside in rural areas. There are 51,12 lakh senior citizens (those aged 60 and above) in the state. There are 26.80 million females and 24.32 million males. Almost three-quarters of the elderly in the state live in rural areas. In terms of life expectancy of the population aged 60 and older, Rajasthan is much below the national average and is among the worst five states, which says volumes about the state's medical services. In addition to low levels of literacy, climate extremes and lifestyle diseases have a negative impact on people aged 60 years and above.

Surviving and water, food and nutrition insecurities: One major distinction of the Thar Desert as compared to other desert and arid zones is the dependence of its habitat on farming and allied activities. In a rain starved region, dependence on rainfed agriculture poses constant challenges to the life and livelihoods of rural folks in the Thar Desert. Recurrent droughts and water shortage very often manifest in low productions, at times insufficient even to fulfil the food requirements for a household. Managing



other expenses remains subjected to exercise of prioritisation of only the most important ones. While rural communities are based on the combined large family structures and traditionally elders in the family command respect from the younger folks, poverty and scarcity pushes families to prioritise some needs over others, burden of which invariably falls on women and older people. With diminishing physical strength older people are not able to contribute to the primary processes involved in agriculture and their mobility also becomes quite low, their social function within the household gets devalued. Having to eat last most often results in a chronic hunger situation, leading to low nutritional levels, many deficiencies and susceptibility to diseases.

Water shortage not only affects the farm produce, it also has implications such as high prices of fruits and vegetables, and other forms of food items such as dairy products. Even in situations wherein rural population is able to consume sufficient calories in the form of carbs, nutritional deficiencies continue to haunt them as other food items such as fruits, vegetables, milk and other dairy products are either total unavailable in certain seasons, or are hardly affordable for the poverty stricken households of rural areas in the Desert. As the need for balanced diets become even more crucial in the old age for remaining physically active and leading a normal life, older peoples' control and access to diverse nutritious food keeps diminishing leaving them weak, undernourished and eventually physically frail.

Health: Apart from food and nutrition, many other factors affect older people's health status in the water scarce areas of the Desert. Effects of nutritional deficiencies multiply with inadequate water consumption and inability to maintain hygiene. Vulnerabilities to infections, water borne diseases are additional health problems that older people have to face, in addition to the usual old age problems. In case of severe illness too, older people normally do not get the required medical support owing to the inadequacy of the public health facilities that are either defunct, insufficiently resourced or completely inaccessible for poor households. Long distances. Lack of public transport facilities and dependence of older people on others to help them access medical facilities remain wide gaps directly affecting older people's health and wellbeing. Remotely located villages remain excluded from the government's health systems and facilities as the long distance, difficult terrains and extreme climate discourage the public health personnel to travel to such places to provide services. On the other hand, private facilities, even if available, are unaffordable. Further, in large households, expenses on older people's health may also be considered as an unnecessary expense.

Missing institutional support: Not only is the medical/health support insufficient, older people in the Thar also find themselves without any social security too. Having spent their lives in small-scale farming, older people do not have any retirement or social security benefits available to them in the form of pensions or allowances. Although older people in India who are not covered by any other schemes, are eligible for a small amount as old age pension, most rural people in the Desert are either unaware of such benefits or are unable to access this benefit because of the limitations posed by illiteracy or lack of understanding of the procedures that are involved in the process of seeking the benefits.

Along with the health facilities, institutional care facilities are also missing and older people find themselves at the mercy of younger adults in the families to take care of them, tend to them when they are



sick and also help them access the facilities. In case of ignored needs, older people do not normally have any other support to seek.

Dependency and social status: Physical and financial dependency manifest in altered social dynamics in old age. Not only their needs are often ignored and unaddressed, older people gradually also find themselves being unable to effectively participate or influence the decision making processes within the family and community. Even those who are physically active do not find themselves in a decision making position any more. Their status within the family and the society witnesses a downward retreat. Impact of losing stake in decision making on their need can be easily imagined. However, this altered social dynamics has a much greater outcome on the psychological wellbeing of older people. Often, older people themselves tend to start believing that their needs are less important as compared to other age groups. In traditional societies, social status is highly rated, and losing their place to others in social hierarchy may cause mental agony, trauma or feeling of worthlessness among older people. Older people's wellbeing, hence may take a hit when they are not able to play as active a role in the society as they had been playing throughout their lives.

With diminished social importance and role within families, older people may also be gripped by loneliness and isolation, which may cause further complications for their mental health. As most younger adults in the families are busy with their respective vocations and some of them also migrate pursuing livelihood options, older people tend to lose the traditional care structures available in rural societies. This situation leaves older people devoid of any care or health support, social security and support.

Older women - living on the margins: The problems and challenges faced by older people in the Thar Desert multiply in the case of older women. Historical gender imbalance rooted in the social and cultural norms and traditions continue to affect women's mobility, and access to care, health facilities and other such support systems. Older women find themselves at the lowest rung of social status. Since women and young girls have remained primarily responsible for collection of water and tending to the livestock, they would have lost opportunities to get an education and acquire useful skills. They normally do not have control on either finances or decisions within the family that are traditionally a function of males. Lack of skills and traditionally a low social status, along with ignored and unmet needs even as compared to their male counterparts makes them extremely vulnerable to health hazards and poor standard of living.

Older men and women in the Thar Desert survive in an extremely challenging climatic, economic and social atmosphere. Direct impact of climatic adversities on their water, food and nutritional securities as well as health, are compounded and multiplied by other social factors that may be similar in other contexts. Unlike in the case of developed regions, interventions by the local and state government do not effectively reach older people in the Thar, which makes the entire situation even more difficult for them. In the given situation, the need to explore alternatives and innovative means to garner support for older people as well as optimise their faculties is very important.



4. COMMUNITY: A CORE SOCIAL RESOURCE FOR OLDER PEOPLE

As old age is associated with dependence and lack of physical energy and strength to take care of self and others, the need of social and institutional support increases. From basic facilities such as food, general health and nutrition to socialisation and participation in decision making and socialisation, most aspects of human life are clouded by ageing and its impact on physical and mental health. Maintaining independence and leading a life with dignity are challenges that people in old age are confronted with. Dignity and independence are widely considered as core concepts to ageing well, however, attributing any tangible factors to these factors is not easy. In most cases, older people are able to perceive these issues only in the context of wider community relationships. Older people attach a lot of importance to community relations and their status in the community. The feeling of being part of a community and being able to play an active role are directly linked to wellbeing in old age. In many geographies opportunities to engage in community life while one grows older already exist. While some of these have traditionally existed in some forms, some are institutionally supported and facilitated by either government or non governmental agencies. Whatever forms they take, community based groups play a major role in older peoples' lives and absence or inadequacy of public health care and health support makes them crucial vehicles of healthy ageing and wellbeing for older people.

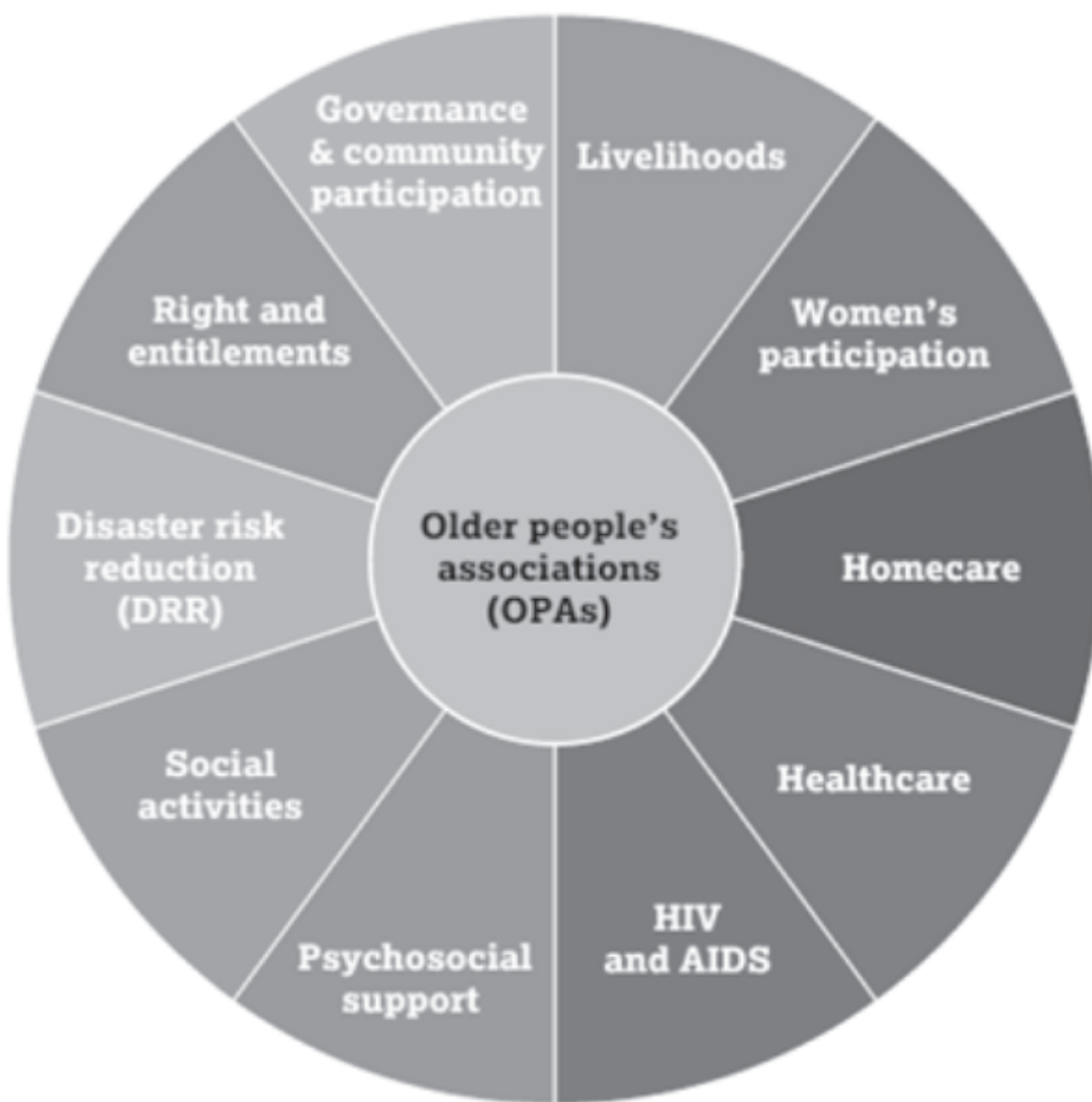
Various forms of community based groups have been operating in the developing world and the idea of community's wellbeing and development have remained central to their existence and functioning. In the recent past, older people's associations (OPA) largely facilitated through civil society interventions have assumed an important role in the lives of older people in many countries of the developing world, especially in Asia. They are known by different names such as: Older people's associations (OPA) in Cambodia, China, India, Indonesia, Nepal, Sri Lanka; Self-help group (SHG) of older women in India; Older citizen's monitoring group (OCM) in Bangladesh; Elderly's clubs in Thailand; Older people's group (OPG) in Lao PDR; Older people's self help group (OPSHG) in Myanmar; Older people's community (OPC) in Republic of Korea; Older people's organisation (OPO) in Philippines; and Inter-generational self-help clubs (ISHC) in Vietnam. Despite different nomenclatures there are a few elements that are common across all these groups. Older people's associations (OPAs) are innovative community-based organisations of older people, aimed at improving the living conditions for older people and for developing their communities. OPAs utilise the unique resources and skills older people have, to provide effective social support, to facilitate activities and deliver services³.

³Older people in community development: The role of older peoples' associations (OPAs) in enhancing local development, <https://www.helpage.org/silo/files/older-people-in-community-development-the-role-of-older-peoples-associations-opas-in-enhancing-local-development.pdf>



A community meeting of older people

Older peoples' associations convert their participation into meaningful involvement, enable them enjoy respect with inclusions decision making and may also be a regular means for communication and source of information for them. Awareness and early detection of any diseases help them seek timely medical advise and regular interactions within the groups has positive impact on the mental health too. OPAs present a paradigm shift in the way older peoples' wellbeing is looked upon. This new paradigm for community ageing highlights the unique contributions of older adults as a core social resource. Implications for mobilizing community action to promote ageing with dignity and independence are key component of this paradigm.



Source: <https://ageingasia.org/older-peoples-association-opas/>

As presented in the figure above, older people have been actively engaging in several sectors and the impact of the same can be seen in the administration of rights and entitlements, participatory governance, efforts towards disaster risk reduction, meaningful social interactions, psychological support for older people, general health care, home-based care, women's empowerment and improved livelihood situation for the older people. These groups eventually contribute towards overall wellbeing of the community.



5. COMMUNITY MOBILISATION AND OLDER PEOPLE IN THE THAR

Positioning ageing within the context of the vulnerability of the human condition is not intended to play down the more problematic aspects of ageing. On the contrary, in the process of ageing the vulnerability emanating from even decaying social relations can easily increase. Loved ones may die, family may not be available to extend care functions and warmth, and friends may leave or disappoint. However, when care is needed it needs to be provided. Changing family structures, enhanced mobility of younger males and other factors such as lack of institutional support highlight the prominent role of community in older peoples' life. While communities in various forms, such as neighbourhoods, have been traditionally extending support for older people Community structures play a central role in people's lives in traditional societies, several other structures have continued to exist based on common purposes and perspectives.

Rural and poor communities of Thar Desert regions, largely located in Jaisalmer, Jodhpur and Barmer districts of Western Rajasthan, like other traditional societies, have inherent community level bonds that have been the source of strength for older people too. Self help Groups (SHGs) of women and Village Development Committees (VDCs) have been the commonest forms of such groups. Both SHGs and VDCs have been significantly effective for the overall wellbeing of rural communities and have long lasting impact on the lives of people. Despite being based on the ethos of integrated community development, these groups may not assure sufficient attention to the concerns and problems of specifically vulnerable populations such as older people.

Gramin Vikas Vigyan Samiti (GRAVIS), a non-governmental organisation based in the Thar Desert of Rajasthan, has been working to empower rural communities for the past 35 years. It prioritises water security, food security, education, and healthcare and adopts an integrated approach to rural development. GRAVIS' efforts and actions reach over 1,300 communities and serve about 1,300,000 Thar residents. GRAVIS is also a part of the global HelpAge International network. GRAVIS' primary programmatic focuses are healthy ageing and health. In addition to providing for immediate health needs by providing medical services to older individuals through GRAVIS hospital and outreach medical services, the programmes have considerable emphasis on educating older individuals about the double burden of disease, self-care, and preventive measures. Further, building local capacity by training health workers and peer educators also helps enhance the status of service delivery as a whole. GRAVIS's work on ageing and health have improved the quality of life for around 100,000 older individuals.

GRAVIS, India, as part of its integrated community development programmes has always placed special emphasis on the community based organisations and encouraging local leadership to resolve local community level issues. GRAVIS' health care programmes targets older men and women and extends health care support to them. However, considering the existential and geographical vulnerabilities in the Thar Desert area that older people are confronted with, GRAVIS adopts the community based

development approach towards the wellbeing of older people. Through formation and mobilisation of community based groups of older people, GRAVIS optimises the community resources and augments them for greater good. In the process older peoples' self confidence enhances and they feel much more connected to the community. Sharp gender inequities require any intervention in the society to be sensitive to the special needs women and must have built in mechanisms to cater to women.

As GRAVIS takes on the challenge of creating resilient communities in one of the most difficult climatic zones in the country, empowerment and building the ability to be able to combat the recurring droughts and acute water shortage are integral aspects of the vision. With a firm belief in the community as a resource in themselves, their mobilisation into groups and building their capacities to resolve local issues, have been the underlying strategies that have always energised GRAVIS' efforts to achieve its long term goal of integrated community development and empowerment from within. In the case of older people and older women too, community mobilisation has been at the core of strategies adopted by GRAVIS. Such mobilisation has taken different forms depending upon the context, most pressing issues to be addressed, social-cultural factors and above all the community's will.



A Self Help Group Meeting



Elderly self-help groups (ESHGs) were initiated for the first time in Tamil Nadu, in 2005, after a devastating tsunami caused suffering across the state, in particular, for the elderly. ESHGs have played a significant role in tackling the complex socio-economic issues that arise with age-related vulnerabilities, especially in voicing the concerns of the marginalised, poor, and economically dependent among the elderly. Within the elderly, single women, particularly widows, are particularly marginalised. Under the aegis of HelpAge India, the idea has spread across India, and ESHGs have been set up across the country⁴. It is also important to note that sustainable water use and rainwater harvesting along with the specific needs of elderly people provide for the backdrop and context for the community mobilisation initiatives of the government.

Considering the local problems in the regions, GRAVIS has primarily encouraged mobilisation of older people into three types of community based groups:

- Self Help Groups of Older Women (SHGOW)
- Village Older Peoples' Associations (VOPAs)
- Intergenerational Learning groups (IGLs)

5.1 Village Older Peoples' Association (VOPAs)

Formation of older people's associations (OPA) is a strategy for inclusive, sustainable community development that actively engages the growing population of individuals over 60 as change agents in their own lives and communities, rather than as passive recipients. In numerous nations and regions, these OPAs have been established with the goal of promoting the social and economic well-being of older people and ensuring their integration into the development process. However, in different contexts, these OPAs have taken on various forms and shapes. Some OPAs also have national-level organisations and operate via multilevel structures. Despite varying forms and structures, all OPAs actively engage older individuals, including in leadership positions. They promote and ensure widespread ownership and participation among diverse older individuals, including men and women, with a focus on those from disadvantaged groups. They are multifunctional, covering the interrelated needs of the elderly in the community, including: livelihoods and support for work in later life; health and social care; social connection; rights and entitlements; disaster preparedness; women's engagement; and community participation.

OPAs are also founded on the principle of utilising the community's existing resources, particularly the abilities of older people to serve as change agents in their own lives and communities. They seek to strengthen connections between older adults and local structures, self-government, and services.

⁴Working to Build Livelihood Opportunities for the Elderly: A Qualitative Study of Elderly Self-Help Groups in Bihar. https://www.researchgate.net/publication/312500100_Working_to_Build_Livelihood_Opportunities_for_the_Elderly_A_Qualitative_Study_of_Elderly_Self-Help_Groups_in_Bihar [accessed Jul 07 2022].



A VOPA meeting

Multifunctional OPAs engage in a variety of activities that cater to the needs of senior citizens, hence attracting and sustaining an active membership. Support for livelihoods and access to micro credit are frequently the initial draws for new members. After joining, members cite social connection as an important factor in their continued participation. This foundation also facilitates volunteer work and civic engagement, with OPAs offering services and care for the most vulnerable and frail members of the community. Each country's OPA model varies based on its context. Operationally, OPAs vary in the types of activities they conduct under each domain, and organizationally, they may have different membership models. For instance, in some geographic areas, all older adults may be members of OPAs, whereas in others, older adults may be represented.

In the Thar Desert, GRAVIS has rechristened OPAs to VOPAs as they stand for the 'Village' Older Peoples' Associations, to suit the rural context. As the name suggests VOPAs are groups of older people, both men and women, drawn from a village, who come together to discuss community level issues, suggest solutions and facilitate execution of the decisions taken by the groups. Inspired by the philosophy of older people's association (OPAs) supported and encouraged by the Help Age International (HAI),



GRAVIS has adapted the process to suit the context of Western Rajasthan and specific issues faced by poor people in the Thar Desert. Normally, VOPAs have 10-12 older people who are more than 60 years of age. The process of formation of VOPAs involve several meetings with older people themselves as well as their families and the larger communities, During such meetings, the importance of formation of such groups is discussed with people to ensure that the families are also on board and extend necessary support especially in terms of providing the time and space for such meetings. GRAVIS, through its field centres and staff mobilises the older people to form Village Older Peoples' Organisations (VOPAs). GRAVIS team provides early assistance in the development of older adult groups and handholds the groups until they are sufficiently established and actively operational.

Given the fact that literacy and education levels among elderly people in rural Rajasthan are very low and there is also a huge gap between male and female literacy levels among elderly, it normally entails a great deal of engagement with the older people in villages in order to make them aware of their potential strength and advantages of formation of the groups.

Once the VOPAs are formed, GRAVIS team conducts trainings on managing the groups, structuring the discussions, objective decision making process etc, and also handhold them for some time until they assume their independent role. So far GRAVIS has set up more than VOPAs in 5 districts - Jodhpur, Jaisalmer, Badmer, Pali and Bikaner of Rajasthan, with an accumulated membership of 4,000+ members. More than 40% of the members are women.

However, the most significant aspect of VOPAs is the intergenerational perspective upon which they are based. VOPAs participate in ongoing dialogues with younger generations and provide a forum for engagement between the elder and younger generations and the resolution of issues of mutual interest. Active and continuous operation of these VOPAs is heavily dependent on the self-motivation and abilities of group members. In recognition of this, GRAVIS has invested significant resources in developing the leadership skills and capacities of these organisations. Through intergenerational discussions, older individuals who had been neglected and excluded from community-level activities and within their families were brought to the forefront. Their confidence and leadership skills were bolstered by trainings and other capacity-building interventions, which consequently transformed them into powerful social change leaders. One of the most surprising aspects of older people as social leaders is that they advocate for community-wide benefits in addition to their own.

Access to Nutritious Food: Food insecurity has direct effects on nutritional health, and because of the deprioritization that older people must endure, they remain susceptible to a lack of proper nutrition and, consequently, a variety of diseases. GRAVIS assists farming families by constructing agricultural dikes, which resulted in an increase in their food production and, consequently, household food security. The availability of sufficient food for all had direct implications for the older people as well.

GRAVIS enables groups of older people to organise horticulture units through capacity building and material support, to which they contribute their abundant labour and leisure time. The older people utilise small plots of land outside their homes to cultivate vegetables for domestic consumption. Many



senior citizens have begun sharing excess produce with their neighbours, and some of them intend to sell fruits and vegetables in larger quantities. This effort assisted seniors and their families in a variety of ways. They had access to sufficient quantities of nutritious vegetables for themselves and their families, resulting in improved nutrition; the potential of older people to engage in financially lucrative ventures was acknowledged; younger people acknowledge their value; older people felt more confident. For the majority of the older people, providing for their families and sharing food with their neighbours and friends boosts their self-esteem too.

Caring for Themselves: Selfcare: Taking care of health, hygiene and nutrition are basic stages towards healthy and active ageing. For the groups of older people, GRAVIS organises a series of self-care trainings on topics such as frequent illnesses and their causes, maintaining personal hygiene, consuming seasonal fruits, and eating nutrient-dense meals on a budget. Such trainings are beneficial in ensuring better health and general wellness for elderly people by sharing information among each others. As such trainings are also followed up with group chats among older adults, that helps older people process the information and seek any clarifications if they have any doubts. Most significant components of the trainings provided on caring for older persons, and their health related needs, and sensitisation of younger adults to the special difficulties experienced by people in old age. They were able to sympathise with older folks and understand their special needs - related to both the physical health and mental and psychological welfare.

Asset accumulation enabled by senior citizens: GRAVIS, in addition to focusing on capacity building, emphasised the creation of assets that could be used to address long-term community issues. The construction of rainwater harvesting structures for household use of water and for agricultural dykes addressed the water insecurities of the communities by generating assets that will continue to support the entire community even after the withdrawal of GRAVIS' interventions. Similarly, establishing horticulture units with fruit trees will continue to provide families with nutritious food. All of these measures, including the introduction and creation of seed banks and water filters for family use, will provide families with long-term support. These assets are owned by older family members, who exercise control over them; however, younger family members also make use of them. This approach eliminates the social hierarchies that deprive older people of control over resources and restores their self-respect and social standing. Hence, making elderly people a vital component of the population, and centre of community connections once again.

5.2 Community mobilisation and Older Women

Ageing women make up a significant proportion of the world population, and their numbers are growing. Women outnumber men in old age and this gap widens with in the later years. The number of women age 60 and over will increase from about 336 million in 2000 to just over 1 billion in 2050. Women outnumber men in older age groups and this imbalance increases with age. Worldwide, there are some 123 women for every 100 men aged 60 and over. While the highest proportions of older women are in developed countries, the majority live in developing countries, where population ageing is occurring at a rapid pace.

In India, the sex ratio among elderly people was as high as 1028 in 1951, subsequently dropped and again reached up to 1033 in 2011. The old-age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the value of the ratio was 14.9% and 13.6% in 2011. The percent of literacy among elderly persons increased from 27% in 1991 to 44% in 2011. The literacy rates among elderly females (28%) is less than half of the literacy rate among elderly males (59%). Most common disability among the aged persons was locomotors disability and visual disability as per Census 2011.



Older women are important for a community

In spite of the fact that the ageing women make crucial contributions to the socio-economic well being of their families, communities and the country that most of it goes unrecognized and they are viewed as drain of the societies. GRAVIS has sought to challenge this myth by triggering a paradigm shift towards active, healthy and happy ageing of older women in resource starved drought prone region of Western Rajasthan in India. Executing the 'active ageing' framework that encompasses economic, social, physical, personal, behavioural and health related determinants.



Self-help group is a method of organising the poor people and the marginalized to come together to solve their individual problem. The SHG method is used by the government, NGOs and others worldwide. The poor collect their savings and save it in banks. In return they receive easy access to loans with a small rate of interest to start their micro unit enterprise. Thousands of the poor and the marginalized population in India are building their lives, their families and their society through Self help groups. The 9th five year plan of the government of India had given due recognition on the importance and the relevance of the Self-help group method to implement developmental schemes at the grassroots level. SHG is a development group for the poor and marginalized and the purpose of the SHG is to build the functional capacity of the poor and the marginalized in the field of employment and income generating activities. SHGs are built on strong belief by the individuals to bring about change through collective efforts. Every individual is committed to the cause of the group and decisions are based on the principles of consensus.

Thar Desert's rural regions constitute a highly patriarchal society. Gender norms are not only highly unfavourable for females, these are ingrained in the culture and social roles. Women and young girls are placed quite low in social hierarchies when it comes to educational opportunities, leisure, engaging in social activities, and carrying the burden of water collection. In the quest to improve the quality of life for older people, the issue also rests in ensuring that initiatives benefit older women equally and are not exclusive to men. Domestic violence, that is quite rampant in many societies and which may begin in childhood, continue in marriage and is a common form of elder abuse. Despite a law (Protection of Women from Domestic Violence Act 2005) in place, women remain vulnerable to violence, and if continued through the young age, gets normalized in older age too. Absence of any challenge to the regressive practices from social and cultural norms makes older women more susceptible to violence within the family.

More number of older women than men as reflected in the sex ratio for older people, also means a large number of widows without support from their husbands. In traditional rural communities, widowhood may not only lead to loss of income but social isolation and neglect and in worse cases exploitation. Cultural traditions and attitudes that limit access to health care in older age, for example older women are much less likely than older men to receive cataract surgery in many regions and rural areas of the Thar Desert are definitely one among them. Social and cultural norms are the Achilles heels that require a careful and close understanding and neutralization in favour of older women can be achieved only by empowering them, socially and financially.

SHGs: Creating better conditions for old age women: Low priority to older people needs manifests in low investment in health of older people. Gendered dimension of this phenomenon translates into gross neglect of health related needs of older women. Most of the older women in rural areas of the Desert would have spent substantial part of their childhood and youth in water fetching duties and taking care of their children, while entirely neglecting their nutrition and health related needs. In old age, with fragile physical state health related issues start affecting general mobility and functioning, importance of health



services is even more critical. However, older women remain the last to be catered to within the household. Long distances to health facilities make it even more difficult to access them. SHGs promoted by GRAVIS are informed by the older women's health concerns and hence the interventions had a specific focus on health education and awareness, health services and direct health support.

Health concerns of older women in rural areas of the Thar Desert are even more serious, especially considering the poverty, remote locations, inability of the local administration to enable access to quality health services and the gender disparities. One of the major impacts of the SHGs can visibly be seen on the health status of women in the region.

Importance of these interventions is to be seen in the context of existing financial and social barriers that older women face in leading a healthy life and accessing health facilities in the Thar region. An estimate of the expenses incurred by the rural households on accessing health services including the transport, check ups, treatments and follow up visits, reveals that people have to spend more than 10 to 15%% of their total income on out of pocket health expenses. Worse is that they have to choose between food and health care and health is compromised. Saving on health expenses on older people in the family encourages expenditure on food and nutrition, leading to better health in a sustained manner. Within the families, older women are severely affected when their health care gets compromised since they themselves are reluctant to bring up health related issues and pass them off as normal. Very often only aggravated forms of health related complication reach health facilities and if not addressed immediately, may have fatal consequences. For older women with no family support, provision of health facilities at their doorstep helped a great deal in detecting the health issues that otherwise, in all probability, would have remained undetected and untreated.

Older women experience a deep sense of dignity and empowerment as members of VOPAs wherein they have a direct stake in bringing in positive difference in other older peoples' life. Out of the total VOPA members, almost 50% were women and directly participate in discussions and decision making pertaining to selection of beneficiaries for different interventions. Not only are they in a position to be active participants in decision making, they are able to prioritise the needs of older women, especially widows and single women. Hence, in addition to directly benefiting the most underprivileged women, their own social status within their societies and community also improves. The fact that the women have the ownership of these structures and had undergone requisite training in their maintenance instills self confidence in them.

Membership of VOPAs provide opportunities to women to interact with the outside world and take an active part in community life. Their mobilization builds their own and other women's confidence to voice their views and raise concerns. Older women, who are otherwise home bound, are part of the delegations for representations to local self-government regarding the issues and problems in the particular villages. Their ability to contribute for larger social good, unrestricted by gender priority, is recognized through members of VOPAs and SHGs.



A VOPA in the Thar: A sneak peak

On a hot sunny afternoon, elderly people started gathering in an anganwadi, an early childhood care and education centre, run by government for children under six. They came to attend the meeting of VOPA in Jaitadasar village of Jodhpur district. The meeting was being conducted to underline the importance of self-care among elderly and various healthy living practices. The discussion initially revolved around the need for older people to eat healthy food and local sources of nutrition, various communicable diseases in old age and their prevention. Few older people who had established horticulture units with support from GRAVIS shared their experiences and others sought more information on the investments required in terms of time and energies. An important aspect of this meeting was participation of elderly women in the village who initially kept remain quiet and did not participate much in the discussions, however, as the meeting progressed, unequivocally raised specific problems of women and young girls.

The secretary, a village elders informs, 'initially there were no women in VOPA, some were uncomfortable sitting next to males, and some were not allowed. A few male members of VOPA were also dismissive of the idea of women speaking in front of them. Several meetings, interactions went into convincing them, but now VOPA meetings do not take place unless women members are present.'

Jaitadasar village has undergone a transformation since GRAVIS supported VOPA has been meeting to discuss local problems and possible solutions. VOPAs take decisions regarding provision of support in terms of construction of rainwater harvesting structures or setting up horticulture units. Regular health screening facilitated by VOPAs and follow ups have ensured better health for older people. Their contributions are being recognised families and rest of the communities and they enjoy an improved better social status.

However, the recognition of the contribution and potential by their respective families is most important for the beneficiaries and for women members of VOPAs and SHGs. Along with bringing in more respect and dignified treatment to older women, this recognition brings about due recognition of food, nutrition and health related needs of older women. They are seen as productive human beings and integral part of the social structure and who deserve to be provided with care and all other services, especially health related services. Overcoming the triviality attached to the specific needs of older women is a paradigm shift in the social milieu of the community in rural Thar, that if sustained, may result in social empowerment, greater participation in decision making an eventually better nutrition and health.

Financial security: Old age for women in rural areas is synonymous poverty along with illiteracy, lack of skills and low social status. The impacts of gender inequalities and patriarchal power structures that disadvantage women throughout their whole lives accumulate and have specific consequences for older women. Financial empowerment including control over resources is an important aspect of empowerment of older women. It has implications for their self-esteem, general wellbeing as well as health. Improvement in financial status achieved through enhanced food production and thereby better health services.



For many older women, horticulture units are sources of additional income that can be generated by selling or bartering fruits and vegetable produce. It is noticed that even if the horticulture produce is not sold, tangible contribution made by older women does get recognized further contributing to improved self-esteem. In the absence of social security, elder females are able to leverage their control over finances and improved status for their health related needs as well. With improved nutrition, self care trainings, and better hygiene, older women are also able to save upon expenses on treatment of illnesses caused due to infections and malnutrition and hence are in a better position to take care of their health.

Equitable development: Efforts and contributions made by older women in the process of leading the constriction of rainwater harvesting in the form of construction of farming dykes in individual farms and storage wells in houses, desilting of community sources of water, are recognized by the community in general too. Older women themselves, community leaders and community based organizations such as village development committees in villages have come to acknowledge the critical role being played by the older women for the overall development of the community and consequently have become much more sensitive about their needs too. Poor coverage and crippled state of health services, largely attributed to remote locations, has been one of the reasons for older people not getting health related support. VOPA's proactive role and advocacy has generated effective demand from the community to provide health services in the vicinity and the local administration, paying heed to it, has taken measures to improve health services.

Addressing exclusion: SHGs with an active participation of women lay specific emphasis on addressing the social exclusion of widows in the region. Ensuring their membership and prioritizing them for provision of any benefits has been one of the underlying rules pertaining to the constitution and functioning of the group is observed at all times. Gender mainstreaming manifested through deliberate decision of giving ownership of the assets developed and provided to older women only. From AHUs to percolation water tanks and the bio sand filters were largely owned by the women and productivity and utility of these assets in the rural households led to recognition of older women's contribution. The importance attached and support provided through community mobilisation initiatives, triggers the process of social integration of widows who were otherwise being living the life as destitute with no means to support themselves. Special preference to their needs and facilitation of ownership of household level rainwater harvesting structures has been a major leap in mainstreaming their interest in family and community level discussions and decisions.

Participation in the village level meetings through the SHGs motivates older rural women to voice their concerns and influence decision-making at village level in favour of women. Having been through the adversities of desert life, older women are able to make better choices for themselves regarding development of village in general and provision of water facilities in particular. Beyond SHGs, older women are becoming active participants in local self-government and village level development committees. Their participation has a transformational and trans generational effect on the older women population of the Thar.

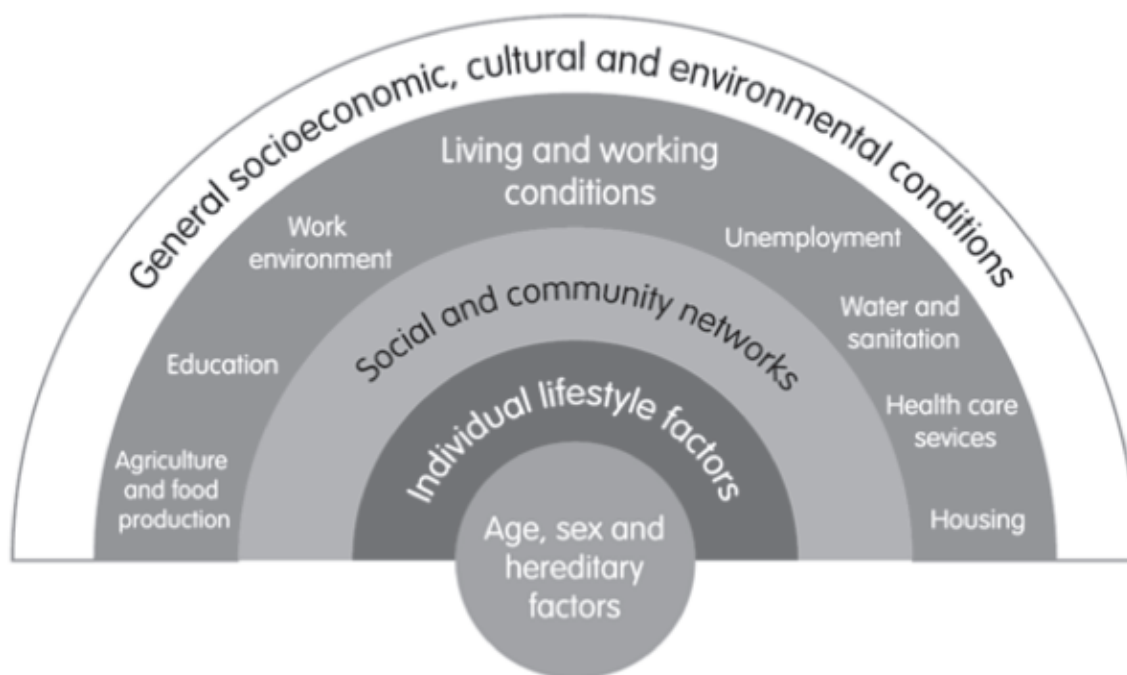
Rural and remote areas that are difficult to reach, become incarcerating islands for older people and more so for older women. Immobility that sets in with age cuts them off from outside world. Through creation of SHGs and membership of VOPAs older women are mobilised, are able to get exposed to nuanced ideas

about their wellbeing and learned from experiences. Exposure to other VOPAs and exchange visits within the region, build their perspective as regards their roles and the possibilities for their expansion into other developmental and social issues. Older women actively share their experiences and suggested ways for community disaster preparedness, reconstruction/long-term development activities.

Most importantly, the transformative capacity of older women's mobilisation is one of the key pathways towards a society that acknowledges the needs and aspirations of younger women too. Older women's empowerment and social integration, if sustained through creation of similar platforms as that of VOPAs, may inspire future generations for creating equal opportunities for females right from their birth. Utilization of VOPAs as a platform for further exploring their potential in other areas of the Thar region is of enormous value. Social structures and hierarchies are very strong in the Thar region. Along with caste, and class, gender plays a major role in formation of local identities. Particularly the gender hegemony tends to maintain the status quo in terms of development deprivation and reinforce exclusion of women, especially the older ones. Community groups challenge these gender-based hierarchies to pave the way for gender-balanced dynamics in its administration, allocation of responsibilities and exercise of powers.

5.3 Intergenerational Learning Groups (ILGs)

Inter-generational learning is a process through younger and older generations interact with each other that leads to mutual sharing of knowledge, both experiential and technical. Through the creation of intergenerational learning groups (ILGs), GRAVIS provides a platform for the community to interact on a regular basis and share learnings, experiences and discuss issues and challenges. In a region where most of the older generation is either illiterate or less educated, potential of ILGs in bridging the knowledge and skills gaps is immense.



Addressing droughts: As water scarcity affects all generations in a similar way, young as well as old adults are interested in understanding various ways that can store, access and utilise rainwater that is available in very limited quantities. In the Desert rainfall is not only less but is unpredictable too and hence any farming activity that is contingent on rainfall becomes a huge challenge. By building capacities across generations, GRAVIS has revived the age-old sustainable traditions of rainwater harvesting in the Desert region. Bringing older and younger people together for the training contributed towards a shared learning process towards the common agenda of water security. In the process, wherein younger people bring in labour and most of the physical work, traditional wisdom gets its expression through older people. Training on rainwater harvesting provides young and older people, resolve their doubts and joint learning sessions, and build bridges between them.

Enhanced capacity to interact with local government: Intergenerational procedures have brought younger and older generations together in their collective advocacy with the local self government. In village local government is the heart of all the administrative procedures and when the community engages with them, their political engagement in the local self government. It provides an opportunity for older people, who are typically excluded from such processes, to rejoin mainstream political processes at the local level.

Intergenerational programmes and practices contribute to health and well-being across the lifespan in a variety of ways. In the future, more avenues may be investigated to use it in the rural context in areas that are trivialised or overshadowed by Desert's pressing survival issues. Structured intergenerational interventions that promote physical activity, healthy eating habits, and other lifestyle behaviours with an impact on physical and mental health are possible. Understanding and analysing the self-perceptions of older adults, particularly with regard to whether they adopt positive or negative cognitive scripts associated with ageing, could also be explored. This discussion is informed by aspects of social psychology pertaining to the relationship between self-perception and health.



Bringing generations together



Intergenerational groups also aim at reducing actual and perceived loneliness that many older persons experience, and offer them with meaningful social responsibilities and a higher sense of purpose in life. Particular emphasis may be placed on intergenerational models meant to give social, emotional, and instrumental support for those who live in disadvantaged settings and with unmet needs for help. The use of intergenerational learning may be extended to a number of additional groups, with the elderly as their focal point. These may include school teachers, other non-governmental organisations, communities from other villages, and other regions. Sharing the program's successes and lessons learned with local, district, and state government officials may lead to the ultimate institutionalisation of some of the processes. Networking with other groups and think tanks working with similar perspectives may help moving faster towards this goal.

ILGs have proved significantly important for older peoples' wellbeing as they remove the barriers of communication between older and younger generations. These groups boost older peoples' status in the society and act as vehicle of social and economic change in the region.

5.4 Community mobilisation and healthy ageing in the Thar

The utility of community mobilisation for a common purpose, particularly for the benefit of older individuals, is indisputable; however, the operational aspects of such an approach may not be simple. At the level of implementation, the process of mobilising people, especially in the given context, is confronted with challenges stemming from social context and cultural milieu, and financial circumstances and access to institutional support. Difficulties in the Thar Desert add to the complexity of the position of the elderly, often making it difficult to mobilise people. intergenerational approach operational.

The drought mitigation strategies of GRAVIS are based on an approach that is driven by long-term goals related to the enhancement of the quality of life of the elderly. To ensure the long-term viability of its interventions, GRAVIS has placed particular emphasis on institutionalising some of the social structure and processes. To this aim, community mobilisation and setting up community based groups is a vital part of GRAVIS's approach for drought mitigation. VOPAs and SHGs assist the elderly in voicing their opinions in the community, as well as ensuring that the elderly are respected and able to contribute to the development of their village.

The most significant obstacle to achieving the goal of elderly people's well-being is the distance that has arisen between the two over time. It is typical for elderly individuals to believe that newer generations do not recognise their problems and concerns, and for younger generations to believe that older generations lack the capacity to comprehend the intricacies of modern life. Although it may appear to be a difficult chasm to bridge, collective learning processes help generate momentum in this direction. Through a variety of collective learning initiatives, shared platforms have been established in identified Rajasthan desert villages.



All of these initiatives, rolled out in stages, have sought to address the most pressing issues that affect the lives of older people in particular, as well as the community at large. As part of a well-considered and deliberate strategy, all training programmes and sessions organised with a focus on older people have included young people.

Poverty: GRAVIS works in the villages and communities that are affected by acute poverty and penury. People in these villages lack the means to meet their fundamental requirements, such as water, food, shelter, health care, and transportation, among others. This acute poverty prevents people from partaking in any collective action unless it is directly related to meeting their immediate needs. Although the intergenerational strategy provides long-term and sustained benefits, its immediate requirements, such as the time necessary to assure the commitment of both the older and younger generations, may prove to be difficult. The majority of the time, individuals are engaged in agricultural or wage-earning activities and may not be able to sacrifice their time for meetings and discussions that provide the groundwork for the implementation of this technique. In addition to time, collective labour may also place demands on community resources, and the community may not always be ready to divert these resources from direct family support.

Due to illiteracy and a lack of education, rural regions of the Thar Desert lack access to quality education services. Some of the regions lack schools and other educational facilities. Poverty, which necessitates that all family members engage in financially profitable occupations, and other factors, such as male preference and lack of educational alternatives for females, have contributed to the region's poor education profile. The majority of senior individuals, the older generation, are illiterate or have achieved extremely low levels of education, and the majority of older women are illiterate. This circumstance makes it difficult to introduce and implement new interventions in an organised manner. It becomes difficult for them to comprehend the processes, and some of the messages may not be communicated. Although GRAVIS's goodwill in the Thar Desert region has been a crucial element in the success of its operations, a lack of education may continue to prevent it from reaching its full potential.

Despite being the most densely populated desert, Thar is distinguished by its vast distances and remote locations. The region's difficult terrains, sand dunes, and lack of transport facilities make it difficult to travel from one location to another. This makes it difficult to bring people of different generations together for a collective interaction. It may be quite difficult for seniors to attend gatherings held in other villages. For younger people, time spent travelling is an undesirable diversion from their intensive farming activities.

Migration of the younger generation: Poverty, a dearth of educational and economic possibilities, and a harsh climate have compelled many young people to leave the Desert in quest of a higher living standard. In many instances, younger individuals were not available to participate in intergenerational interactions, or facilitators were required to wait for their return. Despite finally involving younger people in discussions, it was difficult to maintain the engagement of those who seasonally migrated to different locations, leaving gaps in the operationalization of the approach.



Older persons with COVID relief food aid

Access to facilities is difficult due to their remote location, however intergenerational processes typically result in the formation of an environment suitable to leveraging other accessible resources. In the context of the Thar Desert availability of food and nutrition and health services would be crucial services if they become accessible for older people. However, distance and isolation do not contribute to this phenomenon. These facilities are virtually nonexistent in the region, and the approach's potential benefits remain elusive.

5.5 Optimising community mobilisation for Older people's Well being and Greater Good

Community mobilisation, as a strategy and approach may manifest in different forms and shape based on the difficulties generally encountered in a region and the accomplishments attained. Unique insights and complex experiences gleaned from the process may enrich the theory and practise in this subject. GRAVIS' experience in the Thar Desert is an enriching one. Different geoclimatic, sociological, and cultural environments have led to a variety of insights that may enrich this field of study.

Sustaining the impact of community mobilisation: Not just from the members, but also from relevant multi-stakeholders, active participation is a crucial success factor. To maximise the influence of intergenerational processes an docmmunity mobilisation, it is vital to develop a climate that encourages collaboration among youth, local leaders, community-engaged NGOs, community-based organisations, and government agencies and personnel operating at the local level. This will necessitate holding organised collective interactive sessions to keep all of these stakeholders involved and focused on the difficulties encountered by older people. In future, local autonomy may potentially take the lead in hosting interactive sessions and including all local level stakeholders.



Addressing critical issues: Long term benefits and impact of community based groups of older people may be obtained only with favourable conditions in terms of optimum level of education, active stakeholders' engagement, and other such factors as described before. For the organisations who plan to participate with this method on a long-term basis may also need to interact with all the challenges that are important to integrated community development. For example, GRAVIS continues to address the daily water and food problems that impoverished Desert residents experience. Similarly, it is essential to recognise the issue of low levels of education and either directly address it or establish connections to handle it. This indicates that the adoption of a community based approach complements the intergenerational approach and aids in amplifying its long-term impact, which would otherwise be impossible.

Working with community groups of older people entails a number of dynamic processes. These processes offer numerous opportunities to investigate additional synergies. Continuous explorations are crucial for sustaining the process's evolution and maximising the contributions of all stakeholders. Members of women's self-help groups, school teachers, community leaders, and members of other community-based organisations are a few examples for this investigation.

Formalisation of community based structure lends much needed impetus to their operations. Linking SHGs and other groupings with the formal structures or formalising the existing structures can be done by bringing them under the institutional frameworks supported by the government. For instance Rajasthan Grameen Ajeevika Vikas Parishad (RGAVP) which is an autonomous society established in October 2010 by the Government of Rajasthan under the administrative control of Department of Rural Development is mandated to implement all rural livelihoods programs associated with SHG based institutional architecture in the state. SHGs created through GRAVIS' intervention may be linked to this programme for further augmentation.

As the programme aims at creating financially sustainable and effective institutional platforms for the rural poor, enabling them to increase household income through sustainable livelihood enhancements and improved access to financial and selected public services and to build their capacities to deal with the rapidly changing external socio-economic and political world. Its approach is to support the development of livelihood opportunities for the rural poor, especially women and marginalized groups, through community institutions.

Sufficient time: Despite its evident relevance, mobilisation of older adults is complex from the point of view of engagement of a range of stakeholders, following a number of steps, and social interactions. Availability of limited resources and regressive social norms keep the process slow. Hence, it is extremely important to remain patient and spend sufficient time with all the participants. Facilitators of such processes may be required to conduct multiple sessions in order to convey the essential messages. These interactions with the representatives of various generations and other stakeholders may be prolonged by local complexities and regressive social norms. Patience is essential, and facilitators must be willing to exercise it.



Contesting patriarchy and regressive gender norms: Equity and the equitable distribution of dividends among all participants are essential components of the community based mobilisation process. Regressive social norms and patriarchal values are harmful to the spirit of this approach. It is highly crucial to ensure due and effective involvement of these procedures. This may necessitate holding community dialogues and discussions with male members of the society and sensitising them to the significance of gender equality and parity. In the beginning stages, it may be necessary to take affirmative action for women and young girls and to encourage their participation.

The contribution community mobilisation initiatives for older women needs to be analyzed in the light of a range of life course events that increase women's vulnerability to poor health in older age. In developing societies gender discrimination against girls child leading to inequitable access to food and care by female and male infants and children, restrictions on education at all levels, and childbirth without adequate health care and support, some of the factors that have enduring impact on women's health and may also manifest in poor health in old age. Later in their lives, low incomes and inequitable access to decent work due to gender-discrimination in the labour force dampen the opportunities for women to lead a healthy life. Further, caregiving responsibilities associated with mothering, grand-mothering and looking after one's spouse and older parents that prevent or restrict working for an income and hence leads to dependency on families and communities in old age. In the absence of access to an employee-based pension dependency on support from family - husband and children - may not always come without additional burden of physically strenuous work. Dependency, both for finances and for care, even within the family, may subject older women to disadvantageous situation wherein their needs - to health care, nutritious food, and rest may get entirely deprioritized in comparison with other younger people, and even older males in the family.

Multifaceted approach to happy and healthy ageing for men and women is premised on traditional value system of desert communities that is revived and reinforced through application of a range of innovative interventions leading to social integration, economic empowerment and improved health for older men and women. In view of the gender dynamics prevalent in the region that challenge the endeavours towards equity and social justice for older women, recognition of the productive and tangible contribution of older women is key to their social, political and economic empowerment. Community mobilisation structures embody the idea of an equitable society for older women in rural areas of Thar region and accelerated overall development of the region through leveraging the potential of older women towards rural economy and society. Exercise of decision- making power through membership of VOPA has led to gender sensitive and supportive progress in the region.



ACRONYMS

GRAVIS	-	Gramin Vikas Vigyan Samiti
ILGs	-	Inter-Generational Learning Groups
MoHFW	-	Ministry of Health and Family Welfare
OPAs	-	Older Peoples' Association
SHGs	-	Self Help Groups
VOPAs	-	Village Older Peoples Association



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3/437, 458, M. M. Colony,
Pal Road, Jodhpur - 342 008,
Rajasthan, INDIA
Phones : 91 291 2785 317, 2785 116
Fax : 91 291 2785 116
E-mail : email@gravis.org.in
www.gravis.org.in

Gramin Vikas Vigyan Samiti (GRAVIS) is a non-governmental, voluntary organization that takes a Gandhian approach to rural development by working with the poor of the Thar Desert to enable them to help themselves. Since its inception in 1983, GRAVIS has worked with over 68,000 families across over 1,600 villages reaching a population of over 1.6 million, and has established over 3,800 Community Based Organizations (CBOs).

GRAVIS is registered under Rajasthan Societies Registration Act in India and has tax exemption under section 80 (G) and section 12 A of IT Act of Govt. of India.