

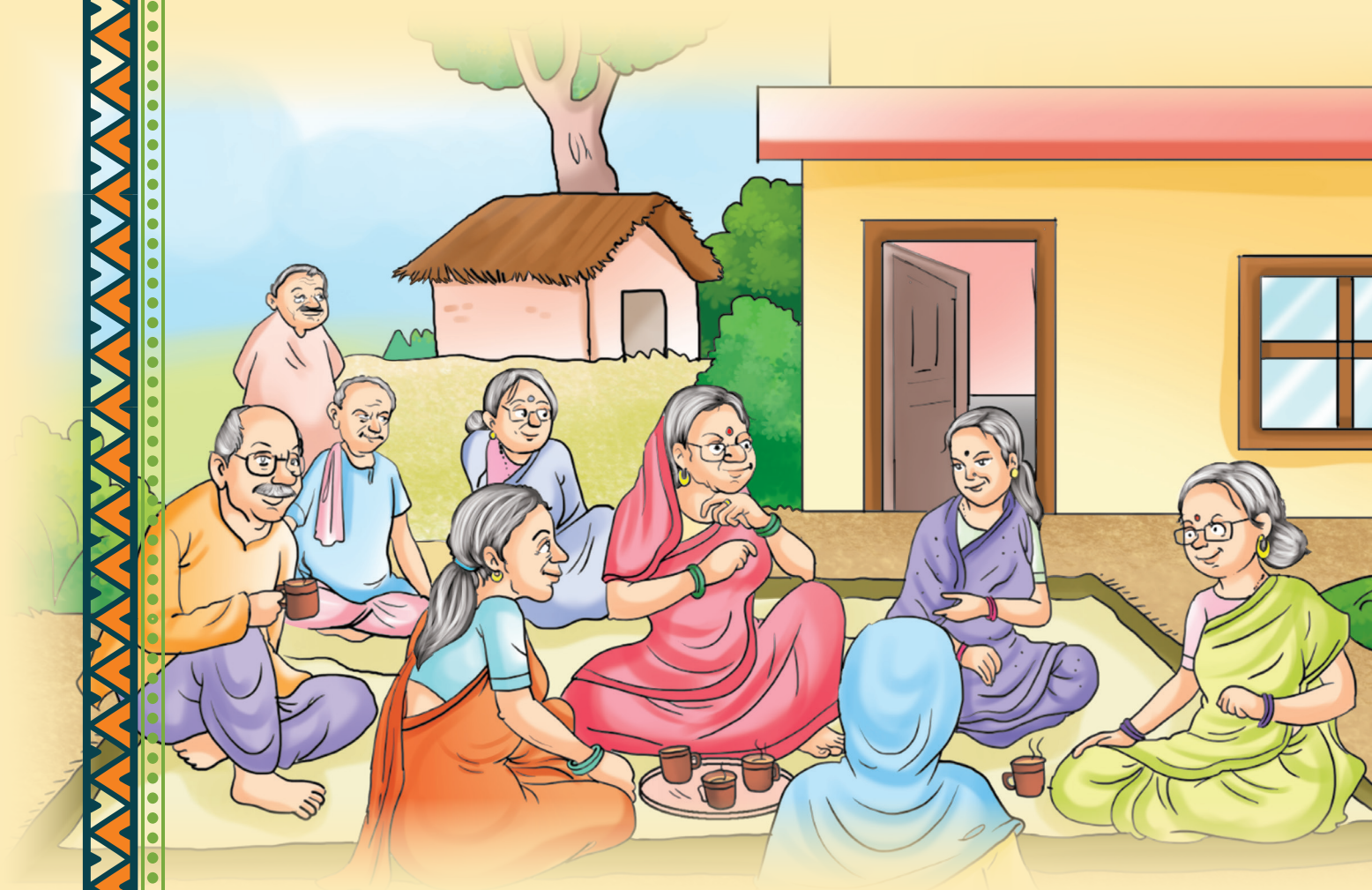


सत्यमेव जयते  
ग्रामीण विकास मंत्रालय  
भारत सरकार



# HEALTH AND NUTRITION FOR THE ELDERLY

## Facilitator Guide for SHG Meetings



**Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)**

Ministry of Rural Development, Government of India



## Dear Facilitator

This facilitator guide on **Health and Nutrition for the elderly**, is designed to help all facilitators under State Rural Livelihood Missions (SRLMs) in rolling out the Flipbook and disseminating key messages within the SHG groups and other community cadres. This session is part of a training package on Food, Nutrition, Health and WASH (FNHW) consisting of Flip books, Facilitator guides, Posters, Counselling Cards and Stickers.

The objective of this training on nutrition and health for elderly is to empower SRLM staff, cadres and community at large with the knowledge and key behaviors to adopt for better health and nutrition practices for the elderly. We all know that better health and nutrition results in higher productivity leading to reduction in poverty and improvement in quality of life.

It should be kept in mind that this orientation package, although meant for SHG women, should serve as reference material for the entire family. Information provided under each session through flipbooks and this guide should be seen as collective learning for the family, and each member of the family needs to play their part to ensure that the messages are adopted by them in everyday lives.

The responsibility of getting these behaviors imbibed does not lie with women only, the men/husbands/older boys in the family need to ensure making arrangements for whatever is required to follow these practices on FNHW.

## Objectives


**After going through the module, the facilitator will be able to:**

- Explain the significant physiological changes, emotional factors that affect elderly
- Understand and explain about the change in the nutritional and health care needs during aging.
- Help the participants with knowledge on available services and schemes for elderly.

## Initiate the Session

Nutrition has a massive impact on physical health as well as the wellbeing of older adults. There are so many people, who may not realize that nutrition requires to vary depending on a person's age. In fact, eating a well-balanced diet is an essential part of staying healthy as you age. It may help you to maintain a healthy weight, stay energized and also get the nutrients you may need. It

also lowers the risk of developing chronic health conditions like diabetes and other diseases. At the same time, malnutrition can put the risk of becoming overweight or underweight. It can weaken your bones and muscles and leave one vulnerable to ill health.



Health and nutrition for elderly is very essential for supporting cellular function throughout the body, strengthening the immune system and warding off mental and physical illness.

### Case Study

Shanta's Father Ram is 62 yrs old and an active person involved in many social activities. He noticed that his friend Keshav who used to come for regular morning walks was not coming that morning. He went to his house to know the reason. Keshav was suffering with constipation for the past two days, severe knee pain and was looking dull and tired. Ram took him to the doctor nearby. The doctor questioned Keshav on his diet and activities the previous day. He noted major signs of poor nutrition.

Initiate the discussion with the participants and seek answers for the following questions:

- ▶ What could be major signs of poor nutrition?
- ▶ What are the consequences?

**Note:** Do not explain any answer to the participants here, just listen to what they have to say.

### Step 1:

Initiate the session with discussions leading to questions on the physiological changes happening in their body and special health and nutrition requirements during this age to address. Knowledge on these factors will help you in taking appropriate steps to meet the nutritional needs of family members who are elderly, so that they stay healthy and active. The key pointers/issues discussed may be written on the paper/white board and may be projected in case of virtual training.

- After what age do you think people are considered elderly?
- What changes do the elderly experience in their lifestyle?

By definition, people attaining the age of 60 years are considered elderly in India, but we have seen that many people are quite active and very healthy at this age, whereas some begin to experience age related discomforts and problems much before this age. It is important to discuss with the group here that leading a healthy lifestyle in younger age very often makes the older age healthier too. Keeping diet and weight in check are also good tips to remember for healthier older days.

## Step 2:

Discuss the changes they observe in the elderly at home or in their neighbourhood to make them understand the changes that take place during old age which interferes in their health and nutritional needs. Relate the factors as shown in the below diagram to understand why elders require special health and nutrition care.

Effects of Aging on nutrition	
Change	→ Effect
Sensory impairment:	
• Decreased sense of taste.	→ Reduced appetite.
• Decreased sense of smell.	→ Reduced appetite.
• Loss of vision and hearing.	→ Decreased ability to purchase and prepare food.
• Oral health/dental problems.	→ Difficulty in chewing, inflammation, poor diet quality.
Altered energy need.	→ Diet lacking in essential nutrients.
Decreased physical activity.	→ Progressive depletion of LBM and loss of appetite.
Muscle loss (sarcopenia).	→ Decreased functional ability, assistance needed with Activities of Daily Living (ADL).
Psychosocial (isolation).	→ Decreased appetite.
Environmental (financial).	→ Limited access to food; poor quality diet.
Cumulative effect → Progressive Undernutrition.	

### Why do elders require special health and nutrition care?

- **Weakness or poor health**—aches, joint pains, bones prone to easy fracture, digestive disorders, heart diseases, diabetes, decreased immunity, mental disorders – results in reduced absorption of food, difficulty to cook and feed and take care of themselves.
- **Ongoing Medication**—change in taste, makes mouth dry, reduces appetite.
- **Reduced Income**—less money to buy food or access health care.
- **Decreased sense of smell and taste**—Weak vision, reduced hearing and smell, poor oral and dental health; problem in chewing or swallowing food.
- **Loneliness**—Living alone, reduced mobility, neglect and abuse—decreased appetite.



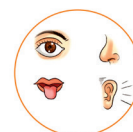
Weakness / Poor Health



Ongoing Medication



Reduced/ no income



Reduced sense of vision, smell, taste and sound



Loneliness



### Dietary needs change with aging in several ways:

- People become less active, their metabolism slows, their energy requirement decreases, all of which mean that they need to eat less.
- Recent research demonstrates that because older adults' abilities to absorb and utilize many nutrients become less efficient, their nutrient requirements (particularly as a function of body mass) actually increase.
- Chronic conditions and medications can affect nutrition requirements. For example, in addition to drug-nutrient interactions affecting drug metabolism, some drug-nutrient interactions are also nutrient wasting. This is especially true of the B vitamins.

Maintaining a nutrient-dense diet is critically important for older adults because of the impact of food intake on health. Years of research have demonstrated that diet quality has a huge effect on physical condition, cognitive condition, bone health, eye health, vascular function, and the immune system. Yet, this can be challenging to achieve for several reasons:

- Aging is often accompanied by a loss of appetite and changes in taste and smell, all of which can lead to more limited food choices and lower intake of healthful foods.
- Aging is also often accompanied by general oral health decline and a reduced ability to swallow, which can affect food choice and intake.
- Many older adults experience mobility constraints, which make it difficult to shop for food, lift heavy jars, open containers, etc.
- Low income is prevalent in aging populations, making it difficult for many older adults to access high quality foods also

### Step 3:

Initiate brainstorming on the foods taken and rejected by the elderly and reasons for denial. Keep in mind that older people have limitations in their dietary choices owing to factors discussed earlier and therefore some do's and don'ts need to be kept in mind -

Do's	Don'ts
<ul style="list-style-type: none"><li>● Consume a well balanced protein rich diet.</li><li>● Include variety of fruits and vegetables in your diet (red, yellow and green coloured).</li><li>● Foods to be well cooked in soft, semisolid, easily chewable form.</li><li>● It is better to have familiar foods rather than new foods.</li><li>● Have small, light and frequent meals.</li><li>● Drink plenty of fluids.</li></ul>	<ul style="list-style-type: none"><li>● Avoid pulses and other food items which cause flatulence (Black gram dal, Rajma etc).</li><li>● Avoid excess salty, sugar, spicy, fried, fatty foods.</li><li>● Avoid excess coffee, tea, and carbonated drinks.</li></ul>



## Step 4:

Initiate a discussion to cull out information among the participants what are the preferred foods for elderly at their houses and why? Give them dietary suggestions to overcome health and nutrition problems during old age. These are some of the common problems that older people experience and taking care of diet plays an important role in managing these problems.



Overcome Weakness



Improve Bone Health



Improve Digestion



Increase Immunity



Improve Health of Heart



Manage Diabetes

### Dietary suggestions to overcome health and nutrition problems associate with age;

- **Overcome weakness**–Increase protein rich foods such as dairy, nuts, legumes, eggs, meat.
- **Improve bone health, avoid joint pains**–Include Calcium and vitamin D rich foods like milk, paneer, fish, sea foods, ragi etc. Spend adequate time in the sun.
- **Improve digestion**–Increase fibre (whole grains, brown rice, banana stem, beans, fruits, greens and vegetables) and water intake
- **Improve health of the heart**–Intake of balanced diet, limited intake of oily and fried foods.
- **Manage Diabetes**–Reduce intake of sugar and sugary foods (mango, litchi, rice, potatoes, sweets, etc) and increase fiber intake
- **Increase immunity**–Increased intake of green leafy vegetables, citrus fruits and nuts.

### Importance of healthy eating for elders

Elders are more susceptible to malnutrition. It will happen for a few reasons such as

- Slowed down metabolism with age.
- Decreased appetite with age.
- Decrease appetite will lead to less caloric intake means minimum opportunity for nutrients.
- Decreased nutrient absorption capacity of the body.

Now initiate discussion with the group members on persons with any kind of disabilities. Ask the participants on their views about the special nutrition requirements for such people.



Research shows that a healthy diet would improve the quality and length of most individuals' lives. Poor diet is related to obesity and illnesses such as cardiovascular disease, cancer, diabetes mellitus, and hypertension.

Individuals with primary disabilities often experience "secondary conditions" – additional physical and psychological problems that limit a person's enjoyment of life and participation in activities. Nutrition and Diet in Persons with Disabilities (PWD) affects many of their secondary conditions, such as fatigue, weight problems, and constipation or diarrhoea. Proper nutrition can increase these individuals' quality of life by improving existing secondary conditions and preventing development of additional conditions. Therefore, it is important that these people are motivated and supported to have the right kind of food.

**There are certain minimum standards of care for Persons with Disabilities (PWD) such as –**

- 1. Provide health-promoting foods.**
- 2. Provide information, knowledgeable encouragement, and positive social/instrumental support (assist in grocery shopping, cooking, etc.) to help individuals make good food choices.**
- 3. Support participation in activities that encourage healthy eating and physical activity.**

The objective should be to ensure that PWD receive quality food and nutrition that promotes their health and participation in activities. Keep in mind that PWD;

- Have diet that is safe and nutritionally adequate based on their age, gender and level of activity; that is the foundation for quality nutrition;
- Have diet that addresses his or her special needs in nutrition, the dietary modifications prescribed by a nutrition professional to address any special needs.
- Are encouraged to eat recommended portions of healthy foods associated with lower risk for common chronic diseases and conditions, an investment for a long and healthy life.

Inform the group that apart from nutritional considerations, Persons With Disabilities require health services based on the kind of disability and prescribed care, medicines and other procedures. The Ministry of Social Justice and Empowerment through its **"Department of Empowerment of Persons with Disabilities"** have a number of schemes for the disabled, listed below –

## **DISHA**

### **Early Intervention and School Readiness Scheme**

This is an early intervention and school readiness scheme for children upto 10 years with the disabilities covered under the National Trust Act.



## **VIKAAS**

### **Day Care**

A day care scheme for persons with autism, cerebral palsy, mental retardation and multiple disabilities, above 10 years for enhancing interpersonal and vocational skills.



## **SAMARTH**

### **Respite Care**

A scheme to provide respite home for orphans, families in crisis, Persons with Disabilities (PwD) from BPL, LIG families with at least one of the four disabilities covered under the National Trust Act.



## **GHARAUNDA**

### **Group**

Home for Adults This scheme provides housing and care services throughout the life of the person with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.



## **NIRAMAYA**

### **Health Insurance Scheme**

This scheme is to provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.



## **SAHYOGI**

### **Caregiver training scheme**

A scheme to set up Caregiver Cells (CGCs) for training and creating skilled workforce of caregivers to care for Person with Disabilities (PwD) and their families.



## **PRERNA**

### **Marketing Assistance**

A marketing scheme to create viable & wide spread channels for sale of products and services produced by persons with autism, cerebral palsy, mental retardation and multiple disabilities.



## **SAMBHAV**

### **Aids and Assistive Devices**

This is a scheme to setup additional resource centres in each city, to collate and collect the Aids, software and other form of assistive devices.







## Step 5:

In this session you will learn about the lifestyle management for the elderly so that they can remain optimally healthy and happy. Question the participant on what are the activities and lifestyle which may lead to poor health in old age? Encourage the participants to brainstorm on the healthy lifestyle practices which will lead a healthy living in old age.

### Lifestyle management for the elderly

- Adopt a healthy lifestyle – This can be done by intake of a balanced diet, regular exercise, staying happy, and stress free and sleeping well.
- Go for regular health check-ups – as advised by the doctor
- Adopt stress management techniques such as meditation and yoga
- Do not self-medicate, consult a doctor for your problems
- Avoid smoking, consumption of alcohol, tobacco chewing, betel leaves.
- Socialize and be part of community groups, attend events of your interest (weekly markets/haats, chaupals, religious activities, etc.). Interacting with people keeps one active and a good frame of mind.



No self medication



Regular health check-ups



Stay active - Yoga, walk etc.



Balanced Diet



NO Alcohol, Smoking, Tobacco

## Step 6:

### Support and Services for the elderly

Improvement in health care facilities over the years has led to a steady rise in the population of senior citizens in India. Ensuring that they lead a secure, dignified and productive life is a challenge and older persons face problems in the absence of adequate social security. Thus, there is a need to provide for the economic and health needs and to create a social milieu, which is conducive and sensitive to the emotional needs of the elderly.

The Ministry of Social Justice and Empowerment has taken cognizance of these issues and a number of schemes and services are now available for the elderly. One such scheme is Livelihood and Skilling.





Initiatives for Senior Citizens – To provide them ways and means for achieving right to happy, healthy and dignified ageing through financial independence. Two programmes fall under this scheme:

Senior Able Citizens for Re-Employment in Dignity (SACRED)–Many senior citizens have experience, time and energy which can be used by the business enterprises looking for stable employees. The Human resources cells of many private enterprises seek experienced but stable persons in certain positions. This portal allows bringing these people together by virtual matching of preferences.

Action Groups Aimed at Social Reconstruction (AGRASR Groups): The senior citizens/elderly are encouraged to form Self-Help Groups, which will provide them with a platform to share the time constructively with each other. To attain financial assistance under the scheme SHGs function as AGRASR Groups. Assistance under this Scheme to any SHG is independent of assistance under any other scheme of the Ministry and an SHG can choose to avail assistance under any one or more Scheme(s). The implementing agency for this are the State Rural Livelihood Missions (SRLMs).

Moreover, there are other available national schemes for elderly people. Knowledge on these factors will help the facilitator to help the SHG members and their families to take appropriate steps to avail benefits of the available schemes. Divide the group into two and name them as Health Care team and Financial/Livelihood Care team. Discuss the below individual schemes.

### Services and schemes for the elderly

- 1. Pradhan Mantri Vaya Vandana Scheme:** This is one of the most popular senior citizen pension schemes in India. Designed for senior citizens above 60 years of age, the policy term of this Prime Minister Senior Citizen Scheme extends to ten years. The pensioner can choose the frequency of the payment - monthly/quarterly/half-yearly/annually. You can earn interest of 8% per annum over this scheme. The minimum and maximum capping of pension are Rs. 3,000 per month and 10,000 per month, respectively.
 
- 2. Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**  
**For older adults above the age of 60 years:** Specially intended for older adults above the age of 60 years, who fall below the poverty line, according to the guidelines prescribed by the Government of India. The IGNOAPS assists with money up to 200 p.m., and 500 p.m., for people between 60 and 79 years and above 80 years, respectively.
 
- 3. National Programme for the Health Care of Elderly (NPHCE):** Introduced in 2010, this scheme concentrates on preventive as well as promotive care for the maintenance of overall health. This program was launched to address the health issues faced by seniors. The district-level objectives include providing dedicated health facilities in district hospitals, community health centres (CHC), primary health centres (PHC), and sub-centres (SC) levels through State Health Society. These facilities may be free or highly subsidized.
 
- 4. VaristhaMediclaimePolicy (Medicalinsuranceforhospitalization and critical illness):** This policy aids seniors by covering the cost of medicines, blood, ambulance charges, and other diagnosis related charges. Designed for senior citizens between the age of 60 and 80 years, this helps meet the health-related expenses of senior citizens. Moreover, income tax benefits are allowed for payment of premium under Section 80D. Although the policy period is for one year, you can extend the renewal up to the age of 90 years.
 

**5. Rashtriya Vayoshri Yojana-** for providing physical aids and assisted living devices for senior citizens under BPL: This scheme provides physical aids and assisted-living devices for older adults above 60 years of age that belong to the BPL (below the poverty line) category. So, if senior citizens wish to avail this, then they must have a BPL card. This is a Central Sector Scheme and is entirely funded by the Central Government.



**6. Senior Citizens' Welfare Fund:** Launched by the Ministry of Social Justice and Empowerment, this fund includes unclaimed amounts from small savings and savings accounts in the Central government schemes. It aims to make seniors financially stable for their overall welfare and health care.



**7. Pradhan Mantri Jan Arogya Yojana:** This scheme was launched in 2018 by the Ministry of Health and Family Welfare for covering up to 10 crore people belonging to poor and vulnerable families. The scheme offers ceaseless hospitalization cover at Public hospitals and network private hospitals with a family floater of Rs. 5 lac per family of BPL category.



**8. Mahatma Gandhi National Rural Employment Guarantee Act:** This act aims to guarantee the right to work for people living below poverty line. Age appropriate work can be provided to the elderly.



With a broad spectrum of schemes launched by the Government of India, benefitting senior citizens belonging to various classes, planning for your health, and other related expenses has become easier. Ask the participants if they have benefited from any of these schemes?

## Role of Self Help Group

- ▶ Group members should ensure that the elders in their family understand the nutrition and health requirements based on their needs.
- ▶ It should also be ensured in the family that the elders are encouraged to lead an active life, they should not feel lonely and should get medical check up done as required.
- ▶ The group members should also make sure that the elders in the family are linked to the relevant government schemes and entitlements, as applicable to them.

**Note:** The Self Help Group should be ready to support those members who face problems or find it difficult to convey these messages and convince their families.

Session concludes: End the session by revisiting the questions from the case study and their answers. Thank the participants and close.



The Food, Nutrition, Health and WASH (FNHW) Toolkit has been developed by the National Mission Management Unit (NMMU) with support from Technical Assistance agencies-TA- NRLM (PCI) and inputs from ROSHNI-Centre of Women Collectives led Social Action, National Institute of Rural Development (NIRD), State Institutes of Rural Development (SIRDs), National Resource Persons (NRPs), State Rural Livelihood Missions (SRLMs) of Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh, Andhra Pradesh, Telangana and Maharashtra, JEEViKA Technical Support Program-Project Concern International (JTSP-PCI) and UNICEF state teams from Odisha, Bihar and Chhattisgarh.

The standard materials of Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MoWCD), National Centre for Excellence & Advanced Research on Diets (NCEARD), Alive & Thrive, JTSP-PCI and UNICEF have been referred while finalizing the content.

## **Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)**

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