Building a Knowledge Base on
Population Ageing in India

Report on the Status of Elderly in Select States of India, 2011

UNFPA

Data collected: 2011; Data analysed: 2012
Published in 2012

Published by:
United Nations Population Fund
55 Lodi Estate
New Delhi 110003
India
Tel: +91-11-46532333
Fax: +91-11-24628078
E-mail: india.office@unfpa.org

Building a Knowledge Base on
Population Ageing in India

Report on the Status of Elderly in Select States of India, 2011

November 2012

CONTRIBUTORS

Moneer Alam

K. S. James

G. Giridhar

K. M. Sathyanarayana

Sanjay Kumar

S. Siva Raju

T. S. Syamala

Lekha Subaiya

Dhananjay W. Bansod

FOREWORD

Population ageing is an important emerging demographic phenomenon in India, warranting a strong multi-sectoral policy and programme response to deal with many significant implications for the elderly in particular and society at large. Longevity by itself is to be celebrated but for the increasing vulnerabilities of the elderly arising out of poverty, rural living, income insecurity, illiteracy, age-related morbidity, feminisation, dependency and decreasing support base. In most of the western countries, advanced stages of development preceded population ageing but the same is not true for many developing and middle-income countries, including India. Further, India is presently going through a phase of demographic paradox wherein it has to capitalise on the demographic window of opportunity by investing in youth and at the same time focus on an increasing elderly population in line with the principles outlined in the Madrid International Plan of Action on Ageing.

The United Nations Population Fund globally and in India has a specific focus on population ageing as part of its Strategic Plan covering emerging population concerns. During the VII Cycle of Cooperation with the Government of India (2008-12), the Country Office embarked on a research project, "Building a Knowledge Base on Population Ageing in India (BKPAI)" with two main components: (i) research using secondary data; and (ii) collecting primary data through sample surveys on socio-economic status, health and living conditions of the elderly that can be used for further research, advocacy, policy dialogue and programming. This project is coordinated by the Population Research Centre at the Institute for Social and Economic Change, Bangalore and the Institute of Economic Growth, Delhi. Collaboration with the Tata Institute of Social Sciences, Mumbai was initiated at a later stage for developing an enabling environment through advocacy and networking with stakeholders.

The three-year effort of UNFPA along with its implementing partners has culminated in a National Report on the Status of Elderly in Select States of India. In my view, this is probably the first time such a comprehensive knowledge base has been made available exclusively on the elderly in India. The report covers various aspects of the elderly that include social, economic, living arrangements and familial relationships, health, perceptions of well-being and access to social benefits. It has come out with findings and recommendations that are pragmatic and noteworthy. I am optimistic that the findings will enable government and other key stakeholders, especially the non-governmental organisations, civil society networks and academia to evolve appropriate policies and programmes for ensuring good quality of life for all the elderly in the country.

Frederika Meijer
UNFPA Representative
India and Bhutan

ACKNOWLEDGEMENT

The successful completion of the 2011 survey and this report under the aegis of 'Building a Knowledge Base on Population Ageing in India' (BKPAI) would not have been possible were it not for the engagement of various individuals and institutions that contributed at various stages of the project. To begin with, we would like to acknowledge Mr. Nesim Tumkaya, former UNFPA Country Representative, India for helping in conceiving the project, providing all the technical and financial support and spearheading its roll out. The current Country Representative of UNFPA India, Ms. Frederika Meijer not only endorsed the process but played a pivotal role by taking the vision forward and further amalgamating it into the next Country Programme Cycle (2013-17). The Directors of the respective institutions involved in the study, Professor R. S. Deshpande, ISEC, Professor Bina Agarwal (Former Director, IEG), Professor Pradeep Agarwal (Officiating Director, IEG) and Professor S. Parasuraman, TISS also provided extensive support throughout the period of the study.

Sincere thanks to Professor P.M. Kulkarni, Jawaharlal Nehru University, Dr. K. G. Gangadharan, President, International Federation on Ageing and Dr. Dinesh Agarwal, UNFPA, India for their valuable inputs. Professor Kulkarni played an important part in designing the sampling frame and offered guidance at various stages of the survey and tabulation. Dr. Gangadharan was instrumental in providing valuable inputs during the finalisation of the tabulation plans. He also contributed in finalising the chapter on Awareness and Utilisation of Social Security Schemes for the Elderly. Dr. Dinesh Agarwal has lent extensive support in developing the following chapters – Patterns of Acute and Chronic Morbidities, Care Seeking and Financing of Elderly Health Care and Functional Health and Well-Being of Elderly Persons – in their present form.

In addition, we had the privilege of receiving critical insights from a number of luminaries in the field of social sciences such as Professors K. Srinivasan, Sulabha Parasuraman, S. Irudaya Rajan, Arvind Pandey, P. Arokiaswamy, L. Ladu Singh and Indira Jai Prakash. Their depth and breadth of domain expertise paved the contours of the survey and the subsequent report. In addition, we would like to thank all the participants who attended various workshops under BKPAI for their rich inputs.

Special appreciation is extended to Dr. Supriya, Ms. Pratima Yadav and Mr. Pronoy Sarkar for their substantial support in data processing and analysis. Ms. Yadav also contributed in finalising the two chapters on health. We thank Ms. Apoorva Jadhav for contributing to data analysis and putting together the chapter on Living Arrangements and Family Relations of the Elderly. The contribution of Ms. Nidhi Mishra towards the finalisation of the tabulation plan and the chapter entitled Awareness and Utilisation of Social Security Schemes for the Elderly is duly acknowledged. We thank Ms. Azza Omer, Junior Professional Officer, UNFPA for her contribution in finalising the house listing and survey instruments/manuals. Several individuals helped in accomplishing this study

by providing substantial technical assistance. These include Ms. Amirtha Gatak, Ms. Sandhya Rani Mahapatro, Mr. Swadhin Mondal, Ms. Charanjit Kaur, Mr. P. Prabhuswamy and Mr. Sumit Majumdar. We appreciate the efforts of Mr. Ravi Prakash presently with the Population Council, New Delhi, who developed the computer package for data entry and tabulation.

We gratefully acknowledge the dedicated support of the organisations that carried out the survey. The task of data collection, field and office editing, and data entry were carried out by three research organisations. We thank the Directors and staff members of Sigma, Population Research Centre, Kerala and Fauzia Khan. The administrative units of the three institutions, ISEC, IEG and TISS have extended continuous support for this study.

We thank the team at UNFPA for their dedicated efforts. We graciously acknowledge Mr. Anders Thomsen, Deputy Representative, UNFPA for his constant encouragement. We also appreciate Mr. Rajat Ray and Ms. Priyanka Ghosh for their invaluable creative inputs in designing the publications and acknowledge Mr. Sushil Chaudhary and Ms. Leela Jose for smooth functioning of the project. We would also like to extend our thanks to Navin Joneja and Marie Joneja of Mensa Design Pvt. Ltd. for their professional support in bringing out this report.

Most importantly, we thank the elderly respondents for their time. The study would not have been possible without them.

BKPAI Coordinators

ACRONYMS

ADL	Activities of Daily Living
APL	Above Poverty Line
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BADL	Basic Activities of Daily Living
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
COPD	Chronic Obstructive Pulmonary Disease
GHQ	General Health Questionnaire
HH	Household
IADL	Instrumental Activities of Daily Living
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
IEG	Institute of Economic Growth
IGIDR	Indira Gandhi Institute of Development Research
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IPOP	Integrated Programme for Older Persons
ISEC	Institute for Social and Economic Change
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIPAA	Madrid International Plan of Action on Ageing
MOHFW	Ministry of Health and Family Welfare
MOSJE	Ministry of Social Justice and Empowerment
MPCE	Monthly Per Capita Consumer Expenditure
MWPSCA	Maintenance and Welfare of Parents and Senior Citizens Act
NCD	Non-Communicable Diseases
NOAPS	National Old Age Pension Scheme

NPHCE	The National Programme for Health Care for the Elderly
NPOP	National Policy on Older Persons
NPSC	National Policy for Senior Citizens
NSSO	National Sample Survey Organisation
OAPS	Old Age Pension Scheme
OBC	Other Backward Classes
PPS	Probability Proportional to Population Size
PRC	Population Research Centre
PRS	Passenger Reservation System
PSU	Primary Sampling Unit
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
ST	Scheduled Tribe
SUBI	Subjective Well-being Inventory
SWB	Subjective Well-being
TISS	Tata Institute of Social Sciences
TOT	Training of Trainers
UNFPA	The United Nations Population Fund

CONTENTS

List of Tables

List of Figures

EXECUTIVE SUMMARY

The emerging changes in the age and sex structure of India's population, particularly at old and older ages will have a profound impact on the demographic landscape and are expected to pose multifaceted developmental challenges. While the knowledge base with regard to the elderly in terms of their demographic, social and economic conditions, health needs and their living arrangements are fairly extensive in developed countries, it is woefully inadequate in India. Several researchers have attempted to extract information on issues of the elderly from various national surveys commissioned for different purposes. However, data bases at the macro level focusing exclusively on the elderly are negligible in number. Hence, the United Nations Population Fund (UNFPA), India in collaboration with the Population Research Centre (PRC), Institute for Social and Economic Change (ISEC), Bangalore, the Institute of Economic Growth (IEG), Delhi and the Tata Institute of Social Sciences (TISS), Mumbai launched a research project, *Building a Knowledge Base on Population Ageing in India (BKPAI)* in the VII Cycle of Cooperation with the Government of India (2008-12).

As part of this initiative, a series of working papers based on secondary data have already been published in 2011. In order to fill the knowledge gaps identified by these papers, a primary survey was carried out in seven states – Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu and West Bengal – having a higher percentage of population in the age group 60 years and above compared to the national average. The information gathered in this survey includes socio-economic status, work participation and benefits, income and asset holding, living arrangement patterns and familial relations, health status, utilisation and financing of health care, and reach and awareness of social security schemes among the elderly.

The sample for each state was fixed at 1,280 elderly households. Households having at least one elderly member aged 60 years or above formed the set of sample households and all the elderly in the selected households were interviewed. The fieldwork was carried out during the period May to September, 2011 and a total of 8,329 household interviews and 9,852 elderly interviews were conducted in rural and urban areas.

Socio-Economic and Demographic Profile

Almost 60 per cent of the elderly are heads of the households that they live in. The headship rate, as expected, is found to be substantially higher among elderly men as compared to elderly women. About 78 per cent of sampled elderly households are Hindu, nine per cent each are Muslim and Sikh, 21 per cent belong to Scheduled Castes, six per cent to Scheduled Tribes, and 35 per cent to other backward classes.

About 60 per cent of elderly households reported that piped water is the main source of drinking water, though mostly from public water tap (38% depend on public piped water supply as against 22% having piped water in their household premises). A much higher proportion of households in urban areas have piped water as compared to rural areas. Toilet facilities are not available to 48 per cent of the households in rural areas and 12 per cent in urban areas. One-fourth of households live in *kachha* houses, about one-third in *semi-pucca* houses and the rest in *pucca* houses. More than half of the surveyed households use wood as cooking fuel. About two-fifth of the households have a below poverty line (BPL) card. More than one-third of elderly households have a monthly per capita expenditure (MPCE) below Rs. 1,000 and only 17 per cent have an MPCE more than Rs. 2,500. The wealth quintiles calculated on the basis of asset holdings and amenities within the household show that the variation in wealth across the seven states is stark. In Odisha, 60 per cent of the households belong to the lowest wealth quintile, while it is just 5 per cent in Kerala, Punjab and Himachal Pradesh.

About 27 per cent of the surveyed elderly households had an outstanding loan at the time of survey and 13 per cent reported that the loan is taken for meeting the medical expenditure of the elderly. The survey also collected information on material and financial transfers to and from the households. The findings suggest that around 16 per cent of the households are receiving financial transfers from their children, relatives or other members. Of these transfers, 96 per cent have been from within India while the remainder are from outside the country.

The profile of the individual elderly indicates a low level of educational attainment, particularly among women. Overall, half of the elderly report not having any formal education, with a higher proportion, almost two-thirds, among women. With regard to marital status, around 60 per cent of the elderly are currently married while 38 per cent are widowed. Widowhood is as high as 59 per cent among elderly women. On an average, four children were born to the ever-married elderly woman, of whom 3.5 children are currently surviving.

Work and Income Status

The survey found that the work participation rate among elderly males in India is as high as 39 per cent as against 11 per cent among women. The majority of workers are in the 60 to 69 age group but the workforce participation among the oldest old (elderly who are 80 years of age and above) is also relatively high (13% among men and 3% among women). More than 80 per cent of the elderly workers are main workers. Although work participation is low among women, they would certainly be contributing to the family chores, enabling the other adult members to go to work. A majority of the elderly (71%) work due to economic necessity and not by choice. This is particularly true among women. There is a close link between current work participation and poverty and illiteracy. Women living alone have a higher incidence of work participation compared to those living with spouse or others. In addition, the data highlights the unskilled and low paid nature of the jobs that the elderly are engaged in. The elderly are working primarily in the unorganized sector, where both

productivity and pay are low. The significant level of workforce participation by senior citizens is an indication of economic compulsion. Though the number of years spent in the labour force is considerable, pension or retirement benefits are not available to a large majority. In fact, due to the informal nature of the work they are engaged in, less than 10 per cent of all elderly get employer's pension (3% women and 15% men).

As a result of being part of the labour force, nearly three quarters of elderly men and a little less than half of elderly women report having some type of personal income. Of them, a substantial proportion of elderly men receive income from agriculture/farm or from salary/wages. Only about a third of all elderly men receive income from either employer's pension or social pension. However, having income does not necessarily reflect the economic well-being of the elderly, especially when the income is linked to current labour force participation. Further, almost three quarters of all elderly say that they are fully or partially dependent on others to meet their economic needs. Even though the income earned by the elderly is not high, over half of all elderly who report receiving personal income say that they contribute towards the household budget with the majority of it going for daily expenditure. This implies that households still depend on the income of the elderly to meet their day-to-day needs. As such, the wages as well as the social pension, although meagre, appear to be important for their family's survival.

The findings from the survey also reveal that although significant proportions of the elderly own some form of asset (land, housing, jewellery or savings), the magnitude of ownership is marginal. A wide gender gap in assets is also observed. While inheritance is a significant way of acquiring wealth in rural areas, in urban areas wealth is usually self acquired. Thus, the implications of transfers of wealth between generations (such as stronger intergenerational ties) are likely to be more important in rural areas compared to urban areas.

Living Arrangement and Familial Relations

Family has traditionally been the primary source of support for the elderly in India. It is a matter of concern that even with a strong preference to live with children or relatives, not to mention high levels of economic dependency, about one in ten elderly women live alone. Our data also show that a large majority of them are from illiterate and poor classes and hence their vulnerabilities multiply. The elderly depend primarily on their families for economic and material support. In fact, the elderly report that sons are the major source of economic support, even more than spouses. The findings indicate that about 80 per cent of the elderly co-reside with their spouse and children and in some cases with other relatives. In addition, about a quarter of all elderly receive money transfers from their non-resident children and about eight per cent elderly transfers money to their children. While a majority of the elderly prefer to live with their sons, a small proportion prefers to live alone or with their spouse. In effect, the family home is the preferred place to live in old age with only 0.3 per cent preferring to live in old age homes.

The vulnerability the elderly is reflected in the fact that one in 10 reports being subjected to some form of abuse – verbal, physical, emotional or other – after turning 60 years of age. Higher levels of abuse are reported by the elderly living in rural areas compared to those in urban areas. About six per cent report that some form of abuse took place in the month prior to the survey, with verbal abuse being the primary form of violence. The main perpetrators of abuse were from outside the family for elderly men and within the family for elderly women.

Subjective Well-being, Functionality and Health Care Utilisation

The various indicators of physical and mental well-being show a significant level of poor health among the elderly, with a high proportion of oldest old, poor, illiterate and widows in this category. The analysis on self-rated health shows about 55 per cent of the elderly rating their health as poor or fair on a five point scale. Thus the self-rated health appears to be lower in comparison with that of the elderly population in developed countries. Self-rated health also has a close connection with mental and physical health of the elderly. The mental health status measured by using General Health Questionnaire (GHQ) and Subjective Well-Being Inventory (SUBI) also revealed that nearly half of the elderly require further health assistance in order to understand their mental health status which poses important challenges for the healthcare system in the country. Both self-rated health and mental health have a strong socio-economic gradient.

Functionality was measured through Activities of Daily Living (ADL), Instrumental Activities of daily Living (IADL) as well as locomotor disability. Over five per cent of the elderly in the country have serious functionality issues with regard to basic functions, necessitating regular care and support. The prevalence of locomotor limitations was much higher with nearly half of the elderly having problems of vision. At the same time, the use of aids and assistive devices to overcome the locomotor limitations is very limited. While the socio-economic gradient was evident for ADL and IADL, it was not so in the case of locomotor disability, which was mainly a function of age.

Another important measure of elderly well-being is cognitive ability. Cognitive ability measured in terms of number of immediately recalled words reveals that the performance of the elderly Indian is on par with many other countries. Cognitive abilities are also directly linked to the socio-economic background of the elderly indicating that education and upbringing has a direct link with the potential to contribute in the future.

Prevalence of risky health behaviours is quite high among the elderly. Around 30 per cent of the elderly are currently smoking, chewing tobacco or drinking alcohol and the incidence is particularly high among males.

The study shows that a significant percentage of the elderly have high levels of acute and chronic morbidities. Around 13 per cent of the elderly report having an ailment in the 15 days prior to the survey. The gender differentials are more apparent in urban areas, with a prevalence rate of

13 per cent among elderly women compared to nine per cent among elderly men. The prevalence rate also has a significant socio-economic gradient. Among the states, West Bengal has the highest prevalence rate (26%) and Odisha the lowest (7%). More than 90 per cent of the elderly sought treatment for their acute ailments with about 40 percent each from public and private health facilities. Wide variations are also observed across states regarding the sources of treatment for acute morbidity with 90 per cent in Odisha depending on public health facilities while in Punjab, the majority (78%) received treatment from private providers. Financial insecurity remains the most commonly reported reason for not seeking treatment.

Nearly two-thirds of the elderly report suffering from at least one chronic ailment with arthritis, hypertension, diabetes, asthma and heart disease as the most commonly reported ailments. Women have higher prevalence rates of chronic conditions than men on average, and are much more likely to suffer from arthritis, hypertension and osteoporosis specifically, while men are more likely to suffer from heart disease, and skin and renal diseases. The majority of the elderly sought treatment for chronic ailments. Private hospitals are the predominant source of treatment for chronic conditions. Government hospitals are found to account for only about a quarter of the treated cases of hypertension, diabetes, and asthma and for about 30 per cent of the reported cases of arthritis.

Overall, nearly 10 per cent of the elderly were hospitalised in the year prior to the survey. Gender differentials in hospitalisation rates are visible in urban areas with a higher proportion of elderly men (10%) having been hospitalised compared to women (8%). The hospitalisation rates varied from 19 per cent in Kerala to six per cent in Punjab. Hospitalisation of the elderly is equally distributed between private and public health facilities. However, women were more likely to use unpaid or free health services by seeking treatment from public health facilities while men relied on private health facilities. The economic burden of illness is substantial for the elderly. Around Rs. 1000/- is spent for each episode of outpatient care. The out-of-pocket expenditure for hospitalisation (Rs. 11,177/- per episode) was a cause of concern and the private hospital expenses were nearly double that of public hospitals. The expenditure was almost entirely borne by the family. Both awareness of and access to health insurance schemes are almost negligible. Awareness and utilisation of government assisted health insurance through the Rashtriya Swasthya Bima Yojana (RSBY) is also limited.

Awareness and Utilisation of Social Security Schemes

A significant proportion of the elderly are aware of social security schemes such as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) and the Indira Gandhi National Widow Pension Scheme (IGNWPS), while awareness of the *Annapurna* Scheme is rather limited (40%). More than 70 per cent of the elderly are aware of the IGNOAPS and the IGNWPS. The awareness level is about 10 per cent higher among men than women for the IGNOAPS and the *Annapurna* schemes. Although the elderly belonging to BPL households are the main target for these social security schemes, slightly more elderly in non-BPL households than elderly in BPL households are aware of all three schemes. More

than 85 per cent of the elderly in Himachal Pradesh, Kerala, Punjab, and Odisha are aware of the IGNOAPS, while awareness is lowest in West Bengal at only 58 per cent.

The utilisation of all three schemes is abysmally low among the target group of those belonging to BPL households. Only around 18 per cent of elderly belonging to BPL households are beneficiaries of IGNOAPS, while only 3.5 per cent utilise the *Annapurna* scheme and a quarter of elderly widowed women utilise the IGNWPS. It should be noted that substantial wrong targeting of the scheme is apparent with up to 9 per cent of non-BPL cardholders benefiting from the IGNOAPS and 15 per cent from the IGNWPS.

Awareness of concessions and benefits is also found to be poor. Around 40 per cent of the elderly are aware of concessions in train tickets or bus reservations, 20 per cent each know about the preferences given for phone connections and higher interest rates on small savings in banks and post office, 13 per cent are aware of income tax benefits and about 30 per cent are aware of the Mahatma Gandhi National Rural Employment Guarantee Scheme. Utilisation of these benefits is very low, with about 9 per cent of elderly availing of concessions in train or bus reservations and negligible proportions utilising the other programmes. Only 14 per cent of the elderly are aware of RSBY and a mere seven per cent of BPL households have registered under the scheme. It was also found that around four per cent of the elderly belonging to non-BPL households had been registered under the scheme.

The Way Forward

The findings of the study clearly highlight that income insecurity, illiteracy, age related morbidity, and physical and economic dependency are factors that tend to make the Indian elderly, and particularly elderly women, vulnerable. The information emanating from the study has important policy and programmatic implications for improving the well-being and quality of life of the elderly. The approach needs to be holistic and multidimensional; at the individual, family, community, governmental and non-governmental levels. First and foremost, opportunities need to be provided for improving socio-economic status and access to health care. Also important is extending social pension and health insurance, especially to women. At the family level, stronger intergenerational bonding needs to be encouraged and at community level, greater participation of elderly has to be ensured by active involvement in decentralised bodies. Effective implementation of national policy and programmes for older persons in line with the international instruments is imperative and government should ensure availability of physical, financial and human resources to do so. Further, government needs to enable civil society groups and engage the private sector in creating an elder friendly environment. Data and research gaps in understanding issues of the elderly within the cultural context need to be undertaken on a regular basis and appropriate monitoring systems have to be put in place.

1. Introduction

Background

Population ageing is an important emerging demographic phenomenon in India, warranting a strong multi-sectoral policy and programme response to deal with many significant implications for the elderly in particular and society at large. Longevity by itself is a fact to be celebrated but for the increasing vulnerabilities of the elderly arising out of poverty, rural living, income insecurity, illiteracy, age-related morbidity, feminisation, dependency, decreasing support base, etc. Recognising the importance of this emerging area, the International Plan of Action on Ageing was adopted at the First World Assembly on Ageing in Vienna in 1982. It has since guided the course of thinking and action on ageing and has helped in evolving crucial policies and initiatives. The issue of human rights for older persons was taken up in 1991 during the formulation of the United Nations Principles for Older Persons, which provides guidance in the specific areas of independence, participation, care, self-fulfilment and dignity. Drawing on the experiences of the Vienna Plan of Action and assimilating the policies and programmes implemented by various countries, the **Madrid International Plan of Action on Ageing (MIPAA)** was formulated in 2002. It is considered to be a major resource, providing pathways for charting the future course of action by countries.

The aim of MIPAA is to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. While recognising that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The common features of the nature of ageing and the challenges it presents are acknowledged and specific recommendations are designed to be adapted to the great diversity of circumstances in each country. The Plan recognises the many different stages of development and the transitions that are taking place in various regions as well as the interdependence of all countries in a globalising world by focusing on the three pillars of *Older Persons and Development, Advancing Health and Well-being into Old Age and Ensuring Enabling and Supportive Environments* (Report of the Second World Assembly on Ageing, United Nations, 2002).

The Government of India, being a signatory to MIPAA, deserves recognition for its foresight in drafting a **National Policy on Older Persons (NPOP)** in 1999 (to commemorate the International Year for Older Persons) way ahead of MIPAA, when less than seven per cent of the population was aged 60 and above. The policy vision statement is well articulated and action strategies

cover important aspects of financial security, health, shelter, education, welfare, and protection of life and property. It broadly complies with MIPAA. The NPOP is coordinated by the **Ministry of Social Justice and Empowerment (MOSJE)** and implemented through the respective mandates of several ministries. **The National Programme for Health Care for the Elderly (NPHCE)** launched by the **Ministry of Health and Family Welfare (MOHFW)** is an example of how ageing is incorporated in sectoral programmes. After over a decade of implementation, the NPOP was reviewed recently. The revised **National Policy for Senior Citizens (NPSC)** recommends eight areas of intervention, namely income security in old age, health care, safety and security, housing, productive ageing, welfare, multi-generational bonding, and enhancing involvement and participation of media on ageing issues. The NPSC, currently awaiting cabinet approval, recognises that outcome changes such as improvement in quality of life, socio-economic conditions and health of senior citizens can be brought about only through the collaborative efforts of the government, civil society and the private sector.

1.1. The Context

A major demographic issue for India in the 21st century is population ageing, with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last few decades, it is certain that India will move from being a young country to an old country over the next few decades. Presently, India has around 90 million elderly and by 2050, the number is expected to increase to 315 million, constituting 20 per cent of the total population. The analysis found that around three-fourths of the elderly live in rural areas, of which 48 per cent are women and 55 per cent of them are widows. Nearly 70 per cent of rural elderly are dependent on others, and their health problems increase with age. In addition to problems of illiteracy, unemployment, widowhood and disabilities, older women in India also face life-long gender based discrimination, resulting in differential patterns of ageing of men and women. **The Global Report on Ageing in the 21st Century (2012)** reinforces the observations made in India that there is multiple discrimination experienced by older persons, particularly older women, including in access to jobs and health care, subjection to abuse, denial of the right to own and inherit property, and lack of basic minimum income and social security (UNFPA & HelpAge International, 2012).

Further, the majority of the people at 60+ in India are socially backward and economically poor. In addition, there is also extreme heterogeneity in the demographic transition across states, resulting in vast differences in the demographic scenario across social, economic and spatial groups. For instance, the state of Kerala which had 11 per cent of the elderly population in 2001 is expected to have 18 per cent by the year 2026, with an absolute number of around seven million elderly. On the other hand, Uttar Pradesh in 2001 had only six per cent and will have around 10 per cent elderly population in 2026. Though the proportion of the elderly population in Uttar Pradesh is smaller than in Kerala, the absolute number of elderly in Uttar Pradesh is expected to be thrice that of Kerala. Thus, adding life to the years that have been added to life is a significant challenge. Yet, ageing is not to be viewed from a problem perspective; its potential must be recognised and realised.

1.2. The United Nations Population Fund Collaboration

In line with its mandate, the United Nations Population Fund (UNFPA) globally and in India has a specific focus on population ageing, as part of its Strategic Plan covering emerging population concerns. During the VII cycle of cooperation with the Government of India (2008-12), the Country Office embarked on a research project, *"Building a Knowledge Base on Population Ageing in India (BKPAI)"* with two main components: (i) research using secondary data; and (ii) collecting primary data through sample surveys on socio-economic status, health and living conditions of elderly that can be used for further research, advocacy and policy dialogue. This project is coordinated by the **Population Research Centre (PRC)** at the **Institute for Social and Economic Change (ISEC)**, Bangalore and the **Institute of Economic Growth (IEG)**, Delhi. Collaboration with the **Tata Institute of Social Sciences (TISS)**, Mumbai was initiated at a later stage for developing an enabling environment through advocacy and networking with stakeholders.

A Technical Expert Group was set up in 2009 to guide the project activities. In the first phase, a series of secondary studies was completed, which was disseminated in a national workshop. These studies have been brought out as working papers (can be accessed at http://india.unfpa.org/)[1]. The working papers give an overview of the current status of elderly in India and at the same time serve as an input for devising the second phase of the study, wherein important aspects related to family relationships, interaction, communication and mental health have all been included.

1.3. The Survey

After reviewing the data and studies on the elderly, a national survey was launched in seven states of India. All major demographically advanced states with a regional representation were selected for the survey. BKPAI used the following four sets of interview schedules.

1. Household Schedule;
2. Individual Elderly Schedule for Household Residents;
3. Institutional Schedule;
4. Individual Elderly Schedule for Institutional Residents.

The overall content and format of the schedules were determined through a series of workshops and meetings held in 2010-11. The meetings were attended by representatives of a wide range of research and development organisations, government and experts in the field of population and health. The questionnaires for each state were bilingual, with questions in both the primary language of the states and English.

1. The themes covered are: *Demographics of Population Ageing in India; A Review of Studies on Ageing in India; Elderly Health in India; Elderly Workforce Participation-Wage Differentials and Contribution to Household Income; Critical Issues in Implementation of the National Policy for Older Persons; Policy Initiatives on Population Ageing in Select Asian Countries and their Relevance to the Indian Context; and Living Arrangements of Elderly in India: Policy and Programmatic Implications*

The ***Household Schedule*** collected basic information from all usual residents in each sample household – type of amenities to measure living standard and other social, economic and demographic information on religion, caste, ownership of household land, death of aged persons, causes of mortality, etc.

The ***Individual Schedule for Household Residents*** elicited information about the elderly identified in the selected Household Schedule. In the survey, elderly were defined as those who are aged 60 years and above. The elderly questionnaire consisted of six sections. The first section covered questions on socio-demographic profile, marriage, education and migration, while the second section had questions on current and previous work status, reasons for current work and the kinds of benefits the elderly received from the work. The third section elicited information related to income and assets, and the fourth pertained to various issues of living arrangements and familial relationships. The fifth section dealt with subjective health and health-seeking behaviour of the elderly. Aspects related to self perceived morbidity, hospitalisation, type of treatment, disability, economic burden of treatment, etc. were also addressed. The last section had questions on social security awareness and coverage.

The ***Institutional Schedule*** captured quantitative and qualitative information on the functioning of old age homes related to management, human resources, capacity, facilities and finances from both public and private institutions in the study area.

The ***Individual Elderly Schedule for Institutional Residents*** was similar to the Individual Schedule for household residents with additional questions related to reasons for opting to stay in an old age home and the residents' level of satisfaction with the living arrangements.

1.4. Sample Design

The seven states selected for the survey were Kerala, Tamil Nadu, Maharashtra, Himachal Pradesh, Punjab, Odisha and West Bengal, as they had a higher percentage of 60+ populations than the national average and also represented all regions of the country. The sample for each state was fixed at 1,280 elderly households. The size of the sample was guided by several considerations, the foremost of them being to generate reliable estimates of indicators at a reasonable level of precision and cost. Being a survey of the elderly, the sample size was equally split between urban and rural areas, irrespective of the proportion of urban and rural population. Eighty Primary Sampling Units (villages or urban wards) – 40 urban and an equal number of rural – with 16 households per **Primary Sampling Unit (PSU)** having an elderly person were covered in the survey. The respondents to the Household Schedule included any usual resident member above the age of 15 years, while in the case of the Individual Schedule all those aged 60 and above in the sampled households were the respondents and were interviewed.

The urban and rural samples within each state were drawn separately. The PSUs in the rural areas were villages, whereas the urban wards were the PSUs in the urban areas. First, villages were

classified into different strata on the basis of population size, and the number of PSUs to be selected was determined in proportion to population size of each stratum. Using **probability proportional to population size (PPS)** technique, the PSUs were selected and within each selected PSU, elderly households were selected through systematic sampling. A similar procedure was applied in drawing samples from urban areas.

While preparing the sampling frame, it was decided to omit villages with less than 20 households and wards with less than 40 households, as they constituted a smaller proportion of villages/wards in these states. Moreover, in Himachal Pradesh, due to the small size of villages, the rural PSUs had to be increased from 40 to 48 villages.

The house listing and mapping exercise of all the households in the selected PSUs were carried out. As the list of elderly households was not available, this information was gathered during the house listing and mapping operation. After this, a list of households with at least one elderly person was prepared and the prescribed number of elderly households (16 households) was selected through systematic random sampling.

Since the PSUs were of different sizes, segmentation was done for large PSUs. If a PSU had less than 300 households, house listing and mapping in the entire village/urban ward were undertaken. If the number of projected households in the selected PSU was more than 300, then the PSU was divided into segments (the number of segments depended on the size of the PSU) of nearly equal size and two segments were selected at random for house listing and mapping.

With regard to study of institutions, the list of institutions in the selected seven states was obtained from a study conducted by HelpAge India. This was updated by the field agencies and 10 institutions each in the seven states were selected for the study. Selection of public and private institutions in each state was done proportionately. From each of these institutions, 10 residents were selected for the elderly interview.

1.5. Sample Weights

Sampling weights were generated at household and individual levels separately for rural and urban areas. Later, the design weight was calculated by adjusting for non-response at both the household and individual levels. The sample weights were further normalised at the state level to obtain standard state weights for each of the seven states so that the total number of weighted cases equalled the total number of un-weighted cases.

1.6. Sample Implementation and Data Collection

The fieldwork for BKPAI was carried out in the seven states simultaneously during the period May to September 2011. Table 1.1 depicts the months of survey, number of PSUs and elderly households

selected and eligible elderly in the selected household with the response rates at household and individuals levels. A total of 8,792 households were selected and 8,329 household interviews were completed. Overall, the household completion rate i.e., the number of households interviewed per hundred households was 95 per cent. The household completion rate was 100 per cent in Maharashtra and Tamil Nadu, while in all other states it ranged from 89 per cent (Punjab) to 95 per cent (Kerala).

Table 1.1: Number of Elderly Households and Individuals Interviewed in Select States

State	Month and Year of Field Work		No. of PSUs		Elderly Household(s)		Individual Elderly	
	From	To	Rural	Urban	Total Number	Completion rate	Total number	Completion rate
Himachal Pradesh	06/11	09/11	48	40	1,252	93.9	1,542	96.1
Punjab	07/11	09/11	40	40	1,280	89.1	1,526	89.8
West Bengal	05/11	07/11	40	40	1,275	90.8	1,394	91.5
Odisha	05/11	08/11	40	40	1,274	94.4	1,564	94.7
Maharashtra	05/11	08/11	40	40	1,198	100.0	1,577	91.0
Kerala	06/11	09/11	40	40	1,270	95.6	1,523	89.6
Tamil Nadu	05/11	09/11	40	40	1,243	100.0	1,478	97.7
Total	05/11	09/11	288	280	8,792	94.73	10,604	92.9

Note: In Maharashtra, the survey could not be carried out due to complete disturbance in one PSU and partial disturbance in another, resulting in fewer households selected in the state compared to the other states.

Of a total of 10,604 elderly identified from 8,329 household interviews, 9,852 elderly interviews were completed either independently or through proxy interviews. The individual completion rate, which is the number of completed interviews (either independently or through proxy) per 100 eligible elderly identified in the household, was 93 per cent. The individual survey response rate for the states ranged from a low of 90 per cent in Kerala and Punjab to a high of 98 per cent in Tamil Nadu.

1.7. Recruitment, Training, Field Work and Data Processing

Manuals intended to standardise the survey procedures were prepared and used for training of house listers and mappers, field interviewers and data entry operators. The manual for house listing and mapping described the procedures for drawing location and layout sketch maps of sampled areas, listing households and selecting households for the survey. In addition, the procedure for segmentation of PSUs also formed part of the manual.

The interviewer's manual contained techniques and procedures for conducting and completing the interviews. It explained the questions and procedures for soliciting the responses and quality checks for ensuring consistency of responses. Procedures for conducting proxy interviews in case the elderly person was not in a position to respond were also explained. Likewise, a data entry manual was put together and designed along the CSPro format.

Three field organisations were involved in data collection. The **training of trainers (TOT)** for the various survey activities was conducted for representatives from the field organisations. All the persons who were trained in this workshop subsequently trained the field staff in each state according to the standard procedures discussed in the TOT. The purpose of these workshops was to ensure uniformity in data collection and data entry procedures in all the states.

A house listing and mapping training was conducted at Delhi for two days. In each state, two persons responsible for coordinating the house listing and mapping activities were trained and imparted class-room as well as field-based training. Similar procedures were followed for the main survey and data entry TOTs. Both these training programmes were conducted at Bangalore. While the main survey TOT lasted for six days, the data entry training was imparted for three days. Two trainers from each state were trained in the training of interviewers, supervisors and editors and an equal number were trained in CSPro for data entry and office editing of schedules. Representatives from UNFPA, ISEC and IEG imparted the training.

Recruitment of the field staff was done by individual field agencies. Graduation was the minimum qualification for mappers and listers, supervisors, interviewers and data entry operators. Experience and other relevant qualifications were also considered during selection.

Field work for each state was carried out by a number of interviewing teams, each team consisting of one field supervisor/editor and four interviewers of both sexes. Each interviewer was required to make a minimum of three call-backs if no suitable respondent was available for the household interview or if the eligible respondent in the household was not present at the time of the interviewer's visit. If the elderly respondent was unable to respond due to incapacitation or ill health, the interview was conducted through a proxy respondent. The field supervisor/editor was responsible for the overall management of the field team as well as conducting spot-checks to ensure accuracy of information, and field editing of filled-in schedules. Field work was monitored by representatives of each of the coordinating organisations as well as the field agencies.

Data processing involved office editing, data entry using CSPro software, verification of data entry and secondary editing by research organisations.

1.8. Organisation of the Report

This report has nine chapters. The first chapter is introductory and gives an overview of the MIPAA principles and directions, country's response in addressing population ageing, the genesis of the project on building a knowledge base on population ageing, and the design and rollout of this primary study. Chapter Two provides a profile of the elderly households and elderly population, while Chapter Three analyses work participation and benefits that elderly are receiving by various background characteristics. Income and assets (both movable and immovable), and living arrangements and family relationships, interactions and communication between the elderly

and their non-residential children are covered in Chapters Four and Five respectively. Chapter Six deals with subjective well-being and functionality, while Chapter Seven covers patterns of acute and chronic morbidities, care seeking behaviour and financing of health care. Chapter Eight, on social security, examines awareness and utilisation of old-age schemes, widows' pension and the *Annapurna* scheme, while Chapter 9 sums up the findings and charts the way forward - information to action, for enhancing the quality of life of elderly in the country. Lastly, it is to be mentioned here that the study of institutions and residents does not form part of the present report of household elderly and will be published as a separate thematic report.

2. Profile of Households and Elderly Population

This chapter provides socio-economic and demographic characteristics of the sample households and the selected elderly persons aged 60 years and above in the BKPAI Survey 2011. The survey collected information on various household characteristics and housing conditions which provide the context for studying the situation of the elderly population from the sampled households. The survey covered a total population of 40,132 from 8,329 households having at least one elderly person. Specifically, the survey collected information about all usual residents only; visitors present in the household were not covered in the survey.

The chapter is divided into two sections: Section I deals with the profile of sample households and Section II presents the profile of the elderly living in the sample households. The household profile section covers five components: (i) household characteristics; (ii) housing characteristics; (iii) household possessions; (iv) economic status of the households; and (v) support systems. The second section provides selected socio-economic and demographic characteristics of the surveyed elderly population.

SECTION I: HOUSEHOLD PROFILE

2.1. Household Characteristics

The mean size of the surveyed households was 4.8 persons, with no difference between rural and urban areas (Table 2.1). A comparison of the mean household size with recently available

Table 2.1: Per Cent Distribution of Elderly Households by Household Size According to Place of Residence, 2011

Number of Usual Members	BKPAI			Census 2011
	Rural	Urban	Total	Total
1	6.7	7.0	6.8	4.1
2	16.8	14.2	16.0	10.8
3-5	40.7	47.1	42.5	43.7
6+	35.8	31.8	34.7	41.6
Total	100.0	100.0	100.0	100.0
Mean HH size	4.8 (4.5)*	4.8 (4.4)*	4.8	4.5
No. of elderly HH	4,251	4,078	8,329	

**Figures in the parenthesis are corresponding to Census 2011 figures and have been combined for seven states.*

Census 2011 figures indicates that the size is slightly higher in the surveyed households; this may be mainly due to the fact that the BKPAI Survey included only households that had at least one elderly member.

The distribution of the survey households by the number of household members shows that about one-fourth of the households have one or two members and over 40 per cent households have three to five members. Over one-third of the households consist of six or more members. Small households with two or less members, as well as large households with six or more members, are found more in rural areas than in urban areas.

Headship

Table 2.2 shows the distribution of the households by type of household headship. The findings indicate that in three out of five households, the head is an elderly person. The headship rate is found more among elderly men (43%) as compared to elderly women (17%). The elderly headship rate is found to be more in urban areas (64%) than in rural areas (59%), and non-elderly headed households are more in rural areas (41%) than in urban areas (36%).

Table 2.2: Per Cent Distribution of Elderly Households by Type of Household Headship According to Place of Residence, 2011

Headship	Rural	Urban	Total
Elderly men headed HH	43.3	43.0	43.2
Elderly women headed HH	15.4	20.6	16.8
Non-elderly headed HH	41.3	36.4	40.0
Total	100.0	100.0	100.0
No. of elderly HH	4,251	4,078	8,329

Age-Sex Structure/Composition

Age and sex composition of the household population are basic demographic characteristics which play an important role in the study of elderly population as they indicate the potential support systems within family. Table 2.3 shows the distribution of household population in broad age categories by place of residence. Around 20 per cent of the usual members in rural areas are below

Table 2.3: Per Cent Distribution of Population among Elderly Households by Broad Age-Groups According to Place of Residence and Sex, 2011

Age - groups	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<15	22.1	18.5	20.3	20.8	17.4	19.1	21.7	18.1	20.0
15-59	51.6	53.5	52.6	54.5	55.7	55.1	52.4	54.2	53.2
60+	26.3	28.0	27.1	24.7	26.9	25.9	25.9	27.7	26.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total Persons in Elderly HH	10,006	10,215	20,221	9,742	10,169	19,911	19,748	20,384	40,132

15 years of age, with a slightly lower percentage of this age group in urban areas. Overall, population aged 60 years and above comprises 27 per cent of the household population, with a slightly higher percentage in rural areas. The number of women is higher than men in the age group 60 years and above in both rural and urban areas (Table 2.3).

Sex Ratio

The overall sex ratio among elderly HHs is 1,021 females per 1,000 males, more females than males in the enumerated population. The sex ratio is higher in urban areas (1,037) than in rural areas (1,016). The sex ratio among elderly aged 60 years and above is found to be higher (1,092) than younger age groups. It is also found that in urban areas, sex ratio among elderly is higher as compared to rural areas (Table 2.4).

Table 2.4: Sex Ratio (Females per 1,000 Males) of Population among Elderly Households by Broad Age-Groups According to Place of Residence, 2011

Age group	Sex Ratio (F/M*1000)		
	Rural	Urban	Total
<15	851	866	855
15-59	1,053	1,061	1,055
60+	1,079	1,128	1,092
Total	1,016	1,037	1,021

The state-wise differentials are observed in the sex ratio of the surveyed population. The findings presented in Table 2.5 indicate a higher overall sex ratio in Kerala and Tamil Nadu which have more than 1,100 females per 1,000 males. In West Bengal and Odisha also, the sex ratios are found to be favourable towards females. In the remaining states, females are fewer as compared to males, with the lowest sex ratio in Punjab (910 females per 1,000 males). The Census 2011 figures show that only Kerala has a sex ratio (among general population) that is advantageous to females.

Table 2.5: Sex Ratio (Females per 1,000 Males) of Population among Elderly Households According to Place of Residence Based on the Survey (BKPAI) and Census across States, 2011

States	Sex Ratio (F/M*1000)			Census 2011
	Rural	Urban	Total	
Himachal Pradesh	990	1,061	993	974
Punjab	887	968	910	893
West Bengal	1,038	1,068	1,049	947
Odisha	1,013	1,000	1,011	978
Maharashtra	967	963	966	925
Kerala	1,186	1,123	1,165	1,084
Tamil Nadu	1,133	1,102	1,118	995
Total	1,016	1,037	1,021	960

Religion and Caste/Tribe

The per cent distribution of the households by religion and caste/tribe of the head of the household is presented in Figures 2.1 and 2.2. In a majority of the surveyed households, the household head is Hindu (78%). Around nine per cent each of the households are headed by Muslims and Sikhs, while Christians and those belonging to other religions are less than three per cent. As far as the rural-urban differentials are concerned, Muslim-headed households are slightly higher in urban areas than in rural areas. In the case of Sikhs, a relatively higher percentage of the household heads are in rural areas compared to their urban counterparts.

Twenty-one per cent of the households in the survey belong to Scheduled Castes (as determined by the caste status of the head of the household), six per cent belong to the Scheduled Tribes (ST),

Figure 2.1: Religion of Household Heads by Place of Residence

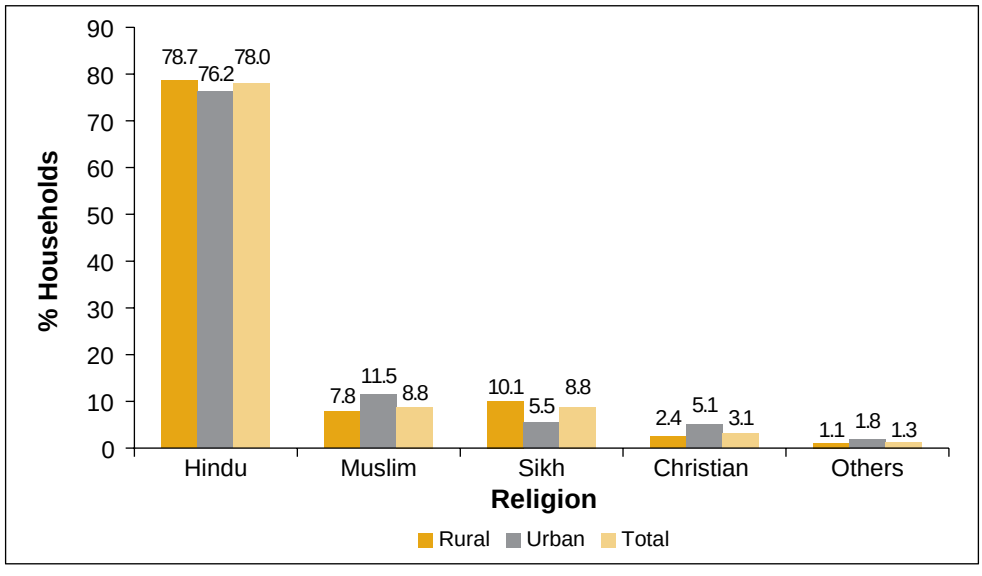
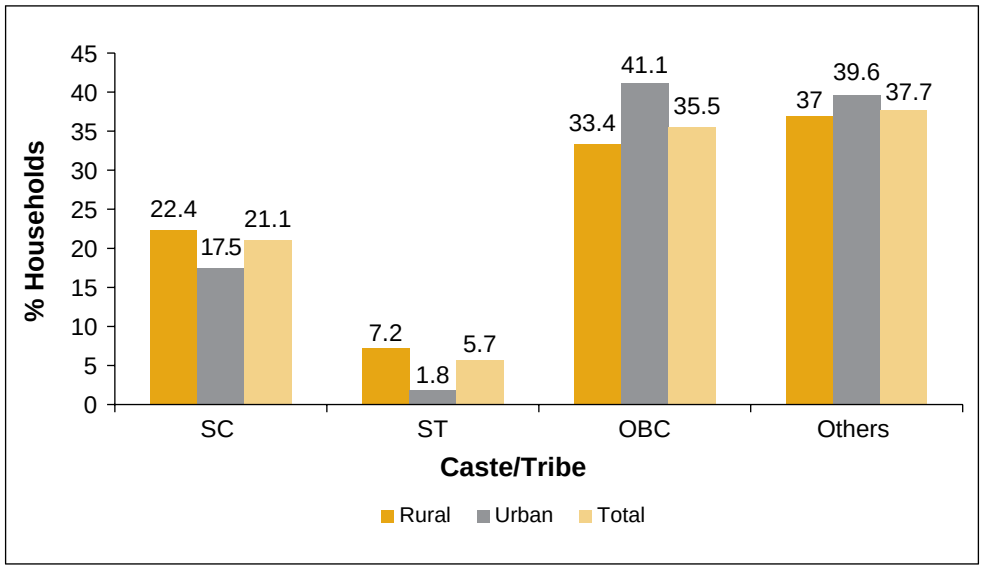


Figure 2.2: Caste/Tribe of Household Heads by Place of Residence



and 35 per cent belong to other backward classes (OBCs). There is a higher proportion of household heads belonging to Scheduled Castes (SC) and ST in rural areas than in urban areas. In contrast, there are more household heads belonging to OBCs in urban areas than in rural areas; and the households other than these categories are slightly higher in urban areas.

Table 2.6 shows the state-wise distribution of the households by religion and caste. A majority of the household heads in five surveyed states are Hindus: 94 per cent or above in the states of Odisha, Tamil Nadu and Himachal Pradesh, and 82 per cent each in Maharashtra and West Bengal. About half of the household heads in Kerala (55%) and about one-third (37%) in Punjab are Hindu. In Kerala, the share of Muslim headed households is 26 per cent and that of Christians is 18 per cent. In Punjab, a majority of the household heads (61%) are Sikh. Eighteen per cent of the household heads in West Bengal and 10 per cent in Maharashtra are Muslims. A sizable proportion of the households (8%) in Maharashtra belong to other religions, mainly Buddhist/Neo-Buddhist and Jain.

Based on the caste/tribe status of the head of the households, more than one-third of the households belong to SC in Punjab (35%) followed by West Bengal (31%). Around 18-19 per cent of the heads belong to this category in the states of Himachal Pradesh, Odisha and Maharashtra, while Kerala has the lowest proportion of household heads belonging to SC (7%). Nearly one-fifth of the household heads in Odisha (22%) belong to ST followed by Maharashtra (8%), while in all the remaining states the proportion of ST households is much lower. The highest number of household heads belonging to OBCs is found in Tamil Nadu (78%) and nearly half in Kerala (58%). In Maharashtra and Odisha – 35 and 40 per cent of the household heads respectively belong to OBC; in the remaining states, the proportion of OBC households is low.

Table 2.6: Per Cent Distribution of Elderly Households According to Religion and Caste/Tribe across States, 2011

States	Religion of the Household Head					Caste/Tribe of the Household Head				No. of Elderly HH
	Hindu	Muslim	Christian	Sikh	Others	SC	ST	OBC	Others	
Himachal Pradesh	93.8	2.6	0.0	2.9	0.7	19.4	3.5	11.6	65.5	1,175
Punjab	37.0	0.9	0.4	61.2	0.4	34.8	0.4	15.6	49.2	1,140
West Bengal	81.9	17.9	0.2	0.0	0.0	30.8	3.2	7.7	58.3	1,157
Odisha	99.4	0.2	0.3	0.0	0.0	19.4	21.7	38.9	20.0	1,202
Maharashtra	81.9	9.9	0.5	0.1	7.6	19.4	7.6	34.6	38.4	1,198
Kerala	55.1	26.4	18.4	0.0	0.2	6.7	2.2	58.0	33.1	1,214
Tamil Nadu	95.1	3.4	1.5	0.0	0.0	18.0	1.2	78.0	2.8	1,243
Total	78.0	8.8	3.1	8.8	1.3	21.1	5.7	35.5	37.7	8,329

2.2. Housing Characteristics

Access to basic household amenities such as proper housing, provision of piped drinking water, sanitation facilities and clean cooking fuel is an important measure of the socio-economic status of the elderly. In turn, it has implications on their health and living conditions. The survey collected information on several housing characteristics that reflect the overall living conditions of the sample population, including their access to water and sanitation, type of housing and fuel used for cooking. The section is based on responses to questions as well as on interviewers' field observations.

Figure 2.3: Distribution of Households by Main Source of Drinking Water

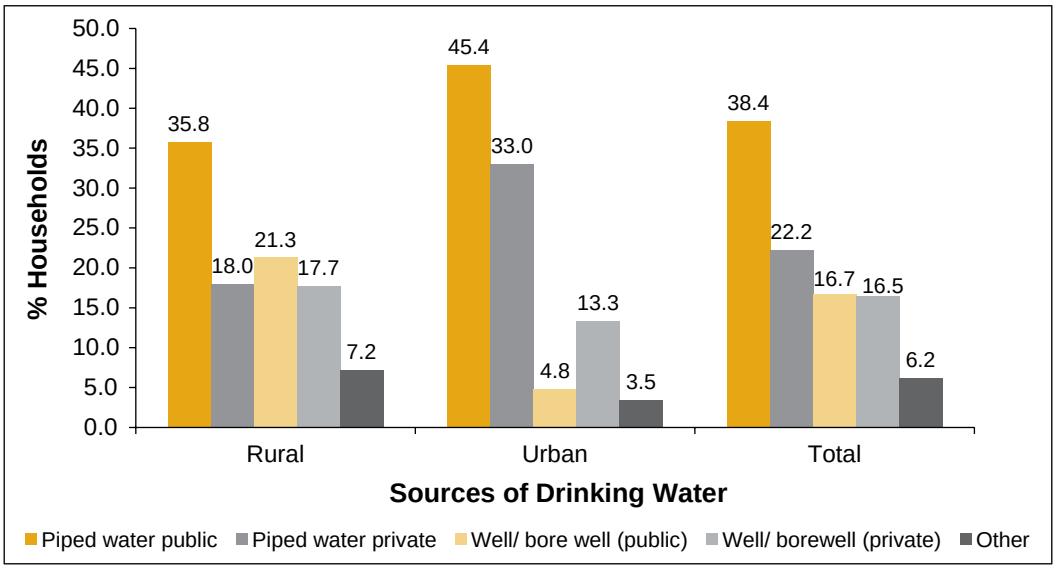
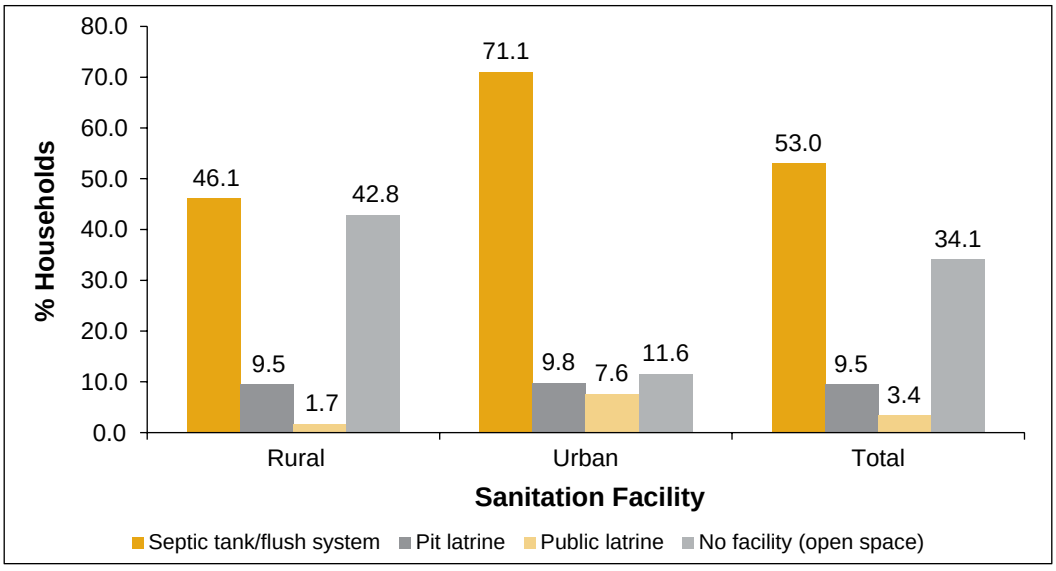


Figure 2.3 presents the distribution of the households by main source of drinking water. About 60 per cent of households reported that piped water is the main source of drinking water, though mostly from public water tap (38% have access to public piped water and 22% have piped water in their household premises). This source of water provision is much higher (78%) in urban areas, while only around half of the households in rural areas (54%) have access to either public or private piped water as the main source of drinking water. Bore wells (public or private) are the second largest source of drinking water among the surveyed households (33% overall) with a higher proportion in rural areas (30%) as compared to urban areas (18%).

Sanitation Facilities

The access to an improved toilet facility is another indicator of the living conditions of the elderly population. Figure 2.4 presents the surveyed households' access to various types of toilet facility. It can be seen that only half of the households have a toilet facility with septic tank or flush system, while in rural areas such access is even lower at 46 per cent. Access to a pit latrine is found only in around 10 per cent of the households with no stark rural and urban differentials. One-third of surveyed households with elderly persons have no toilet facilities, forcing them to defecate in the open.

Figure 2.4: Sanitation Facility by Place of Residence



The proportion of the households with no toilet facilities is much higher in rural areas (43%) as compared to urban areas (12%).

Information on housing characteristics such as type of housing structure, number of rooms and type of fuel used for cooking is presented in Table 2.7. One-fourth of the households live in *kachha* houses, about one-third in *semi-pucca* houses and the rest live in *pucca* houses. The percentage of households having *pucca* houses is more in urban areas than in rural areas. As one would expect, more rural households live in *kachha* houses than urban households. However, those living in *semi-pucca* houses in rural areas also form a sizable proportion.

Another dimension of housing conditions is measured by the number of rooms per household. Table 2.7 also presents the per cent distribution of households by number of rooms. Forty-three per cent of the households in the survey have four or more rooms. In 14 per cent of the households, there is only one room; and one-fifth of the households each have two and three rooms. Houses with more than four rooms are more in urban areas; surprisingly, single-room houses are also found to be more in urban areas than in rural areas.

Cooking fuel is yet another indicator of the status of the household. The extent of use of solid cooking fuel presents a potential health hazard. More than half of the surveyed households (54%) use wood as cooking fuel. The use of LPG/natural gas is restricted to little less than one-third of the households (31%). Significant rural-urban differentials in the type of cooking fuel used are observed. In rural areas, solid cooking fuels are used by 67 per cent of the households and a further 11 per cent uses cow dung cakes/straw/shrubs/grass/agricultural crop waste. Although 66 per cent of urban households cook with LPG/natural gas, one-fifth of them still use wood and four per cent use kerosene.

Table 2.7: Per Cent Distribution of Elderly Households by Select Housing Characteristics According to Place of Residence, BKPAI and Census, 2011

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Type of House				
Kachha	26.5	7.3	21.2	NA
Semi-pucca	34.0	28.8	32.6	NA
Pucca	39.5	63.9	46.2	NA
No. of Rooms				
1	14.3	12.5	13.8	38.7
2	22.6	17.8	21.3	31.0
3	21.9	21.4	21.8	14.7
4+	41.2	48.3	43.2	11.4
Cooking Fuel				
Electricity	0.1	0.2	0.1	0.1
LPG/natural gas	17.7	65.7	31.0	34.7
Biogas	0.9	3.4	1.6	0.5
Kerosene	0.7	3.8	1.6	4.1
Coal/lignite	0.6	2.3	1.1	2.1
Charcoal	1.6	2.1	1.8	
Wood	67.1	20.4	54.2	43.2
Straw/shrubs/grass	5.3	0.4	3.9	8.9
Agricultural crop waste	3.2	1.2	2.6	
Dung cakes	2.4	0.3	1.8	5.0
Other	0.4	0.2	0.3	0.9
Total	100.0	100.0	100.0	
No. of Elderly HH	4,251	4,078	8,329	

Table 2.8 presents select household amenities by state. As far as provision of electricity is concerned, overall 90 per cent of the households reported having this facility; the percentage is higher as compared to the Census 2011 findings. The difference could mainly be due to the type of household surveyed (i.e. having at least one elderly person) rather than all households covered in the Census. Punjab and Himachal Pradesh reported almost universal coverage of electricity, while around 77–80 per cent of the households in Odisha and West Bengal reported having electricity. A majority of the households (72%) have a separate kitchen for cooking. Households having separate kitchen are more in urban areas than in rural areas. Use of electricity/LPG/natural gas as cooking fuel was reported by around 47 per cent of the households in Tamil Nadu and Punjab, followed by one-third of the households in Maharashtra. The lowest use of this cooking fuel was reported in Odisha (8%). The results are consistent with Census 2011.

Less than half of the houses in Odisha, Kerala and West Bengal have packed/piped drinking water facility, whereas the highest proportion of HHs with packed/piped drinking water facility are in Tamil Nadu (96%) followed by Himachal Pradesh (84%), Maharashtra (74%) and Punjab (65%).

Table 2.8: Percentage of Elderly Households by Select Amenities According to States Based on the Survey (BKPAI) and Census, 2011

States	Households with										No. of Elderly HH
	Electricity		Separate Kitchen in Household		Packed/ Piped Drinking Water		Toilet Facility as Septic Tank/ Flush System/ Pit Latrine		Electricity and LPG/ Natural Gas for Cooking		
	BKPAI	Census 2011	BKPAI	Census 2011	BKPAI	Census 2011	BKPAI	Census 2011	BKPAI	Census 2011	
Himachal Pradesh	98.1	96.8	86.7	88.2	84.2	89.5	78.9	68.8	28.2	38.9	1,175
Punjab	98.8	96.6	83.1	72.0	65.5	51.0	80.4	78.5	46.3	55.9	1,140
West Bengal	79.6	54.5	56.7	60.9	40.3	25.4	69.1	57.4	24.1	18.4	1,157
Odisha	77.1	43.0	58.7	62.9	25.4	13.8	25.0	21.2	8.1	10.4	1,202
Maharashtra	92.1	83.9	70.0	72.7	74.1	67.9	43.2	52.3	33.9	44.2	1,198
Kerala	97.2	94.4	93.7	96.7	38.4	29.3	97.4	95.0	29.9	36.4	1,214
Tamil Nadu	98.4	93.4	56.1	76.5	96.0	79.8	45.4	47.2	47.4	48.3	1,243
Total	91.6	76.5	72.1	72.0	60.7	50.4	62.5	54.6	31.1	35.3	8,329

Kerala has the highest proportion of households (97%) with toilet facility with septic tank/flush system, followed by Punjab, Himachal Pradesh, West Bengal and Maharashtra.

2.3. Household Possessions

In order to assess the living standards of the household, the survey collected information on household ownership of 24 different types of consumer goods as well as possession of a bank account. A majority of the elderly households were found to have electricity, cot/bed, chair, electric fan and other such items shown in Table 2.9. More than 70 per cent of the elderly households have a television and 66 per cent have a mobile phone. Telephones are owned by 22 per cent, computers by six per cent and internet connection is found only in four per cent of the households. In general, rural households are less likely to possess televisions, telephones or refrigerators. Bicycles continue to be the most commonly owned means of transport; about 40 per cent of urban households own a motorcycle or a scooter, and six per cent own a car. Overall, six in ten elderly households have a bank/post office account. The proportion of households with a bank/post-office account is higher in urban areas (69%) than in rural areas (61%).

Table 2.9: Percentage of Elderly Households with Various Possessions According to Place of Residence, BKPAI Survey and Census, 2011

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Households Goods				
Electricity	89.3	97.8	91.6	76.5
Mattress	69.9	85.3	74.1	NA
Pressure cooker	51.2	77.4	58.4	NA
Chair	75.1	90.4	79.3	NA

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Cot or bed	79.1	86.5	81.2	NA
Table	61.0	68.0	62.9	NA
Electric fan	72.1	91.2	77.4	NA
Radio or transistor	14.2	16.1	14.7	19.8
Black and white television	7.6	6.6	7.4	58.6
Colour television	59.6	84.7	66.6	
Sewing machine	25.1	27.1	25.6	NA
Mobile phone	61.4	78.7	66.2	51.0
Any landline phone	20.9	25.7	22.2	5.3
Computer	3.5	11.6	5.7	6.7
Internet facility	2.3	7.8	3.8	4.1
Refrigerator	24.0	44.6	29.7	NA
Watch or wall/alarm clock	70.3	85.2	74.4	NA
Water pump	9.6	14.9	11.0	NA
Thresher	2.2	0.7	1.8	NA
Tractor	2.4	0.5	1.8	NA
Bicycle	47.4	46.7	47.2	44.2
Motorcycle or scooter	23.8	39.2	28.1	22.7
Animal-drawn cart	5.1	4.2	4.8	21.0
Car/Jeep	5.1	6.6	5.5	5.1
Account in bank/post office	61.0	69.0	63.2	58.7
No. of Elderly HH	4,251	4,078	8,329	

NA – Not applicable

Households with APL/BPL Cards

Households were also asked if they had a **Below Poverty Line (BPL)** card, which is issued by the government to households that fall below the official poverty line. The BPL card is given to the households for food supplies and is also used for identification purposes. *Antyodaya* cards are issued to the very poor/poorest of poor. The findings on the possession of BPL and *Antyodaya* cards are presented in Table 2.10.

Table 2.10: Per Cent Distribution of Elderly Households by the Possession of APL, BPL and *Antyodaya* Cards According to Place of Residence, 2011

Households Possessing Card	Place of Residence		
	Rural	Urban	Total
APL	48.0	51.8	49.1
BPL	40.6	40.2	40.5
Antyodaya	4.8	3.7	4.5
Not in possession of any card	6.1	4.1	5.6
Don't know/No response	0.5	0.2	0.4
Total	100.0	100.0	100.0
No. of Elderly HH	4,251	4,078	8,329

About 40 per cent of the surveyed households have a BPL card, nearly 50 per cent have **Above Poverty Line (APL)** card, four per cent have Antyodaya card, while about six per cent do not possess any card. Around the same percentage of the households in rural and urban areas possesses BPL cards.

Ownership of Agricultural Land, House and Farm Animals

Ownership of agricultural land is also an indicator of the socio-economic status of the household. The survey data as presented in Table 2.11 shows that a large proportion of the elderly households does not own any agricultural land (56%); the percentage was much higher among urban households (89%) than rural households (43%).

Table 2.11: Per Cent Distribution of Elderly Households by Land Ownership According to Place of Residence, 2011

Own Any Agriculture Land	Place of Residence		
	Rural	Urban	Total
No land	43.2	88.7	55.8
Only irrigated land	27.1	5.5	21.1
Only non-irrigated land	22.5	4.7	17.6
Both	6.9	1.0	5.2
Don't know/no answer	0.2	0.1	0.2
Total	100.0	100.0	100.0
No. of elderly HH	4,251	4,078	8,329

There is a significant difference between rural and urban households in case of land ownership. The proportion of rural households owning land is much higher than that of the urban HHs. Information on ownership of houses and farm animals was also been collected in the survey. A majority of the elderly households (92%) own a house; this proportion is higher in rural areas (95%) than in urban areas (86%). The results are inconsistent with the figures of Census 2011 and rightly so, because the survey estimates are not based on the general population. Overall, one-third of all elderly households own farm animals. Forty-four per cent of rural elderly households own a farm animal as compared to only four per cent of urban households.

2.4. Economic Status of Households

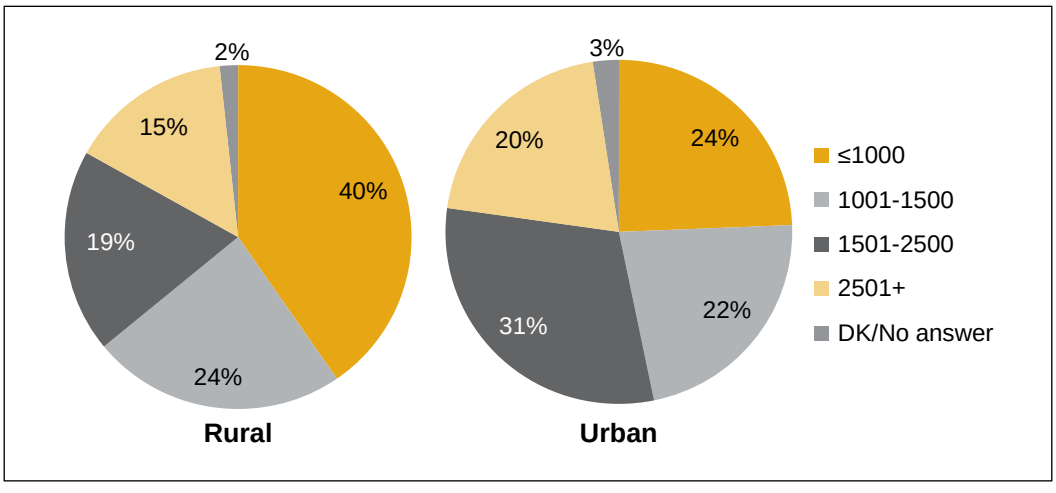
Monthly per capita consumer expenditure (MPCE) is generally used as a measure of economic condition of the individuals. The survey collected information on consumer expenditure using two reference periods: (i) during the last 30 days for some selected items, and (ii) during the last 365 days for some others. Table 2.12 presents the distribution of the households by MPCE categories by state.

Table 2.12: Per Cent Distribution of Elderly Households by MPCE in Select States, 2011

States	MPCE (in Rupees)						No. of Elderly HH
	≤1000	1001-1500	1501-2500	2501+	DK/No answer	Total	
Himachal Pradesh	21.5	24.9	30.5	23.1	0.0	100.0	1,175
Punjab	22.3	25.7	25.5	26.5	0.0	100.0	1,140
West Bengal	37.9	26.4	18.2	17.6	0.0	100.0	1,157
Odisha	68.5	17.9	8.3	5.4	0.0	100.0	1,202
Maharashtra	41.1	26.7	22.3	9.9	0.0	100.0	1,198
Kerala	17.1	21.1	22.8	26.1	12.9	100.0	1,214
Tamil Nadu	42.3	20.8	28.0	8.9	0.0	100.0	1,243
Total	35.9	23.3	22.2	16.7	1.9	100.0	8,329

More than one-third elderly households fall below poverty line with a MPCE of Rs. 1,000 or below and 17 per cent have MPCE of above Rs. 2,500. More than two-thirds of the elderly households in Odisha have MPCE less than Rs. 1,000, followed by Tamil Nadu and Maharashtra (42% and 41% respectively). Punjab, Kerala and Himachal Pradesh have MPCE more than Rs. 2,500. A majority of the rural elderly households have MPCE less than Rs. 1,000 as compared to urban households. Fifteen per cent of elderly households in rural areas and 20 per cent elderly households in urban areas have MPCE above Rs. 2,500 (Figure 2.5).

Figure 2.5: Monthly Per Capita Consumption Expenditure According to Place of Residence, 2011



Wealth Index

Wealth index, also an indicator of economic status of households, is consistent with expenditure and income measures (Rutstein, 1999). This index was constructed using information on household assets and housing characteristics[1]. This has been used as one of the background characteristics throughout this report to depict economic differentials in selected characteristics or behaviours of the elderly.

1. The wealth index drawn on the basis of BKPAI survey is based on the following 30 assets and housing characteristics: household electrification; drinking water source; type of toilet facility; type of house; cooking fuel; house ownership; ownership of a bank or post-office account; and ownership of a mattress, a pressure cooker, a chair, a cot/bed, a table, an electric fan, a radio/transistor, a black and white television, a colour television, a sewing machine, a mobile telephone, any landline phone, a computer, internet facility; a refrigerator, a watch or clock, a bicycle, a motorcycle or scooter, an animal-drawn cart, a car, a water pump, a thresher and a tractor.

Each household asset was assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores were standardised in relation to a normal distribution with mean zero and standard deviation one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed up for each household. Individuals were ranked according to the score of the household in which they reside. The sample was then divided into quintiles.

Table 2.13: Per Cent Distribution of Elderly Households According to Wealth Quintiles across States, 2011

States	Wealth Quintile					Number of Elderly HH
	Lowest	Second	Middle	Fourth	Highest	
Himachal Pradesh	5.8	22.0	30.5	28.2	13.5	1,175
Punjab	5.1	14.4	21.4	25.6	33.5	1,140
West Bengal	38.5	23.8	15.7	11.7	10.1	1,155
Odisha	60.0	20.9	8.8	5.7	4.7	1,202
Maharashtra	27.9	29.7	18.6	15.8	7.8	1,196
Kerala	5.3	13.8	27.5	23.5	29.9	1,214
Tamil Nadu	28.3	28.7	21.6	17.5	3.9	1,242
Total	24.5	22.0	20.6	18.2	14.6	8,324*

** Not adding to 8,329 because of some non-response cases.*

Table 2.13 presents the households separated into wealth quintiles by states. One-fourth of the surveyed households come under lowest wealth quintile, whereas 15 per cent of the households belong to the highest wealth quintile. In Odisha, 60 per cent of the households belong to the lowest wealth quintile, while just five per cent of the households in Kerala, Punjab and Himachal Pradesh belong to lowest wealth quintile. One-third of the households in Punjab and 30 per cent of the households in Kerala belong to the highest wealth quintile.

Outstanding Loan

The survey collected information on outstanding loans to find out the level of indebtedness of the households. All sources of loan, whether formal ones like banks, co-operatives or informal ones like money lenders, relatives, friends, were included. The survey asked the respondents whether he/she has taken any kind of loan which is still outstanding, even partially. The responses show that 76 per cent of the urban households and 70 per cent of the rural households do not have any outstanding loan (Table 2.14). About 28 per cent of elderly households have some kind of loan. Among them, 11 per cent of the households have an outstanding loan of above Rs. 1,00,000. Of these, more urban households than rural ones have an outstanding loan. About 10 per cent of the households have an outstanding loan of less than Rs. 30,000. Of these more households are rural than urban.

Table 2.14: Per Cent Distribution of Elderly Households by Amount of Outstanding Loan According to Place of Residence, 2011

Amount of Outstanding Loan	Place of Residence		
	Rural	Urban	Total
None	70.2	76.3	71.9
Rs. <15000	7.4	3.9	6.4
Rs. 15000-30000	4.7	2.7	4.1
Rs. 30000-60000	5.6	4.1	5.2
Rs. 60000-100000	2.1	1.3	1.8
Rs. 100000 – 150000	2.6	2.8	2.6
Rs. 150000 – 200000	1.1	1.2	1.2
Rs. 200000 +	4.9	6.4	5.3
DK/No answer	1.5	1.5	1.5
Total	100.0	100.0	100.0
Number of Elderly HH	4,251	4,078	8,329

Table 2.15 brings out the purpose of taking loan. There are multiple purposes for which the loan was taken such as agriculture and home/vehicle loan (27% each) followed by marriage (15%), expenditure on health of elderly (13%), expenditure on health of other members in the households (12%), etc.

Table 2.15: Percentage of Elderly Households with Outstanding Loan by the Purpose of Loan According to Place of Residence, 2011

Purpose of Loan*	Place of Residence		Total
	Rural	Urban	
Expenditure on health of elderly	12.8	12.0	12.6
Expenditure on health of other members	11.4	13.1	11.8
Agriculture	33.9	5.3	27.3
Business	8.9	18.4	11.1
Education	6.4	13.3	8.0
Marriage	13.9	18.8	15.1
Home/Vehicle loan	24.4	35.2	27.0
Other	11.8	8.4	11.0
Number of Elderly HH	1,258	862	2,120

** Multiple responses*

2.5. Household Support Systems

The purpose of this section is to understand the type of help received by the surveyed households from family members living outside, friends, members of the community and the government. This section estimates various types of support received by the household ("transferred in") over the past 12 months. Table 2.16 provides information on support (financial and in kind) received from family members, friends or others within India or abroad. The findings suggest that a majority of the households are not receiving support from any source. However, 14 per cent of the households

reported that they get financial support and two per cent households reported getting support in kind from within India. Only two per cent of the households mentioned that they are getting financial support from abroad. More rural households get financial support from within India than urban households , which is to be expected as some of the family members would have migrated to urban areas due to economic reasons and would be sending remittances. A very small proportion of both rural and urban households get financial support from abroad.

Table 2.16: Per Cent Distribution of Elderly Households by Support (Financial and in Kind) Received from India or Abroad According to Place of Residence, 2011

Support from India/ Abroad	Rural		Urban		Total	
	Financial	In Kind	Financial	In Kind	Financial	In Kind
Only from India	15.9	1.9	8.6	1.3	13.9	1.7
Only from Abroad	2.2	0.0	1.9	0.1	2.1	0.0
From both	0.2	0.0	0.2	0.0	0.2	0.0
No support	81.1	97.4	88.9	98.3	83.3	97.6
Don't know	0.7	0.7	0.3	0.3	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly HH	4,251		4,078		8,329	

Source of Household Support

Table 2.17 shows the sources of financial support as well as support received in kind by the households, if any. The financial support is further bifurcated to show whether it is received from within India or from abroad or both. Among the households receiving financial support from family members, 29 per cent receive it from members residing within India and just 11 per cent from family members living abroad. The households receiving financial support from relatives and friends living within India account for 10 and two per cent respectively, while the categories providing support from abroad constitute only a marginal proportion. Half of the households (50%) reported getting some form of financial support from the government.

Table 2.17: Percentage of Elderly Households Receiving Support According to Source of Support (Financial and in Kind) from India and Abroad, 2011

Sources of Support	Place of Support (Financial)		In Kind (India and Abroad)
	Within India	From Abroad	
Family	29.3	11.2	96.6
Relatives	9.8	1.4	91.3
Friends	1.9	0.7	79.2
Government	50.4	Nil	86.1
Other organisations	2.8	0.6	81.5
Number of elderly HH	1,008	162	146

Sustainability of the Household Support

Table 2.18 provides information on households receiving support (financial and in kind) by their perception of whether such support will be continued in the future. Often family, friends or relatives provide only one time assistance. More than one-third of households expect that they will get similar support in future as well. However, more than half of households expect that they will get partial support in future, eight per cent mentioned they will not get any kind of support in the near future and five per cent are not sure whether they will get the support or not in near future. More urban households expect that they will get the same amount of support in future also, whereas more rural households (55%) expect that they will get partial support in future compared to the urban households (39%).

Table 2.18: Per Cent Distribution of Elderly Households Receiving Support (Financial and in Kind) by their Perception of Whether Same Support will be Continued in Future According to Place of Residence, 2011

Support will be Continued in Future	Place of Residence		
	Rural	Urban	Total
Completely	33.2	43.7	35.1
Partially	55.0	39.2	52.1
No	7.6	10.8	8.2
Don't know	4.3	6.4	4.7
Total	100.0	100.0	100.0
Number of Elderly households	762	467	1,229

SECTION II: PROFILE OF SAMPLE ELDERLY

This section presents a profile of the demographic and socio-economic characteristics of the elderly interviewed in the survey. The characteristics included age, sex, marital and educational status and number of living children. These background characteristics have profound implications on various aspects of the lives of the elderly.

2.6. Age-sex Distribution and Sex Ratio

The survey interviewed 9,852 elderly of which 4,672 (47%) were men and 5,180 (53%) women. From the selected households, 5,138 (52%) elderly were from rural areas and 4,714 (48%) from urban areas. Table 2.19 presents the age distribution of the elderly in the sample in five year age groups by place of residence and sex. More than one-third of the elderly were aged 60-64 years and another 28 per cent were aged 65-69 years. Thus, taken together, a majority of the elderly (62%) were below 70 years of age. Around two per cent of the elderly were above 90 years of age.

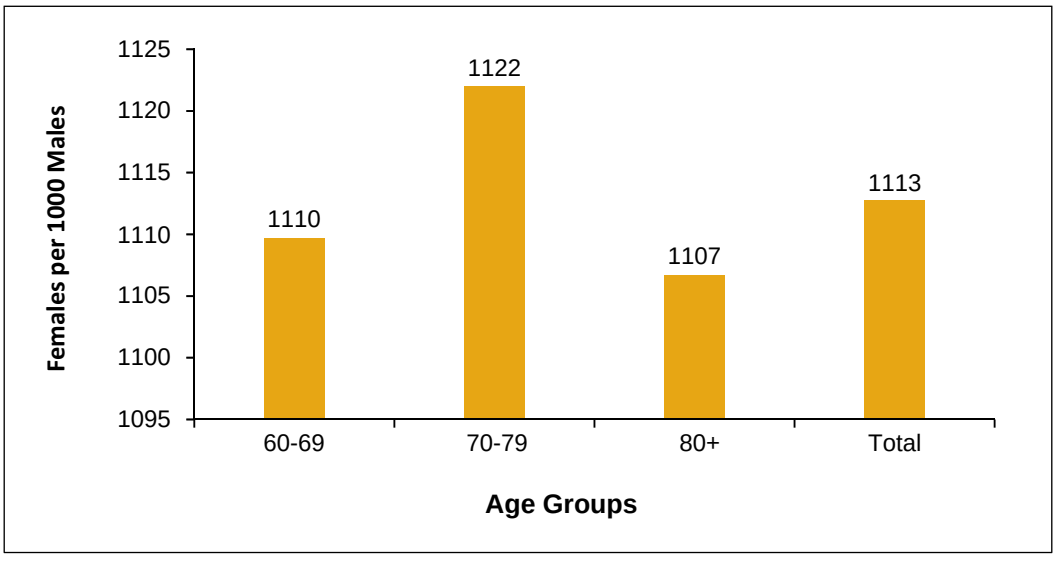
The sex ratio of the elderly by broad age group (60-69, 70-79 and 80 years and above) indicates that it is favourable to women among all age groups. Overall, there are 1,113 elderly women aged

60 years and above per 1,000 elderly men. This is mainly due to the higher life expectancy of the women. It also brings out the fact that majority of the elderly women are widowed. The highest sex ratio is found in the age group 70-79 years at 1,122 elderly women per 1,000 elderly men. Given the higher widowhood among elderly women – they outnumber their male counterparts in the extreme ages – this group needs special attention (Figure 2.6).

Table 2.19: Per Cent Distribution of Elderly by Five Year Age-Groups According to Place of Residence and Sex, 2011

Age-groups (years)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
60-64	30.2	34.2	32.3	38.9	42.9	41.1	32.3	36.6	34.6
65-69	29.3	26.8	28.0	28.3	25.3	26.7	29.1	26.4	27.7
70-74	18.2	18.1	18.1	16.2	12.9	14.4	17.7	16.7	17.2
75-79	9.2	10.2	9.7	8.6	8.1	8.3	9.0	9.6	9.3
80-84	6.9	6.1	6.5	5.2	5.8	5.5	6.5	6.0	6.2
85-89	4.8	2.6	3.7	1.7	2.2	2.0	4.0	2.5	3.2
90+	1.5	2.0	1.7	1.1	2.9	2.1	1.4	2.2	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Figure 2.6: Sex Ratio (Females per 1,000 Males)



2.7. Education

The distribution of elderly by completed number of years of education presented in Table 2.20 reveals a low educational attainment, particularly among elderly women. Overall, half of the elderly reported not having any formal education, with higher proportion (66%) among elderly women. The illiteracy levels among women are twice that among elderly men. More illiterates among the

elderly are reported in rural areas than in urban areas. A little more than one-third of the elderly men reported completing eight years and above of education; the percentage of such men is higher among the urban elderly (56%).

Table 2.20: Per Cent Distribution of Elderly by Educational Attainment According to Place of Residence and Sex, 2011

Education Categories	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No formal education	40.7	73.4	57.8	17.8	46.2	33.6	35.0	66.0	51.5
<5 years completed	15.5	10.4	12.9	11.1	13.3	12.3	14.4	11.2	12.7
5-7 years completed	14.3	8.3	11.2	14.4	14.0	14.2	14.4	9.9	12.0
8 years and above	28.9	7.6	17.8	56.1	26.0	39.4	35.6	12.6	23.4
Don't know/No response	0.6	0.3	0.4	0.6	0.5	0.5	0.6	0.3	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Table 2.21 presents educational attainment of the elderly by various background characteristics. The differences in the educational attainment by age, sex and place of residence mentioned above are well-known in India and the same are also observed clearly among elderly in the seven selected states. Elderly belonging to the Christian religion have higher levels of literacy. Around 70 per cent of the elderly belonging to SC or ST communities reported being illiterate. In general, those belonging to OBC and Other castes are comparatively more educated. The educational status is also seen varying by wealth quintile. With advancement of each quintile category, the percentage of elderly who have completed at least eight years of education increases linearly.

Table 2.21: Per Cent Distribution of Elderly by Educational Attainments According to Select Background Characteristics, 2011

Background Characteristics	Levels of Education					No. of Elderly
	No Formal Education	<5 Years Completed	5-7 Years Completed	8 Years and Above	Don't Know or No Response	
Age						
60-69	44.5	13.1	13.9	28.0	0.5	6,239
70-79	59.3	12.6	11.0	16.6	0.5	2,601
80+	67.7	14.1	8.3	9.5	0.4	1,012
Sex						
Male	34.8	14.7	14.6	35.3	0.6	4,672
Female	65.7	11.6	10.6	11.7	0.3	5,180
Residence						
Rural	57.8	13.3	11.6	16.8	0.4	5,138
Urban	32.3	12.5	15.0	39.7	0.5	4,714

Contd...

Background Characteristics	Levels of Education					No. of Elderly
	No Formal Education	<5 Years Completed	5-7 Years Completed	8 Years and Above	Don't Know or No Response	
Marital status						
Currently married	42.1	13.2	13.5	30.7	0.5	5,847
Widowed	65.4	12.7	10.9	10.6	0.4	3,768
Others	53.8	13.3	14.6	17.9	0.4	237
Religion						
Hindu	50.5	12.8	12.5	23.6	0.6	7,781
Muslim	51.0	21.6	13.9	13.2	0.3	804
Christian	7.9	19.4	21.5	51.3	0.0	325
Sikh	69.2	4.8	8.5	17.5	0.1	826
Other	59.7	17.6	11.6	11.1	0.0	116
Caste						
SC	69.3	9.7	8.1	12.1	0.8	1,898
ST	70.9	11.9	8.3	8.5	0.4	485
OBC	45.1	17.0	15.1	22.6	0.3	3,353
Other	44.2	11.3	13.1	30.9	0.5	4,116
Wealth Index						
Q1	74.8	12.7	7.4	4.6	0.5	1,954
Q2	58.5	15.0	13.8	12.3	0.5	1,974
Q3	46.2	14.6	15.4	23.3	0.5	1,938
Q4	38.4	12.9	13.4	35.1	0.2	1,962
Q5	23.5	8.9	13.9	53.0	0.7	2,018
State						
Himachal Pradesh	57.9	6.0	12.0	24.0	0.1	1,482
Punjab	65.1	4.6	8.5	21.2	0.5	1,370
West Bengal	48.7	13.3	10.4	26.5	0.9	1,275
Odisha	59.7	17.2	12.0	10.9	0.3	1,481
Maharashtra	55.6	17.6	11.4	14.2	1.2	1,435
Kerala	21.2	26.2	19.8	32.7	0.1	1,365
Tamil Nadu	47.6	6.9	13.6	31.7	0.2	1,444
Total	51.1	13.1	12.5	22.9	0.5	9,852

Among states, Kerala has the highest level of education among the elderly followed by Tamil Nadu. In West Bengal and Himachal Pradesh, around one quarter of the elderly have completed eight years and above of education. The lowest level of educational attainment in this category is found in Odisha (11%).

2.8. Marital Status

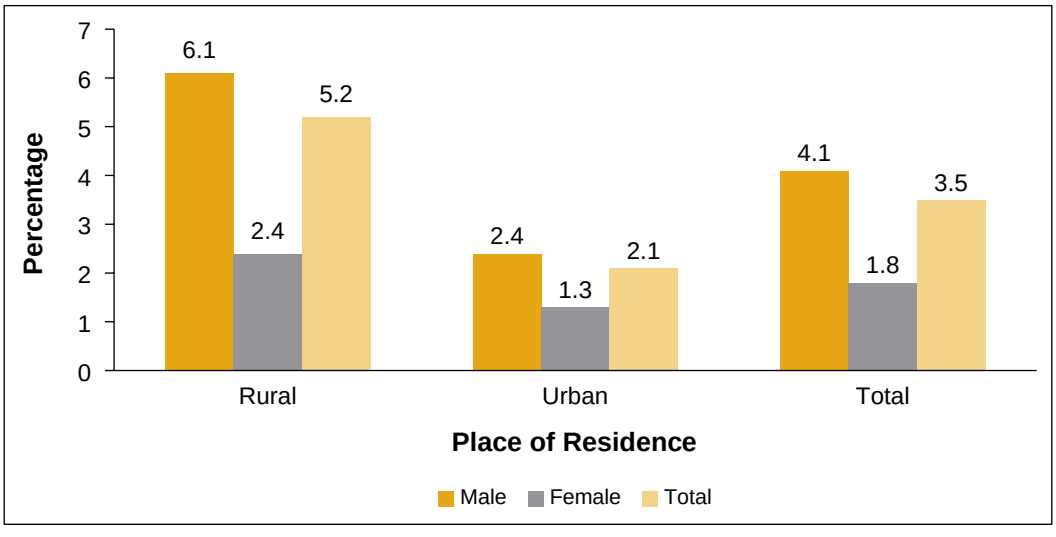
Table 2.22 presents the marital status of the elderly by place of residence and sex. Overall, around 60 per cent of the elderly are currently married while 38 per cent are widowed. Significant gender differentials in marital status exist. The percentage of widows is far higher among elderly women than among elderly men. However, the rural-urban difference is not very significant with respect to widowed status of the elderly.

Table 2.22: Per Cent Distribution of Elderly by Marital Status According to Place of Residence and Sex, 2011

Marital Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never married	1.1	0.6	0.8	1.0	0.9	0.9	1.1	0.7	0.9
Currently married	83.9	41.2	61.6	84.5	33.2	56.0	84.1	39.0	60.1
Widowed	13.9	56.1	36.0	13.2	64.9	41.9	13.7	58.5	37.5
Others	1.2	2.0	1.6	1.1	1.0	1.0	1.1	1.8	1.5
Don't know/No response	0.0	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

The survey also captured the extent of re-marriage among elderly during their life time. Figure 2.7 presents the life time re-marriage rate among the elderly by place of residence and sex. Overall, 3.5 per cent of the elderly are re-married. However, there are significant gender differentials as well as rural-urban differences in the re-marriage rate. The rate of re-marriage among elderly people is far higher in rural areas than in urban areas and is also higher among elderly men than elderly women.

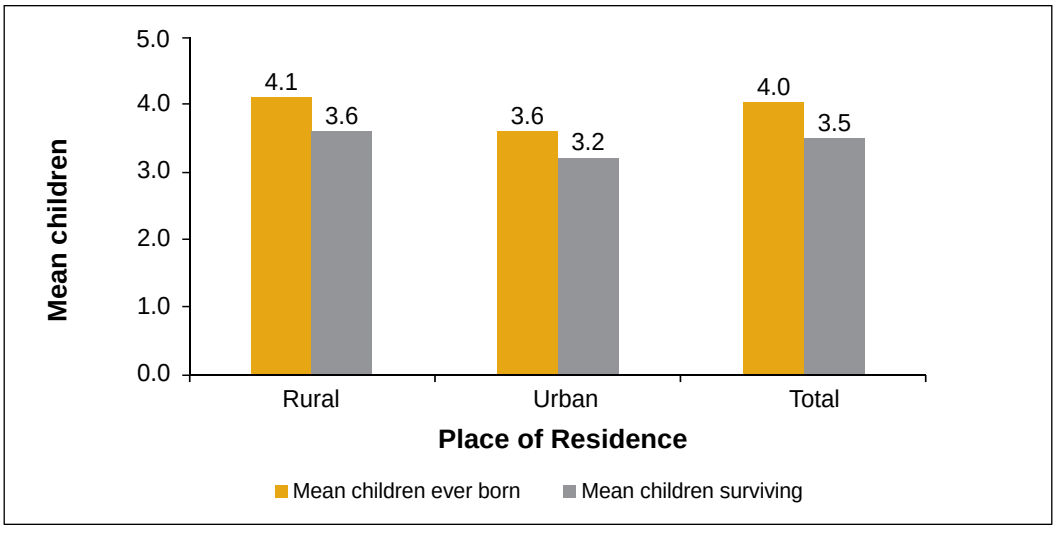
Figure 2.7: Re-marriage among Ever Married Elderly by Place of Residence and Sex



2.9. Children Ever Born

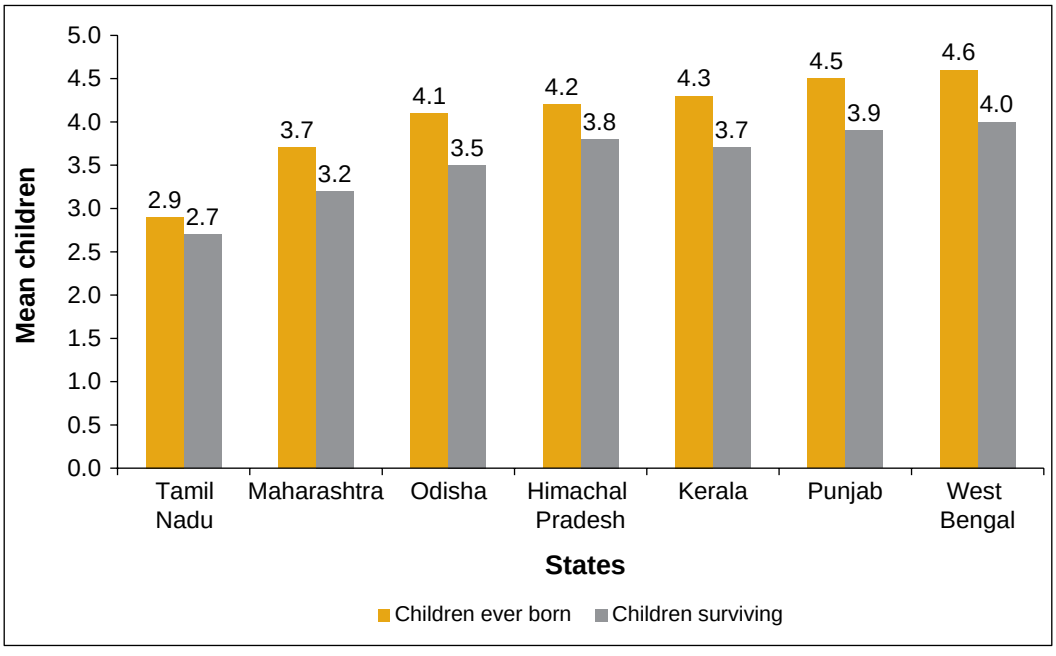
Children are supposed to be the main source of support to the elderly in their advanced ages. The survey gathered information about the total number of children ever born from ever married elderly. The number of children surviving as on the survey date was also obtained. Figure 2.8 presents mean number of children ever born and surviving among ever married elderly women by place of residence.

Figure 2.8: Mean Children Ever Born and Surviving by Place of Residence



On an average, four children are born to the ever-married elderly woman, of which 3.5 are surviving at present. The children ever born to the elderly in urban areas is lower at 3.6 children and the mean number of children surviving at present is 3.2. The state level variations in mean number of children ever born and surviving is presented in Figure 2.9. As the states selected for the survey have a relatively longer history of fertility transition, a lower number of children ever born is expected. Tamil Nadu has shown the lowest number of children ever born and children surviving as compared to other states. The next in order is Maharashtra, followed by Odisha, Himachal Pradesh, Kerala, Punjab and West Bengal.

Figure 2.9: Mean Children Ever Born and Mean Children Surviving by States



2.10. Children Living with the Elderly

Table 2.23 presents the findings on the percentage of elderly staying with at least one child. The Table also brings out the percentage of the elderly having at least one child living away from their household. Mean number of children staying and mean number of children living away is also presented. The data indicate that around 76 per cent of the elderly are living with at least one of their children. In other words, a quarter of the elderly do not live with any of their children. The percentage is nearly the same for rural and urban areas. The data, in addition, show that almost 85 per cent of the elderly have at least one child living away from their home. The mean number of children living with elderly is around 1.1; while the mean number of children living away is around 2.4, which indicates that a larger number of children are living away from elderly households than those living with them.

Table 2.23: Percentage of Elderly by Staying and Non-Staying Children and Mean Number of Staying and Non-Staying Children According to Place of Residence, 2011

Child Movement Status	Place of Residence		
	Rural	Urban	Total
Staying with any of the children	75.4	77.6	76.0
At least one child away	86.8	80.5	85.1
Mean no. of children staying	1.1	1.2	1.1
Mean no. of children away	2.5	2.0	2.4
No. of elderly	4,850	4,490	9,340

2.11. Migration

The survey made an attempt to establish the rate of migration both during the elderly people's life time and after they turn 60 years of age. The definition used for determining the migration status of the elderly is based on the concept of place of birth. Table 2.24 presents migration status of the elderly both before and after 60 years of age. Around four per cent of the elderly reported to have migrated after 60 years of age; the gender differences are very narrow during this age. However,

Table 2.24: Per Cent Distribution of Elderly by Migratory Status According to Place of Residence and Sex, 2011

Migration Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Migrated after 60 years of age	2.5	2.7	2.7	5.4	6.8	6.2	3.3	3.8	3.6
Migrated before 60 years of age	18.6	77.0	49.1	41.1	71.9	58.2	24.1	75.6	51.5
Did not migrate	78.4	15.8	45.7	53.1	18.1	33.7	72.2	16.4	42.6
Don't know/No response	0.5	4.5	2.6	0.3	3.3	1.9	0.4	4.2	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

there are significant rural and urban differences in the rate of migration after 60 years of age. The migration rate before 60 years of age is significantly higher among women than men. This was to be expected, given the nature of migration among women associated with marriage. The data also brings out the fact that around 72 per cent of men and 16 per cent of women never had any migration experiences.

Summary

This chapter provides the background characteristics of households as well as individual elderly interviewed in the survey. It is observed that the sex ratio of elderly favours women and in the majority of households, the head is an elderly person. The headship rate, as expected, is found to be substantially higher among elderly men as compared to elderly women. With regard to religious composition of the head of households, the majority are Hindus. Twenty one per cent of the households in the survey belonged to SCs, six per cent to the STs, and 35 per cent to OBCs.

The findings on access to basic household amenities indicate that piped water is the main source of drinking water, though mostly from a public tap, with a much higher proportion in urban areas as compared to rural areas. Only half of urban households have a toilet facility with septic tank or flush system, while in rural areas such access is even lower at 46 per cent. One-fourth of the households live in *kachha* houses, about one-third in *semi-pucca* houses and the rest live in *pucca* houses. More than half of the surveyed households use wood as cooking fuel and about two-fifths have a BPL card. More than one-third elderly households fall below poverty line with a MPCE of Rs. 1,000 or below and 17 per cent have MPCE of above Rs. 2,500. One-fourth of the surveyed households fall in the lowest wealth quintile, while 15 per cent belong to the highest wealth quintile. In Odisha, 60 per cent of the households belong to the lowest wealth quintile, as compared to just five per cent of the households in Kerala, Punjab and Himachal Pradesh.

Household resource transfers and findings suggest that a majority of the households are not receiving support from any source. Only 14 per cent of the households reported that they get financial support and a negligible per cent of households reported getting support in kind from their kith and kin living within country.

The characteristics of the individual elderly indicate a low educational attainment, particularly among elderly women. Overall, half of the elderly reported not having any formal education; this proportion was almost two-thirds in the case of elderly women. Around 60 per cent of the elderly are currently married while 38 per cent are widowed; the percentage of widows is far higher among elderly women than among elderly men. On an average, four children have been born to the ever-married elderly woman, of which 3.5 are surviving at present. The findings indicate that around 76 per cent of the elderly are living with at least one of their children, which translates into a quarter of the elderly not living with any of their children.

3. Work Participation and Work Benefits

The work participation at older ages is often viewed differently in different contexts. For example, many western countries argue that there exists significant unused labour force capacity at older ages. Retirement decisions in European countries are linked with the pension reforms and the work participation ends with retirement (Kalwij and Vermeulen, 2005; Mete and Schultz, 2002). In developing countries like India, however, the scenario is different. Labour force participation of the elderly, and particularly of women, is often driven by poverty (Bhalotra and Umana-Aponte, 2010; Bhalla and Kaur, 2011). India's occupational structure is dominated by informal sector employment where there is neither a retirement age nor a pension (Unni and Raveendran, 2007). According to the **NSSO**, nearly 84 per cent of workers are employed in the informal sector and this is true even for the senior citizens (Rajan 2004; Selvaraj et al., 2011).

The BKPAI survey gathered information relating to work participation of elderly, type of work, the need for work as well as the retirement benefits accrued to retirees from past work. It also asked those elderly not working or seeking work, the reasons for not working or seeking work. The following section presents the analysis of work participation and other details.

3.1. Work Participation Rate

The survey found that the work participation rate among elderly is relatively high in India. Although the work participation rate declines with age, it is substantial even among elderly of 80 years and above. Table 3.1 presents percentage of elderly currently working and ever worked[1] cross classified by place of residence and sex. It is seen that the work participation rate among elderly ranges from 39 per cent for men to 11 per cent for women. The current work participation rate of 24 per cent is considerably lower than the rate estimated from the NSSO data for all India for the period 2004-05 (39%) (Selvaraj et al, 2011) but these are not strictly comparable as the BKPAI survey covers only seven states. There are also significant rural-urban differences in the work participation rate. In rural areas around 26 per cent of the elderly are currently working, while about 19 per cent among urban elderly are doing so. Sharp gender differentials in work participation exist as seen in the table.

Figure 3.1 further shows that around 13 per cent of elderly men and three per cent of elderly women currently participate in the labour market even beyond the age of 80, although workforce participation declines with advancing age. Significant workforce participation by the elderly 80 years

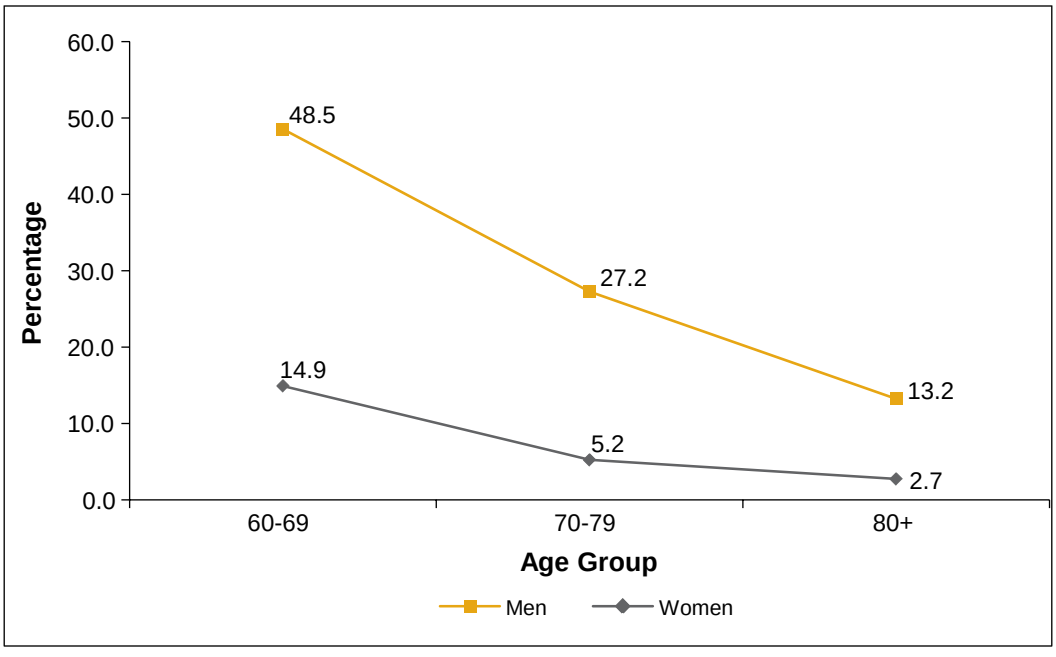
1. Ever worked elderly includes currently working elderly and those who were participating in labour market in the past but are not presently working.

and above is an indication of economic compulsion driven by poverty. In general, it is observed that the labour force participation of elderly is closely linked to poverty across countries (Rajan, 2004).

Table 3.1: Percentage of Elderly Currently Working or Ever Worked According to Place of Residence and Sex, 2011

Work Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Currently working	42.0	11.6	26.2	29.7	9.1	18.5	38.9	10.9	24.2
Ever worked	98.6	32.9	64.4	98.4	31.2	61.9	98.6	32.5	63.8
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Figure 3.1: Currently Working Elderly by Age and Sex, 2011 (Per Cent)



Work Intensity of Older Workers

Contrary to expectation, the work intensity of the elderly is fairly high. The survey found that the elderly who are currently working, work full time. The survey collected information on hours and days of work performed by elderly in a day and in a year respectively. Main workers are defined as those working more than six months per year. In both these cases, more than 80 per cent of those who are working in a year work for more than six months and over 90 per cent of those who are currently working work for more than four hours per day (Table 3.2). Such intense participation in workforce at older ages indicates economic necessity to earn.

Table 3.2: Percentage of Currently Working Elderly According to the Intensity of Current Work by Place of Residence and Sex, 2011

Work Intensity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Main worker (more than 6 months per year)	82.1	71.1	79.6	86.4	77.3	83.9	83.0	72.5	80.5
More than 4 hours per day	95.0	88.5	93.5	95.0	88.7	93.3	95.0	88.6	93.5
Number of Elderly	1,012	348	1,360	704	201	905	1,716	549	2,265

In addition to sharp differences by age, gender and place of residence, there is also significant educational and wealth gradient in the current work pattern. The work participation is much higher among the poor and less educated categories of elderly than among those who belong to the more educated and wealthier groups. Similarly, higher participation among SC/ST also indicates that elderly participate in workforce out of economic compulsion. Among the states, Maharashtra has highest elderly work participation rate followed by Odisha, while Kerala has the lowest (Table 3.3).

Table 3.3: Percentage of Elderly According to their Work Status and Intensity of Work by Background Characteristics, 2011

Background Characteristics	Currently Working	Main Worker (more than 6 months per year)	More than Four Hours a Day	Number of Elderly
Age				
60-69	30.8	25.0	29.1	6,239
70-79	15.6	12.3	14.3	2,601
80+	7.7	6.0	6.6	1,012
Sex				
Male	38.9	32.3	37.0	4,672
Female	10.9	7.9	9.7	5,180
Residence				
Rural	26.2	20.8	24.5	5,138
Urban	18.5	15.5	17.3	4,714
Marital Status				
Married	30.7	25.1	28.9	5,847
Widowed	13.2	9.8	12.1	3,768
Others	30.9	27.3	27.0	237
Education				
None	21.3	16.2	19.9	4,528
1-4 years	29.4	23.1	27.5	1,263
5-7 years	30.7	26.2	29.0	1,324
8+ years	24.0	20.8	22.4	2,682
Religion				
Hindu	25.0	19.6	23.4	7,781
Muslim	20.5	17.4	19.4	804
Sikh	21.3	20.7	19.2	826
Other	22.0	17.7	21.6	441

Contd...

Background Characteristics	Currently Working	Main Worker (more than 6 months per year)	More than Four Hours a Day	Number of Elderly
Caste				
SC/ST	30.9	24.4	29.5	2,383
OBC	23.2	17.8	21.3	3,353
Other	20.5	17.7	19.2	4,116
Wealth Index				
Lowest	33.1	24.1	31.3	1,954
Second	30.5	25.2	29.2	1,974
Middle	20.8	17.5	19.0	1,938
Fourth	15.9	13.6	14.4	1,962
Highest	15.1	13.3	13.5	2,018
State				
Himachal Pradesh	20.5	18.6	19.6	1,482
Punjab	20.6	19.7	19.1	1,370
West Bengal	23.8	18.5	22.6	1,275
Odisha	29.3	22.0	27.4	1,481
Maharashtra	38.7	32.9	36.1	1,435
Kerala	15.6	12.3	13.9	1,365
Tamil Nadu	20.1	11.7	18.8	1,444
Total	24.2	19.4	22.6	9,852

Note: The number of elderly may not always add up to total due to missing cases.

Figures 3.2 and 3.3 provide data on percentage of elderly currently working by marital status and type of living arrangement. While the marital status makes a difference for men, particularly those currently married and widowed, it is almost absent for women of these categories. As expected, the elderly men and women, never married, divorced or separated have higher work participation. The work participation rate by living arrangement shows that the participation rate of women living alone is much higher than women living with spouse or living in other types of living arrangement. But for men even living alone does not increase their work participation rate. Perhaps those men living alone may have other sources of income, while for a woman living alone is often primarily due to poverty and lack of other choices-yet another indication of lifelong discriminatory practices due to which men and women age differentially.

In brief, the survey reveals that in India a substantial proportion of elderly is participating in labour market activities more intensely than may be expected from them. In addition, significant differences between men and women by living arrangement and marital status are noticed. Work participation is related to illiteracy and poverty, with elderly women being more vulnerable than elderly men.

Figure 3.2: Currently Working Elderly by Marital Status and Sex, 2011

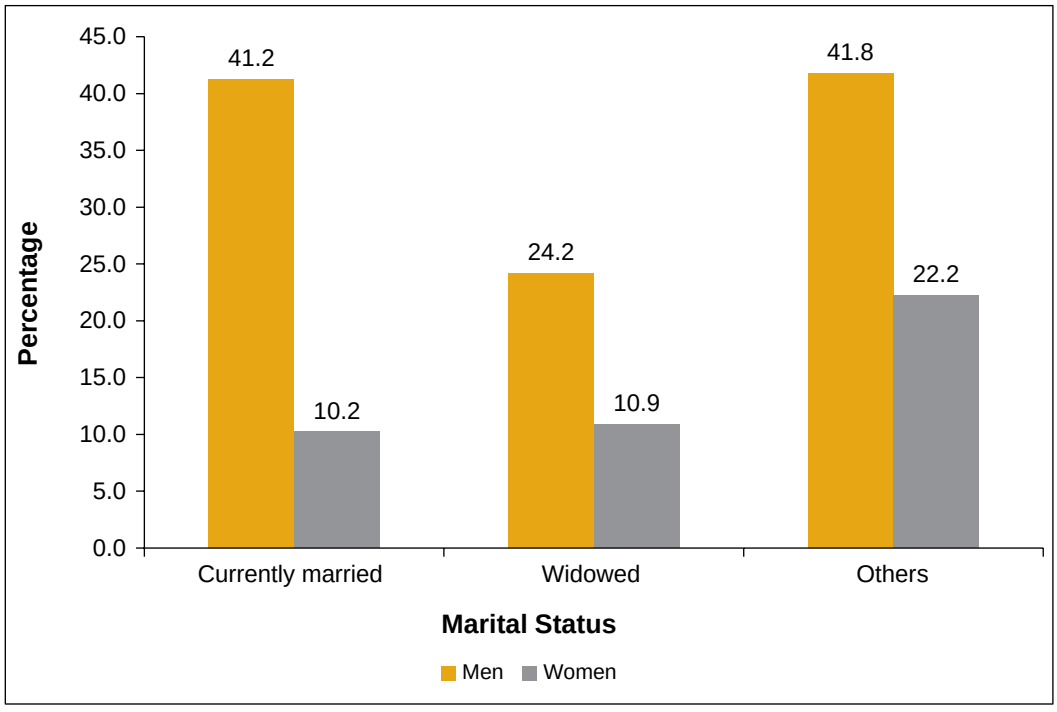
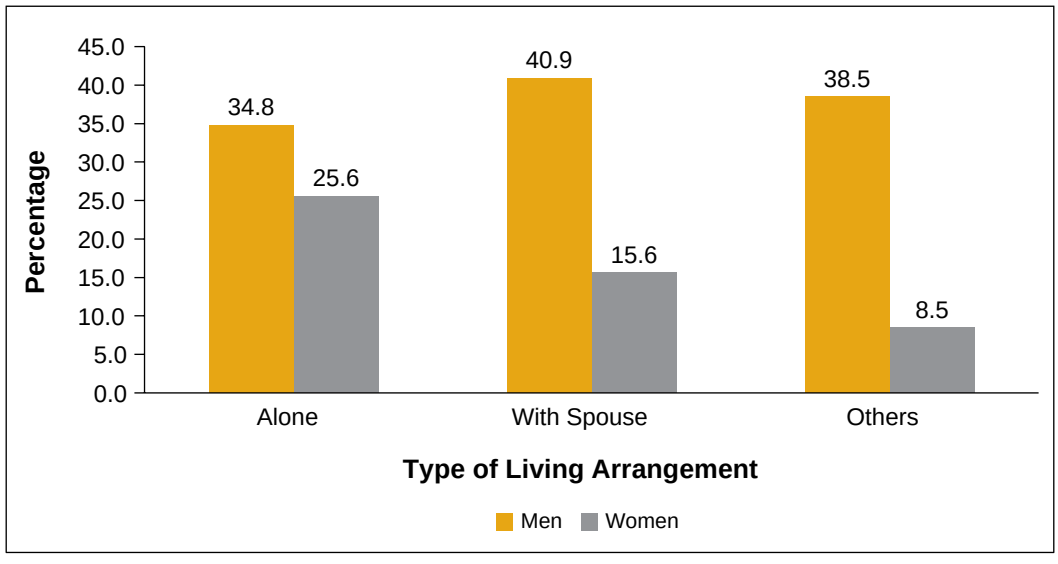


Figure 3.3: Currently Working Elderly by Type of Living Arrangement and Sex, 2011



3.2. Need for the Current Work

In order to further find out the need and motivation for participating in labour market, the survey asked a few specific questions to understand the reasons for work. The responses to these questions clearly show that it is not by choice but rather the economic or other compulsions that force the elderly to be currently engaged in working. This is particularly true among the elderly women.

Table 3.4 shows that a majority of the elderly (as high as 71%) work due to economic necessity and other compulsions and not by choice. The difference by place of residence is narrow while it is

relatively high between men and women. While 82 per cent of women participate in labour market due to economic or other compulsions, only 68 per cent of men do so. Thus, the survey clearly shows that gender differentials relating to the need for current work among elderly are significant.

Table 3.4: Per Cent Distribution of Currently Working Elderly by the Need to Work at Old Age According to Place of Residence and Sex, 2011

Motivation for Work	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
By choice	30.6	18.1	27.7	38.2	16.0	32.2	32.0	17.6	28.6
Economic/Other compulsion	69.3	81.6	72.2	61.8	84.0	67.8	67.9	82.2	71.3
No answer	0.1	0.3	0.1	0	0	0	0.1	0.2	0.1
Total	100.0	100.0	100.0	100	100	100	100.0	100.0	100.0
Number of elderly	1,012	348	1,360	704	201	905	1,716	549	2,265

This chapter also analyses the need to work by several background characteristics. Tables 3.5 and 3.6 show that a majority of women living alone (as high as 93%) participate in labour force due to economic or other compulsions while only 70 per cent of the men do so, highlighting the type of living arrangement and its effect on vulnerability of elderly women in India.

However, it appears that the age does not make such a vast difference between work by choice or compulsion. In fact, the compulsion factor is slightly lower for the higher ages as compared to the lower ones. Perhaps, as the age advances and the work becomes routine, the elderly think of it as part of their life. Marital status influences the compulsion for work to some extent as it is higher among widowed and other marital status groups compared to the married. The relationship between compulsion to work and educational level, wealth index, and caste composition clearly indicates that the poor, illiterate and socially backward sections of the population work more due to economic and other compulsions than by choice. Differences are also observed across the seven states with West Bengal and Odisha having the highest proportion of elderly working due to economic and other compulsions, while the proportion of such elderly is lowest in Kerala and Himachal Pradesh.

Table 3.5: Per Cent Distribution of Currently Working Elderly by the Need to Work in Old Age According to Living Arrangement and Sex, 2011

Need for Work	Type of Living Arrangement								
	Alone			With Spouse			Others		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
By choice	30.3	5.9	10.9	27.5	14.9	25.1	33.4	22.7	31.3
Economic/Other compulsion	69.7	93.0	88.2	72.2	85.1	74.6	66.5	77.3	68.7
No answer	0	1.1	0.9	0.3	0	0.3	0	0	0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	43	121	164	343	88	431	1,330	340	1,670

Table 3.6: Per Cent Distribution of Currently Working Elderly by the Need to Work According to Background Characteristics, 2011

Background Characteristics	By Choice	By Economic/Other Compulsion	Don't Know/No Answer	Total	No. of Elderly
Age					
60-69	28.4	71.6	0.1	100.0	1,828
70-79	27.6	72.4	0.0	100.0	378
80+	39.3	59.0	1.7	100.0	59
Sex					
Men	32.1	67.9	0.1	100.0	1,716
Women	17.6	82.1	0.2	100.0	549
Residence					
Rural	27.7	72.1	0.1	100.0	1,360
Urban	32.2	67.8	0.0	100.0	905
Marital Status					
Married	30.8	69.1	0.1	100.0	1,727
Widowed	21.7	78.0	0.3	100.0	473
Others	20.5	79.5	0.0	100.0	63
Education					
None	19.1	80.8	0.1	100.0	956
1-4 years	26.0	74.0	0.0	100.0	344
5-7 years	33.8	66.2	0.0	100.0	368
8+ years	45.6	54.2	0.2	100.0	584
Religion					
Hindu	28.4	71.5	0.1	100.0	1,838
Muslim	26.7	72.5	0.8	100.0	166
Sikh	32.7	67.4	0.0	100.0	173
Others	28.4	71.6	0.0	100.0	88
Caste					
ST/SC	19.2	80.7	0.2	100.0	706
OBC	30.4	69.6	0.0	100.0	760
Others	36.3	63.5	0.2	100.0	799
Living Arrangement					
Living alone	10.9	88.2	0.9	100.0	164
With spouse	25.1	74.6	0.3	100.0	431
Others	31.3	68.7	0.0	100.0	1,670
Wealth Index					
Lowest	12.2	87.5	0.3	100.0	669
Second	26.5	73.5	0.0	100.0	588
Middle	32.8	67.2	0.0	100.0	406
Fourth	50.7	49.3	0.0	100.0	317
Highest	57.5	42.5	0.0	100.0	284
State					
Himachal Pradesh	41.0	59.0	0.0	100.0	283
Punjab	35.1	64.9	0.0	100.0	292
West Bengal	9.9	90.1	0.0	100.0	303

Contd...

Background Characteristics	By Choice	By Economic/Other Compulsion	Don't Know/No Answer	Total	No. of Elderly
Odisha	20.0	80.0	0.0	100.0	383
Maharashtra	28.1	71.4	0.5	100.0	514
Kerala	50.6	49.4	0.0	100.0	196
Tamil Nadu	27.0	73.0	0.0	100.0	294
Total	28.6	71.3	0.1	100.0	2,265

Note: The numbers of elderly may not always add up to total due to missing cases.

3.3. Occupational Structure

The occupational structure also clearly indicates that many currently working elderly are engaged in unskilled, informal low paying occupations like agricultural labourers and petty traders (Table 3.7). The cultivators also constitute a relatively higher proportion of workers among the total. The category of other workers constitutes labourers in mining, construction, transport, etc. as well as those not reporting their occupation. This is again a manifestation of the economic necessity which pushes the elderly to work. Although there are gender and rural-urban differences across occupational categories, in general they all fall into the unskilled low paid occupations.

A similar picture is seen in the distribution of currently working elderly by sector of employment. The elderly are mainly either self-employed or working in the informal sector (Table 3.7). Currently, about five per cent of the elderly work in the public sector in some temporary positions.

Table 3.7: Per Cent Distribution of Currently Working Elderly by Type of Occupation and Sector of Employment According to Place of Residence and Sex, 2011

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Type of Occupation									
Technician/Professional	2.1	0.7	1.8	5.7	2.4	4.8	2.8	1.1	2.4
Executive/Clerical	9.8	1.8	7.9	24.8	6.8	20.0	12.7	2.9	10.4
Cultivator	32.0	11.0	27.1	4.8	4.3	4.7	26.6	9.5	22.5
Petty trader/Worker	7.0	3.7	6.3	22.1	17.3	20.8	10.0	6.8	9.2
Agricultural labourer	26.1	49.0	31.3	12.9	26.7	16.6	23.5	43.9	28.3
Other work	23.0	33.8	25.5	28.5	40.5	31.8	24.1	35.3	26.8
Don't know/No answer	0.1	0.0	0.1	1.3	2.0	1.5	0.3	0.5	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sector of Employment									
Public sector	4.5	1.8	3.9	7.1	4.3	6.3	5.0	2.4	4.4
Private organised	2.0	1.8	1.9	11.8	3.2	9.5	3.9	2.2	3.5
Self-employed	41.8	18.9	36.5	39.3	23.6	35.1	41.2	19.9	36.2
Informal employment	47.0	67.8	51.8	37.5	61.1	43.8	45.2	66.3	50.2
Others	4.8	9.6	5.9	4.3	7.8	5.2	4.7	9.2	5.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	1,012	348	1,360	704	201	905	1,716	549	2,265

3.4. Years Spent in Labour Force

Due to dominance of informal sector among the currently working elderly, there is relatively early entry into the labour force and late exit, resulting in long years of labour force participation. Table 3.8 clearly indicates that the currently working elderly are spending considerably longer periods of their life in workforce than those who have worked before. The percentage of currently working elderly spending more than 45 years in the labour force is significantly higher than those who have worked in the past but are currently withdrawn from labour market. This is another indication of the nexus between poverty and current work participation among elderly.

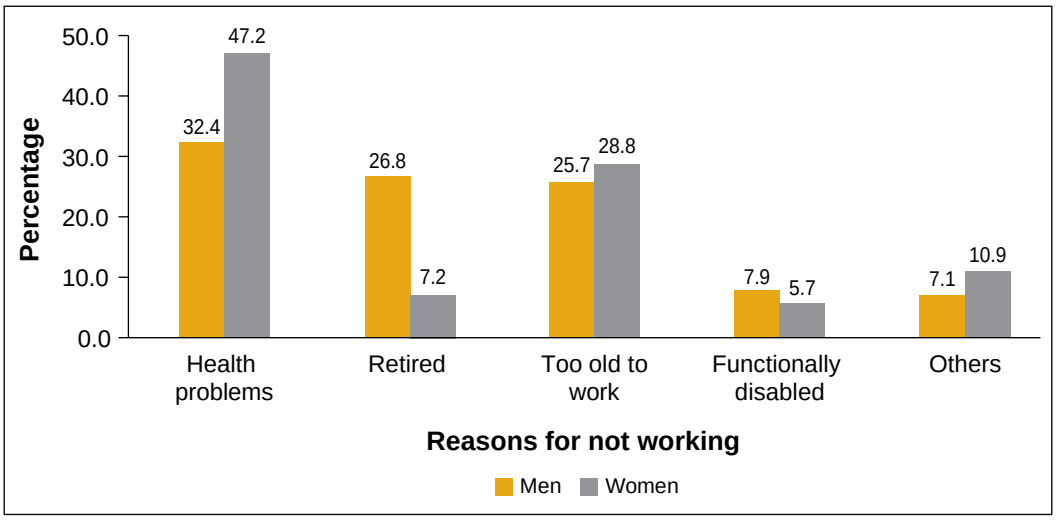
Table 3.8: Per Cent Distribution of Elderly Ever Worked or Currently Working by Years Spent in Workforce According to Place of Residence and Sex, 2011

Years of Work	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Worked Before									
Up to 30 years	13.0	21.2	15.4	12.3	31.4	17.6	12.8	24.1	16.0
31-44	55.2	48.6	53.3	73.4	45.2	65.6	60.6	47.7	56.9
45 and above	28.5	22.6	26.8	11.5	15.7	12.7	23.5	20.7	22.7
Don't know/No answer	3.3	7.6	4.5	2.8	7.7	4.2	3.1	7.6	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	1,402	629	2,031	1,475	495	1,970	2,877	1,124	4,001
Currently Working									
30 Years of work	1.3	12.5	4.0	1.2	11.3	3.5	1.8	16.3	5.7
31-44	42.1	42.1	42.1	39.3	41.3	39.8	53.7	45.1	51.4
45 and above	52.7	36.5	48.8	55.5	39.2	51.7	41.0	27.5	37.3
Don't know/No answer	3.9	8.9	5.1	4.0	8.2	5.0	3.6	11.1	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	1,012	348	1,360	704	201	905	1,716	549	2,265

3.5. Reasons for Not Working

The survey also asked all elderly who worked in the past but are not currently working, the reasons for the same. Figure 3.4 shows that health problems were main reason for about 47 per cent of the women and 32 per cent of the men not currently working. The second major reason for men was *retired from work* while for women it was *too old to work*. Around seven per cent of both men and women were not currently working because they were functionally disabled.

Figure 3.4: Reasons for Not Currently Working among those Worked in the Past (Per Cent), 2011

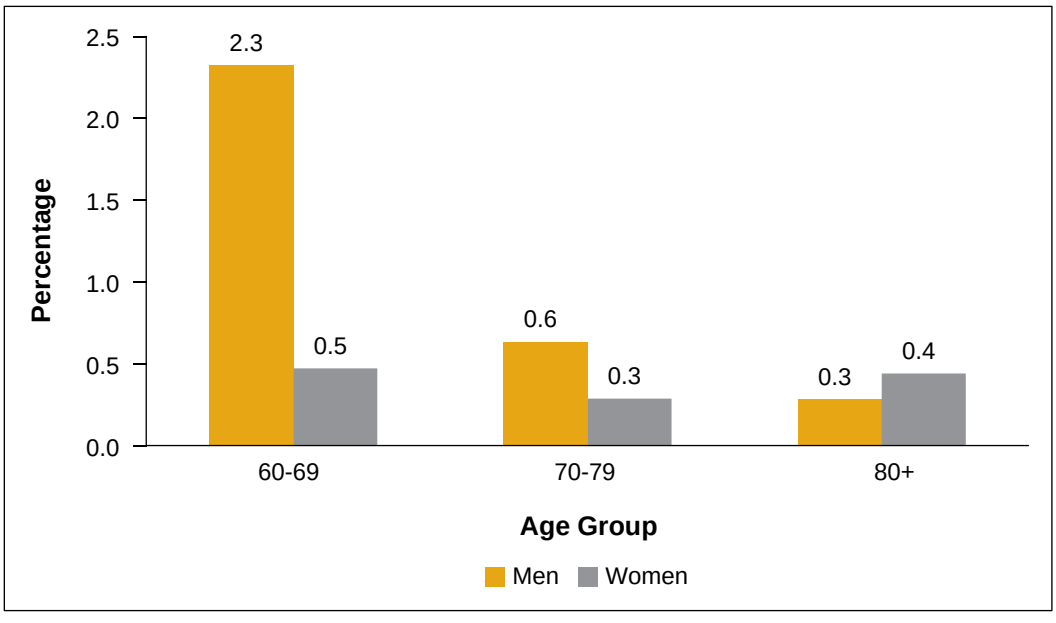


3.6. Seeking Work

The survey also found that there is a smaller proportion of the elderly still seeking work but unable to find it. It is observed that among men in the age group 60-69, 2.3 per cent are seeking work (Figure 3.5). The percentage of elderly men seeking work comes down substantially as age advances. However, the study also observed that the percentage of women seeking work was almost negligible in all the age groups.

About 70 per cent of elderly are seeking work to support themselves and another nine per cent want to supplement the family income. Of the remainder, 13 per cent want to be more active through work and three per cent mentioned that there is family pressure to seek work.

Figure 3.5: Elderly Not in Workforce but Seeking Work by Age and Sex, 2011



3.7. Employment Benefits

The survey found that around 10 per cent of the elderly receive retirement benefits, but significantly, 84 per cent do not (Table 3.9). This is expected, given the nature of work participation which is concentrated in the informal and unorganised sector. The pension benefits significantly vary between place of residence and, more importantly, between men and women. While nearly 17 per cent of the men receive some pension, this is true for only three per cent of the women.

Table 3.9: Percentage of Elderly Receiving Retirement and Pension Benefits According to Place of Residence and Sex, 2011

Benefits Received	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Retirement	14.8	1.4	7.8	31.3	4.4	16.7	19.0	2.2	10.2
Pension	14.7	2.2	8.2	22.7	5.3	13.2	16.7	3.0	9.5
Both retirement & pension benefits	13.2	1.2	7.0	18.9	3.9	10.8	14.6	2.0	8.0
None	76.1	95.2	86.0	58.6	91.7	76.6	71.7	94.2	83.5
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Note: The figures will not add to 100 due to over lapping categories.

The analysis of the retirement and pension benefits by various background characteristics shows that the illiterate, those belonging to socially backward sections of the population and those belonging to lower wealth quintiles hardly receive any retirement benefits or pension (Table 3.10). However, no significant differences are observed across religious groups. At the same time, there are considerable state level differences in the retirement and pension benefits. A little over 18 per cent of the elderly are receiving pension in Kerala and Himachal Pradesh, while only four per cent of the elderly in Tamil Nadu, Maharashtra and Odisha are receiving pension. The same is true in the case of retirement benefits where Himachal Pradesh and Kerala are at the top while Maharashtra and Odisha are at the bottom. Tamil Nadu appears to have better retirement benefits although in the case of pension, the state fares poorly.

Table 3.10: Percentage of Elderly Receiving Retirement and Pension Benefits by Background Characteristics, 2011

Background Characteristic	Employment Benefits		
	Retirement	Pension	Number of Respondents
Age			
60-69	11.5	10.1	6,239
70-79	8.9	9.4	2,601
80+	6.1	6.8	1,012
Sex			
Men	19.0	16.7	4,672
Women	2.2	3.0	5,180
Residence			
Rural	7.8	8.2	5,138
Urban	16.7	13.2	4,714

Contd...

Background Characteristic	Employment Benefits		
	Retirement	Pension	Number of Respondents
Marital Status			
Currently married	14.2	12.6	5,847
Widowed	3.5	4.4	3,768
Others	11.9	11.9	237
Education			
None	1.2	2.0	4,528
1-4 years	3.7	4.7	1,263
5-7 years	8.0	8.3	1,324
8+ years	35.1	29.6	2,682
Religion			
Hindu	10.7	9.9	7,781
Muslim	6.0	6.2	804
Sikh	6.1	6.7	826
Others	18.0	15.8	441
Caste			
ST/SC	6.0	6.4	2,383
OBC	9.5	7.2	3,353
Others	13.6	13.8	4,116
Employment			
Never	0.0	0.0	3,586
Worked before	22.7	20.7	4,001
Currently working	4.9	5.4	2,265
Sector			
Not working	0.0	0.0	3,586
Public	82.0	86.6	1,142
Private	47.7	12.1	561
Self-employed	2.0	2.9	1,549
Informal employment	0.7	2.3	2,803
Other	2.0	0.8	211
Wealth Index			
Lowest	0.6	1.2	1,954
Second	2.7	2.7	1,974
Middle	10.7	9.1	1,938
Fourth	17.4	14.9	1,962
Highest	27.3	27.3	2,018
State			
Himachal Pradesh	17.9	18.1	1,482
Punjab	6.8	7.5	1,370
West Bengal	9.2	9.0	1,275
Odisha	4.4	4.9	1,481
Maharashtra	3.6	4.5	1,435
Kerala	16.7	18.6	1,365
Tamil Nadu	12.6	4.2	1,444
Total	10.2	9.5	9,852

Note: The numbers of elderly may not always add up to total due to missing cases.

Summary

In general, a higher level of work participation by the elderly is desirable if only it is by choice and not by economic or social compulsion. However, the current rate and pattern of work participation in the selected seven states clearly indicate the link between current work participation and poverty and illiteracy. Further the survey also found that work participation of the elderly continues even beyond age 80, a strong indication of lack of any social and economic support. The majority of the elderly who are participating in labour market are working as main workers. The survey also found that the reasons for work for the majority of the elderly are economic or other compulsions. The occupational structure of currently working elderly shows significant numbers are employed in unskilled and low paid jobs. Pension or retirement benefits are not available to the majority (90%) of the elderly.

The survey shows significant gender differentials in the labour market. Although the work participation rate is lower among females, it appears that those who are working have no choice but to do so, as a large proportion of women reported that the work participation is primarily driven by economic and other compulsions. Women living alone have higher incidence of work participation compared to those living with spouse or others. In addition, a negligible number of women receive retirement benefits (3%) as compared to 15 per cent among men. This is despite the fact that a large majority of the elderly women are widows.

References

Bhalla, Surjit S. and Ravinder Kaur (2011). *Labour Force Participation of Women in India: Some facts, some queries,* Asia Research Centre Working Paper 40, London School of Economics & Political Science, London, UK.

Bhalotra, S. and Umana-Aponte, M. (2010). '*The Dynamics of Women's Labour Supply in Developing Countries*' IZA Discussion Paper No. 4879 – The Institute for Study of Labour (IZA), Bonn – Germany.

Kalwij, Adriaan and Frederic Vermeulen (2005). *Labour Force Participation of the Elderly in Europe: The Importance of Being Healthy,* Discussion Paper No. 1887, Institute for the Study of Labor (IZA), Bonn, Germany.

Mete, Cem and T. Paul Schultz (2002). *Health and Labour Force Participation of the Elderly in Taiwan,* Centre Discussion Paper No. 846, Economic Growth Center, Yale University.

Rajan, Irudaya S. (2006). 'Chronic poverty among the Indian elderly', in Aasha Kapur Mehta, Andrew Shepherd (eds) *Chronic Poverty and Development Policy in India*, Sage Publications, New Delhi.

Selvaraj, Sakthievl, Anup Karan, and S. Madheswaran (2011). *Elderly Workforce Participation, Wage Differentials and Contribution to Household Income*, Working Paper No. 4, Building Knowledge Base on Ageing in India, Institute for Social and Economic Change, Bangalore, United Nations Population Fund, New Delhi and Institute of Economic Growth, New Delhi.

Unni, Jeemol and G. Raveendran (2007). 'Growth of Employment (1993-94 to 2004-05): Illusion of Inclusiveness?' *Economic and Political Weekly,* January 20.

4. Income and Assets

Income and assets are important indicators of financial well-being. It is generally expected that individuals who earn an income are better off than those who do not. However, as seen in the previous chapter, many elderly in India are participating in the labour force due to economic compulsion, mainly driven by poverty. When the primary source of income for the elderly is from their work, it is unlikely that they are recipients of post-retirement benefits and very likely that they have to depend on work for survival. Therefore, having personal income does not always reflect better economic well-being of the elderly in India.

Further, income could also accrue from assets such as land and housing in the form of rent, or from savings in a bank or post office, or profits from the stock market. Ownership of assets by the elderly is likely to indicate better economic status and financial security. However, as the land holdings by a vast majority in India are usually small in size, the income earned will also be limited. Studies have shown that the elderly use their asset income to finance substantial proportion of the expenditure for adults and children at the aggregate level (Singh and Narayana, 2011). The BKPAI survey collected detailed information on asset holdings among the elderly and on the transfer of assets which is analysed in this chapter to examine the extent of asset holding and its transfer dynamics.

There are also important gender dimensions that need to be considered when examining the income and asset ownership of the elderly. Studies have shown that there are significant differences in the amount and type of assets held by men and women across countries (see for example Swaminathan et al., 2012). In India, having an income and owning assets is generally associated with men since women's labour force participation is low and usually assets are legally in the name of men. Therefore, women are less likely than men to have an income or own any assets. In fact, elderly women's income is more likely to reflect their poor financial status, as in a majority of the cases only extreme economic need would drive women to work in their old age. In the case of assets, ownership of assets is strongly linked to women's marital status with a higher proportion of widowed women having immovable assets such as land and housing compared to married women (Dreze and Srinivasan, 1995).

Therefore, the relationship between earning income and having assets among elderly and its relationship with financial well-being and living standard are rather complex and necessitate in-depth investigation. The BKPAI survey gathered information on various aspects of personal income and assets of the elderly, including their source and magnitude. This chapter examines these relationships for the seven states.

4.1. Personal Income of the Elderly

There is no detailed information available on the income of the elderly in India. This is because most surveys conducted in India have not gathered information on personal income due to a variety of reasons. In India the main source of income for the vast majority who live in rural areas is agriculture. In this sector there tend to be multiple sources of income within the household and as a result, normally, pooled income data for the households are gathered at the household level. Further, income from some sources, particularly from agriculture, may not be steady and tends to vary with the seasons. For these reasons, surveys have focused on gathering information on income at the household level. However, since this survey aims to investigate the economic and social status of the elderly population, it has collected information on the personal income of the elderly. This section presents information on personal income as reported by the elderly, the sources of income, the elderly member's economic contribution to the household and his/her level of economic dependency. Table 4.1 presents information on the distribution of personal income of the elderly by sex and place of residence.

Overall, 74 per cent of elderly men and about 41 per cent of elderly women report receiving some personal income. However, the majority fall in the low income category. The distribution shows that 43 per cent of all elderly receive no income, 22 per cent receive less than Rs 12,000, 21 per cent receive between Rs. 12,000 and Rs. 50,000 and around 14 per cent receive more than Rs. 50,000 per annum. Significant gender differentials in personal income are evident with more men than women having some personal income. There were no significant variations in personal income by place of residence.

It is also seen that mean income per annum for all elderly is Rs 24,974 with elderly men reporting higher income than elderly women. The mean income of the elderly in rural areas is slightly lower than that of the elderly in urban areas.

The distribution of the income of the elderly by background characteristics is presented in Table 4.2. It shows that education and employment status are important predictors of having personal income

Table 4.1: Per Cent Distribution of Elderly by Annual Personal Income According to Place of Residence and Sex, 2011

Income (in Rupees)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income	24.5	58.2	42.0	30.5	60.3	46.7	26.0	58.7	43.3
≤12,000	18.5	28.3	23.6	11.6	19.5	15.9	16.7	25.9	21.5
12,001–24,000	12.9	4.7	8.6	10.5	7.5	8.9	12.3	5.4	8.7
24,001–50,000	20.9	5.4	12.8	17.2	4.9	10.5	19.9	5.2	12.2
50,000 +	22.6	3.2	12.5	29.1	7.3	17.3	24.2	4.3	13.7
Don't know/No answer	0.7	0.4	0.6	1.1	0.4	0.7	0.8	0.4	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	41,339	7,007	23,447	50,039	11,932	29,230	43,548	8,353	24,974
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

for the elderly. Among all elders, those with more than eight years of education are more likely to report having income, with 70 per cent of the elderly in that category. It is notable that about 38 per cent of the elderly with higher levels of education are in the highest income category (Rs 50,000 and above). Similarly, almost all of the 2,264 elderly who are currently working report receiving income. Thus, having personal income among the elderly is strongly linked with their current work status. As was seen in the previous chapter, the labour force participation among the elderly is mostly poverty driven and the majority of them work due to economic compulsions. Thus, having some personal income does not necessarily reflect financial well-being.

Table 4.2: Per Cent Distribution of Elderly by Annual Personal Income According to Select Background Characteristics, 2011

Background Characteristics	No Income	≤12,000 Rupees	12,001 – 24,000 Rupees	24,001 – 50,000 Rupees	50,000+ Rupees	DK/ NA	Total	Number of Elderly	Mean Income (in Rs)
Age									
60-69	41.9	17.6	10.3	14.8	14.8	0.6	100.0	6,239	28,595
70-79	44.3	27.5	6.0	8.6	13.1	0.6	100.0	2,601	21,009
80+	48.6	29.2	5.8	6.6	9.4	0.5	100.0	1,012	14,333
Sex									
Men	26.0	16.7	12.3	19.9	24.2	0.8	100.0	4,672	43,548
Women	58.7	25.9	5.4	5.2	4.3	0.4	100.0	5,180	8,353
Residence									
Rural	42.0	23.6	8.6	12.8	12.5	0.6	100.0	5,138	23,447
Urban	46.7	15.9	8.9	10.5	17.3	0.7	100.0	4,714	29,230
Marital Status									
Currently Married	41.2	15.4	9.7	15.0	17.9	0.7	100.0	5,847	32,706
Widowed	47.1	30.7	6.9	7.7	7.1	0.4	100.0	3,768	12,495
Others	34.2	32.1	9.6	12.1	11.7	0.4	100.0	237	24,973
Education									
None	50.0	27.8	7.8	9.3	4.7	0.4	100.0	4,533	11,206
1-4 years	42.6	24.2	10.4	14.2	8.2	0.3	100.0	1,258	16,458
5-7 years	41.6	18.9	9.0	16.5	12.7	1.3	100.0	1,324	22,417
8+ years	29.6	7.5	9.4	15.3	37.5	0.7	100.0	2,682	62,119
Employment									
Never worked	67.3	22.9	2.9	3.4	3.5	0.1	100.0	3,587	5,581
Previously worked	46.7	21.3	5.1	6.7	19.5	0.6	100.0	4,001	30,511
Currently working	1.5	19.9	23.2	34.5	19.7	1.3	100.0	2,264	45,286
Religion									
Hindu	43.5	20.7	9.6	12.1	13.6	0.6	100.0	7,781	17,947
Muslim	53.1	22.0	5.6	10.8	8.0	0.5	100.0	804	18,988
Sikh	34.1	29.3	4.2	13.9	18.5	0.0	100.0	826	35,249
Other	39.6	19.8	7.9	13.1	17.9	1.7	100.0	441	24,443
Caste/Tribe									
SC/ST	38.5	27.8	10.8	13.8	8.7	0.4	100.0	2,383	17,961
OBC	46.8	22.3	9.8	11.2	9.2	0.7	100.0	3,353	33,284
Other	43.2	16.7	6.2	12.1	21.4	0.6	100.0	4,116	30,581

Contd...

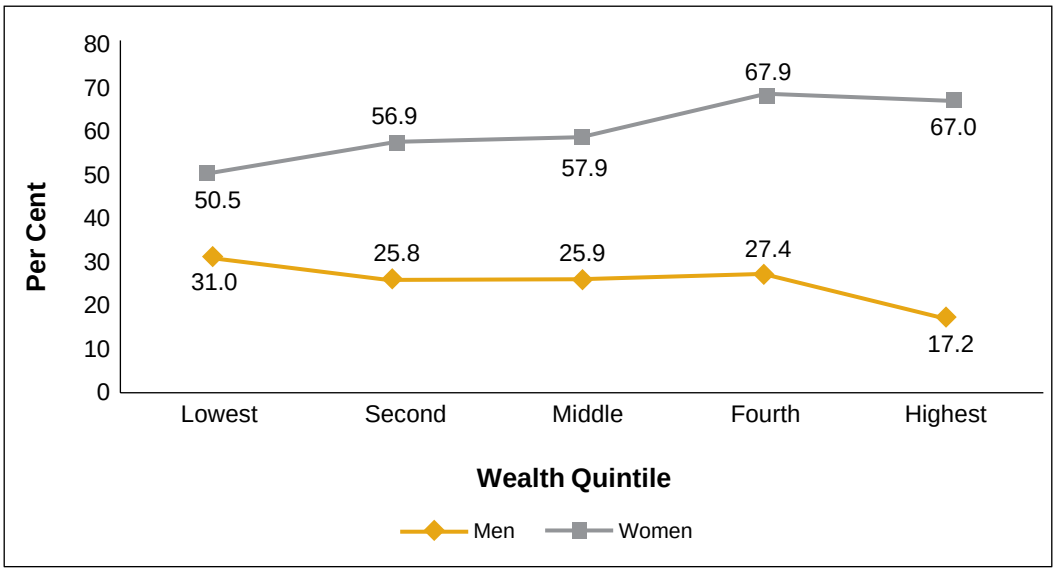
Background Characteristics	No Income	≤12,000 Rupees	12,001 – 24,000 Rupees	24,001 – 50,000 Rupees	50,000+ Rupees	DK/ NA	Total	Number of Elderly	Mean Income (in Rs)
Wealth Index									
Lowest	41.8	30.8	13.0	11.7	2.0	0.7	100.0	1,954	9,934
Second	42.4	23.8	12.2	15.5	5.6	0.6	100.0	1,974	14,666
Middle	43.1	21.0	7.4	14.9	13.5	0.1	100.0	1,938	20,573
Fourth	47.4	16.5	4.9	9.6	20.9	0.7	100.0	1,962	31,670
Highest	42.2	10.0	2.6	7.5	36.7	1.0	100.0	2,018	63,005
Living Arrangement									
Living alone	25.0	35.6	20.7	11.4	6.5	0.8	100.0	612	17,961
Living with spouse	35.1	18.1	15.3	16.3	14.9	0.3	100.0	1,468	30,177
Living with all others	46.4	21.2	6.3	11.4	14.1	0.6	100.0	7,770	24,423
State									
Himachal Pradesh	41.9	13.0	4.9	12.2	27.9	0.1	100.0	1,482	45,830
Punjab	32.5	33.5	4.1	11.9	17.9	0.1	100.0	1,370	30,510
West Bengal	47.4	19.2	8.8	10.7	13.6	0.4	100.0	1,275	22,558
Odisha	39.4	26.6	13.2	14.0	6.1	0.7	100.0	1,481	15,257
Maharashtra	47.5	8.3	12.7	20.9	10.6	0.0	100.0	1,435	22,996
Kerala	39.6	32.2	4.1	7.3	15.2	1.7	100.0	1,365	25,404
Tamil Nadu	54.3	19.1	12.5	8.1	5.1	1.0	100.0	1,444	11,823
Total	43.2	21.6	8.7	12.2	13.7	0.6	100.0	9,852	24,974

Note: Category totals may not add up to entire sample of 9,852 elderly due to non-response.

The mean annual income varies greatly by selected background characteristics such as age, education and wealth quintile with mean income decreasing with age and increasing with levels of education and wealth quintile. The mean income of the elderly at 60-69 years of age is almost double that those who are 80 years and above. Educational attainment of the elderly has a positive correlation with personal income. The mean income of the elderly with more than eight years of education is almost eight times higher than the mean income of those with no education. Similarly, mean income increases with each wealth quintile, with those in the highest wealth quintile having an average income at least seven times that of those in the lowest quintile. Elderly belonging to higher wealth quintiles have higher mean income than other elderly. The mean income is lowest in Tamil Nadu and highest in Himachal Pradesh. However, it should be noted that income data is likely to be highly skewed and therefore mean income data should be interpreted with caution.

The implications of having no personal income among the elderly may be different for men and women. Having no personal income for elderly men is likely to indicate their economic vulnerability whereas for women it need not be the case. Figure 4.1 illustrates the relationship between having no income and belonging to a particular wealth quintile for elderly men and women. The figure shows that with increasing wealth quintiles the proportion of women reporting no income increases whereas the opposite is true for men. This indicates the gender dynamics involved in the possession of personal income. As mentioned earlier, having an income and assets is generally associated

Figure 4.1: Elderly Men and Women with No Income by Wealth Quintile, 2011



with men since women's labour force participation is very low and usually assets are legally in the name of men. Therefore, women are less likely to have an income or own any assets than men. In fact, if elderly women do have an income, it is more likely to reflect their poor financial status that drives them to work in their old age.

Overall, the analysis of personal income data of the elderly has brought out interesting findings. Having an income among the elderly does not necessarily reflect their economic well-being. Also, the gender dynamics must be kept in mind, as not having a personal income among elderly men may indicate economic vulnerability whereas it need not be so in the case of elderly women.

4.2. Sources of Income

When the elderly have reached retirement age, it is generally expected that their income will mainly flow from pensions and assets such as rents, interest on savings, and dividends paid on investments. If the elderly still depend on salary and wages as their main sources of income, it is a clear indication that their financial welfare without such salary and wages is in question.

The survey asked the elderly to list all the sources of income available to them. Sources of income can be divided into two general categories: factor income and transfer income (Root and Tropman,1984). Factor income includes all earnings from wages or salary as well as asset income (e.g., rents, interest on savings, and dividends paid on investments). Transfer income includes benefits from government programmes as well as private pensions and annuities. The principal government programmes that provide conditional benefits for the elderly are Old Age Pension Scheme (OAPS) and Indira Gandhi National Widow Pension Scheme (IGNWPS). Both the schemes are applicable to people who are below the poverty line. The survey finds that both factor income and transfer income are important sources of income reported by elderly men, while women are more likely to report transfer income.

Table 4.3 presents information on sources of personal income available to elderly men and women across rural and urban areas. It is possible that an elderly person has multiple sources of income. Among all elderly, 18 per cent reported that they receive income from social pension, while 13 per cent receive agriculture or farm income, 12 per cent receive income from salary and wages and 11 per cent from pension. Sources of income vary for elderly men and women and by place of residence. The major source of income reported by the elderly women is social pension (22%) while for elderly men it is agricultural or farm income (24%). While elderly women in both rural and urban areas reported social pension as a major source of income, elderly men in rural areas are more likely to report income from agriculture or farming (31%) and elderly men in urban areas report income from other sources such as rent or savings in bank or post office (25%) and employer's pension (23%).

Table 4.3: Percentage of Elderly by Sources of Current Personal Income According to Place of Residence and Sex, 2011

Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Salary/Wages	17.9	7.0	12.2	17.0	6.6	11.3	17.7	6.9	12.0
Employer's pension (government or other)	14.4	5.5	9.8	22.5	10.4	15.9	16.5	6.8	11.4
Social pension (old age/ widow)	16.0	24.9	20.6	7.0	15.8	11.8	13.7	22.4	18.3
Agricultural/Farm income	30.8	4.2	16.9	3.5	0.5	1.8	23.8	3.2	12.9
Other sources of income	10.4	3.3	6.7	24.9	9.2	16.4	14.1	4.9	9.3
No income	24.5	58.1	42.0	30.5	60.3	46.7	26.0	58.7	43.2
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

** Multiple sources of income*

In brief, about 29 per cent of all elderly women receive transfer income (from employer or social pension) while about 15 per cent receive factor income. In the case of men, 56 per cent receive factor income while 30 per cent receive transfer income. A greater dependence on factor income is seen in the case of elderly men in rural areas. The significance of continued employment as an income source for elderly men is clearly seen. At the same time, in a country like India, a greater dependence on agricultural income is expected as continued employment even at the older ages is guaranteed with agriculture. About one-fifth of all elderly men report wage or salary as their major source of income which is a matter of concern because, as seen in the previous chapter on labour force participation, it is poor men who are compelled to work.

While 30 per cent of elderly men and women receive some form of transfer income, and about 10 per cent receive income from other sources, a majority of them still depend on the earnings from their own work or on support from their family. Since economic need compels the elderly to work, better coverage and reach of social pensions and other welfare measures are called for in order to enable the Indian elderly to age with dignity.

4.3. Economic Contribution of the Elderly

In order to understand the economic contribution of the elderly to the household, the survey asked a series of questions. Elderly men and women who reported receiving personal income were asked whether they contribute financially to the total expenditure of the household. Further, the elderly who contributed to the household expenditure were asked the magnitude of their contribution, and the purpose for which it is used. Overall, 52 per cent of the elderly reported that they contribute their personal income towards the expenditure of the household. More elderly men (71%) than elderly women (36%) reported doing so (Figure 4.2). Financial contribution by the elderly does not vary very much across rural and urban areas.

Figure 4.2: Elderly Contributing to Household Expenditure According to Place of Residence and Sex, 2011

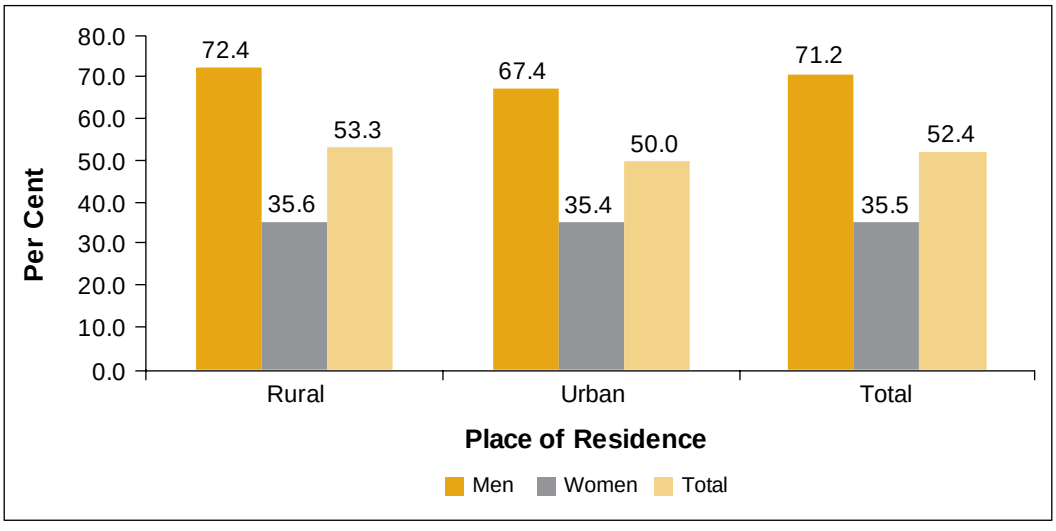
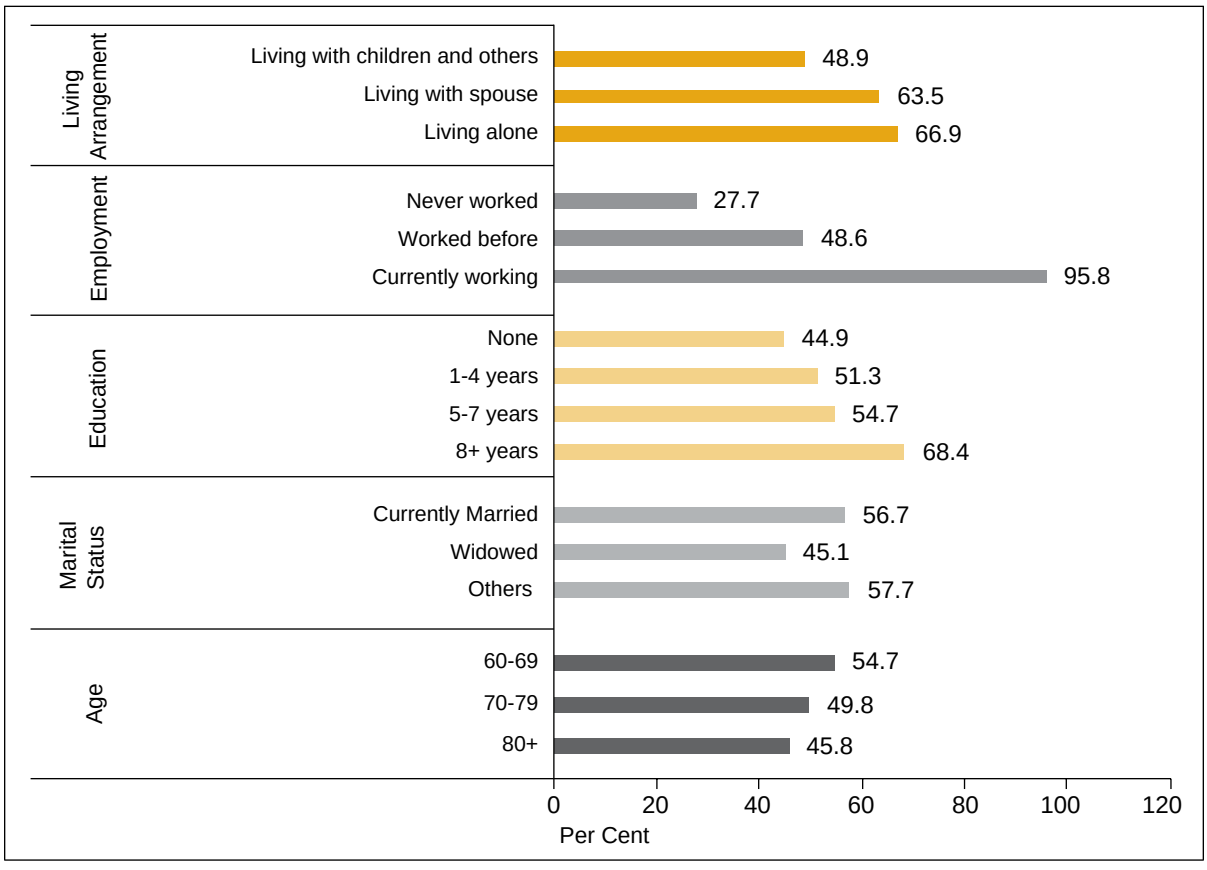


Figure 4.3 shows that economic contribution of the elderly to the household expenditure varies greatly by employment status, education, living arrangement, marital status and age. The contribution of personal income decreases with age. Elderly in the age group 60-69 contribute 55 per cent of the household expenditure, those in the age group 70-79 years contribute 50 per cent, while those 80 years and above contribute 46 per cent of the household expenditure. Contributions are less from widowed elderly compared to elderly in the other marital categories. As expected, economic contribution of the elderly to the household is also linked with the current work status. More than 95 per cent of the currently working elderly report contributing towards the household expenditure. This inverse relationship of age and economic contribution is to be expected because people who are currently working tend to be younger and able to make a larger contribution to the household expenditure. There is also a positive association between educational attainment of the elderly and their contribution to the household expenditure. Around 68 per cent of the elderly with eight or more years of education contribute to the household expenditure, whereas only 45 per cent of the elderly with no education do so. A higher proportion of the elderly who live alone or with spouse contribute to the household expenditure compared to the elderly who live with others. The association between economic contribution and living arrangement is in

Figure 4.3: Elderly Contributing to Household Expenditure by Select Background Characteristics, 2011



the expected direction since the elderly who live alone or with a spouse are likely to be using their personal income for the daily household expenditure, whereas those who live with others have other sources of income to count on.

Table 4.4 presents the elderly's perception of the magnitude of their economic contribution to the total household expenditure. More than half of the elderly reported that they make some contribution towards the household budget and almost one-third felt that their contribution covers more than 80 per cent of the household budget. Overall, the men perceive their contribution to be higher than women. The perceptions on the magnitude of contribution do not vary greatly by place of residence.

Table 4.4: Per Cent Distribution of Elderly by their Perceived Magnitude of Contribution towards Household Expenditure According to Place of Residence and Sex, 2011

Proportion of Contribution	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income/No contribution	27.6	64.4	46.7	32.6	64.7	50.1	28.8	64.4	47.6
<40%	6.6	8.4	7.5	6.9	7.6	7.3	6.7	8.2	7.5
40-60%	11.1	4.7	7.8	9.0	4.9	6.8	10.6	4.8	7.5
60-80%	14.5	4.5	9.3	9.8	3.5	6.4	13.3	4.2	8.5
80+	40.0	17.7	28.4	41.5	18.7	29.1	40.4	18.0	28.6
DK/NA	0.2	0.3	0.3	0.2	0.6	0.4	0.2	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Table 4.5 shows the per cent distribution of elderly by their perceived magnitude of contribution according to selected background characteristics. The proportion whose perceived contribution is more than 80 per cent of the household budget varied considerably across background characteristics. A higher proportion of elderly men in the age group 60-69 years and those with more than eight years of education perceived that more than 80 per cent of the household budget is covered by their contribution. The magnitude of contribution across marital status shows that a higher proportion of currently married women than widowed elderly perceived their contribution to be more than 80 per cent. The proportion of elderly who perceived their contribution to be more than 80 per cent increases with increase in education, from 24 per cent for those with no education to 40 per cent for those with of eight or more years of education. Only 14 per cent of the elderly who never worked perceived their contribution to be more than 80 per cent compared with 60 per cent of the elderly who are currently working. Disaggregated by religion, a higher proportion of Sikh elderly (38%) perceived their contribution to be more than 80 per cent compared to other religious groups. A slightly higher proportion of the elderly from the lower wealth quintiles than those from higher wealth quintiles perceived their contribution to be more than 80 per cent. Similarly, a higher proportion of people who live alone or with spouse perceived their contribution to be more than 80 per cent compared with people who live with all others. The same was true of the elderly belonging to Punjab, Odisha and Maharashtra compared to the elderly belonging to other states.

Table 4.5: Per Cent Distribution of Elderly by their Perceived Magnitude of Contribution towards Household Expenditure According to Select Background Characteristics, 2011

Background Characteristics	Magnitude of Contribution					DK/ NA	Total	Number of Elderly
	No Income/No Contribution	<40%	40-60%	60-80%	80%+			
Age								
60-69	45.3	6.8	7.3	9.4	30.9	0.3	100.0	6,239
70-79	50.2	8.5	7.5	7.6	26.0	0.2	100.0	2,601
80+	54.2	8.5	9.1	5.8	21.9	0.6	100.0	1,012
Sex								
Men	28.8	6.7	10.6	13.3	40.4	0.2	100.0	4,672
Women	64.4	8.2	4.8	4.2	18.0	0.4	100.0	5,180
Residence								
Rural	46.7	7.5	7.8	9.3	28.4	0.3	100.0	5,138
Urban	50.0	7.3	6.8	6.4	29.1	0.4	100.0	4,714
Marital Status								
Currently Married	43.3	5.6	8.3	9.8	32.8	0.2	100.0	5,847
Widowed	54.9	10.5	6.3	6.2	21.8	0.5	100.0	3,768
Others	42.1	8.3	8.8	11.7	28.8	0.4	100.0	237
Education								
None	55.1	7.7	6.0	6.5	24.4	0.4	100.0	4,533
1-4 years	48.7	10.5	7.2	7.2	26.0	0.3	100.0	1,258
5-7 years	45.3	7.6	9.1	10.0	27.8	0.2	100.0	1,324
8+ years	31.5	5.1	10.5	13.0	39.7	0.2	100.0	2,682

Contd...

Background Characteristics	Magnitude of Contribution					DK/ NA	Total	Number of Elderly
	No Income/No Contribution	<40%	40-60%	60-80%	80%+			
Employment								
Never worked	72.3	7.0	3.6	3.2	13.6	0.3	100.0	3,587
Worked previously	51.4	7.0	7.9	8.4	25.0	0.3	100.0	4,001
Currently working	4.2	9.0	13.0	16.5	56.9	0.4	100.0	2,264
Religion								
Hindu	47.9	7.1	7.8	8.3	28.5	0.3	100.0	7,781
Muslim	57.4	13.9	6.7	5.8	15.9	0.4	100.0	804
Sikh	36.1	4.8	6.9	13.9	38.1	0.3	100.0	826
Other	47.0	8.4	5.3	6.0	33.4	0.0	100.0	441
Caste/Tribe								
SC/ST	43.4	7.8	7.5	8.6	32.7	0.0	100.0	2,383
OBC	51.1	7.8	6.4	7.5	26.8	0.4	100.0	3,353
Other	47.2	6.9	8.6	9.4	27.5	0.4	100.0	4,116
Living Arrangement								
Living alone	33.1	2.8	6.8	8.3	48.4	0.5	100.0	612
Living with spouse	36.4	3.0	6.9	8.0	45.3	0.3	100.0	1,468
Living with all others	51.1	8.8	7.7	8.6	23.5	0.3	100.0	7,770
Wealth Index								
Lowest	46.8	7.9	7.0	5.2	32.7	0.3	100.0	1,954
Second	47.2	7.4	6.9	7.9	30.2	0.3	100.0	1,974
Middle	46.8	8.3	7.1	10.2	27.2	0.3	100.0	1,938
Fourth	51.3	6.9	6.5	9.7	25.4	0.2	100.0	1,962
Highest	46.0	6.2	11.2	11.2	25.0	0.3	100.0	2,018
State								
Himachal Pradesh	46.9	4.1	12.1	16.6	20.1	0.1	100.0	1,482
Punjab	34.1	5.1	6.9	13.9	39.5	0.4	100.0	1,370
West Bengal	48.9	14.7	9.3	6.6	20.4	0.2	100.0	1,275
Odisha	45.7	5.8	7.6	3.9	36.8	0.1	100.0	1,481
Maharashtra	51.7	1.6	4.0	4.2	38.0	0.5	100.0	1,435
Kerala	48.4	19.0	8.8	7.8	15.5	0.6	100.0	1,365
Tamil Nadu	57.1	3.5	4.2	6.4	28.6	0.1	100.0	1,444
Total	47.6	7.5	7.5	8.5	28.6	0.3	100.0	9,852

Note: Category totals may not add to entire sample of 9,852 elderly due to some not responding.

The fact that the elderly contribute to the household expenditure and are not just recipients of care and support is a 'feel-good factor' for them. However, the magnitude of such support must be considered with some caution since it is only a perception; and further, it is unclear if the elderly are contributing out of necessity (for example, there are no other adult earners in the household). Nevertheless, when the elderly are viewed as a group they should not be always seen as just passive recipients but as active participants and contributors.

Table 4.6 shows the percentage of elderly having some income for the purpose of contribution towards the household expenditure according to place of residence and sex. The data clearly shows that around 90 per cent of the contribution made by the elderly is used for daily expenditure, irrespective of sex or place of residence.

Table 4.6: Percentage of Contributing Elderly by Purpose of Contribution towards Household Expenditure According to Place of Residence and Sex, 2011

Purpose of Expenditure*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Daily expenditure	94.2	79.2	88.6	94.7	83.3	90.1	94.3	80.3	88.9
Children's/ Grand children's education	21.4	10.0	17.1	19.4	11.9	16.3	20.9	10.4	16.9
Medical expenses	68.9	59.5	65.3	76.2	68.9	73.3	70.6	61.9	67.3
Savings	22.3	9.3	17.4	24.6	11.5	19.3	22.8	9.9	17.9
Loan repayment	11.1	3.7	8.4	9.6	5.0	7.7	10.7	4.1	8.2
Special events	30.6	17.0	25.5	32.4	21.3	27.9	31.0	18.1	26.1
Number of elderly	1,813	1,142	2,955	1,627	1,006	2,633	3,440	2,148	5,588

**Multiple response*

4.4. Economic Dependency

Vulnerability among the older population can also be understood by examining their levels of economic dependency. The previous section has shown that more than 50 per cent of the elderly have some type of personal income. However, it is necessary to know whether the income earned by the elderly is sufficient to fulfil their basic needs or whether they are economically dependent on others. If the income earned is partially sufficient to fulfil their basic needs, they will be dependent on others at least partially. If the elderly do not have any income or the income earned is not sufficient to fulfil their basic needs, they will be fully dependent.

Table 4.7 presents the per cent distribution of the elderly by their level of financial dependency according to place of residence and sex. Overall, 23 per cent of the elderly are economically independent, half are fully dependent on others, and 26 per cent are partially dependent. The proportion of elderly who are economically independent (23%), as observed in this survey, is lower than the All India rate using NSSO data for the period 2004-05 (34%) (Alam and Karan, 2011). However, the data are not strictly comparable as the NSSO includes all the states whereas this survey covers the seven states where the demographic transition has been more significant.

As expected, more women (66%) than men (33%) are fully dependent on others economically. The dependency status does not vary greatly by place of residence; about half of all elderly in urban and rural areas are fully dependent on others.

Table 4.7: Per Cent Distribution of Elderly by their Financial Dependency Status According to Place of Residence and Sex, 2011

Financial Dependence	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Fully dependent	31.3	66.0	49.3	36.6	67.5	53.4	32.6	66.4	50.4
Partially dependent	33.5	22.5	27.8	26.8	17.0	21.5	31.8	21.0	26.1
Not dependent	35.1	11.4	22.8	36.6	15.4	25.0	35.5	12.5	23.4
Don't know/No answer	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

The distribution of elderly by their levels of economic dependency according to background characteristics (Table 4.8) shows that younger elderly are less likely to be fully dependent on others than their older counterparts. Widowed elderly are more likely to be fully dependent than currently married elderly. The percentage of the elderly who are fully dependent on others decreases sharply with education. One factor contributing to this pattern may be the likelihood of those with better education having higher levels of personal income. The level of economic dependency is also strongly linked to the current employment status of the elderly. Less than 10 per cent of the elderly who are currently working are fully dependent on others, whereas 73 per cent of those who never worked are fully dependent on others. Muslim elderly and elderly belonging to OBCs are more likely to be fully dependent compared to other religious groups. No variations in dependency levels were observed across wealth quintiles. Elderly who live alone or with spouse are less likely to be fully dependent on others than elderly who live with others. Economic dependency (complete or partial) among the elderly is lowest in Himachal Pradesh and highest in West Bengal. Thus, a substantial proportion of the elderly is dependent on others for economic needs and is financially vulnerable in old age.

Table 4.8: Per Cent Distribution of Elderly by their Financial Dependency Status According to Select Background Characteristics, 2011

Background Characteristics	Financial Dependency Status					
	Fully Dependent	Partially Dependent	Not Dependent	Don't know/ No answer	Total	Number of Elderly
Age						
60-69	48.6	25.5	25.8	0.1	100.0	6,239
70-79	52.5	26.8	20.6	0.1	100.0	2,601
80+	55.7	28.1	16.3		100.0	1,012
Sex						
Men	32.6	31.8	35.5	0.1	100.0	4,672
Women	66.4	21.0	12.5	0.1	100.0	5,180
Residence						
Rural	49.3	27.8	22.8	0.1	100.0	5,138
Urban	53.4	21.5	25.0	0.1	100.0	4,714

Contd...

Background Characteristics	Financial Dependency Status					
	Fully Dependent	Partially Dependent	Not Dependent	Don't know/ No answer	Total	Number of Elderly
Marital Status						
Currently Married	46.8	26.1	27.0	0.1	100.0	5,847
Widowed	56.7	26.2	16.9	0.2	100.0	3,768
Others	42.5	25.0	32.5	0.0	100.0	237
Education*						
None	57.7	27.1	15.1	0.1	100.0	4,533
1-4 years	51.9	28.0	19.7	0.5	100.0	1,258
5-7 years	49.1	27.0	24.0	0.0	100.0	1,324
8+ years	33.9	22.5	43.5	0.0	100.0	2,682
Employment						
Never worked	72.9	17.9	9.2		100.0	3,587
Worked previously	54.5	22.4	23.0	0.1	100.0	4,001
Currently working	9.9	44.6	45.1	0.3	100.0	2,264
Religion						
Hindu	50.2	25.7	24.0	0.1	100.0	7,781
Muslim	66.7	21.0	12.2	0.1	100.0	804
Sikh	38.5	32.5	29.0	0.0	100.0	826
Other	47.5	30.1	22.4	0.0	100.0	441
Caste/Tribe						
SC/ST	46.6	31.2	22.2	0.1	100.0	2,383
OBC	54.5	23.1	22.3	0.1	100.0	3,353
Other	49.1	25.6	25.2	0.1	100.0	4,116
Living Arrangement						
Living alone	34.3	21.2	44.2	0.3	100.0	612
Living with spouse	39.4	21.8	38.7	0.2	100.0	1,468
Living with all others	54.0	27.4	18.6	0.1	100.0	7,770
Wealth Index						
Lowest	51.5	30.1	18.2	0.3	100.0	1,954
Second	49.2	29.4	21.4	0.1	100.0	1,974
Middle	50.9	24.5	24.6	0.0	100.0	1,938
Fourth	53.4	22.5	24.1	0.1	100.0	1,962
Highest	46.1	21.4	32.4	0.1	100.0	2,018
State						
Himachal Pradesh	43.9	21.6	34.5	0.0	100.0	1,482
Punjab	37.4	33.8	28.7	0.0	100.0	1,370
West Bengal	59.8	26.4	13.8	0.0	100.0	1,275
Odisha	44.7	33.7	21.6	0.0	100.0	1,481
Maharashtra	54.8	23.7	20.7	0.8	100.0	1,435
Kerala	54.8	29.6	15.7	0.0	100.0	1,365
Tamil Nadu	58.4	14.4	27.1	0.1	100.0	1,444
Total	50.4	26.1	23.4	0.1	100.0	9,852

Note: Category totals may not add to entire sample of 9,852 elderly due to some not responding.

Gerontology literature has dealt extensively with filial obligation and responsibility. Filial responsibility is conceptualised as a societal attitude with regard to the duty of adult children to meet the needs of their ageing parents (Seelbach, 1981; Walker *et al.*, 1990). Families, and especially adult children, have traditionally been expected to be the main source of support for the elderly. Filial obligation to elderly parents and their care is a very important cultural aspect in India and in many other countries, and it includes provision of material and financial assistance as well as instrumental help (Linzer, 1986; Sapp, 1996). In many countries, the state has either taken over some of the traditional family roles or shares these responsibilities when the family has difficulty in bearing the burden of care. However, in India, the financial support received by the elderly through social security schemes is meagre and the coverage is also very poor. In this context, traditionally, it has been the family, especially the adult son who provides financial and other material support to the elderly.

In order to know the elderly's source of financial support when their personal financial resources are insufficient or inadequate to cover their basic needs, the survey asked them to rank their sources of support in order of importance. Table 4.9 presents the per cent distribution of the elderly by the main source of support according to place of residence and sex. As expected, sons are the major sources of economic support for the elderly (50%) followed by spouse (15%). Only a very small proportion (4%) of the elderly received economic support from daughters. This pattern remained more or less constant across gender and place of residence.

Table 4.9: Per Cent Distribution of Elderly by Main Source of Economic Support According to Place of Residence and Sex, 2011

Source of Economic Support	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Son	46.5	52.8	49.8	47.5	50.8	49.3	46.8	52.2	49.7
Spouse	7.9	23.7	16.1	5.6	17.4	12.0	7.3	22.0	15.0
Daughter	2.4	4.4	3.5	2.4	5.9	4.3	2.4	4.8	3.7
Others	5.8	5.6	5.7	4.9	7.1	6.1	5.5	6.0	5.8
Not dependent on anyone	37.3	13.5	24.9	39.7	18.8	28.3	37.9	14.9	25.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Table 4.10 presents the main source of economic support for the elderly across background characteristics. The proportion of elderly receiving economic support from sons decreases with age and education. Greater dependence on sons is observed among widowed elderly compared to those in the other categories. Dependence on sons varies greatly by the work status of the elderly. Only one-third of the elderly who are currently working depend on sons for their economic needs, compared to more than half of the elderly who have never worked or are not working currently. Dependence on sons is much higher among the elderly Muslims compared to the other religious groups.

Table 4.10: Per Cent Distribution of Elderly by Main Source of Economic Support According to Background Characteristics, 2011

Background Characteristics	Source of Economic Support						
	Son	Spouse	Daughter	Others	None	Total	Number of Elderly
Age							
60-69	45.2	18.2	2.9	5.2	28.5	100.0	6,239
70-79	56.1	11.5	4.3	5.8	22.4	100.0	2,601
80+	59.3	5.7	6.5	9.4	19.2	100.0	1,012
Sex							
Men	46.8	7.3	2.4	5.5	37.9	100.0	4,672
Women	52.2	22.0	4.8	6.0	14.9	100.0	5,180
Residence							
Rural	49.8	16.1	3.5	5.7	24.9	100.0	5,138
Urban	49.3	12.0	4.3	6.1	28.3	100.0	4,714
Marital Status							
Currently Married	41.3	24.1	2.2	3.3	29.0	100.0	5,847
Widowed	64.7	1.2	6.1	8.0	20.1	100.0	3,768
Others	26.4	2.9	2.5	33.1	35.1	100.0	237
Education*							
None	55.2	16.5	4.3	6.6	17.4	100.0	4,533
1-4 years	54.5	11.4	5.0	6.4	22.7	100.0	1,258
5-7 years	46.6	17.0	3.3	5.8	27.3	100.0	1,324
8+ years	36.2	12.8	2.0	3.7	45.4	100.0	2,682
Employment							
Never worked	53.9	27.4	3.1	4.8	10.9	100.0	3,587
Worked previously	55.6	7.8	4.7	6.1	25.7	100.0	4,001
Currently working	33.7	8.3	2.9	6.8	48.4	100.0	2,264
Religion							
Hindu	49.5	14.7	4.0	5.6	26.2	100.0	7,781
Muslim	63.4	10.0	3.2	8.5	14.9	100.0	804
Sikh	40.8	22.7	0.4	4.5	31.6	100.0	826
Other	44.6	13.8	6.0	7.2	28.4	100.0	441
Caste/Tribe							
SC/ST	51.2	15.2	3.3	5.9	24.5	100.0	2,383
OBC	52.2	12.8	4.8	5.5	24.6	100.0	3,353
Other	46.3	16.9	2.9	6.0	27.9	100.0	4,116
Living Arrangement							
Living alone	25.8	2.0	7.5	16.8	47.8	100.0	612
Living with spouse	17.6	33.9	3.8	4.5	40.2	100.0	1,468
Living with all others	58.2	12.1	3.4	5.2	21.1	100.0	7,770
Wealth Index							
Lowest	51.9	13.6	5.7	8.5	20.3	100.0	1,954
Second	49.9	15.6	3.9	6.2	24.5	100.0	1,974
Middle	51.6	13.7	2.8	4.8	27.2	100.0	1,938
Fourth	51.2	15.0	2.8	4.9	26.1	100.0	1,962
Highest	41.1	18.6	2.4	3.2	34.6	100.0	2,018

Contd...

Background Characteristics	Source of Economic Support						
	Son	Spouse	Daughter	Others	None	Total	Number of Elderly
State							
Himachal Pradesh	36.5	21.5	1.6	4.8	35.6	100.0	1,482
Punjab	42.2	21.9	0.5	4.6	30.9	100.0	1,370
West Bengal	63.0	10.7	4.0	8.2	14.0	100.0	1,275
Odisha	57.6	14.1	2.6	4.1	21.6	100.0	1,481
Maharashtra	47.6	12.8	2.7	5.4	31.4	100.0	1,435
Kerala	56.0	11.6	7.5	8.8	16.1	100.0	1,365
Tamil Nadu	46.5	12.0	7.1	5.1	29.4	100.0	1,444
Total	49.7	15.0	3.7	5.8	25.8	100.0	9,852

Note: Category totals may not add to entire sample of 9,852 elderly due to some not responding.

4.5. Asset Ownership by the Elderly

The ownership of assets is an important indicator of the financial well-being of individuals. Assets such as land, housing and cash can provide a source of income for the elderly through rents, interest, dividends, etc. This source of income is advantageous since it has the potential of providing income for elderly persons without involving much labour, which is desirable as the elderly become more physically vulnerable. It also has the advantage of acting as collateral for loans. Further, asset ownership endows the elderly with status within the household as well as in society, especially in the case of women. Finally, the elderly who hold assets such as land in rural areas are more likely to co-reside with their children since land is usually passed down through the generations. Co-residing with children is expected to provide material and emotional support for elderly parents as they age.

The survey is unique in that it asked about the personally owned assets of the elderly. Unlike assets belonging to the household, personal assets are the resources that the elderly can fall back on in times of need and which give them a feeling of power and dignity. The survey asked the elderly respondents a number of questions about the ownership of various immovable assets such as land and housing, and assets such as jewellery and savings in the form of cash in the bank or post office, mutual funds, shares, dividends, etc. The elderly were also asked whether they had inherited the asset or acquired it, and the magnitude of each asset.

A majority of the elderly reported that they own some form of asset – land, housing, jewellery or savings – though the holdings are small in magnitude. Further, the gender gap in assets is very apparent from the data with fewer women possessing land, housing and savings compared to men. While inheritance is a significant way of accumulating land for all elderly women and men in rural areas, in urban areas, housing is mostly acquired rather than inherited by both elderly men and women.

Current Ownership of Assets

Information on the ownership of various types of assets is presented in detail in Table 4.11. Among all elderly surveyed, 23 per cent reported that they do not own any land, housing, jewellery or gold, or any form of savings. Not surprisingly, more women (34%) than men (11%) are in this situation since in India assets are usually in the name of men (whether husbands or sons or brothers).

Table 4.11: Percentage of Elderly by Asset Ownership According to Place of Residence and Sex, 2011

Type of Assets	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited land	45.8	22.7	33.8	14.3	7.3	10.5	37.8	18.5	27.6
Self acquired land	20.4	7.0	13.4	13.2	4.3	8.3	18.5	6.2	12.1
Inherited house(s)	42.7	26.2	34.1	21.5	15.2	18.1	37.3	23.2	29.9
Self acquired house(s)	42.3	20.6	31.0	59.2	31.0	43.8	46.6	23.4	34.4
Housing plot(s)	2.3	1.7	2.0	4.0	1.6	2.6	2.7	1.6	2.2
Inherited gold or jewellery	6.2	10.6	8.5	5.4	11.3	8.6	6.0	10.7	8.5
Self acquired gold or jewellery	14.5	18.1	16.4	29.4	30.2	29.9	18.3	21.4	19.9
Savings in bank, post office, cash	28.0	13.4	20.4	38.8	18.3	27.7	30.8	14.7	22.3
Savings in bonds, shares, mutual funds	0.1	0.1	0.1	0.4	0.1	0.3	0.2	0.1	0.1
Life insurance	1.8	0.5	1.1	4.5	1.3	2.8	2.5	0.7	1.6
Don't own any asset	10.6	34.8	23.2	12.1	32.0	23.0	11.0	34.1	23.1
Total	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Land

About 40 per cent of all elderly reported that they own land which is either inherited (28%) or acquired (12%). More than half of all men but only about one-fourth of all women possess this asset, with more elderly inheriting it than acquiring it. About 38 per cent of all men and 19 per cent of all women own inherited land, while only 19 per cent of men and six per cent of women own self-acquired land. There is also a significant difference by place of residence –more land of both types is held by the elderly in rural areas since livelihoods are more dependent on agriculture and therefore land is an important resource. Thus, 45 per cent of the elderly men in rural areas reported owning inherited land and 20 per cent reported owning self-acquired land compared to about 14 per cent each in the case of elderly men in urban areas. It is interesting to note that 23 per cent of the elderly women in rural areas also reported owning inherited land.

Housing

About a third each of all elderly own inherited or self-acquired houses. While elderly women are less likely to own houses compared to elderly men (47% compared to 84%), housing is an important

resource for elderly women with about 23 per cent each owning houses that were inherited or self-acquired. Plots are not an important form of asset for the elderly, and only about two per cent of all elderly own housing plots.

The rural-urban difference is again apparent when it comes to owning housing. While a little more than 30 per cent of the elderly own either inherited or self-acquired housing in rural areas, many more elderly own self-acquired housing in urban areas (44%) compared to inherited housing (18%).

Gold or Jewellery

It is notable that owning gold or jewellery is reported by a significantly small proportion of the elderly, including women. Only nine per cent of all elderly reported owning inherited jewellery or gold, and a little more than double that figure have acquired these assets themselves. While more elderly women than men own gold or jewellery (32% compared to 23%), the gap is not as large as expected. The reasons for this could be varied. Gold is considered to be an auspicious metal for Hindus in India, and men wear jewellery in the form of gold chains or earrings. Gold is also an important form of investment as it is considered the duty of all parents to provide gold and jewellery for their daughters and daughters-in-law at the time of marriage. Finally, jewellery owned by the wife may be claimed as belonging to the husband as well since both partners are considered to be a single unit. The figures for self-acquired gold or jewellery among urban men and women stand out with about 30 per cent each reporting that they own this asset.

Savings

The elderly were also asked about their savings in the bank or post office in the form of cash, or in the stock market, or as premiums paid for life insurance. Of these, savings or cash in the bank or post office was by far the most significant type of asset held by the elderly in the survey with about 31 per cent of elderly men and 15 per cent of elderly women owning this type of asset. By place of residence, more elderly in urban areas have savings in the bank or post office (28%) than elderly in rural areas (20%).

Table 4.12: Percentage of Elderly Owning Assets by Select Background Characteristics, 2011

Background Characteristic	Inherited and Self-acquired Land	Inherited and Self-acquired House(s)	Inherited and Self-acquired Gold or Jewellery	Savings in Bank, Post Office or Cash/Savings in Bonds, Shares, Mutual funds/ Life Insurance	Number of Elderly
Age					
60-69	34.6	63.4	28.5	24.6	6,239
70-79	39.1	61.4	21.5	21.0	2,601
80+	39.4	56.1	19.0	18.0	1,012
Sex					
Men	50.5	80.3	21.6	31.7	4,672
Women	23.6	45.7	29.2	15.1	5,180

Contd...

Background Characteristic	Inherited and Self-acquired Land	Inherited and Self-acquired House(s)	Inherited and Self-acquired Gold or Jewellery	Savings in Bank, Post Office or Cash/Savings in Bonds, Shares, Mutual funds/ Life Insurance	Number of Elderly
Residence					
Rural	43.1	62.6	22.3	21.0	5,138
Urban	17.7	60.5	34.8	28.3	4,714
Marital Status					
Currently married	39.2	64.0	26.0	25.7	5,847
Widowed	31.4	59.5	25.2	18.2	3,768
Others	40.4	53.6	21.7	26.3	237
Education					
None	30.7	57.1	19.9	14.7	4,533
1-4 years	44.7	60.1	20.9	15.4	1,258
5-7 years	40.8	64.4	27.7	23.3	1,324
8+ years	41.7	72.9	39.9	45.2	2,682
Employment					
Never worked	22.6	43.8	30.3	16.9	3,587
Worked previously	42.3	70.9	24.1	25.6	4,001
Currently working	47.3	75.1	20.9	27.7	2,264
Religion					
Hindu	38.3	65.1	26.0	22.5	7,781
Muslim	35.5	52.9	20.8	11.2	804
Sikh	21.8	48.5	27.4	36.9	826
Other	32.7	52.6	23.4	24.0	441
Caste/Tribe					
SC/ST	31.0	65.0	17.3	19.2	2,383
OBC	35.7	64.5	27.5	15.8	3,353
Other	40.5	57.8	29.3	32.0	4,116
Wealth Index					
Lowest	34.5	64.4	8.9	7.9	1,954
Second	37.6	63.6	21.4	16.3	1,974
Middle	37.8	62.5	31.8	24.1	1,938
Fourth	37.4	63.6	36.3	35.5	1,962
Highest	34.1	53.4	37.1	40.4	2,018
State					
Himachal Pradesh	50.9	68.2	33.9	48.3	1,482
Punjab	15.9	48.3	24.6	38.0	1,370
West Bengal	34.5	44.0	9.6	23.7	1,275
Odisha	51.4	77.2	7.6	7.7	1,481
Maharashtra	35.7	79.5	46.2	16.4	1,435
Kerala	51.9	45.3	21.5	13.5	1,365
Tamil Nadu	12.9	67.7	34.0	12.7	1,444
Total	36.4	62.1	25.6	22.9	9,852

The relationships between the ownership of various assets and the background characteristics of the elderly are illustrated in Table 4.12. The assets are grouped broadly into land, housing and gold/

jewellery and are not distinguished by whether the asset was inherited or not. Further, savings in the form of bonds, shares, funds was combined with savings in the form of cash in the bank or post office since the numbers who owned this asset were negligible.

It was observed that there was a strong association between education and the ownership of all three assets, with elders who had more years of education more likely to own assets, whether land, housing, jewellery or savings. While the relationship between age and ownership of assets isn't very strong, there is a decreasing trend in the ownership of housing, gold/jewellery and savings with the increase in broad age group. That is, younger elderly are more likely to own housing, gold and jewellery and have savings compared to older elderly, suggesting that with increasing age the elderly are more likely to transfer their assets or not possess them.

The gender gap for each type of asset is significant with the exception of gold and jewellery – only about half as many women own land, housing and savings as men. While 51 per cent of men own land, only 24 per cent of women do so. The gap is marginally smaller in the case of housing, but it is still significant. Overall, 80 per cent of elderly men reported that they own housing, as compared to only 46 per cent of elderly women. In the case of savings, 32 per cent of elderly men and 15 per cent of elderly women report ownership. It is only in the ownership of jewellery/gold that the gender gap is small, with 30 per cent of elderly women and 22 per cent of elderly men owning jewellery.

The rural-urban difference has been described earlier, with the rural elderly more likely to own immovable assets such as land and the urban elderly more likely to own movable assets such as gold, jewellery and savings. However, there is no variation by place of residence in the ownership of housing.

The ownership of assets also appears to be associated with employment status, with the elderly who worked previously or work currently more likely to own land, housing and savings compared to those who never worked. This relationship is likely to be influenced by the fact that men are more likely than women to work and therefore to own assets. In other words, a majority of those in the never worked category are women who are therefore less likely to own assets.

It is notable that ownership of assets such as land and housing is not associated with the ownership of other consumer durables such as computers and TVs that make up the wealth index. In other words, there is no variation across the wealth quintiles in the ownership of these two assets, suggesting that land and housing are in many cases necessities and not fluid resources. However, the proportions of elderly who own gold or jewellery and savings rise with the increase in the wealth index, suggesting that the elderly who own these assets also own other consumer durables.

There is a significant variation in the ownership of these assets across the states that were included in the survey. Land is an important resource for the elderly in Himachal Pradesh, Odisha and Kerala with approximately half of all elders owning inherited or self-acquired land, while 65 per cent or more of the elderly in Himachal Pradesh, Odisha, Maharashtra and Tamil Nadu owned housing.

The distribution in ownership of various assets by state and sex is analysed further in the figures below (Figures 4.4 and 4.5). Kerala is notable in that the proportions of both elderly women and men who own land are higher than the proportions of those who own each of the other three types of assets whereas in all the other states, a higher proportion of both elderly men and women own housing compared to the proportion of those who own land, gold/jewellery and savings.

Figure 4.4: Elderly Men's Asset Ownership by State, 2011

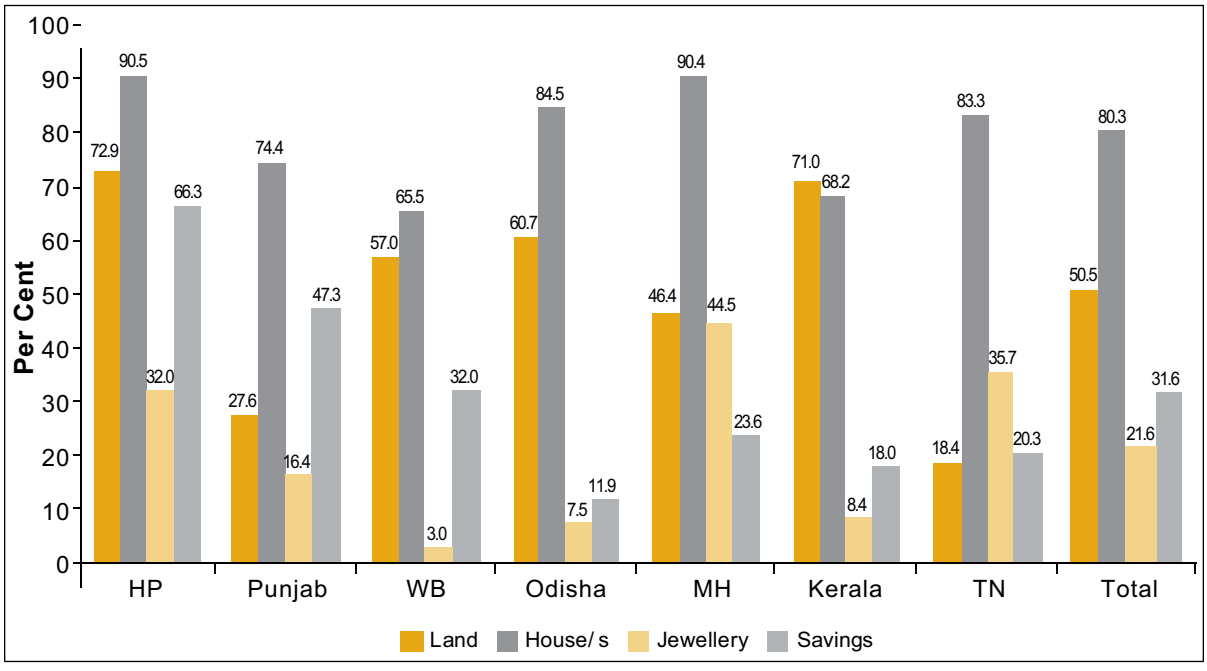
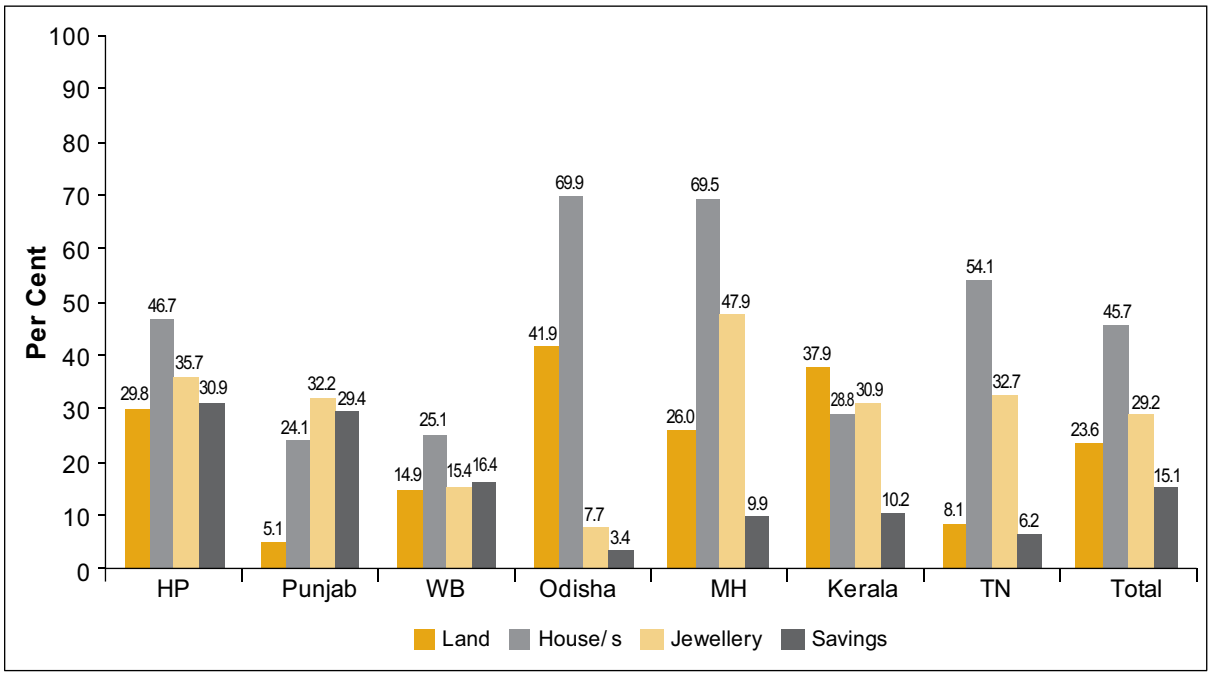


Figure 4.5: Elderly Women's Asset Ownership by State, 2011



Gender Issues

The ownership of assets for men and women in the older age groups is likely to be influenced by their marital status in different ways. While amendments to the inheritance laws have improved the chances of women to inherit assets from their parents and increased the likelihood of women owning land and housing, in practice most assets are still legally in the name of their husbands. Thus, as long as women are married, it is unlikely that the asset is in their name. Only on widowhood or on separation from a living spouse are women likely to become owners of the asset. This is not so in the case of men. In fact, the event of divorce could indicate the lack of ownership for men, as assets will have to be shared between the two partners.

The survey findings clearly show that women are more likely to own assets such as land and housing when they are no longer married. Table 4.13 presents ownership patterns by marital status and wealth index. It is apparent that elderly women who are widows or divorced or separated are more likely to own land, housing, and have savings compared to women who are currently married. Only in the case of owning jewellery does marital status not matter for elderly women. The table shows that 28 per cent of elderly women who are widowed own land, while 57 per cent own housing. Similarly, among elderly women who are separated or divorced, 40 per cent own land and 50 per cent own housing. On the other hand, marital status does not affect ownership of these assets for men. Married men are more likely to own assets such as land, housing, jewellery and savings compared to widowed men and men who are divorced or separated from their spouses. The table shows that increase in wealth index is associated with decreasing ownership for women.

Table 4.13: Percentage of Elderly by Asset Ownership According to Marital Status and Sex, 2011

	Inherited and Self-acquired Land		Inherited and Self-acquired House(s)		Inherited and Self-acquired Gold or Jewellery		Savings in Bank, Post Office or Cash/ Savings in Bonds, Shares, Mutual Funds/ Life Insurance		No Assets		Number of Elderly	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Marital Status												
Currently married	51.1	16.2	82.1	28.7	23.1	31.5	32.4	12.7	10.0	43.1	3,901	1,946
Widowed	48.7	27.8	73.0	56.7	13.7	27.6	26.7	16.5	14.9	28.3	661	3,107
Others	42.1	39.6	57.5	50.4	10.3	30.8	34.9	19.4	26.2	28.6	110	127
Wealth Quintiles												
Lowest	46.4	25.0	77.7	53.6	7.9	9.7	8.8	7.1	15.8	37.9	858	1096
Second	51.6	25.4	79.1	50.1	17.8	24.6	22.1	11.2	11.4	34.7	908	1066
Middle	52.2	25.5	82.0	45.6	26.9	36.1	35.4	14.2	9.2	32.4	894	1044
Fourth	52.1	22.3	84.4	42.4	31.7	41.1	48.6	22.1	8.4	31.6	1001	961
Highest	51.2	17.1	78.3	28.6	27.2	47.0	52.5	28.2	8.9	31.4	1009	1009

Magnitude of Assets Owned

The information presented thus far suggests that significant numbers of elderly, at least elderly men, own assets such as land and housing. However, it is important to note the magnitude of the assets owned to have a better understanding of the financial well-being of the elderly. Table 4.14 contains information on the extent of each asset owned by the elderly according to place of residence and sex.

Table 4.14: Percentage of Elderly by Amount of Asset Owned According to Place of Residence and Sex, 2011

Amount of Asset Owned	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited or Self-Acquired Land (Acre)									
No land	41.0	71.7	56.9	74.4	88.9	82.3	49.5	76.4	63.7
≤1 Acre	24.3	14.4	19.2	19.0	8.3	13.2	23.0	12.7	17.6
> 1 Acre	34.7	13.9	23.9	6.6	2.8	4.5	27.6	10.9	18.8
Inherited or Self-Acquired House(s) or Plots									
No house(s) or plots	19.0	54.3	37.4	21.7	54.3	39.5	19.7	54.3	37.9
One	71.2	41.5	55.8	69.2	42.4	54.6	70.7	41.8	55.5
>1	9.8	4.2	6.9	9.1	3.3	6.0	9.6	3.9	6.6
Inherited or Self-Acquired Gold or jewellery									
No gold or jewellery	81.7	74.1	77.7	69.0	62.0	65.2	78.4	70.8	74.4
≤10 gm	7.4	13.2	10.4	6.1	12.7	9.7	7.1	13.0	10.2
11-50 gm	8.7	10.6	9.7	19.7	21.3	20.6	11.5	13.5	12.5
>50 gm	2.3	2.1	2.2	5.1	4.0	4.5	3.0	2.7	2.8
Savings in Bank, Post Office, Cash (Rs.)									
No savings	72.0	86.6	79.6	61.1	81.6	72.3	69.2	85.3	77.7
< 10,000	12.4	8.7	10.5	8.2	6.8	7.4	11.4	8.2	9.7
10,000–50,000	7.9	3.0	5.4	16.2	6.2	10.7	10.0	3.9	6.8
50,000–1 lakh	3.7	0.9	2.2	6.2	2.5	4.2	4.3	1.4	2.8
1 lakh and above	3.9	0.7	2.3	8.2	2.7	5.2	5.0	1.3	3.0
Don't know/ No answer	0.1	0.0	0.0	0.2	0.2	0.2	0.1	0.1	0.1
Total	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Since land is an important resource in rural areas, it is not surprising that the findings show that the elderly in rural areas are more likely to own larger landholdings (24% own more than 1 acre) compared to the elderly in urban areas (4.5%). While 55 per cent of the elderly own one house and only seven per cent own more than one, there is little variation in this pattern of ownership across place of residence. The distribution of the elderly according to the extent of ownership of gold or jewellery is interesting in that the elderly in urban areas are more likely to own larger amounts of jewellery compared to their counterparts in rural areas. About 25 per cent of the urban elderly own

more than 10 grams gold or jewellery compared to 12 per cent of rural elderly. While the majority of the elderly do not have any savings, about 40 per cent of urban men, 28 per cent of rural men, 18 per cent of urban women and 13 per cent of rural women have some savings, with elderly men in urban areas having higher magnitudes of savings compared to all other groups.

Transfer of Assets

Information on the transfer of assets via nomination in a will was also gathered in the survey. Transferring of assets was reported by a small percentage of the elderly. About 10 per cent of elderly men and 13 per cent of elderly women who own land say that they have nominated a transferee for their asset, while six per cent of elderly men and 10 per cent of elderly women who own housing have done the same. However a higher proportion of each group have nominated a transferee for their savings (20% and 16% respectively). It is interesting that a significantly higher per cent of elderly men (15%) have nominated a transferee in the case of gold or jewellery compared to elderly women (6%).

The primary recipient of the nomination in the case of land is the elderly person's children, with the spouse being next in line but much less likely to be nominated. With regard to housing and jewellery, a majority of the elderly have nominated their children as heirs but spouses come a close second. However, when it comes to savings and life insurance, spouses are the primary heirs.

Summary

Undoubtedly, access to personal income is highly desirable as it enables the elderly to be financially independent. However, having income need not necessarily reflect the economic well-being of the elderly, especially when the income is linked with the current labour force participation. The implications of not having a personal income may vary between elderly men and women. For men, not having income may indicate some sort of economic vulnerability; whereas for women this need not always be the case, as a higher proportion of women from the higher wealth quintiles report having no personal income. The income data shows that though around half of the elderly have some personal income, as the majority fall in the low income bracket they are economically dependent on others for their basic needs. As expected, sons are the major source of economic support for elderly. Surprisingly, one-third of all the elderly in the selected seven states are supported by transfer income. However, the elderly also have the perception that they make substantial contribution to the household budget, suggesting that the predominant view that they are passive recipients of support and care should be re-examined.

The findings from the survey also indicate that although significant proportions of elderly own some form of asset (land, housing, jewellery or savings), the magnitude of ownership is marginal. The gender gap in assets is also apparent from the data with fewer women owning each asset compared

to men. It is notable that inheritance is a significant way of accumulating wealth for elders in rural areas while in urban areas wealth is usually self acquired. Thus, the implications of transfers of wealth between generations (such as stronger intergenerational ties) are likely to be more important in rural areas compared to urban areas.

References

Alam, Moneer and Anoop Karan (2011). *Elderly Health in India: Dimension, Determinants and Differentials*. Working Paper No. 3, Building Knowledge Base on Ageing in India, Institute for Social and Economic Change, Bangalore, United Nations Population Fund, New Delhi and Institute of Economic Growth, New Delhi.

Dreze, J. And Srinivasan, P.V. (1995): *Widowhood and Poverty in Rural India: Some Inferences from Household Survey Data,* Discussion Paper No. 125, November 1995, IGIDR, Bombay.

Hanson, S. L., Saur, W. J., & Seelbach, W. C. (1983). 'Racial and cohort variations in filial responsibility norms'. *Gerontologist,* 23 (6), 626–631.

Linzer, N. (1986). 'The obligation of adult children to aged parents: a view from Jewish tradition'. *Journal of Aging and Judaism,* 1 (1), 34–48.

Root, Lawrence S. and John E. Tropman (1984), 'Income sources of the elderly'. *Social Security Review,* Vol. 58, No. 3 (Sep., 1984), pp. 384-403.

Sapp, S. (1996). 'Religious views on legacy and intergenerational transfers'. *Generation,* 20 (3), 31–36.

Seelbach, W. C., & Sauer, W. J. (1977). 'Filial responsibility expectations and morale among aged parents'. *Gerontologist,* 17, 492–499.

Seelbach, W. C. (1981). Filial responsibility among aged parents: a racial comparison. *Journal of Minority Aging,* 5, 286–292.

Seelbach, W. C. (1977). Gender differences in expectations for filial responsibility. *Gerontologist,* 17, 421–425.

Singh, Laishram L and M.R. Narayana, (2011). 'The Role of Familial Transfers in Supporting the Lifecycle Deficit in India'. In *Population Aging and the Generational Economy: A Global Perspective*. Ronald Lee and Andrew Mason(ed) (Cheltenham, England and Northampton, Mass.: Edward Elgar Publishing, 2011).

Swaminathan Hema, Rahul Lahoti and Suchitra J. Y. (2012). 'Gender Asset and Wealth Gaps: Evidence from Karnataka'. *Economic and Political Weekly,* Vol. XLVII, No. 35, pp. 59-67.

Walker, A. J., Pratt, C. C., Shinn, H., & Jones, L. L. (1990). 'Motives for parental caregiving and relationship quality'. *Family Relations,* 39, 51–56.

5. Living Arrangements and Family Relationships

In India, the institution of family is central to everyday life. It stipulates that children – particularly male children – provide support to parents in their old age, traditionally in the form of co-residence. However, with increasing urbanisation and employment-related migration within and outside the country, the co-residential structure of the Indian family is seeing a dramatic transformation. In addition, fertility transition will continue to contribute to the dissipation of the "youth bulge" in favour of an older population age structure in the future. Increased longevity among the elderly, particularly women, due to medical advances is another factor.

The implications of the above shifts for living arrangements are complex. There are fewer children to care for increasing numbers of elderly parents, and the process of urbanisation means that these children may leave co-residential homes for employment, leaving their parents to fend for themselves or in the company of a caretaker. Due to a shortage of living space together with high cost of living in urban areas, children often have no choice but to leave their parents behind. It is estimated that by 2050, one out of every five Indians will be above the age of 60 (The World Population Prospects, the 2010 Revision, United Nations). With weak public pension and social security systems as well as changing household structures, planning for the elderly especially in terms of living arrangements assumes increasingly greater importance.

This chapter therefore analyses the survey data with a specific focus on the living arrangements and family relationships of elderly persons in India. It throws light on the specific living arrangements, particularly the type and composition of living arrangements, the changes in living arrangement after the age of 60, perceptions of the elderly about their living arrangements, and the level of interaction and monetary transfers between the elderly and non-co-residing children. It also analyses family relationships, the decision-making role of elderly within the family, abuse faced by the elderly (if any) and social mobility. Understanding these critical elements will help in the formulation of evidence-based policies and programmes for India's increasing numbers of elderly persons.

5.1. Living Arrangements: Type and Composition

The traditional co-residential family living arrangement is the most common practice across all survey states. However, a few trends are noteworthy as seen from the profile of elderly men and women by their place of residence and living arrangements (Table 5.1). A majority of the elderly

Table 5.1: Per Cent Distribution of Elderly by Type of Living Arrangement According to Place of Residence and Sex, 2011

Living Arrangement	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Alone	2.1	9.3	5.9	1.7	10.5	6.5	2.0	9.6	6.0
Spouse only	21.6	12.9	17.1	19.2	7.1	12.7	21.0	11.3	15.9
Spouse, children and grandchildren	57.6	25.7	41.0	59.3	22.5	39.3	58.1	24.9	40.6
Children and grandchildren	12.4	43.6	28.6	11.3	50.6	32.7	12.1	45.5	29.7
Others	6.2	8.5	7.4	8.5	9.3	9.0	6.8	8.7	7.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

are co-residing, but a fifth of all elderly are living alone or with their spouse only; and a significant six per cent are living alone. A higher proportion of elderly women (10%) than elderly men (2%) live alone. The percentage of urban elderly women living alone is slightly higher than rural elderly women. Marital status, particularly widowhood, as a determinant of living arrangement emerges as an underlying factor. There is significant interstate variation with about 10 per cent of women in West Bengal and Maharashtra living alone, while in Tamil Nadu the corresponding proportion is over 25 per cent. These are also the states with rapidly ageing populations, largely due to fertility reductions and increased outmigration of youth.

An overwhelming majority of elderly in the sample (95%) have at least one child, which is consistent with childbearing patterns of those cohorts. Of those elderly, a total of 31,821 children were born – 16,831 male and 14,990 female. About a third of those children co-reside with their parents (N=10,760) while the rest live elsewhere (N=21,061). The elderly who co-reside with their children were asked whether they always stay with the child they were living with at the time of the interview. Across the board, the elderly generally stay with that particular child (69% of men and 67% of women). In addition, one-fifth of the elderly women and men said they only had that one child and thus stayed with that child and about one-tenth said that they moved between the residences of their children. Of all the elderly in the sample who co-reside with a child, 66 per cent of men and 60 per cent of women have separate rooms in the house of the child they live with. Of those who do not have a separate room, about 70 per cent sleep in the same room as their child, while 30 per cent sleep in the veranda.

When living arrangements of the elderly are further disaggregated by their background characteristics (Table 5.2), the dominant type of living arrangement across all categories remains living with one's spouse, children and grandchildren. It is seen that widowed older women who have no education and have never worked (all adverse conditions) live mostly with children and grandchildren, presumably due to helplessness and lack of choice – a living arrangement that is associated with increasing vulnerability of such women.

There are important findings for the elderly living alone as well. Table 5.2 also shows that fewer oldest-old (aged 80 and above) live alone. Consistent with the above findings, 14 per cent of widowed elderly live alone, while 16 per cent of elderly in the "other" category (separated/deserted, divorced, living together or never married) also live alone. About seven per cent of the elderly with no education live alone compared to four per cent of the elderly with eight years or more of schooling. A similar gradient exists with wealth quintiles, with 14 per cent of the elderly in the lowest wealth quintile living alone compared to a negligible percentage of the elderly in the highest wealth quintile. There are differences by state as well, with three per cent of the elderly in Odisha living alone compared to a much higher 16 per cent in Tamil Nadu.

Table 5.2: Per Cent Distribution of Elderly by Type of Living Arrangement According to Select Background Characteristics, 2011

Background Characteristic	Alone	Spouse only	Spouse, children and grandchildren	Children and grandchildren	Others	Total	Number of Elderly
Age							
60-69	5.9	16.0	47.3	23.4	7.4	100.0	6,239
70-79	6.5	17.6	33.2	35.4	7.4	100.0	2,601
80+	5.5	11.8	20.9	51.2	10.6	100.0	1,012
Sex							
Men	2.0	21.0	58.1	12.1	6.8	100.0	4,672
Women	9.6	11.3	24.9	45.5	8.7	100.0	5,180
Residence							
Rural	5.9	17.1	41.0	28.6	7.4	100.0	5,138
Urban	6.5	12.7	39.3	32.7	9.0	100.0	4,714
Marital Status							
Married	0.5	26.2	67.3	0.0	6.1	100.0	5,847
Widowed	14.4	0.0	0.0	76.8	8.8	100.0	3,768
Other	15.5	4.7	0.0	44.1	35.8	100.0	237
Education							
None	7.4	14.1	32.6	38.2	7.7	100.0	4,528
1-4 years	4.5	13.9	43.3	30.0	8.2	100.0	1,258
5-7 years	5.8	14.0	46.8	25.9	7.5	100.0	1,324
8+ years	4.1	22.1	53.0	12.8	8.0	100.0	2,682
Employment							
Never worked	6.6	11.0	28.2	45.4	8.9	100.0	3,586
Previously worked	5.0	17.6	44.8	25.1	7.5	100.0	4,001
Currently working	6.7	20.6	52.2	13.7	6.8	100.0	2,265
Religion							
Hindu	6.5	16.8	40.2	29.6	7.0	100.0	7,781
Muslim	4.7	6.9	41.4	34.0	13.0	100.0	804
Sikh	2.7	14.6	46.2	27.3	9.2	100.0	826
Other	7.0	19.7	34.5	29.3	9.5	100.0	441
Caste/Tribe							
SC/ST	6.2	15.6	39.8	31.2	7.4	100.0	2,383
OBC	7.6	16.9	39.1	29.4	6.9	100.0	3,353
Other	3.9	15.2	43.4	28.6	9.0	100.0	3,868

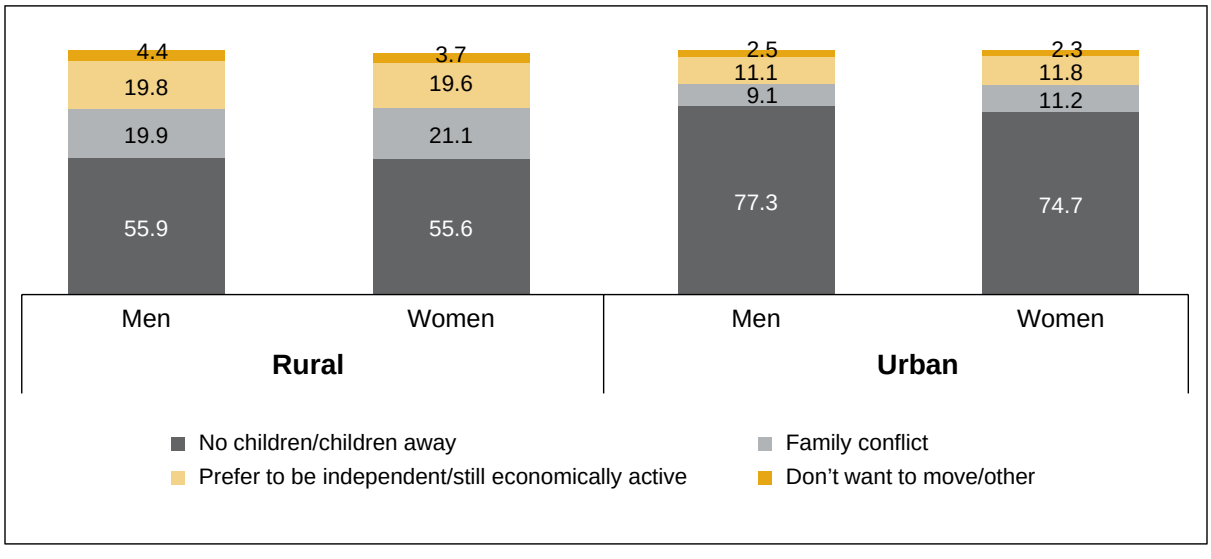
Contd...

Background Characteristic	Alone	Spouse only	Spouse, children and grandchildren	Children and grandchildren	Others	Total	Number of Elderly
Wealth Index							
Lowest	13.6	22.4	29.5	27.9	6.6	100.0	1,954
Second	6.8	17.9	39.0	29.4	7.0	100.0	1,974
Middle	4.0	13.6	43.1	31.4	7.9	100.0	1,938
Fourth	1.2	11.7	47.2	31.0	8.9	100.0	1,962
Highest	1.3	10.7	49.4	29.1	9.5	100.0	2,018
State							
Himachal Pradesh	4.0	18.5	44.2	26.8	6.6	100.0	1,482
Punjab	3.3	13.2	46.5	28.3	8.7	100.0	1,370
West Bengal	6.3	9.1	38.5	32.2	13.9	100.0	1,275
Odisha	2.8	16.5	46.1	30.9	3.8	100.0	1,481
Maharashtra	5.7	14.0	45.1	28.7	6.5	100.0	1,435
Kerala	3.6	11.1	38.6	34.5	12.3	100.0	1,365
Tamil Nadu	16.2	27.7	24.9	27.1	4.1	100.0	1,444
Total	6.0	16.0	40.6	29.7	7.8	100.0	9,852

Note: Category totals may not add up to entire sample of 9,852 elderly due to non-response.

The main reason for living alone (Figure 5.1) is not having children or children living elsewhere, most likely due to migration. What is striking, however, is that this is more prevalent in urban areas with 77 per cent of men and 75 per cent of women citing this reason for living alone compared to 56 per cent each for men and women in rural areas. Family conflict or a preference to be independent are the other main factors responsible for the elderly living alone; with more rural elderly citing family conflict (20% men and 21% women) than urban elderly (9% men and 11% women).

Figure 5.1: Main Reason for Elderly to Live Alone or with Spouse, 2011



As seen in Table 5.3, more 70-79 and 80+ olds live alone due to family conflict. Equal proportions of married and widowed elderly live alone due to no children/children away. Less educated elderly live alone due to family conflict, while those with eight or more years of schooling prefer to be

independent (15%). Family conflict is the second main reason for living alone or with spouse for Muslims (28%), Sikhs (27%) and SC/ST (24%) elderly. As much as 47 per cent of the elderly in the two lowest wealth quintiles cite family conflict as the main reason for living alone, while about 43 per cent of the elderly in the other three quintiles cite independence as the main reason for living alone. The elderly in Himachal Pradesh, Kerala and Tamil Nadu also report a preference to be independent as the second main reason for living alone.

The survey findings indicate that though a majority of the elderly co-reside with other family members – a substantial percentage either live alone or with spouse only. Due to increasing occurrence of widowhood among women, a higher percentage of women live alone. Migration of children seems to emerge as the most important reason for elderly living alone; however, family conflicts and desire to be independent are also significant reasons, particularly because of the social and mental impact. Further, when the elderly living alone are illiterate, poor and from socially backward classes and communities, their vulnerability greatly increases. There is therefore a need to address such issues of quality of life of elderly in the country, keeping in mind the inter-state variations observed in their living arrangements.

Table 5.3: Per Cent Distribution of Elderly by Main Reason for Living Alone or With Spouse According to Select Background Characteristics, 2011

Background Characteristic	No Children/ Children Away	Family Conflict	Prefer to be Independent/Still Economically Active	Don't Want to Move/ Other	Total	Number of Elderly
Age						
60-69	63.1	16.8	16.3	3.7	100.0	1,332
70-79	56.3	20.4	20.0	3.4	100.0	564
80+	55.8	19.3	20.7	4.3	100.0	153
Sex						
Men	60.9	17.4	17.8	3.9	100.0	1,042
Women	60.0	18.8	17.8	3.4	100.0	1,007
Residence						
Rural	55.7	20.5	19.7	4.1	100.0	1,213
Urban	76.0	10.1	11.5	2.4	100.0	836
Marital Status						
Married	60.1	18.6	18.1	3.3	100.0	1,467
Widowed	60.5	17.5	17.1	4.9	100.0	532
Other	71.9	8.3	16.4	3.4	100.0	50
Education						
None	51.9	22.8	21.4	4.0	100.0	899
1-4 years	58.7	22.2	13.4	5.6	100.0	226
5-7 years	67.4	16.8	13.8	2.1	100.0	230
8+ years	73.8	8.6	14.7	2.9	100.0	685
Employment						
Never worked	61.8	20.0	14.8	3.4	100.0	565
Previously worked	61.1	14.5	19.8	4.7	100.0	889
Currently working	58.4	21.2	17.9	2.6	100.0	595

Contd...

Background Characteristic	No Children/ Children Away	Family Conflict	Prefer to be Independent/Still Economically Active	Don't Want to Move/ Other	Total	Number of Elderly
Religion						
Hindu	61.5	16.8	17.9	3.8	100.0	1,713
Muslim	49.6	27.5	20.4	2.5	100.0	102
Sikh	48.3	26.7	22.6	2.3	100.0	129
Other	69.9	19.2	6.7	4.3	100.0	105
Caste/Tribe						
SC/ST	56.3	24.2	14.5	5.1	100.0	493
OBC	60.9	16.0	20.0	3.2	100.0	796
Other	64.2	15.8	17.2	2.8	100.0	692
Wealth Index						
Lowest	51.0	24.2	20.8	3.9	100.0	738
Second	55.7	22.8	17.1	4.4	100.0	456
Middle	71.0	8.9	18.1	2.0	100.0	354
Fourth	76.9	9.9	10.1	3.2	100.0	250
Highest	77.8	3.6	14.4	4.1	100.0	250
State						
Himachal Pradesh	56.3	17.0	24.5	2.2	100.0	298
Punjab	54.0	26.3	19.0	0.7	100.0	203
West Bengal	42.6	36.0	19.1	2.3	100.0	201
Odisha	64.2	22.6	9.0	4.3	100.0	243
Maharashtra	58.5	23.6	10.5	7.4	100.0	265
Kerala	80.1	2.4	13.4	4.1	100.0	212
Tamil Nadu	63.7	10.5	22.0	3.8	100.0	627
Total	60.5	18.1	17.8	3.7	100.0	2,049

Note: Category totals may not add to sample of 2,049 elderly living alone or with spouse due to non-response.

5.2. Changes in Living Arrangement

Of all the elderly in the sample, only 371 or four per cent changed their living arrangement after the age of 60, the preponderance being rural, poor and widowed elderly women, once again highlighting the vulnerability of women as reflected in living arrangements. The biggest reason for change among both men and women was that they started to live with their children (35% each), about a quarter each of men and women started to live alone, and about 24 per cent of men and 14 per cent of women had to deal with out-migration of children.

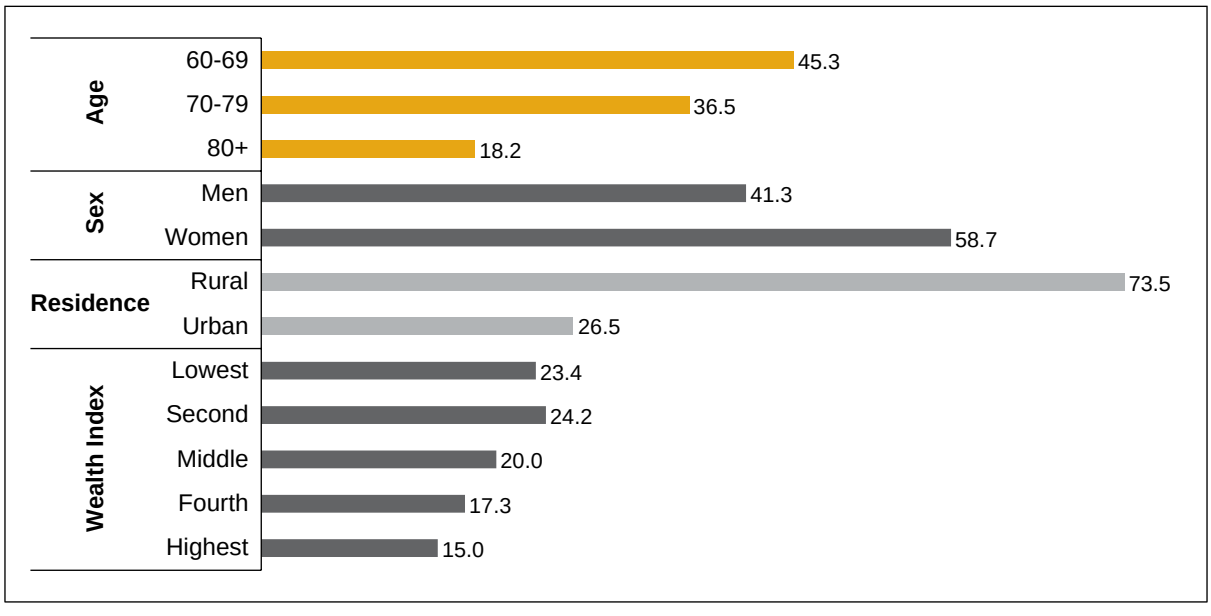
Table 5.4 shows the distribution of elderly who changed their living arrangement after they had reached 60 years of age. In rural areas, 46 per cent of elderly men now live with their spouse only, while among rural women, 42 per cent presently live with their children and grandchildren. In urban areas, 36 per cent of elderly men started living with their spouse, children and grandchildren. Like their rural counterparts, urban elderly women now live mostly with their children and grandchildren (58%). Notably, 22 per cent of rural women and 11 per cent of urban women now live alone as compared to two and four per cent of men respectively.

Table 5.4: Per Cent Distribution of Elderly who Changed their Living Arrangement after Age 60 by Present Living Arrangement According to Place of Residence and Sex, 2011

Present Living Arrangement	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Alone	2.1	22.1	13.8	4.3	11.1	8.3	2.7	19.2	12.4
Spouse only	46.1	18.4	29.8	22.4	3.2	11.1	39.8	14.4	24.9
Spouse, children and grandchildren	33.5	8.6	18.9	35.7	15.4	23.8	34.1	10.4	20.2
Children and grandchildren	11.5	42.2	29.5	24.1	58.2	44.2	14.8	46.4	33.4
Others	6.8	8.7	7.9	13.6	12.2	12.7	8.6	9.6	9.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	80	115	195	73	103	176	153	218	371

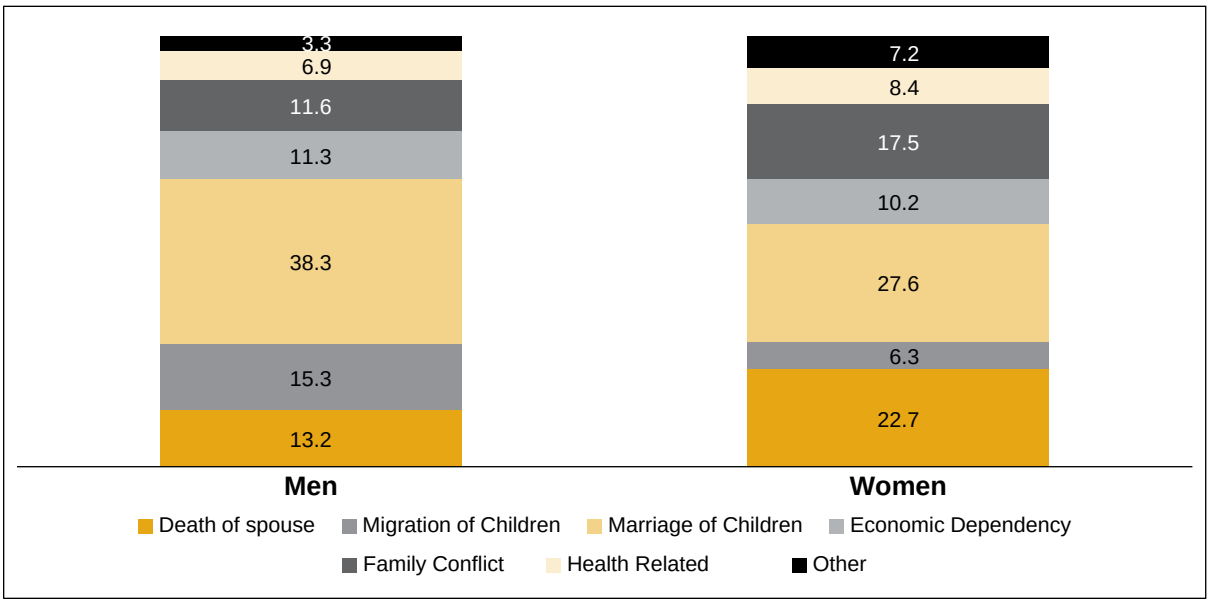
Figure 5.2 shows selected background characteristics of the elderly who changed their living arrangement. A larger proportion of younger elderly (45% of 60-69 and 37% of 70-79) changed their living arrangement compared to 18 per cent of the oldest-old. Six out of 10 women changed their living arrangement after the age of 60 compared to four out of 10 men. Strikingly, three-fourths of those who changed their living arrangement lived in rural areas compared to one-fourth in urban areas. There is a gradient with respect to the wealth index, with 23 per cent of those in the poorest households experiencing a change in living arrangement as compared to 15 per cent in the richest households.

Figure 5.2: Elderly who Changed their Living Arrangement after Age 60 by Age, Sex, Place of Residence and Wealth Index, 2011



The main reason for living alone after the age of 60 is the marriage of children (Figure 5.3) and this is true for both elderly men and women. The other reasons reported by men were the migration of children (15%) and death of spouse (13%). Women also reported death of spouse (23%) and family conflict (18%) as reasons for moving.

Figure 5.3: Main Reason for Change in Living Arrangement after Age 60 by Sex, 2011



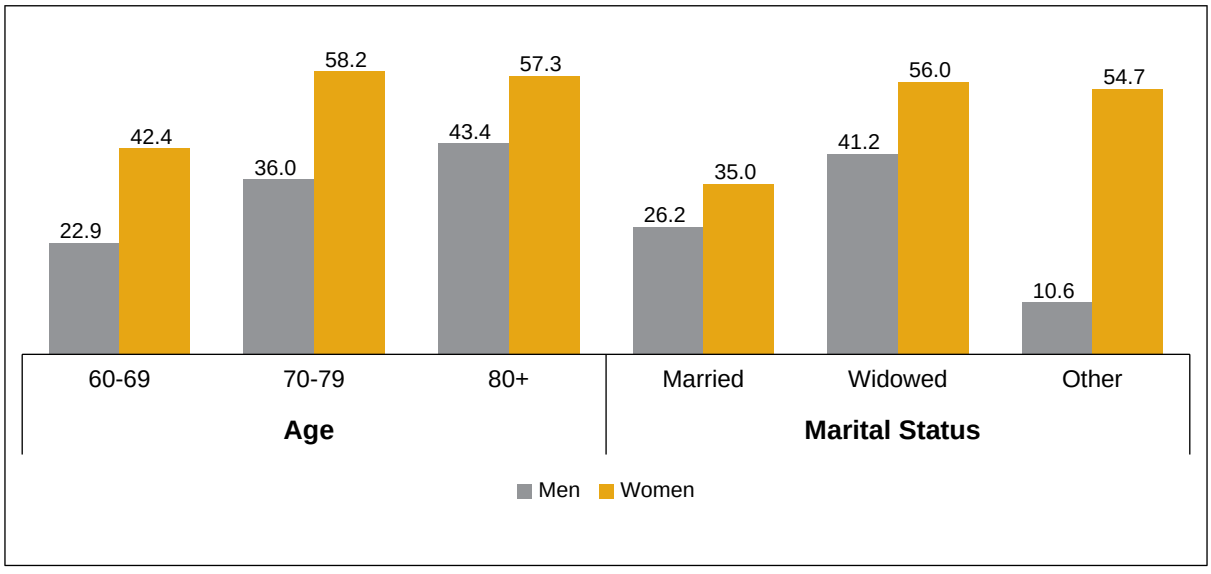
5.3. Perception about Living Arrangements and Role in the Family

This section analyses the perceptions of the elderly regarding different types and facets of living arrangements in order to understand what they think about their living arrangements and role in the family. The elderly were therefore first asked whether they think they are living with their children or if their children are living with them, followed by several other questions relating to living arrangements.

It was observed that over a quarter of men and nearly half of women think that they are living with their children and not vice versa. While there is no difference between rural and urban elderly, differences emerge by age and marital status (Figure 5.4). About a quarter of elderly men aged 60-69 years think that they are living with their children compared to 43 per cent of men aged 80 and above. This shift is clear even for women (albeit with different starting points), with 42 per cent of women in the younger age group and 57 per cent of oldest-old women expressing that they think they are living with their children. Analysis shows that 26 per cent of married men think that they are living with their children as compared to 41 per cent of widowed men. This jump is more evident for women, with 35 per cent of married women compared to 56 per cent of widowed women perceiving this implicit shift in dependency. Increasing age and widowhood are thus critical indicators for a shift in perceived dependency for the elderly.

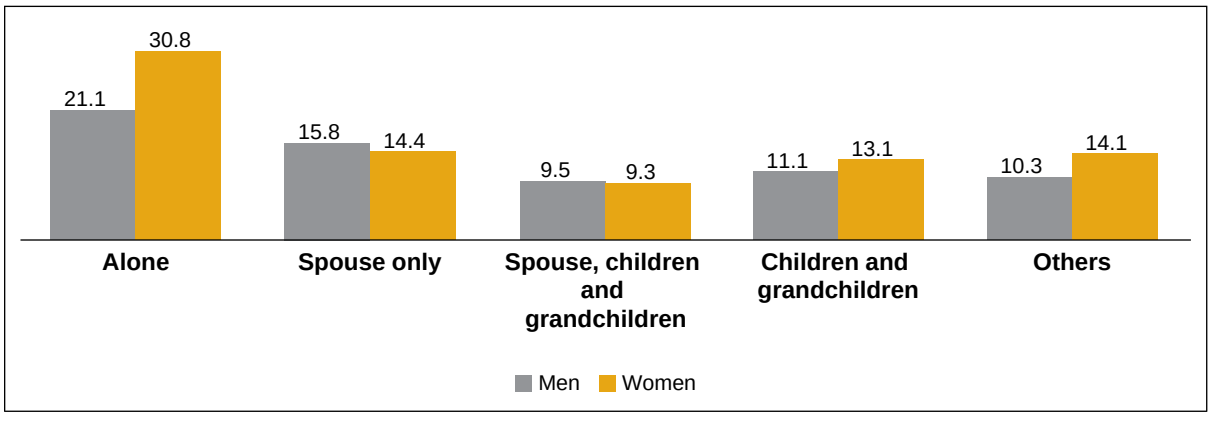
An overwhelming majority of elderly (95%) said they did not intend to change their living arrangement in future. The remainder either preferred to live with another child or live alone. Most of the elderly mentioned that they are either comfortable or satisfied with their present living arrangement. More rural elderly women in comparison to their urban counterparts and men said that they are uncomfortable with the present living arrangement.

Figure 5.4: Elderly Who Think They Are Living with Their Children by Age and Marital Status, 2011



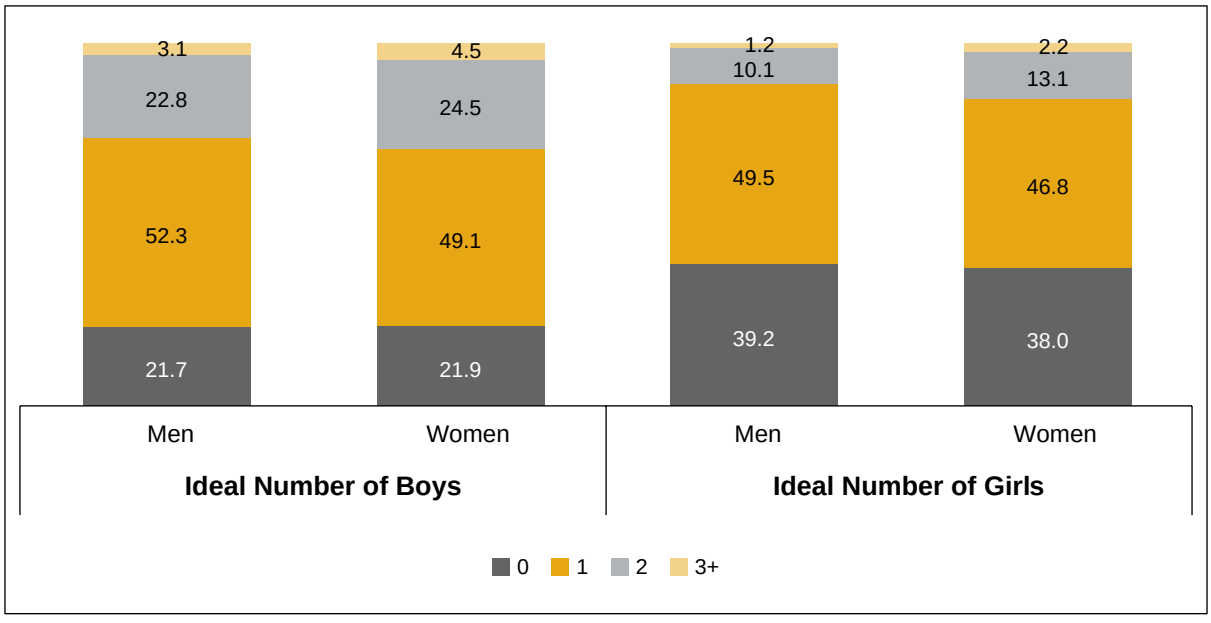
Categorised by living arrangement, it is clear that most elderly living alone are uncomfortable doing so. This by no means implies that the elderly are happy in all other arrangements. As Figure 5.5 shows, 31 per cent of women and 21 per cent of men are uncomfortable living alone, 14 per cent of women and 16 per cent of men are uncomfortable living with spouse only, and nine per cent of women and 10 per cent of men are not comfortable living with spouse, children and grandchildren.

Figure 5.5: Elderly Who Report being Uncomfortable in Their Present Living Arrangement, 2011



About half of elderly men and women said that sons would be the best to live with when one is older, followed by over one-third of men and about a quarter of women saying *spouse only* as the preferred person to live with when they are older. About two-fifths of all elderly men and women did not want daughters to look after them in old-age compared to one-fifth of reporting not wanting sons to look after them in old-age. About half of all respondents wanted a family composition of at least one boy and/or one girl to support them in old age. However, inferring from the observations it can be said that son preference is dominant among both elderly women and men, as most of them preferred to have more boys than girls (Figure 5.6).

Figure 5.6: Preferred Sex Composition of Children for Support in Old-age, 2011



The institution of family continues to be the main choice for old age support system (Table 5.5). Over half of the respondents mentioned that children should support the elderly in return for the support they received during their younger years. About a quarter of all elderly felt that they should be independent, while the remaining 21 per cent thought that government should provide support in old age. As expected, rural elderly had more expectations both from the children and the government. Elderly women expected more support from children than men.

Table 5.5: Per Cent Distribution of Elderly by Preferred Support System in Old-age According to Place of Residence and Sex, 2011

Preferred Support System	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Children should support	53.2	57.1	55.2	48.4	54.0	51.4	52.0	56.2	54.2
Adults should be independent	24.3	21.6	22.9	32.1	26.8	29.2	26.3	23.0	24.6
Government should support	22.5	21.3	21.9	19.5	19.3	19.4	21.8	20.7	21.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,448	2,681	5,129	2,217	2,479	4,696	4,665	5,160	9,825

Note: Total does not add to entire sample of 9,852 elderly due to non-response.

Children continued to be the most preferred source of support in old age. However, the category *adults should be independent and government should support* was higher (47%) among young-old in comparison to others (Table 5.6). Of those who responded that the government should provide support, the highest proportion (26%) was the elderly living alone. There was a clear education gradient with respect to government support, with about a quarter of uneducated elderly responding that government support was preferred as against 16 per cent of elderly with eight or more years of education. The preference for child support was found to be strong among all

religious categories and was prominent for 'other' category (which includes Christians and others) at 70 per cent followed by Muslims (64%). A higher proportion of the elderly working at the time of the survey (25%) responded that government should support them compared to 19 per cent among elderly who have never worked. Similarly, the elderly from the poorest households expected more government support in old-age (31%) than their richer counterparts (13%).

There are large inter-state variations with about 37 per cent of the elderly in Tamil Nadu expecting or preferring support from their children, and a striking 81 per cent of their counterparts in Kerala expecting the same. On the other hand, 35 per cent of the elderly in West Bengal and 40 per cent of the elderly in Tamil Nadu think elders should be financially independent.

Table 5.6: Per Cent Distribution of Elderly by Preferred Support System in Old Age According to Select Background Characteristics, 2011

Background Characteristic	Children Should Support	Adults Should Be Independent	Government Should Support	Total	Number of Elderly
Age					
60-69	53.2	25.4	21.5	100.0	6,228
70-79	54.5	24.7	20.8	100.0	2,596
80+	59.7	19.5	20.8	100.0	1,001
Sex					
Men	52.0	26.3	21.8	100.0	4,665
Women	56.2	23.0	20.7	100.0	5,160
Residence					
Rural	55.2	22.9	21.9	100.0	5,129
Urban	51.4	29.2	19.4	100.0	4,696
Marital Status					
Married	53.2	25.8	21.0	100.0	5,839
Widowed	55.9	22.6	21.5	100.0	3,750
Other	54.2	24.3	21.6	100.0	236
Education					
None	52.3	24.2	23.6	100.0	4,519
1-4 years	60.8	17.5	21.7	100.0	1,253
5-7 years	58.5	21.8	19.7	100.0	1,320
8+ years	52.4	31.2	16.4	100.0	2,675
Employment					
Never worked	58.5	22.8	18.7	100.0	3,573
Previously worked	53.0	26.1	21.0	100.0	3,989
Currently working	50.0	24.7	25.3	100.0	2,263
Religion					
Hindu	52.3	25.8	22.0	100.0	7,765
Muslim	64.0	20.1	15.9	100.0	799
Sikh	54.7	24.1	21.3	100.0	825
Other	70.1	12.1	17.8	100.0	436

Contd...

Background Characteristic	Children Should Support	Adults Should Be Independent	Government Should Support	Total	Number of Elderly
Caste/Tribe					
SC/ST	51.6	23.6	24.8	100.0	2,382
OBC	54.9	23.8	21.3	100.0	3,337
Other	55.5	26.1	18.4	100.0	3,860
Wealth Index					
Lowest	45.0	24.1	30.9	100.0	1,953
Second	52.8	23.5	23.8	100.0	1,969
Middle	59.0	23.6	17.5	100.0	1,932
Fourth	58.0	26.0	16.1	100.0	1,956
Highest	60.4	26.6	13.0	100.0	2,009
Living Arrangement					
Alone	43.6	30.6	25.8	100.0	600
Spouse only	48.2	30.2	21.6	100.0	1,438
Spouse, children and grandchildren	55.3	23.9	20.9	100.0	3,987
Children and grandchildren	59.2	20.3	20.5	100.0	2,995
Others	50.4	28.4	21.3	100.0	805
State					
Himachal Pradesh	57.8	27.3	14.9	100.0	1,482
Punjab	55.2	25.3	19.5	100.0	1,369
West Bengal	46.0	34.8	19.3	100.0	1,275
Odisha	49.2	15.5	35.3	100.0	1,481
Maharashtra	54.1	18.3	27.6	100.0	1,433
Kerala	80.9	11.2	7.9	100.0	1,342
Tamil Nadu	37.4	40.0	22.6	100.0	1,443
Total	54.2	24.6	21.2	100.0	9,825

Note: Category totals may not add to entire sample of 9,852 elderly due to non-response.

The predominantly preferred living arrangement across all elderly is living with sons, a proportion that is highest in urban areas (55%) compared to rural areas (48%). Living with spouse only came next across all respondents. Preference of living with daughters was very low (Table 5.7).

When the present living arrangement is compared to preferred living arrangement (Table 5.8), it can be seen that overall most elderly are already in their preferred living arrangement: over 90 per cent of the elderly preferring to live with children and others are currently living with their children and others , 60 per cent of the elderly who prefer to live alone are currently living alone, and 38 per cent of the elderly who prefer to live with their spouse only are living with their spouse only. However, there are stark differences by sex. Thirty-six per cent of men who prefer to live alone are currently living alone, while the percentage is twice as high for women who prefer to live alone and are currently living alone. These responses may in fact be a reflection of the women's ability to adjust to the reality of living alone.

Table 5.7: Per Cent Distribution of Elderly by Preferred Living Arrangement According to Place of Residence and Sex, 2011

Preferred Living Arrangement	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Alone	3.0	7.1	5.1	1.6	4.4	3.1	2.6	6.4	4.6
With spouse only	36.9	25.2	30.8	29.3	19.2	23.8	35.0	23.6	29.0
With sons	45.4	50.0	47.8	52.9	57.5	55.4	47.3	52.0	49.8
With daughters	1.7	4.3	3.1	3.1	5.8	4.6	2.1	4.7	3.5
Either with son or daughter	5.1	5.4	5.3	5.6	6.2	5.9	5.2	5.7	5.5
With other relatives	1.6	1.9	1.8	1.7	2.2	1.9	1.7	2.0	1.8
In old age home	0.2	0.4	0.3	0.3	0.3	0.3	0.2	0.4	0.3
Other	6.0	5.7	5.9	5.7	4.4	5.0	5.9	5.4	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Ageing does seem to have an influence on whether the elderly think their role within the family has diminished as they have grown older. While 67 per cent of men and 63 per cent of women state their role as a decision-maker within the family has remained the same, 23 per cent of men and 30 per cent of women have observed a decline. There are some differences by residence as well, with more rural women claiming a decline in decision-making role (31%) compared to their urban counterparts (28%). Urban men fare better than their rural counterparts, with 20 per cent stating a decline compared to 24 per cent of rural men.

The elderly were also questioned on their perceived importance within the family. The results depict that 71 per cent of men and 57 per cent of women think they are important to their family, 27 per cent

Table 5.8: Per Cent Distribution of Elderly by Preferred Living Arrangement in Old Age According to Present Living Arrangement and Sex, 2011

Present Living Arrangement	Preferred Living Arrangement			
	Alone	Spouse Only	Children and Others	Total
Men				
Alone	35.5	1.9	0.7	2.0
Spouse only	17.6	41.2	9.9	21.0
Children and others	46.8	56.9	89.5	77.0
Total	118	1,624	2,930	4,672
Women				
Alone	69.4	6.4	5.2	9.6
Spouse only	4.8	34.6	4.1	11.3
Children and others	25.8	59.0	90.7	79.1
Total	301	1,186	3,693	5,180
Total				
Alone	60.3	3.8	3.2	6.0
Spouse only	8.3	38.4	6.7	15.9
Children and others	31.5	57.8	90.1	78.1
Total	419	2,810	6,623	9,852

of men and 37 per cent of women think that they are somewhat important, and three per cent of men and six per cent of women think that they are not important to the family.

5.4. Communication, Meetings and Resource Transfers

The next set of questions relating to living arrangements explored the type and extent of interaction between the elderly and their non-co-residing children. In the BKPAI survey sample of 9,852 elderly respondents, 9,340 (94.8%) had at least one surviving child. Of these, 7,841 elderly (84%) had at least one non-co-residing child. Given that there are a total of 21,061 non-co-residing children, it is estimated that there are 2.7 non-co-residing children per elderly in the sample. While it is important to identify key characteristics of the non-co-residing children who transfer money (receive or send) or communicate with the elderly, these will not form the focus of the present analysis.

A. Communication and Meeting

About 55 per cent of non-co-residing children largely live within the same district as their parents; 31 per cent live outside the district but within the same state, eight per cent live outside the state, and six per cent live outside the country. The respondents were asked how often their non-co-residing children meet and communicate with them.

Table 5.9 shows that *frequent communication* between elders and their non-co-residing children is common, thanks to highly improved communication technology. Meetings, however, are much less frequent owing to distances and busy work schedule of the non-co-residing children. It is important to note that elderly who are living alone are most isolated in terms of contact with children. About one-fifth of the elderly living alone are reportedly never contacted by non-co-residing children, and about 32 per cent of elderly do not communicate with their non-co-residing children. Co-residence with family members does not assure communication from non-co-residing children, although the proportions are lower than if living alone or with spouse only. About 11 per cent of the elderly co-residing with a child report that the non-co-residing children do not communicate, while 26 per cent report no communication from their end as well. Similarly, four per cent of the elderly living alone report their non-co-residing children never meet them, while 16 per cent of elders say they do not meet their children. As seen in Figure 5.7, overall, the flow of communication from children to elders is more than elders to children. Men living alone reported higher level of *no communication* (37%) compared to 31 per cent of women. Notably, elderly living with others (relatives, old age home) are also isolated in terms of communication, with 12 per cent of men and 18 per cent of women reporting no communication from their end.

Table 5.9: Per Cent Distribution of Elderly by Interaction between Them and Non-co-residing Children According to Living Arrangement, 2011

	By Children				By Elderly				
	Never	Rarely	Frequently	Total	Never	Rarely	Frequently	Total	Number of Elderly
Communication									
Alone	19.3	9.3	71.5	100.0	31.9	10.3	57.8	100.0	476
Spouse only	10.5	12.1	77.4	100.0	20.0	13.0	67.0	100.0	1,291
Spouse, children and grandchildren	8.2	9.8	81.9	100.0	16.5	10.1	73.4	100.0	3,119
Children and grandchildren	11.2	11.0	77.9	100.0	26.3	11.1	62.6	100.0	2,411
Others	6.4	10.0	83.6	100.0	15.4	14.6	70.1	100.0	544
Total	10.0	10.5	79.4	100.0	20.9	11.2	67.9	100.0	7,841
Meeting									
Alone	4.1	28.5	67.4	100.0	16.2	26.0	57.9	100.0	476
Spouse only	1.7	38.4	60.0	100.0	10.7	36.4	52.8	100.0	1,291
Spouse, children and grandchildren	1.6	38.6	59.8	100.0	8.4	37.2	54.4	100.0	3,119
Children and grandchildren	2.1	38.4	59.5	100.0	15.7	34.0	50.3	100.0	2,411
Others	1.1	45.3	53.6	100.0	18.3	33.7	48.0	100.0	544
Total	1.9	38.4	59.8	100.0	12.1	35.2	52.7	100.0	7,841

Figure 5.7: No Communication between Elderly and Non-co-residing Children, 2011

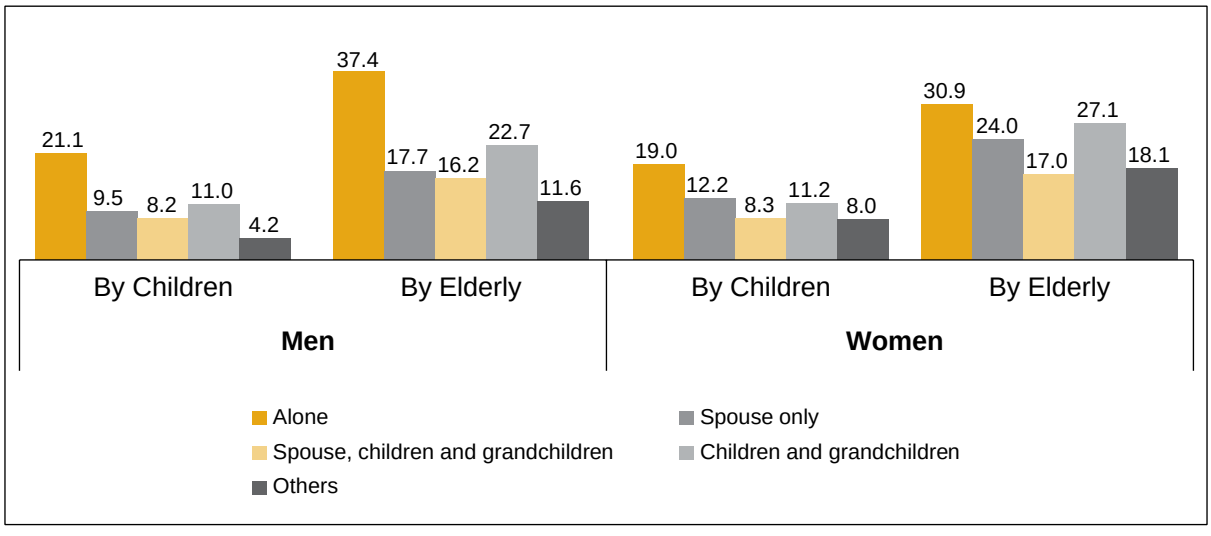
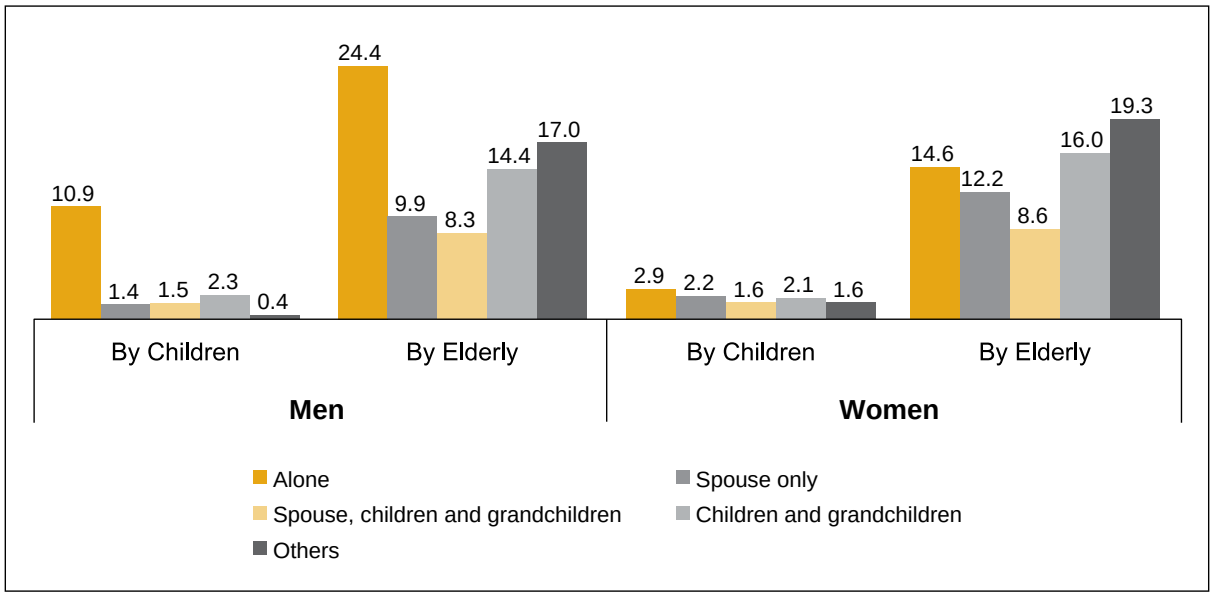


Figure 5.8 depicts the same results for frequency of meeting of elderly with their children by sex and living arrangement. About a quarter of men living alone report they do not meet their children compared to 15 per cent of women. About 11 per cent of men and three per cent of women say their children do not come to meet them. It is also necessary to consider the flow of communication and meetings together by children to determine elders who have absolutely no contact either way with their children. It is found that 65 per cent of the elderly have frequent communication with their non-co-residing children, nine per cent have no communication and seven per cent rarely have communication.

Similarly, 47 per cent of the elderly meet their non-co-residing children frequently, 27 per cent rarely meet them and two per cent never meet them. The above analysis shows that there is a two-way communication and interaction between the elderly and their non co-residing children, with the children to elderly stream being dominant. It is a matter of concern that the elderly living alone have limited or no communication and meetings with their non co-residing children. It would therefore be necessary to consider how this can be corrected to enhance the overall well-being of the elderly in India.

Figure 5.8: No Meeting between Elderly and Non-co-residing Children, 2011



B. Monetary Transfers

The survey collected information only on the exchange of money, not on the amount or frequency. There are noticeable differences when it comes to the flow of money transfers between children and elderly according to living arrangement. Interestingly, the flow of money overall does not go only in one direction i.e. from children to elderly but also goes in the other direction, i.e. from elderly to their children. Table 5.10 reveals that the elderly living alone are more likely to receive money, with 40 per cent receiving some money from their children. Notably, eight per cent of the elderly living alone also sent money to their children. The elderly who reside with others (relatives, old-age home)

Table 5.10: Percentage of Elderly Receiving/Sending Money from/to Non-co-residing Children According to Living Arrangement, 2011

Living Arrangement	Children to Elderly	Elderly to Children	Number of Elderly
Alone	40.2	7.6	476
Spouse only	29.7	10.4	1,291
Spouse, children and grandchildren	17.1	7.2	3,119
Children and grandchildren	23.2	6.2	2,411
Others	32.1	6.8	544
Total	23.5	7.5	7,841

are the next group of elderly who received money, with one-third receiving money from their children. One in ten elderly who live with their spouse only sent money, compared to their counterparts in the rest of the living arrangements.

Monetary Transfer from Children to Elders: More elderly living alone or with their spouse receive money than elderly living with children and others, irrespective of background characteristics. Table 5.11 shows that the elderly receive money as their age advances, with 30 per cent of the elderly between 60-69 years of age receiving money compared to 44 per cent of those aged 80 years and above. While the proportions are lower in the case of the elderly living with children and others, the pattern is the same.

Table 5.11: Percentage of Elderly Receiving/Sending Money from/to Non-co-residing Children by Type of Living Arrangement According to Select Background Characteristics, 2011

Background Characteristic	Living Alone or With Spouse			Living with Children and Others		
	Children to Elders	Elders to Children	Number of Elderly	Children to Elders	Elders to Children	Number of Elderly
Age						
60-69	30.4	10.3	1,132	19.8	7.6	3,648
70-79	32.7	8.7	499	22.0	5.2	1,707
80+	44.2	8.8	136	22.4	6.5	719
Sex						
Men	29.5	9.5	912	18.1	7.6	2,743
Women	35.3	10.0	855	22.9	6.1	3,331
Residence						
Rural	33.9	10.4	1,047	20.5	6.7	3,130
Urban	27.1	7.3	720	21.4	7.0	2,944
Marital Status						
Married	29.8	10.4	1,316	18.7	7.0	3,426
Widowed	41.2	7.7	428	23.3	6.2	2,566
Other	*	*	23	27.8	12.4	82
Education						
None	34.5	8.2	761	19.1	5.7	2,876
1-4 years	35.8	11.8	182	27.7	5.8	849
5-7 years	41.3	8.4	204	21.9	6.6	867
8+ years	23.9	10.3	613	19.2	10.4	1,441
Employment						
Never worked	33.0	9.6	500	21.7	6.2	2,391
Previously worked	37.5	9.9	786	22.2	5.7	2,457
Currently working	24.0	9.5	481	16.3	9.8	1,226
Religion						
Hindu	33.1	9.5	1,469	20.3	7.3	4,631
Muslim	40.5	12.2	91	35.3	6.8	590
Sikh	16.7	11.5	116	7.1	2.9	583
Other	36.2	7.6	91	27.9	7.3	270

Contd...

Background Characteristic	Living Alone or With Spouse			Living with Children and Others		
	Children to Elders	Elders to Children	Number of Elderly	Children to Elders	Elders to Children	Number of Elderly
Caste/Tribe						
SC/ST	26.7	12.0	398	18.4	7.0	1,469
OBC	36.1	9.8	703	27.6	7.7	1,982
Other	31.0	8.0	607	16.6	5.7	2,501
Wealth Index						
Lowest	39.3	10.1	596	19.0	5.2	923
Second	31.0	7.7	400	18.0	6.3	1,155
Middle	23.9	8.8	312	22.8	6.1	1,268
Fourth	25.2	9.0	232	24.3	7.3	1,303
Highest	32.5	16.5	227	19.2	9.4	1,421
State						
Himachal Pradesh	20.1	9.3	263	17.3	6.8	979
Punjab	14.8	8.2	189	9.5	3.6	989
West Bengal	30.2	9.8	177	15.9	4.6	818
Odisha	38.8	13.2	191	19.3	8.8	914
Maharashtra	34.1	5.9	204	11.4	6.3	853
Kerala	42.6	9.9	189	44.4	8.5	983
Tamil Nadu	39.3	10.6	554	27.8	9.8	538
Total	32.3	9.7	1,767	20.7	6.8	6,074

Note: Category totals may not add to sample of 7,841 elderly with a non-co-residing child due to non-response.
** Percentage not shown; based on fewer than 25 unweighted cases*

More elderly women than elderly men received money, with 35 per cent of women receiving money compared to 30 per cent of men. More elderly in the rural areas (34%) received money than their urban counterparts (27%). Notably, more widowed elderly than married elderly received money regardless of their living arrangement – about 41 per cent of the widowed elderly living alone received money as against 23 per cent who lived with children and others. There is a clear U-shaped pattern in terms of wealth index and elderly living alone or with spouse. The elderly at the lowest and highest wealth quintiles received money at 39 per cent and 33 per cent respectively, a pattern that is not seen in the other living arrangements. There are also distinct differences by state, with 43 per cent of the elderly either living alone or with spouse in Kerala receiving money compared to 15 per cent of their counterparts in Punjab.

Monetary Transfers from Elders to Children: More elders sent money if they lived alone or with their spouse only compared to those who lived with children and others. Although the transfers decrease as age increases, the proportion of decrease is not significant. It is worth noting that even the oldest-old send money to their children. Slightly more women (10%) than men (9.5%) send money, if they are living alone or with their spouse. What is also important to note is that more elders in rural areas who are living alone or with spouse only send money than their urban counterparts (10% compared to 7%). Analysis by wealth index suggests that more transfers occur from the elderly

in the richest quintile. The elderly in Odisha led the way in terms of sending transfers at 13 per cent, followed by Tamil Nadu at 11 per cent. The elderly in Maharashtra were behind in this respect, with six per cent living alone or with spouse sending money.

Reflecting on the survey findings in this section, it may be stated that money transfer follows a bi-modal route; with the flow from children to elderly being three times higher than from elderly to children. A higher proportion of rural, illiterate elderly and women have been sending remittances to children, contrary to what one would expect the flow to be from rich elderly men and households to children. Inter-state variations in remittances are also apparent and interestingly higher proportion of elders in states with higher levels of poverty is also sending remittances to their children.

5.5. Involvement in Decision-Making

Table 5.12 shows the decision-making role of the elderly in different instances: marriage of children, buying and selling property, buying household items, giving gifts to relatives, education of children and grandchildren, and arrangement of social and religious events. Overall, all respondents stated that the decisions relating to all the activities are taken predominantly with their spouse and children. A high proportion of men took certain decisions alone – 12 per cent for buying and selling property and 14 per cent for buying household items. Similarly, 11 per cent of women took decisions alone for buying household items and arranging social and religious events. Overall, 29 per cent of elderly took decisions on marriage of children in consultation with spouse and children and about 31 per cent took decisions on buying and selling property with spouse and children only.

Table 5.12: Per Cent Distribution of Elderly by Their Decision-Making Role in Various Activities by Sex, 2011

	No role	Alone	With spouse	With spouse and children	With everyone	Not applicable	Total
Men							
Marriage of children	8.0	6.4	29.2	32.2	16.2	8.0	100.0
Buying and selling property	7.4	12.1	23.6	35.4	17.1	4.4	100.0
Buying household items	6.5	13.6	27.2	34.2	16.0	2.5	100.0
Gifts to relatives	8.1	7.6	29.7	33.5	16.1	5.0	100.0
Education of children and grandchildren	15.0	6.0	21.8	33.3	15.1	8.8	100.0
Arrangement of social and religious events	10.5	11.5	25.3	33.6	17.1	2.0	100.0
Women							
Marriage of children	16.0	6.7	19.6	26.4	20.3	11.0	100.0
Buying and selling property	22.5	10.0	13.8	26.6	20.5	6.6	100.0
Buying household items	20.8	11.3	16.0	28.1	20.1	3.7	100.0
Gifts to relatives	18.4	9.5	17.6	28.3	20.4	5.8	100.0
Education of children and grandchildren	24.8	6.3	14.8	26.7	17.7	9.7	100.0
Arrangement of social and religious events	18.3	13.2	15.4	27.5	22.1	3.5	100.0

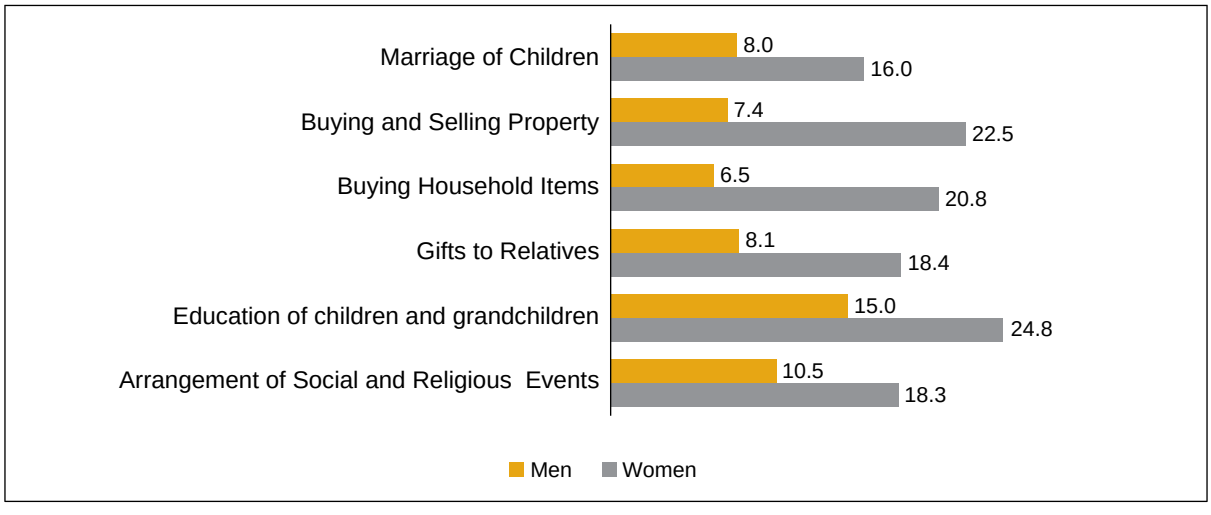
Contd...

	No role	Alone	With spouse	With spouse and children	With everyone	Not applicable	Total
Total							
Marriage of children	12.2	6.6	24.2	29.1	18.3	9.6	100.0
Buying and selling property	15.3	11.0	18.5	30.8	18.9	5.5	100.0
Buying household items	14.0	12.4	21.3	31.0	18.2	3.1	100.0
Gifts to relatives	13.5	8.6	23.3	30.7	18.5	5.4	100.0
Education of children and grandchildren	20.2	6.2	18.1	29.8	16.4	9.3	100.0
Arrangement of social and religious events	14.6	12.4	20.1	30.4	19.7	2.8	100.0

Note: All row percentages for men refer to 4,672 cases, all row percentages for women refer to 5,180 cases, and all row percentages for total refer to the full sample of 9,852 elderly.

How many respondents had no role whatsoever in decision making (Figure 5.9)? Firstly, more women report no role in all activities than men. About 16 per cent of women had no role in the decision of marriage of children compared to eight per cent of men. Likewise, about a quarter of women had no role in buying and selling property compared to one-tenth of men. When it came to household items, the pattern was similar; with 21 per cent of women reporting no role compared to seven per cent of men- the lowest proportion for any of the activities for men. The highest proportion of women and men who responded not having any role related to decisions about education of children and grandchildren was 25 per cent for women as compared to 15 per cent for men.

Figure 5.9: Elderly Reporting No Role in Various Decision-Making Activities, 2011



Next, the elderly have been asked about the extent of their participation in various activities: taking care of grandchildren, cooking/cleaning, shopping for household items, payment of bills, household chores, advice to children and settling family disputes (Table 5.13). Nearly three-fourths of elderly provided advice to children closely followed by settling disputes (70%) and household chores (69%). Other responses such as shopping for household and taking care of grandchildren too were frequently reported by over half of the respondents. In a nutshell, the role of elderly in decision-making and carrying out various aforementioned tasks, a clear-cut gender distinction is observed and similar in rural and urban areas.

Table 5.13: Percentage of Elderly by Participation in Various Activities According to Place of Residence and Sex, 2011

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Taking care of grandchildren	49.4	59.5	54.7	47.0	59.7	53.9	48.8	59.6	54.5
Cooking/Cleaning	19.6	69.0	45.3	16.9	70.6	46.1	18.9	69.4	45.5
Shopping for household	71.4	44.5	57.4	76.2	52.8	63.5	72.6	46.7	59.0
Payment of bills	65.2	20.7	42.0	70.3	23.1	44.6	66.5	21.4	42.7
Household chores	68.6	67.3	67.9	72.5	72.2	72.3	69.6	68.6	69.1
Advice to children	78.7	68.4	73.4	77.1	70.4	73.4	78.3	68.9	73.4
Settling disputes	78.9	59.4	68.8	83.5	66.1	74.0	80.1	61.2	70.2

Note: All row percentages for men refer to 4,672 cases, all row percentages for women refer to 5,180 cases, and all row percentages for total refer to the full sample of 9,852 elderly.

5.6. Abuse of the Elderly

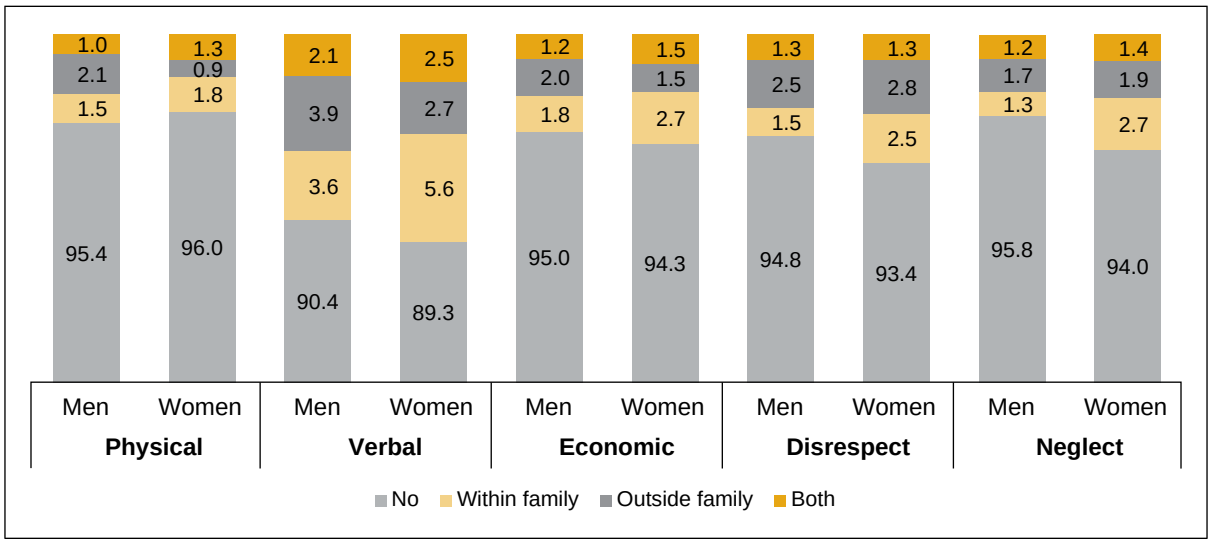
Table 5.14 provides the extent of abuse that the respondents have faced after they have turned 60 years of age. Overall, 9 out of 10 men and an equal proportion of women reported having not faced any abuse. Where abuse is reported, it is higher in rural areas than in urban areas and marginally higher for women in comparison to their male counterparts. The survey also posed a question regarding the experience of physical abuse, emotional abuse, or violence in the month preceding the survey and it is found that nearly six per cent of elderly had been exposed to some sort of abuse.

Table 5.14: Per Cent Distribution of Elderly by Experience of Abuse after Turning 60 and in the Month Preceding the Survey According to Place of Residence and Sex, 2011

Experienced Abuse	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No	88.1	87.3	87.7	92.0	90.9	91.4	89.1	88.3	88.6
Yes, after age 60	12.0	12.7	12.3	8.0	9.1	8.6	11.0	11.7	11.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In the last month									
Yes	5.3	6.4	5.8	5.0	5.7	5.4	5.2	6.2	5.7
Number of Elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Information on five forms and three sources of abuse faced after age 60 is collected in the survey (Figure 5.10). Verbal abuse is the main form of abuse for men and women and the least form of abuse for men is neglect and for women it is physical abuse. The main source of physical abuse for men is outside the family while it is within the family in case of women.

Figure 5.10: Forms and Sources of Abuse faced by Elderly after Age 60, 2011



To further examine the perpetrators of abuse, a question has been asked regarding the source of abuse or quarrel among elderly who reported any abuse in the month preceding the survey. As seen in Figure 5.11, half of all reports of violence in rural areas are perpetrated by neighbours, followed by sons at 41 per cent, relatives at 34 per cent and daughter-in-law at 32 per cent. In urban areas, the responses are similar as in rural areas with neighbours at 45 per cent and sons at 44 per cent. Men are abused by neighbors more than women. The second most common source of abuse among men and women is sons, with more women responding to abuse by sons (43%) than men (40%). Notably, a higher proportion of elderly women reported abuse by daughters-in-law (38%) compared to elderly men (27%). There were also some consequences that the elderly attributed to the abuse faced in the past month, with over a quarter of both men and women reporting health problems because of the abuse.

Figure 5.11: Source of Abuse or Quarrel among Elderly Who Reported Any Abuse in the Month Preceding the Survey, 2011

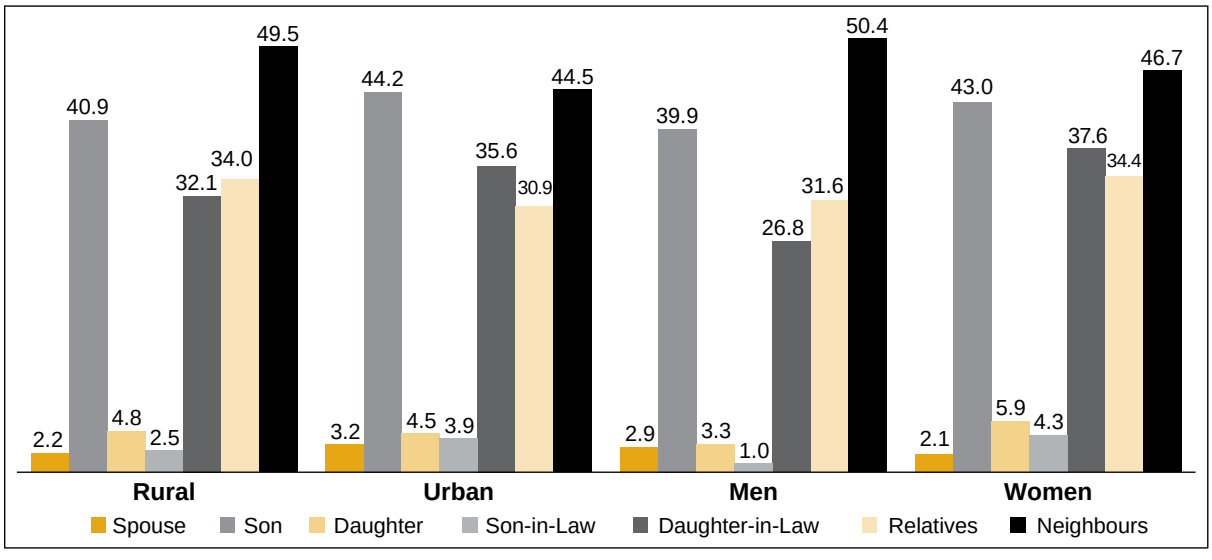


Table 5.15 shows the breakdown of abuse after the age of 60 years and in the one month preceding the survey by background characteristics. The oldest-old respondents (80 years and above) face abuse on a higher scale at 16 per cent compared to 11 per cent each in the case of 60-69 and 70-79 year olds. More elderly in rural areas are exposed to one or the other form of abuse than those in urban areas, while marital status differential is not significant. The elderly living alone are the most vulnerable to abuse at 18 per cent as compared to 10 per cent for the elderly who live with their spouse, children and grandchildren. The source of abuse, as seen in the previous section, is largely within and outside family, depending on the sex of the person. Thus, living apart from family does not seem to protect the elderly from experiencing abuse. The elderly with no education also reported high levels of abuse compared to those with eight years and more of education.

Table 5.15: Per Cent Distribution of Elderly by Experience of Abuse after Turning 60 and in the Month Preceding the Survey According to Select Background Characteristics, 2011

Background Characteristic	Abuse after Age 60			Abuse in the Month Preceding the Survey			Number of Elderly
	None	Any	Total	None	Any	Total	
Age							
60-69	89.1	10.9	100.0	94.2	5.8	100.0	6,239
70-79	89.2	10.8	100.0	95.0	5.1	100.0	2,601
80+	84.5	15.5	100.0	93.1	6.9	100.0	1,012
Sex							
Male	89.1	11.0	100.0	94.8	5.2	100.0	4,672
Female	88.3	11.7	100.0	93.8	6.2	100.0	5,180
Residence							
Rural	87.7	12.3	100.0	94.2	5.8	100.0	5,138
Urban	91.4	8.6	100.0	94.6	5.4	100.0	4,714
Marital Status							
Married	89.4	10.6	100.0	94.9	5.1	100.0	5,847
Widowed	87.9	12.1	100.0	93.6	6.4	100.0	3,768
Other	81.9	18.1	100.0	89.9	10.1	100.0	237
Education							
None	86.3	13.7	100.0	92.9	7.1	100.0	4,528
1-4 years	87.1	12.9	100.0	92.5	7.5	100.0	1,258
5-7 years	89.2	10.8	100.0	95.2	4.8	100.0	1,324
8+ years	94.5	5.5	100.0	98.1	2.0	100.0	2,682
Employment							
Never worked	91.3	8.8	100.0	96.7	3.3	100.0	3,586
Previously worked	88.7	11.4	100.0	93.7	6.3	100.0	4,001
Currently working	84.7	15.3	100.0	91.7	8.4	100.0	2,265
Religion							
Hindu	88.8	11.2	100.0	94.0	6.0	100.0	7,781
Muslim	88.6	11.4	100.0	92.6	7.4	100.0	804
Sikh	87.6	12.4	100.0	99.5	0.5	100.0	826
Other	87.7	12.3	100.0	91.1	8.9	100.0	441

Contd...

Background Characteristic	Abuse after Age 60			Abuse in the Month Preceding the Survey			Number of Elderly
	None	Any	Total	None	Any	Total	
Caste/Tribe							
SC/ST	87.6	12.4	100.0	93.8	6.2	100.0	2,383
OBC	92.1	8.0	100.0	96.2	3.8	100.0	3,353
Other	86.4	13.6	100.0	93.2	6.8	100.0	3,868
Wealth Index							
Lowest	82.8	17.2	100.0	89.9	10.1	100.0	1,954
Second	86.8	13.2	100.0	93.0	7.0	100.0	1,974
Middle	91.3	8.7	100.0	95.9	4.1	100.0	1,938
Fourth	91.9	8.1	100.0	96.8	3.2	100.0	1,962
Highest	93.3	6.7	100.0	98.0	2.0	100.0	2,018
Living Arrangement							
Alone	82.4	17.7	100.0	92.1	7.9	100.0	603
Spouse only	87.9	12.1	100.0	95.1	4.9	100.0	1,439
Spouse, children and grandchildren	89.7	10.3	100.0	94.6	5.4	100.0	3,991
Children and grandchildren	88.4	11.7	100.0	93.6	6.4	100.0	3,011
Others	90.4	9.6	100.0	95.6	4.4	100.0	808
State							
Himachal Pradesh	88.2	11.8	100.0	98.2	1.8	100.0	1,482
Punjab	89.5	10.5	100.0	99.5	0.5	100.0	1,370
West Bengal	92.5	7.5	100.0	97.0	3.0	100.0	1,275
Odisha	90.9	9.1	100.0	97.5	2.5	100.0	1,481
Maharashtra	65.0	35.0	100.0	69.8	30.2	100.0	1,435
Kerala	97.0	3.0	100.0	99.0	1.0	100.0	1,365
Tamil Nadu	98.2	1.8	100.0	99.5	0.5	100.0	1,444
Total	88.6	11.4	100.0	94.3	5.7	100.0	9,852

Note: Category totals may not add to entire sample of 9,852 elderly due to non-response.

Similarly, those in the lowest wealth quintile reported the highest proportion of abuse as compared to those in the highest quintile.

A higher proportion of the elderly who reported to be working at the time of the survey faced abuse (15%) as compared to those who have never worked (9%). There is much inter-state variation, with a staggering 35 per cent of the elderly in Maharashtra reporting abuse and 30 per cent reporting abuse in the month preceding the survey. The abuse of the elderly is the lowest in Tamil Nadu (2%) and Kerala (3%). Similar inferences can be drawn when abuse in the month preceding the survey is analysed.

This section shows that even though a majority of the elderly surveyed have not experienced any form of abuse after they turned 60 years of age, one in ten did face some sort of abuse within the family and outside, specifically verbal abuse. To protect the rights and welfare of the elderly,

the government passed the Maintenance and Welfare of Parents and Senior Citizens Act in 2007. However, the Act is not fully and uniformly operational in all states in the country and necessary mechanisms are yet to be put in place. Awareness campaigns are necessary to educate the elderly about their rights and entitlements.

5.7. Social Interactions

The survey shows that involvement of the elderly in social life, whether in public meetings, organisational meetings or religious programmes is very limited. Table 5.16 elucidates that involvement of the elderly in urban areas is the lowest with 73 per cent of men and 88 per cent of women stating that they never attended such meetings compared to 58 per cent of rural men and 81 per cent of rural women. The survey also found that men are more active in collaborating with other people in the neighbourhood to fix or improve something (about 40%) compared to women (20%) though the frequency varied.

Table 5.16: Per Cent Distribution of Elderly by the Frequency with which (in the 12 Months Preceding the Survey) They Attended any Public Meeting on Local, Community or Political Affairs According to Place of Residence and Sex, 2011

Frequency of Attendance in Meetings	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	58.0	80.6	69.8	73.1	87.7	81.1	61.9	82.5	72.8
Rarely	26.3	12.8	19.3	17.9	8.8	12.9	24.1	11.7	17.6
Occasionally	12.2	6.0	8.9	6.8	3.3	4.9	10.8	5.2	7.9
Frequently	3.5	0.7	2.0	2.3	0.3	1.2	3.2	0.6	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,451	2,683	5,134	2,219	2,486	4,705	4,670	5,169	9,839

Note: Category totals may not add to entire sample of 9,852 elderly due to non-response.

The attendance of elderly in religious programmes or services, excluding weddings and funerals, is highest among all social activities the respondents were asked about. As seen in Table 5.17 nearly six out 10 elderly persons had participated in religious programmes in the 12 months preceding the survey. With regard to the frequency of attendance, 48 per cent of men and 39 per cent of women attend religious programmes or services once or twice a year and another 13 per cent of men and 11 per cent of women do so once or twice per month. Participation on a daily basis or attending once or twice a week was infrequent. Compared to their rural counterparts, men and women in urban areas are less likely to attend or participate in religious programmes.

Activities outside the house to meet family and relatives are also limited, with one-fourth of elderly men and one-third of elderly women reporting never leaving the home to do so. Most elderly went out to meet family and relatives once or twice a year, as reported by 54 per cent of men and 49 per cent of women. The reasons for reduced mobility are numerous. Table 5.18 reveals that the main reason for not going out as much among elderly men and women is health problems (64% of men and 67% of women) followed by financial problems, with one-fifth of men and

Table 5.17: Per Cent Distribution of Elderly by the Frequency with which (in the 12 Months Preceding the Survey) They Attended Religious Programmes or Services (excluding Weddings and Funerals) According to Place of Residence and Sex, 2011

Frequency of Attendance in Religious Programmes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	32.1	46.0	39.3	28.9	38.6	34.2	31.3	44.0	38.0
Once or twice per year	48.2	37.7	42.8	48.9	40.5	44.3	48.4	38.5	43.2
Once or twice per month	12.6	10.6	11.5	12.8	12.5	12.6	12.6	11.1	11.8
Once or twice per week	5.5	4.4	4.9	6.8	6.9	6.9	5.8	5.1	5.4
Daily	1.6	1.3	1.5	2.6	1.6	2.0	1.9	1.4	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,451	2,683	5,134	2,219	2,486	4,705	4,670	5,169	9,839

Note: Category totals may not add to entire sample of 9,852 elderly due to non-response.

women each reporting this as the limiting factor for mobility. Concerns of safety figured as the third most important reason and are slightly more for urban respondents. The isolation of the elderly is thus evident in limited mobility within the family realm and larger community. Notably, when asked whether they had someone to trust and confide in, 15 per cent of elderly men and 20 per cent of elderly women replied that they did not.

Table 5.18: Per Cent Distribution of Elderly by their Main Reason for Not Going Out More According to Place of Residence and Sex, 2011

Main Reason for Not Going Out More	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Health problems	64.8	66.1	65.5	62.3	69.9	66.6	64.2	67.1	65.8
Safety concerns	9.2	7.9	8.5	11.2	9.4	10.2	9.7	8.3	8.9
Financial problems	19.9	20.3	20.1	16.5	14.3	15.3	19.1	18.7	18.9
Not allowed by family	1.9	1.9	1.9	3.8	1.4	2.4	2.4	1.8	2.0
Nobody to accompany	1.2	2.2	1.8	3.3	3.1	3.2	1.7	2.4	2.1
Other	2.9	1.7	2.3	2.8	2.0	2.3	2.9	1.8	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	288	350	638	218	283	501	506	633	1,139

Summary

In a nutshell, living arrangements and family relationships are important determinants of the quality of life of the elderly. With a majority of elderly co-residing and a significant proportion of elderly women either living alone or with spouse only, family and societal dynamics do play an important role in their well-being. Migration of children has emerged as the most important reason for elderly living alone, but the other aspects of family conflicts and the desire to live independently does have a bearing in later life living arrangements, particularly the social and mental impact on the elderly living alone. In addition, emotional aspects, transfer of resources and transactions with children and remittances made and received and the hypotheses – that it may not always ensure a healthy relationship between successive generations, that economic, emotional and social support

from the younger generation can still be provided even without co-residence, and the fact that co-residence does not always indicate a flow of support from the younger to the older generation – are all important aspects that have clearly come out from the analysis and cut across the different types of living arrangements. Given these facts, appropriate systems have to be put in place for creating a conducive and supportive environment for elderly and family should be an integral part of the system. With feminisation of population ageing as well in the living arrangement, there is a specific need to evolve women-specific policies and programmes.

Addressing elderly abuse is one of the key issues recommended by the MIPAA (United Nations, 2002). Even though a large majority of the elderly surveyed have not reported physical or emotional violence, there is a need to promulgate the Maintenance and Welfare of Parents and Senior Citizens Act (Government of India, 2007). This Act is not fully operational in many states of the country and necessary mechanisms are yet to be put in place. Awareness campaigns for educating the elderly about their rights and entitlements as well as capacity building of implementers will have to be undertaken and speed-tracked.

References

Government of India (2007). *Maintenance and Welfare of Parents and Senior Citizens Act*, Ministry of Social Justice and Empowerment , New Delhi. (accessed on 23rd July 2012, http://socialjustice.nic.in/oldageact.php)

United Nations (2002). Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002. United Nations, New York, 2002.

United Nations (2010). World Population Prospects: The 2010 Revision, United Nations, New York.

6. Subjective Well-Being and Functionality

Health is the single most important determinant of the quality of life among elderly. The health status of the elderly is determined by a host of economic, social, psychological and physiological factors. With advancing age, ill-health becomes a major hindrance for the well-being of the elderly. Therefore, not only physical but even perceived health is an important predictor for their living happily (Kivinen et al., 1998). A number of studies have found that self-rated general health among the elderly is a valid measure of their health status (Krause and Jay, 1994). The self-rating of health is influenced largely by physical health conditions like chronic diseases, functional disability, sensory performance, the number of sick days, etc. Moreover, not only the objective health condition but also the psychological and social factors influence the self-rating of health (Jang et al., 2004). Contrary to the subjective nature of rating one's own health, the assessment of mental health and functionality can be done with more objectivity due to the methodology available for understanding the mental and functional health status. This is also true with regard to cognitive ability among the elderly. Cognitive ability not only provides information on the ability of the elderly to remain healthy but is also found to be a good predictor of their productivity (Skirbekk, 2003). Therefore, it is yet another important indicator that determines the well-being among the elderly. The elderly do experience loss of cognitive skills and abilities during old age, having implications for both physical and mental health.

Another important dimension of health is positive personal health behaviour. Undoubtedly, personal as well as preventive health behaviour can ameliorate the health problems among all segments of the population and particularly among the elderly. Risky health behaviours such as smoking, alcohol consumption and chewing tobacco have a direct link with ill-health. All these measures together are very helpful in assessing the subjective well-being of the elderly. The elderly with good mental and physical health are expected to be healthier than their counterparts. This chapter, therefore, makes an assessment of the health of the elderly in the above dimensions.

The chapter has five sections dealing with various aspects of subjective health and functionality. The first section discusses self-rated health among the elderly. The second section discusses the mental health status measured in terms of General Health Questionnaire and Subjective Well-being Inventory. The functional health status in terms of well known measures like 'Activities of Daily Living' and 'Instrumental Activities of Daily Living' is discussed in section three. In addition, this section also discusses the prevalence of locomotor disability and the use of aids among elderly. The fourth section discusses the cognitive abilities among the elderly measured in terms of

immediate recall of words. The risky health behaviours in terms of smoking, alcohol consumption and chewing are discussed in section five.

6.1. Self-rated Health

The self-rated health is considered as a strong predictor to understand the health status of people in general and the elderly in particular. The self-rated health was assessed in the survey using three different measures. The BKPAI survey asked all the elderly respondents to rate their current health status on a 5-point scale (i) excellent, (ii) very good, (iii) good, (iv) fair and (v) poor. In addition, the respondents were asked to rate their health in comparison to the previous year as well as in comparison to other people of the same age. Table 6.1 presents the percentage distribution of the elderly by self-rated health status by the three measures by place of residence and sex.

Table 6.1: Per Cent Distribution of Elderly by Self-rated Health Status According to Place of Residence and Sex, 2011

Self-rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current health									
Excellent	2.6	1.5	2.0	3.7	2.1	2.8	2.9	1.7	2.2
Very good	14.7	11.2	12.9	12.9	9.9	11.3	14.3	10.9	12.5
Good	28.8	27.3	28.0	35.8	33.2	34.4	30.6	28.9	29.7
Fair	37.9	37.9	37.9	34.4	35.5	35.0	37.0	37.2	37.1
Poor	15.8	21.9	19.0	13.2	18.9	16.3	15.1	21.1	18.3
DK/NA	0.1	0.2	0.2	0.0	0.4	0.2	0.1	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current health compared to one year earlier									
Better	8.6	6.4	7.5	8.1	6.5	7.2	8.5	6.4	7.4
Same	57.4	53.6	55.5	62.6	56.8	59.4	58.7	54.5	56.5
Worse	31.9	36.6	34.4	28.4	33.9	31.4	31.0	35.9	33.6
DK/NA	2.1	3.3	2.7	0.9	2.8	1.9	1.8	3.2	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current health compared to people of same age									
Better	18.4	13.7	15.9	19.8	16.4	17.9	18.8	14.4	16.5
Same	49.9	46.7	48.2	53.2	49.3	51.0	50.7	47.4	49.0
Worse	27.2	33.4	30.4	22.0	26.7	24.6	25.8	31.6	28.8
DK/NA	4.5	6.3	5.5	5.1	7.6	6.5	4.7	6.6	5.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

The survey found that around two per cent of the elderly rated their current health as excellent, 13 per cent rated it as very good and 30 per cent as good. However, around 18 per cent of the elderly considered their current health as poor and another 37 per cent as fair, constituting nearly 55 per cent of the elderly. This is substantially higher than observed among general population. The WHO survey conducted in the country as part of the World Health Survey observed that around 17 per cent of the general population rated their health as poor or fair (Subramanian et al., 2010).

Thus, self-rated health of the elderly in India is relatively poor. In general, self-rated health is better among elderly men than among elderly women. Similarly, self-rated current health has been found to be better among urban elderly than among rural elderly.

As per the self-rated health measure available across European countries, a much higher proportion of the elderly report their health as excellent or very good as compared to the Indian elderly. For instance, the percentage of European population above 50 years of age reporting their current health as excellent or very good was significantly higher in all European countries, according to the SHARE survey conducted in the second part of the last decade (Jurges, 2007). The percentage varied from around 50 per cent in Denmark to around 20 per cent in France, Germany, Spain and Italy. However, similar data were not easily available for many developing countries.

About a third of all elderly surveyed reported that their health has worsened over the last one year. This is also true among women and rural elderly. A similar pattern existed for self-rated health in comparison to people of the same age. The study also observed that about 57 per cent reported that their current health status is same in comparison to the previous year and 49 per cent felt it was the same as their peers. This shows that for a majority of the elderly in the country, the health status remained nearly same in the last one year or in comparison with their peers. The self-rated health in the country has been rather poor and the elderly perceive that their health status has remained either the same or worse compared to their peers.

The study also analysed self-rated health by various background characteristics. Table 6.2 presents the three measures of self-rated health by background characteristics. All the three dimensions of self-rated health worsen with increasing age. Only 29 per cent of the elderly in the age group 80 and above have rated their current health as excellent, very good or good as against around 50 per cent in the age group 60-69 years. The widowed and those with lower levels of education consider their health status as poor or worse as compared to their counterparts. A similar relationship is also observed in the case of wealth quintiles. There are also wide state level variations observed with regard to self-rated health. Self-rated health appears to be better in Himachal Pradesh and Maharashtra. At the lower end, a larger proportion of the elderly in West Bengal and Kerala rated their health as poor or worse.

Table 6.2: Percentage of Elderly by Self-rated Health According to Select Background Characteristics, 2011

Characteristics	Current Health: Excellent/Very good/Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Age				
60-69	50.2	67.9	69.5	6,239
70-79	37.5	59.3	60.1	2,601
80+	29.1	52.5	55.6	1,012
Sex				
Men	47.7	67.2	69.5	4,672
Women	41.5	61.0	61.8	5,180

Contd...

Characteristics	Current Health: Excellent/Very good/Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Residence				
Rural	42.9	62.9	64.2	5,138
Urban	48.5	66.7	69.0	4,714
Marital Status				
Currently married	48.4	66.8	69.1	5,847
Widowed	38.7	59.3	59.9	3,768
Others	33.8	62.9	59.0	237
Education				
None	38.6	60.0	59.4	4,533
1-4 years	41.0	60.2	64.9	1,258
5-7 years	48.6	65.7	68.3	1,324
8+ years	57.3	73.7	77.6	2,682
Employment				
Never	41.9	62.0	62.5	3,587
Previously worked	41.6	60.8	63.2	4,001
Currently working	52.8	71.8	73.4	2,264
Religion				
Hindu	47.1	65.5	65.7	7,781
Muslim	32.6	54.0	59.4	804
Sikh	34.5	61.4	65.6	826
Other	40.6	60.3	71.6	441
Caste				
SC/ST	42.8	61.3	61.4	2,383
OBC	46.5	63.2	65.9	3,353
Other	43.6	66.3	67.7	4,116
Wealth Index				
Lowest	37.6	56.6	52.8	1,954
Second	43.8	63.6	65.0	1,974
Middle	46.8	67.7	69.9	1,938
Fourth	51.6	69.5	73.9	1,962
Highest	44.2	64.3	70.3	2,018
Living Arrangement				
Alone	42.7	61.6	58.8	612
Spouse only	50.0	66.6	68.0	1,468
Children and others	43.4	63.5	65.4	7,770
State				
Himachal Pradesh	53.8	77.4	78.3	1,482
Punjab	34.2	60.5	65.3	1,370
West Bengal	21.3	51.0	44.6	1,275
Odisha	52.6	60.9	55.4	1,481
Maharashtra	59.0	82.9	82.7	1,435
Kerala	32.5	44.7	62.6	1,365
Tamil Nadu	53.5	67.2	66.6	1,444
Total	44.4	63.9	65.4	9,852

In general, the study found that self-rated health among the elderly in the country is significantly lower than overall population as well as the elderly in developed countries. More women and rural elderly rate their health as poor in comparison to men and urban elderly, respectively. A majority of the elderly reported that their current health status is more or less the same as that of their peer groups as well as in comparison with their status of health one year earlier. This should be viewed in relation to the poor health status existing in the country. Moreover, there is also a significant socio-economic gradient in self-rated health with the poor, illiterate and the widowed rating their health much worse than their counterparts, clearly bringing out the close link between socio-economic status and self-rated health in the country.

6.2. Mental Health

A considerable body of literature exists in measuring subjective well-being reflecting mental health status of the population (Campbell, 1981; Herzog et al., 1982). There have been several efforts to quantify subjective well-being through various instruments. This study explored two such well-known instruments: **General Health Questionnaire (GHQ)** and **Subjective Well-being Inventory (SUBI)**. The survey used GHQ-12 and SUBI with nine questions to measure subjective well-being.

The main scope of the GHQ is to serve as an instrument for screening psychological distress. Developed by Goldberg in the 1970s, this measure has been extensively used to measure mental health status in different settings and different cultures (Goldberg and Blackwell, 1970). The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual). It can either be scored bi-modally (i.e. 0-0-1-1) or on a Likert scale (0-1-2-3) (Likert, 1932). If scoring is done bi-modally, the score ranges between 0 and12; if the scoring is based on the Likert scale, it ranges from 0 to 36. The GHQ-12 questionnaire in this study is scored based on Likert scale. A higher score indicates a greater degree of psychological distress. The accepted threshold score is 12 or below, reflecting better mental health status. Any score above 12 reflects psychological distress.

The SUBI is designed to measure "feelings of well-being or ill-being as experienced by an individual or a group of individuals in various day-to-day life concerns" (Sell and Nagpal, 1992). An important aspect of mental health and psychological well-being, empirical assessment of **Subjective Well-being (SWB)** involves evaluation of one's life in terms of overall life satisfaction as well as one's experience of pleasant and unpleasant emotions (Moore et al., 2005). Originally proposed by Sell and Nagpal (1992), the SUBI consists of a 40-item questionnaire including both positive and negative aspects, with each item having three response options. In the present study, a nine-item SUBI has been used. The three responses on each item are scored (1, 2, 3), with lower scores indicating greater well-being. The scores on each item are added to arrive at the total score. The score, thus, varies from 9 to 27. The lower the score, the better is the mental health status. Table 6.3 presents the GHQ and SUBI results according to place of residence and sex.

Table 6.3: Percentage of Elderly Classified Based on GHQ-12 and 9-item SUBI According to Place of Residence and Sex, 2011

Mental Health Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
GHQ-12 (Score 0-36)									
Scores below the threshold level of ≤12	54.0	45.2	49.4	63.4	53.8	58.1	56.4	47.6	51.7
Mean score	13.2	14.8	14.1	12.5	13.8	13.3	13.1	14.6	13.9
Number of elderly	2,441	2,668	5,109	2,214	2,477	4,691	4,655	5,145	9,800
Subjective Well-being Inventory (SUBI- 9 items) (Score 9-27)									
Mean score	18.7	19.6	19.2	18.2	19.0	18.6	18.5	19.4	19.0
Number of elderly	2,371	2,606	4,977	2,170	2,427	4,597	4,541	5,033	9,574

Note: GHQ 12 varies from a score of 0-36; the lower the score, the better is the mental health. The threshold score of 12 or below indicates good mental health status. For SUBI the score varies from 9 to 27; the lower the mean score, the better the mental health status.

The table shows that about half of the elderly are below the threshold level in GHQ, indicating sound mental health status. The mean score is around 14, close to the threshold level of 12. Thus, even going by the mean score it is clear that nearly half of the elderly have good mental health status. As GHQ is used mainly as a measure for screening the patient, the study also reveals that the other half of the respondents requires further investigation into their mental well-being. The study when conducted elsewhere also observed that the percentage of population above cut off point is around half (Werneke et al., 2000). Invariably, men seem to be faring better in mental health than women according to the GHQ score. Similarly, urban elderly have better mental health than the rural elderly.

As already pointed out, SUBI measures well-being or ill-being depending upon the answers to the questions by the elderly. In the nine-item SUBI, a negative response to any of the items is a sign of ill-being. The mean score of SUBI is 19.0. Even in this case, the score of women is higher than that of men, indicating poor mental well-being among women. Similarly, the rural score is marginally higher than the urban score. Table 6.4 presents the level of negative and positive responses for the nine items according to age and sex.

Table 6.4: Percentage of Elderly Classified Based on 9-item SUBI According to Age and Sex, 2011

SUBI - 9 items (Well-being/Ill-being)	Age Group 60-69			Age Group 70-79			Aged 80 Years and Above		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
At least one negative	49.4	55.2	52.4	58.5	63.9	61.4	63.7	68.9	66.4
All negative	1.6	3.3	2.5	1.7	5.5	3.7	5.5	10	7.9
All positive	2.9	1.3	2.1	2.4	1.1	1.7	0.9	0.6	0.8
Mean score	18.3	19.1	18.7	18.8	19.9	19.4	19.7	20.5	20.1
Number of elderly	2,889	3,183	6,072	1,206	1,327	2,533	446	523	969

The percentage of elderly with at least one negative response varies from 52 per cent in the 60-69 age group to 66 per cent in the 80 and above age group. Thus, age seems to be one of the important predictors in determining well-being or ill-being among elderly. Around

eight per cent of the elderly in the age group 80 and above had a negative response to all the questions, indicating serious levels of ill-being; among women in this age group, it is 10 per cent. Only a negligible proportion of the elderly responded positively to all the nine items and this proportion declines substantially with age. Less than one per cent of the elderly in the age group 80 and above responded positively to all the nine items.

Table 6.5 presents the GHQ and SUBI scores by background characteristics. The widowed, those living alone and less educated seem to have poor mental health as compared to other categories. Another striking difference is found with reference to religious categories. The Muslims appear to have considerably poorer mental health as compared to other religious categories perhaps due to their socio-economic backwardness. There are also significant caste and wealth quintile variations in mental health status. The SC/ST elderly and the elderly belonging to the lowest wealth quintiles have poorer mental health status. The table also brings out considerable inter-state variations in mental health status. The elderly in Punjab and Himachal Pradesh exhibit better mental health status as compared to their counterparts from West Bengal and Odisha that appear to have the worst mental health.

Table 6.5: Percentage of Elderly Classified by GHQ Score Less Than or Equal to 12 and Elderly by Mean SUBI Score According to Select Background Characteristics, 2011

Characteristics	GHQ score ≤12	Mean score of SUBI
Age		
60-69	56.6	18.7
70-79	45.7	19.3
80+	39.3	20.1
Sex		
Men	56.4	18.5
Women	47.6	19.4
Residence		
Rural	49.4	19.1
Urban	58.1	18.6
Marital Status		
Currently married	56.0	18.5
Widowed	44.8	19.8
Others	51.3	19.3
Education		
None	42.6	20.0
1-4 years	49.1	19.1
5-7 years	56.4	18.3
8+ years	71.4	17.1
Employment		
Never	50.7	19.1
Previously worked	49.8	19.0
Currently working	56.4	18.7
Religion		
Hindu	49.2	19.2
Muslim	39.4	19.4

Contd...

Characteristics	GHQ score ≤12	Mean score of SUBI
Sikh	77.2	17.7
Others	67.8	17.2
Caste		
SC/ST	45.4	19.8
OBC	49.3	19.0
Others	58.2	18.5
Wealth Index		
Lowest	30.3	20.9
Second	46.7	19.7
Middle	55.8	18.7
Fourth	65.4	17.9
Highest	71.8	16.4
Living Arrangement		
Alone	42.2	20.4
Spouse only	55.7	18.8
Children and others	51.7	19.0
State		
Himachal Pradesh	64.2	18.0
Punjab	77.8	17.8
West Bengal	28.0	21.3
Odisha	33.0	19.7
Maharashtra	55.7	19.8
Kerala	60.8	16.7
Tamil Nadu	41.9	19.7
Total	51.7	19.0
Number of elderly	9,800	9,574

Overall, the mental health measures bring out several interesting findings which have an important bearing on the health status as well as on the health policy in the country. First, the study indicates that around half of the elderly require further follow-up for understanding their mental health status. As these measures do not specifically indicate mental health problems but are rather a screening device to understand the proportion of elderly needing follow-up, the health system has to gear up for providing adequate services. Second, age and gender appear to be strongly connected with mental well-being, with women and aged being more vulnerable. Third, the close connection between socio-economic status and mental health provides a further challenge in terms of enhancing the economic living standard of the elderly for better subjective health.

6.3. Functionality

The notion of functionality among elderly involves the ability to perform self-care, self-maintenance and physical activity. To explain the pathways characterising the disablement process, the WHO proposed a theoretical framework in 1980 named as the **International Classification of Impairments, Disabilities and Handicaps (ICIDH)**. The ICIDH was subsequently revised in 2001

into an **International Classification of Functioning, Disability and Health (ICF**), which focuses on components of health as human functioning instead of considering disability as a consequence of disease or ageing alone. Under the ICF – which has its theoretical underpinnings in social models of disability – physical functioning and disability are considered outcomes of interactions between health conditions and contextual factors.

The Activities of Daily Living (ADL) is an umbrella term relating to self-care, comprising those activities that people undertake routinely in their everyday life. The activities can be subdivided into personal care or ADL and domestic and community activities or Instrumental ADL (IADL). The ADL and IADL have emerged as the most common approaches in empirical assessments of functionality among the elderly and are considered to be befitting to the ICF framework.

Activities of Daily Living

The '**activities of daily living' or ADLs** are the basic tasks of everyday life, such as feeding, bathing, dressing, toileting, mobility (i.e., getting in and out of a bed or chair) and continence (controlling bladder and bowel movement). When people are unable to perform these activities, they need assistance either from others or from mechanical devices or both. Apart from providing objective assessments of the ability of the elderly to execute basic daily activities and the level of difficulty in executing such tasks, ADLs have been found as an important predictor of home or institutional care, living arrangements, health expenses and mortality (Palmer and Harley, 2012). Functional disabilities in terms of ADLs, when assessed through household surveys also provide understanding of socio-economic and demographic disparities in such functional limitations; the extent of familial support to those unable to execute the ADL functions gives an idea about how such informal arrangements can be expected to address the care needs.

The survey asked the respondents to assess their level of independence to carry out six different types of ADL activities covering physical domains of functionality viz., bathing, dressing, toilet, mobility, continence and feeding, under categories of 'do not require assistance', 'require partial assistance' and 'require full assistance'. Table 6.6 presents the percentage of elderly with full or partial difficulty for ADL activities by place of residence and sex.

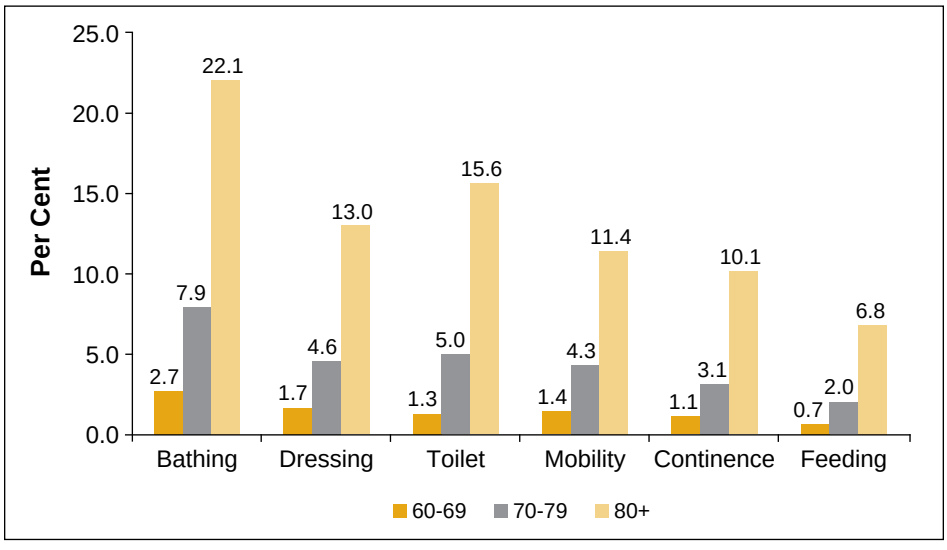
Altogether, around eight per cent of the elderly require assistance to perform one of the activities. The percentage of elderly rating their health as poor is around 18 per cent (see Table 6.1). Thus, the self-rating of health includes both physical and mental health. The study also found that one per cent of the elderly requires assistance in all the ADL activities. Among activities, the highest percentage of the elderly faces some difficulty in bathing. The next in order is toileting, dressing and mobility. Invariably, women perform more poorly than men in performing all the ADLs. The rural elderly appear to be facing more difficulty with ADL activities than the urban elderly.

Table 6.6: Percentage of Elderly Needing Full/Partial Assistance in ADL According to Sex and Place of Residence, 2011

Type of ADL	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bathing	5.0	8.1	6.6	3.3	6.8	5.2	4.6	7.8	6.2
Dressing	3.0	4.6	3.8	1.9	4.5	3.3	2.7	4.6	3.7
Toilet	3.2	4.8	4.0	2.0	4.1	3.2	2.9	4.7	3.8
Mobility	2.7	3.9	3.3	2.1	4.1	3.2	2.6	4.0	3.3
Continence	2.2	3.2	2.7	1.4	3.2	2.4	2.0	3.2	2.7
Feeding	1.6	2.1	1.9	0.7	1.6	1.2	1.4	2.0	1.7
Need at least one assistance	6.4	9.3	7.9	4.6	8.8	6.9	6.0	9.1	7.6
Need full assistance	0.8	1.4	1.1	0.5	1.3	1.0	0.7	1.4	1.1
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Figure 6.1 presents the break-up of the elderly needing full or partial assistance in each of the ADL by different age groups. Age appears to be a significant predictor in performing daily activities as anticipated. Around 22 per cent of the elderly in the age group 80 years and above face difficulty in bathing and seven per cent in feeding. With the increase in the proportion of elderly who belong to the age group 80 years and above, ADL functioning will be a serious issue to be addressed in the future.

Figure 6.1: Elderly Needing Full/Partial Assistance for ADL Activities by Age, 2011



Instrumental Activities of Daily Living

Apart from ADLs, the **'instrumental activities of daily living' (IADLs)** constitute an important dimension of functional limitations or disability among the elderly. The origin of this measure lies in a seminal work by Lawton and Brody (1969). IADLs are designed to involve a more complex set of functioning than the ADL-based functional disability measures; they require more skill, judgement

and independence than the ADLs (Kovar and Lawton, 1994). Accordingly, it is believed that IADL disabilities – in one or more dimensions – are more widely prevalent than ADL disabilities.

Lawton and Brody (1969) had specified eight domains of functions under IADL. While early assessment based on this scale, commonly referred to as Lawton IADL scale, included five domains for men and all eight for women, such gendered classifications have been done away in recent empirical assessments based on the Lawton scale. The eight domains, all of which were covered in the household survey, included the ability to telephone, go shopping, food preparation, housekeeping, doing laundry, travelling, responsibility for own medication and ability to handle finances. Following the scoring scheme followed for the Lawton-Brody IADL scale, each domain had a minimum score of zero and a maximum of one, with a higher score denoting high functional independence. Accordingly, the maximum score for the IADL index is eight and the minimum is zero.

However, it should be pointed out that unlike in the case of ADL, IADL activities have specific gender and cultural dimension. For instance, in the Indian context, men would be answering 'no' to the preparation of meals simply because they are not participating in that activity. This can be true as well for 'use of telephone' in rural areas if the elderly have not seen them. Although the investigators were instructed to capture the performance of these activities based on the physical ability of the elderly to do so and not whether they actually did so, biases are likely to creep in as most of the elderly consider that they are unable to perform such activities. Therefore, IADL scores are to be interpreted with some caution.

Table 6.7 presents the percentage of elderly with difficulties in executing different IADL tasks. About 66 per cent of the elderly have difficulty in preparing food and 60 per cent in going shopping. A quarter of the elderly reported having problems in using the telephone and 40 per cent have difficulty in doing laundry themselves. Unlike ADLs, the IADL domains reveal that difficulty in carrying out the IADL tasks is significantly higher among elderly men than elderly women for all but the following three domains – laundry, housekeeping and food preparation. This means that the prevailing gender norms in the society are significantly influencing who does or is primarily responsible for what type of tasks. In fact, these domains were excluded for men in the early form of the Lawton IADL scale. The findings suggest that perhaps such reasoning may still be valid to some extent, and hence, the lower reported difficulties or inability by men for these three types of IADL activities somewhat masks the 'real' extent of disability, as even otherwise able, men may not be doing such activities in the household if other members (mostly spouses), are responsible for executing these tasks.

To overcome the influence of gender norms that might have crept in the responses for IADL activity limitations to some extent, the table also provides information on the number of activities the elderly find difficult to carry out. Around five per cent of the elderly cannot perform any of these activities, which is close to the percentage of elderly having difficulty in at least one ADL activity.

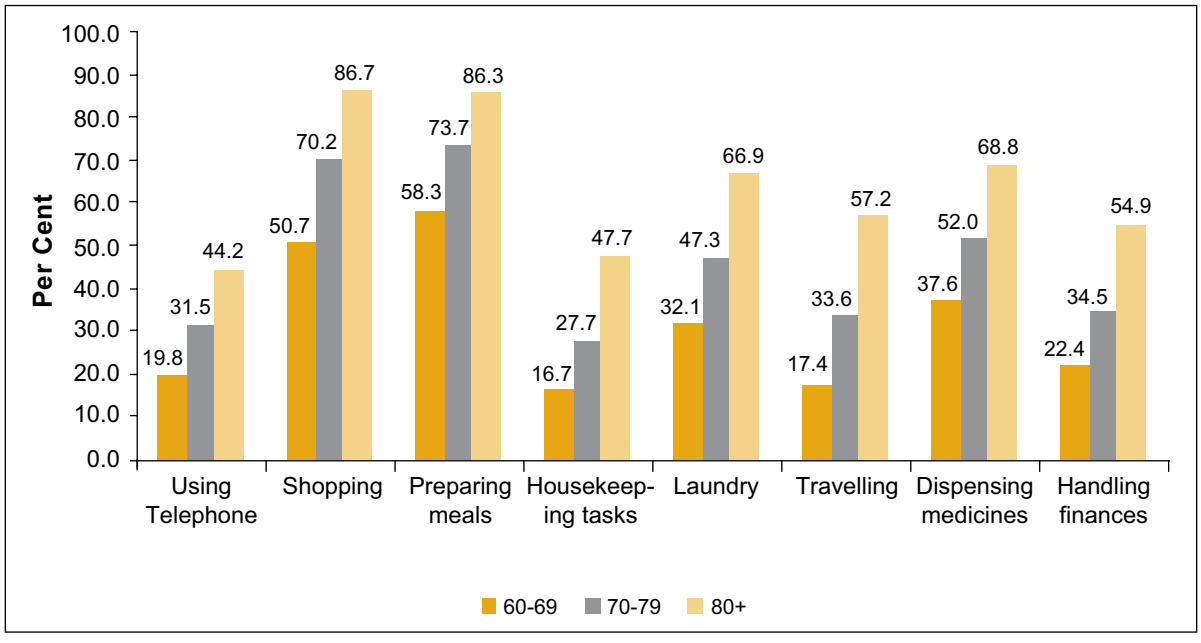
Table 6.7: Percentage of Elderly by IADL Limitations According to Sex and Place of Residence, 2011

Type of activity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Use of phone	21.4	35.3	28.6	11.0	22.6	17.3	18.8	31.9	25.7
Shopping	50.1	75.7	63.4	35.0	63.1	50.3	46.3	72.4	60.0
Preparation of meals	82.3	53.2	67.1	79.1	45.9	61.0	81.5	51.3	65.6
Housekeeping tasks	28.1	18.1	22.9	33.1	15.6	23.6	29.4	17.4	23.1
Laundry	54.2	28.4	40.8	53.0	25.5	38.0	53.9	27.6	40.0
Travel independently	20.7	34.2	27.8	15.8	26.6	21.7	19.5	32.2	26.1
Dispense own medicines	41.3	56.1	49.0	26.1	39.7	33.5	37.4	51.6	44.9
Handle finances	17.9	42.3	30.6	12.8	36.1	25.5	16.6	40.6	29.2
Can perform none	3.7	7.0	5.4	2.0	5.6	4.0	3.3	6.6	5.1
1-3	20.8	24.6	22.8	13.3	17.4	15.5	18.9	22.6	20.8
4-5	33.5	29.8	31.6	36.2	23.3	29.2	34.2	28.0	30.9
6-7	32.8	27.0	29.8	36.3	33.7	34.9	33.7	28.8	31.1
Can perform all	9.0	11.5	10.3	12.1	19.8	16.3	9.8	13.8	11.9
DK/NA	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1	0.1
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

In this case, women and the rural elderly are found to be worse off than men. Similarly, 12 per cent of the elderly are capable of doing all the activities, which should be interpreted cautiously given the gendered nature of response.

As in the case of ADL, there is also a significant age variation in the IADL performance. Figure 6.2 presents IADL functioning across age groups. With the advancing ages, the IADL activities needing assistance substantially go up. This is found to be true in all the IADL activities.

Figure 6.2: Elderly Needing Full/Partial Assistance for IADL Activities by Age, 2011



The socio-economic gradient and the functionality among elderly are widely documented, although the pathways of such relationship remain unknown (Beydoun and Popkin, 2005). Table 6.8 indicates that both IADL and ADL limitations have strong socio-economic gradient in India. For IADL, it would be easier to interpret the results on elderly who cannot perform any of the IADL activities which will definitely indicate serious functional disability. This is because the elderly irrespective of their gender are expected to function in any one of the activities. The other categories like 'can perform all' and the number of activities performed is bound by gendered response. Interestingly, there is also a clear educational gradient in performing activities of ADL as well as IADL. It is clear from the table that the elderly with poor educational status are performing poorly in both the activities. The table also suggests that the widowed are particularly vulnerable. The other major differences are found among religious groups with Muslims performing poorly in ADL. It was also true in the case of mental health. The living arrangement pattern shows that those living alone are having less problems in activities of daily living, indicating that living alone is partially associated with better health status. However, no significant variations are observed across caste groups and wealth quintiles in performing ADL activities while it was not true for IADL. The state level differences are considerable for ADL but not for IADL. West Bengal has the highest percentage of elderly with difficulty in performing at least one ADL activity followed by Kerala. The elderly with least ADL problems are found in Maharashtra and Punjab. All these indicate that both ADL and IADL limitations have strong socio-economic gradient in India.

Table 6.8: Percentage of Elderly by ADL and IADL Limitations According to Background Characteristics, 2011

Background Characteristics	ADL			IADL				Number of elderly
	Need assistance in at least one activity	Need assistance in at least three activities	Need assistance in all activities	Can perform no activity	Can perform all activities	Can perform 1-3 activities	Can perform 4-7 activities	
Age								
60-69	3.5	1.0	0.4	2.2	15.8	13.1	69.0	6,239
70-79	9.8	3.3	1.1	6.5	6.7	28.6	58.0	2,601
80+	25.9	10.0	4.5	17.9	3.3	45.6	32.9	1,012
Sex								
Men	6.0	1.9	0.7	3.3	9.8	18.9	67.9	4,672
Women	9.1	3.2	1.4	6.6	13.8	22.6	56.8	5,180
Residence								
Rural	7.9	2.7	1.1	5.4	10.3	22.8	61.4	5,138
Urban	6.9	2.3	1.0	4.0	16.3	15.5	64.1	4,714
Marital Status								
Married	5.3	1.8	0.7	2.7	12.5	16.9	67.9	5,847
Widowed	11.5	3.9	1.7	9.0	10.9	27.2	52.7	3,768
Others	6.7	2.9	0.4	4.2	14.2	21.7	60.0	237

Contd...

Background Characteristics	ADL			IADL				Number of elderly
	Need assistance in at least one activity	Need assistance in at least three activities	Need assistance in all activities	Can perform no activity	Can perform all activities	Can perform 1-3 activities	Can perform 4-7 activities	
Education								
No schooling	9.3	3.6	1.5	7.6	6.6	28.2	57.5	4,533
1 - 4 years	8.5	2.0	1.0	3.7	12.8	20.6	62.8	1,258
5 - 7 years	6.1	2.3	0.4	3.1	14.6	14.4	67.7	1,324
8 + years	4.3	1.0	0.6	1.2	21.9	8.2	68.6	2,682
Employment								
Never Worked	10.0	3.8	1.6	6.8	11.6	25.2	56.3	3,587
Previously worked	9.4	2.9	1.2	6.1	11.2	23.6	59.0	4,001
Currently Working	1.1	0.2	0.1	0.7	13.6	9.8	75.9	2,264
Religion								
Hindu	7.4	2.5	1.0	5.3	10.9	20.7	63.1	7,781
Muslim	12.3	3.0	1.5	5.7	14.1	23.4	56.6	804
Sikh	6.1	3.0	1.1	3.1	9.5	24.7	62.6	826
Others	6.4	2.1	1.2	4.0	31.2	11.0	53.6	441
Caste								
SC/ST	7.5	2.3	0.7	5.4	8.2	23.6	62.8	2,383
OBC	7.7	2.4	1.2	5.5	14.3	17.3	62.8	3,353
Others	7.7	3.0	1.1	4.4	12.2	22.3	61.0	4,116
Wealth Index								
Lowest	8.3	2.6	1.3	7.2	6.2	25.7	61.0	1,954
Second	7.7	2.1	0.7	6.2	11.0	20.9	61.9	1,974
Middle	8.0	3.1	1.0	4.4	13.1	19.5	62.9	1,938
Fourth	6.7	2.3	0.9	3.5	11.8	18.6	65.9	1,962
Highest	7.0	3.0	1.2	2.8	21.3	17.7	58.0	2,018
Living Arrangement								
Alone	4.5	1.0	0.5	2.3	26.2	11.0	60.3	612
Spouse only	3.5	1.1	0.4	1.8	13.5	11.4	73.2	1,468
Children and others	8.7	3.0	1.2	6.0	10.5	23.6	59.9	7,770
State								
Himachal Pradesh	7.8	3.6	1.1	4.3	8.3	24.4	63.1	1,482
Punjab	5.8	3.1	0.9	2.7	9.3	23.0	64.8	1,370
West Bengal	12.0	2.4	0.5	7.0	3.9	28.8	60.4	1,275
Odisha	8.4	2.8	1.5	7.1	2.6	28.8	61.5	1,481
Maharashtra	3.8	1.7	0.9	4.3	13.0	17.0	65.7	1,435
Kerala	10.2	3.0	1.7	4.7	31.6	13.8	49.2	1,365
Tamil Nadu	6.0	1.7	0.8	5.5	15.1	10.3	69.1	1,444
Total	7.6	2.6	1.1	5.1	11.9	20.8	62.0	9,852

Locomotor Disability

The survey also collected information on the locomotor disability, if any, of the elderly. The survey asked each respondent about the difficulty regarding vision, hearing, walking, chewing, speaking and memory. For these aspects of disability, except for speaking and memory, questions were asked on the use of aids and source of financing such aids.

Prevalence of Disability

Table 6.9 presents the percentage of elderly with full or partial locomotor disability. The prevalence of locomotor disability varies from about 60 per cent for vision to about seven per cent for speech. A quarter of the elderly are affected by other forms of disability. The notion of disability includes either partial or full (reported) difficulty in discharging the respective functions. These disabilities, however, do not seem to have a strong gender or rural-urban variations as these are perhaps the inevitable consequence of ageing.

Table 6.9: Percentage of Elderly by Full/Partial Locomotor Disability According to Sex and Place of Residence, 2011

		Rural			Urban			Total		
		Men	Women	Total	Men	Women	Total	Men	Women	Total
Vision	Full	8.6	9.3	8.9	8.8	10.4	9.6	8.6	9.6	9.1
	Partial	48.8	51.8	50.4	48.1	49.1	48.7	48.6	51.1	49.9
Hearing	Full	3.0	2.4	2.7	1.9	2.5	2.3	2.7	2.5	2.6
	Partial	17.5	21.2	19.4	12.5	15.7	14.2	16.3	19.7	18.1
Walking	Full	3.6	4.0	3.8	3.2	4.4	3.8	3.5	4.1	3.8
	Partial	18.5	21.9	20.3	14.2	19.6	17.1	17.4	21.3	19.4
Chewing	Full	6.4	7.5	7.0	4.9	7.4	6.3	6.0	7.5	6.8
	Partial	23.4	24.5	24.0	13.9	14.7	14.4	21.0	21.8	21.4
Speaking	Full	0.9	0.9	0.9	0.9	0.8	0.8	0.9	0.9	0.9
	Partial	6.3	6.7	6.5	4.5	4.9	4.7	5.8	6.2	6.0
Memory	Full	1.9	2.3	2.1	1.6	2.8	2.2	1.9	2.4	2.2
	Partial	27.0	28.2	27.6	13.8	15.5	14.8	23.6	24.7	24.2
Number of elderly		2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

In order to further find out the magnitude of the elderly affected by locomotor disability with advancing age, the percentage of elderly by each of these disabilities in different age groups is calculated. Figure 6.3 presents the percentage of elderly with the type of disability by age. Age undoubtedly is a strong predictor of all the disabilities, particularly in the case of hearing, walking and chewing. Although there exist a relationship between age and all disabilities, the magnitude of differences is low for vision, speaking and memory as compared to others.

Figure 6.3: Elderly by Type of Disability and Age, 2011

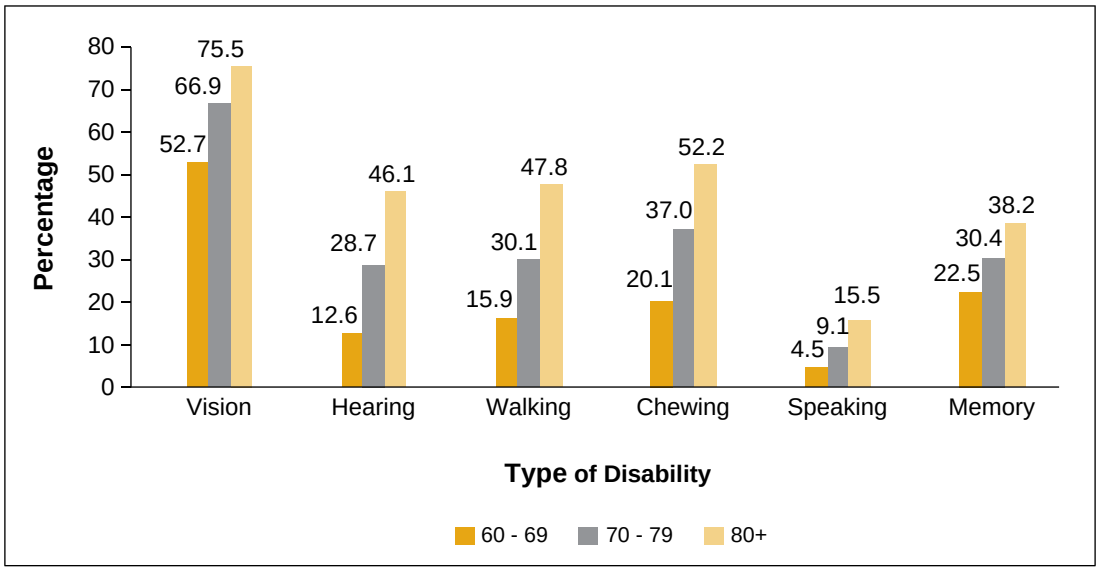


Table 6.10 presents the percentage of elderly with disabilities by their background characteristics. There is no connection between disabilities and socio-economic background, except perhaps for memory. Neither educational level nor wealth quintile appears to make any significant difference in the prevalence of other disabilities. The strong connection between socio-economic gradient and memory indicates that memory is a function of the past education as well as the nutritious food the elderly had access to during their childhood and adulthood. There are, however, strong state level differences in all forms of disabilities. The elderly in West Bengal clearly emerge as having the highest burden of locomotor disabilities followed by those in Odisha and Punjab. On the other hand, the burden is least on the elderly in Tamil Nadu.

Table 6.10: Percentage of Elderly by Full/Partial Locomotor Disability According to Background Characteristics, 2011

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Age							
60-69	52.7	12.6	15.9	20.1	4.5	22.5	6,239
70-79	66.9	28.7	30.1	37.0	9.1	30.4	2,601
80+	75.5	46.1	47.8	52.2	15.5	38.2	1,012
Sex							
Men	57.3	19.0	20.9	27.0	6.8	25.5	4,672
Women	60.6	22.2	25.4	29.3	7.1	27.2	5,180
Residence							
Rural	59.3	22.1	24.1	30.9	7.4	29.7	5,138
Urban	58.3	16.5	20.9	20.6	5.5	17.0	4,714
Marital Status							
Married	56.1	16.7	19.1	25.3	5.7	24.2	5,847
Widowed	64.0	27.0	30.4	33.1	8.9	30.0	3,768
Others	56.5	21.3	17.9	25.1	5.8	24.2	237

Contd...

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Education							
No schooling	59.3	25.2	26.6	33.5	8.4	31.3	4,533
1 - 4 years	65.6	22.4	28.0	28.2	8.2	29.1	1,258
5 - 7 years	59.2	17.0	19.9	22.9	5.6	21.7	1,324
8 + years	54.7	11.4	15.1	19.1	3.7	16.5	2,682
Employment							
Never worked	60.1	23.3	25.7	33.4	7.7	30.3	3,587
Previously worked	61.2	21.9	27.4	27.9	7.5	24.7	4,001
Currently working	53.9	14.4	12.8	20.8	5.0	23.2	2,264
Religion							
Hindu	57.8	21.2	22.8	27.2	7.3	27.0	7,781
Muslim	66.8	20.6	29.8	23.8	8.4	24.9	804
Sikh	56.1	16.5	19.0	43.9	3.5	24.4	826
Others	73.3	19.0	27.2	20.7	4.5	21.2	441
Caste							
SC/ST	59.1	24.7	22.8	30.0	8.5	31.2	2,383
OBC	53.4	18.2	21.5	21.6	5.7	21.1	3,353
Others	64.3	20.1	25.1	33.2	7.1	28.1	4,116
Wealth Index							
Lowest	61.5	25.9	26.0	31.2	9.8	38.6	1,954
Second	54.8	21.3	23.6	28.0	7.5	26.4	1,974
Middle	55.7	20.7	25.1	27.9	6.8	22.9	1,938
Fourth	57.2	16.7	19.0	25.5	4.8	21.0	1,962
Highest	68.3	16.0	20.9	27.2	4.3	17.7	2,018
Living Arrangement							
Alone	56.3	24.0	25.0	24.7	6.3	21.7	612
Spouse only	50.7	17.1	18.1	22.1	4.0	19.1	1,468
Children and others	61.0	21.1	24.2	29.7	7.6	28.3	7,770
State							
Himachal Pradesh	48.8	22.3	23.3	32.8	3.2	21.0	1,482
Punjab	59.0	15.9	17.6	44.1	4.2	23.5	1,370
West Bengal	78.7	31.8	41.3	39.3	20.2	38.4	1,275
Odisha	59.8	26.5	20.9	41.5	9.3	59.4	1,481
Maharashtra	64.5	15.4	19.2	12.2	5.0	15.9	1,435
Kerala	72.4	18.0	27.0	18.5	5.4	20.7	1,365
Tamil Nadu	33.4	15.4	15.6	10.0	2.6	5.9	1,444
Total	59.0	20.7	23.3	28.2	6.9	26.4	9,852

As locomotor disabilities are mainly a function of age embracing all sections of the population, the minimisation of its ill effects mainly depends upon the use of proper aids to overcome the difficulty. By using appropriate aids such as spectacles, hearing aids, walking sticks and dentures, it is possible to ameliorate to some extent the difficulties that are inevitable.

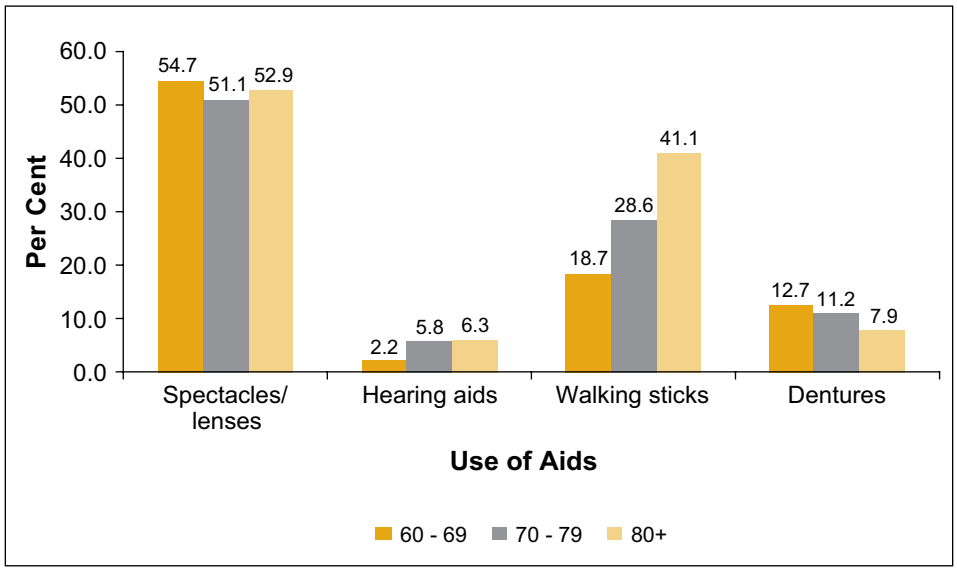
Table 6.11 presents the proportion of elderly with full or partial disability using aids according to sex and place of residence. Spectacle is the most widely used aid with nearly half of the elderly using spectacles. There is both gender and rural-urban bias in the use of the spectacles, although the differences are rather narrow. The use of other aids, particularly hearing aids and denture even with difficulty in hearing and chewing is negligible. More than a quarter of the elderly who have difficulty in walking use walking sticks.

Table 6.11: Percentage of Elderly Using Disability Aids According to Sex and Place of Residence, 2011

Form of Assistance	Sex		Residence			Number of Elderly
	Men	Women	Rural	Urban	Total	
Spectacles/ Lenses	57.2	50.0	49.2	65.0	53.3	5,929
Hearing aids	5.1	4.2	3.9	7.0	4.6	1,943
Walking sticks	32.2	23.5	28.8	22.1	27.2	2,206
Denture	10.0	12.2	10.1	15.8	11.2	2,681

The relationship between age and the use of aids is analysed in Figure 6.4. Age variations are visible only in case of hearing aid and walking stick with higher proportion of elderly using these aids with increase in age.

Figure 6.4: Elderly with Disability Using Any Form of Aids According to Age, 2011



In a nutshell, the functionality including locomotor disability brings out the fact that around five per cent of the elderly in the country have serious functionality issues with regard to ADLs. Even the IADL limitations also nearly bring out the same fact. More importantly, there is a strong socio-economic gradient for both IADL and ADL with illiterate, poor and the widowed being more affected by these limitations. The locomotor difficulty, however, does not have a strong socio-economic gradient. At the same time, the use of aids is considerably limited, indicating that perhaps the elderly require financial assistance for getting the aids.

6.4. Cognitive Ability: Immediate Recall of Words

A number of measures have been developed to understand cognitive abilities among people. These include immediate and delayed recall of face-name associations, visuo-spatial memory, short term memory, paired associates, and immediate and delayed recall of words. The studies have shown that the cognitive abilities start declining at some stage during adulthood (Skirbekk, 2003). It is also found that the cognitive abilities help in predicting a variety of outcomes, ranging from productivity levels, financial decision making to the risk of developing dementia in a population (Skirbekk et al., 2012).

This survey has used immediate recall of words method to assess the degree of cognitive abilities among the elderly. Immediate recall has worked as a reliable test to measure cognitive ability among elderly in different studies (Skirbekk et al., 2012). A list of ten commonly used words was read out to the respondents, allowing them to recall the words within two minutes. The order of the words being recalled was kept flexible. Both the number of words being recalled as well as the time taken to recall them was recorded. Table 6.12 presents the percentage distribution of elderly by number of words recalled as well as the mean number of recalled words according to place of residence and sex.

Table 6.12: Per Cent Distribution of Elderly by Ability to Immediately Recall Words (Out of a Total of Ten) According to Sex and Place of Residence, 2011

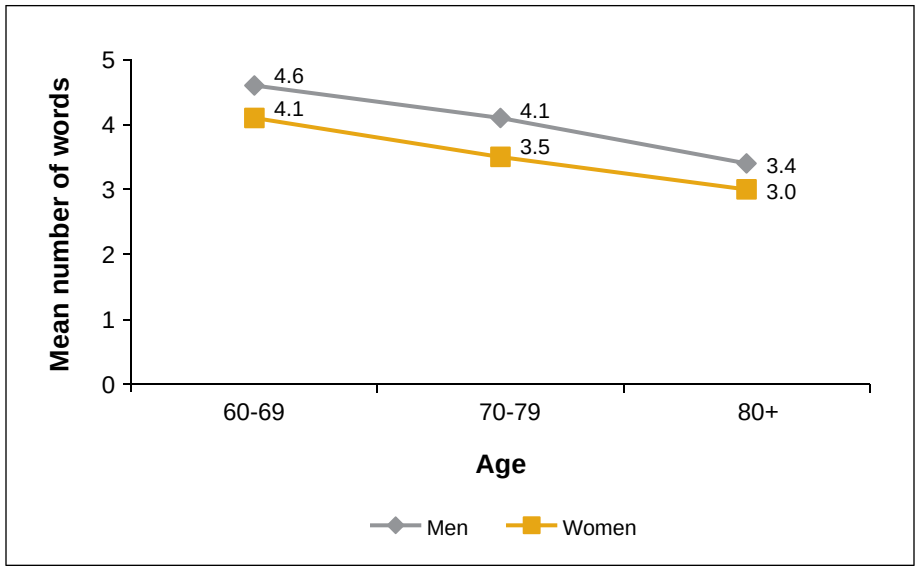
Number of Words	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
None to 2	12.3	20.7	16.7	10.8	17.2	14.2	11.9	19.8	16.1
3 to 5	65.2	67.5	66.4	55.6	60.4	58.2	62.7	65.6	64.2
6 to 8	22.0	11.7	16.6	32.6	22.2	26.9	24.7	14.5	19.3
More than 8	0.6	0.1	0.4	1.0	0.3	0.6	0.7	0.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean number of immediately recalled words	4.3	3.7	4.0	4.6	4.1	4.3	4.4	3.8	4.1
Number of elderly	2,451	2,682	5,133	2,219	2,486	4,705	4,670	5,168	9,838

Note: The analysis is based on 9,838 cases due to non-response.

The mean number of words recalled by the elderly was 4.1 out of 10. The number was slightly higher among men than women. The urban elderly performed better in recalling words than rural elderly. Only about one in every five elderly covered in the survey could recall more than half, i.e. six or more words. However, more than a quarter of the elderly men overall, and nearly a third of the elderly men residing in urban areas could recall more than five words. As already pointed out, studies have observed that the mean number of recalled words is a good predictor of productivity of the elderly across countries and groups (Skirbekk et al., 2012). Therefore, the results also have implications for the productivity differences between men and women as well as by place of residence.

Figure 6.5 presents the age variations in immediate recall of words. The figure clearly shows the deterioration in cognitive ability among men and women with increase in age. The mean number of words recalled by the elderly men and women reduces from 4.6 to 3.4 and from 4.1 to 3.0 words,

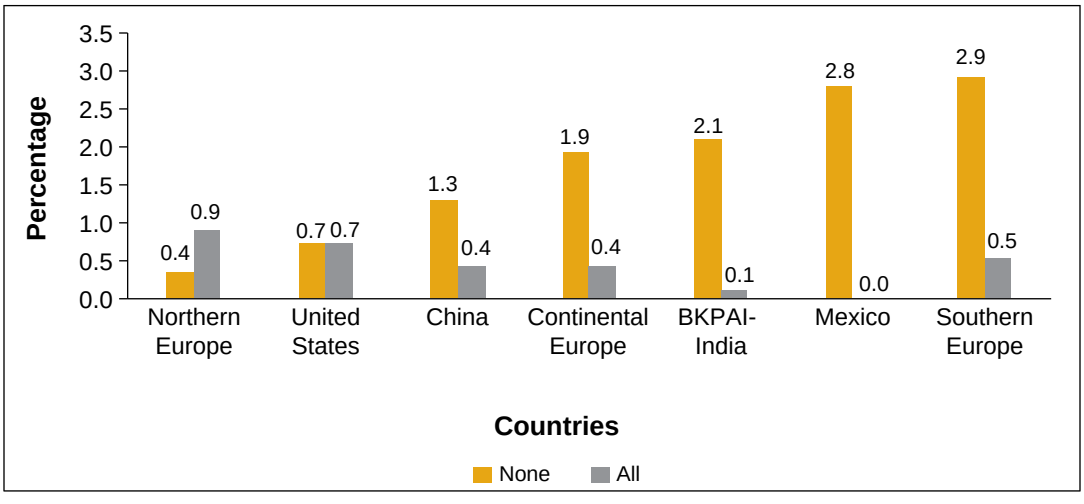
Figure 6.5: Immediate Word Recall (out of 10 words) by Age and Sex, 2011



respectively. The differences between men and women are observed across age groups. This may be due to the differences between them in terms of the acquired skills and education in the past.

The results of immediate recall of words available from other sources in different countries/continents were compared with the result of BKPAI survey. Figure 6.6 presents the percentage comparison of elderly across different countries/continents by their ability to immediately recall all or none of the ten given words. The figure shows that the elderly from Northern Europe and the United States have higher cognitive abilities compared to other countries. It also shows that the cognitive abilities among the Indian elderly are better than that of elderly from Mexico and southern Europe.

Figure 6.6: Elderly Immediately Recalling All or None of the Given Words across Select Countries/Continents



Source: Skirbekka, Vegard, Elke Loichinger and Daniela Weber (2012) "Variation in cognitive functioning as a refined approach to comparing aging across countries", Proceedings of the National Academy of Sciences, vol. 109, page 770-774.

Note: For other countries data pertains to people aged 50 years and above, while for India those aged 60 years and above are considered.

The reasons for the differences in cognitive abilities among elderly are often debated, and socio-economic background is found to be an important predictor of the differences. Table 6.13 presents evidence on immediately recalled words by background characteristics. Clearly, cognitive ability is much better among the married individuals as well as those co-residing with spouses either in terms of average number of words recalled or proportion of individuals recalling more than five words. The evident relationship between levels of education and number of words recalled clearly brings out the fact that cognitive ability is more a function of past acquired knowledge. However, economic differential in cognitive ability is evident broadly across the lowest two wealth quintiles. There are also significant state level differences in cognitive ability. Across the states, the elderly in Tamil Nadu stand out with 59 per cent recalling more than five words. The elderly in Himachal Pradesh, Punjab and Maharashtra are in the middle group. While the elderly in West Bengal are at the bottom, the performance of those in Kerala and Odisha is also relatively poor.

Table 6.13: Per Cent Distribution of Elderly by Immediate Recall of Words by Background Characteristics, 2011

Background Characteristics	None	1-4	5+	Mean Number of Words Recalled	Number of Elderly
Age					
60-69	0.9	52.5	46.6	4.4	6,236
70-79	2.6	65.9	31.5	3.8	2,598
80+	8.0	70.8	21.2	3.2	1,004
Sex					
Men	1.7	51.5	46.9	4.4	4,670
Women	2.5	64.2	33.4	3.8	5,168
Residence					
Rural	2.3	60.8	36.9	4.0	5,133
Urban	1.7	50.6	47.7	4.3	4,705
Marital Status					
Married	1.4	52.9	45.7	4.3	5,844
Widowed	3.0	66.3	30.6	3.7	3,757
Others	5.8	61.3	32.9	3.8	237
Education					
No schooling	2.8	68.2	29.0	3.7	4,529
1 - 4 years	2.0	64.3	33.7	3.9	1,255
5 - 7 years	2.1	53.1	44.8	4.3	1,322
8 + years	0.6	35.0	64.4	5.0	2,679
Employment					
Never	2.8	63.3	33.9	3.8	3,578
Previously worked	2.3	57.0	40.7	4.1	3,996
Currently working	0.7	52.3	47.0	4.4	2,264
Religion					
Hindu	1.7	58.1	40.2	4.1	7,772
Muslim	3.0	65.2	31.7	3.7	802
Sikh	3.9	52.1	44.1	4.2	825
Others	3.8	57.7	38.5	4.0	439

Contd...

Background Characteristics	None	1-4	5+	Mean Number of Words Recalled	Number of Elderly
Caste					
SC/ST	2.2	65.2	32.6	3.8	2,383
OBC	1.9	54.4	43.7	4.2	3,344
Others	2.2	56.9	40.9	4.1	4,111
Wealth Index					
Lowest	2.1	69.8	28.1	3.7	1,954
Second	1.4	63.4	35.2	3.9	1,972
Middle	2.4	57.5	40.1	4.1	1,936
Fourth	1.9	46.8	51.3	4.5	1,958
Highest	3.0	46.1	50.9	4.5	2,012
Living Arrangement					
Alone	0.8	62.6	36.6	3.9	612
Spouse only	1.3	50.3	48.4	4.4	1,468
Children and others	2.4	59.4	38.2	4.0	7,770
State					
Himachal Pradesh	1.4	53.0	45.6	4.4	1,482
Punjab	4.3	50.9	44.8	4.2	1,368
West Bengal	1.1	81.6	17.3	3.3	1,275
Odisha	2.4	66.4	31.1	3.8	1,481
Maharashtra	0.7	54.7	44.6	4.3	1,435
Kerala	4.9	61.8	33.3	3.8	1,353
Tamil Nadu	0.1	41.1	58.7	4.7	1,444
Total	2.1	58.1	39.8	4.1	9,838

The cognitive ability of the elderly measured in terms of number of immediately recalled words provides some interesting findings having relevance not only in terms of their health but also for their overall well-being and for formulating appropriate policies. The study found that overall the performance of Indian elderly is not significantly worse than the elderly population elsewhere. As this is also a strong predictor of the capacity of the elderly in terms of their ability to make economic contribution, it provides a clue on the potential for the country in the future with changes in age structure of the population. The cognitive abilities are also directly linked to socio-economic background of the elderly, indicating that their education and upbringing have a direct link with their potential to contribute in future.

6.5. Risky Health Behaviours

The survey posed questions to both elderly men and women about ever-use of any substance related to smoking, consumption of alcohol and chewing of tobacco. Those elderly who responded 'yes' to ever-use of any substance were asked whether they were currently using any of these substances. If the answer was yes to current use, the frequency of use and the amount spent per day or each time was found out.

Table 6.14: Percentage of Elderly by Personal Health Habits or Risky Health Behaviours According to Place of Residence and Sex, 2011

Type of Substance	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current use									
Smoking	24.2	1.2	12.3	14.7	0.6	7.0	21.8	1.1	10.9
Alcohol consumption	8.7	0.2	4.3	6.4	0.1	3.0	8.1	0.2	3.9
Chewing tobacco	21.6	19.5	20.5	12.9	13.4	13.2	19.4	17.8	18.6
Any of the three risky behaviours	44.8	20.7	32.4	28.2	13.7	20.3	40.7	18.8	29.2
Ever use									
Smoking	32.5	1.9	16.6	24.4	0.7	11.5	30.5	1.5	15.2
Alcohol consumption	15.8	0.5	7.8	14.0	0.4	6.6	15.4	0.4	7.5
Chewing tobacco	24.9	22.4	23.6	15.1	16.9	16.1	22.4	20.9	21.6
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Table 6.14 present ever and current use of select substances among elderly by gender and place of residence. It can be seen that chewing tobacco was more common than smoking or alcohol consumption; over one-fifth of the elderly respondents had chewed tobacco, about one-sixth smoked cigarettes/*bidis* and about one-tenth had consumed alcohol. Ever-use of all the three substances was found to be higher among rural elderly in comparison to their urban counterparts. Furthermore, substance use was found to be more among men than women and ever-use of all the three substances was higher among rural women than urban women. Nearly 29 per cent of the elderly indulged in risky behaviour by consuming all the three substances and, expectedly, conformed to the overall trends.

Most of the elderly respondents who had ever-used one of the aforementioned substances were continuing to chew tobacco and smoke, while their alcohol consumption had reduced by more than half. Age-wise analysis, as depicted in Figure 6.7, shows an inverse relationship between age and smoking and alcohol consumption; while in case of tobacco chewing, it increases from 60-69 years to 70-79 years and decreases thereafter.

With regard to smoking of cigarettes and *bidis*, nearly half of the elderly smoked more than six per day and about two out of five smoked three to five per day. In other words, nearly nine out of 10 elderly smoked more than three cigarettes/*bidis* per day; the percentage of such elderly was slightly higher in rural areas than in urban areas (Table 6.15). Among women, an insignificant proportion was smoking and hence has not been interpreted. Both men and women spent in the range of Rs. 11-15 per day for meeting their smoking requirements.

Figure 6.7: Current Risky Health Behaviour by Age Group

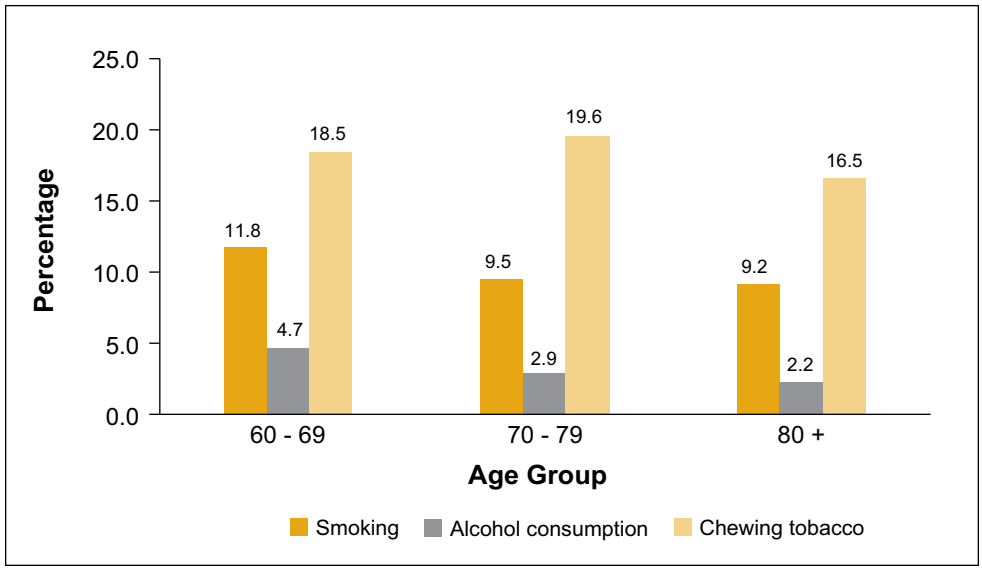


Table 6.15: Per Cent Distribution of Elderly with Respective Health Risk Behaviours by Volume or Frequency of the Consumption, Smoking and Chewing According to Place of Residence and Sex, 2011

Volume or Frequency of Smoking/ Alcohol consumption/ Chewing	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No. of cigarettes/*bidis* per day									
1-2	10.5	(2.2)	10.0	16.1	(0.0)	15.4	11.3	3.6	10.9
3-5	39.7	(32.6)	39.3	40.2	(87.5)	42.3	39.8	39.3	39.8
6+	49.9	(65.2)	50.7	43.1	(12.5)	41.8	48.8	57.1	49.2
DK/NA	0.0	0.0	0.0	0.6	(0.0)	0.0	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean expenditure (Rs)	11	12	11	15	14	15	11	13	11
Number of elderly	586	30	616	340	21	361	926	51	977
Frequency in consumption of alcohol									
Daily	25.1	*	26.5	24.7	*	24.4	25.0	*	26.0
Once or twice a week	37.6	*	37.1	35.1	*	35.9	37.1	*	36.9
Occasionally	37.3	*	36.5	40.3	*	39.7	37.9	*	37.1
Total	100.0	*	100.0	100.0	*	100.0	100.0	*	100.0
Mean expenditure (Rs)	73	*	72	92	*	91	77	*	76
Number of elderly	213	6	219	173	1	174	386	7	393
No. of times chewing tobacco or other intoxicant per day									
1	15.7	14.0	14.9	20.3	17.3	18.6	16.5	14.6	15.5
2-5	53.1	65.4	59.2	53.6	63.9	59.3	53.2	65.1	59.2
6+	31.2	20.7	26.0	26.1	18.8	22.1	30.3	20.3	25.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean expenditure (Rs)	7	8	8	9	10	9	8	8	8
Number of elderly	525	559	1,084	329	361	690	854	920	1,774

Note: () Based on 25-49 unweighted cases

** Percentage not shown; based on fewer than 25 unweighted cases*

As far as consumption of alcohol is concerned, over a quarter of the elderly consumed it daily and the remaining either consumed it once or twice in a week or occasionally (37% each); the pattern was more or less similar between rural and urban areas. The mean expenditure incurred ranged between Rs. 72 and 92 on each sitting. A majority (59%) of the elderly chewed tobacco two to five times every day and about a quarter of them chewed more than six times. Although no differential was seen between rural and urban elderly, the frequency of chewing tobacco more than six times was slightly higher in rural areas.

Thus, on the whole, substance abuse and its frequency of use seem to be high among elderly. With a higher proportion of rural elderly using one or the other substance, there is a need to work on preventive aspects of health care and educate them about its adverse consequences.

Summary

The chapter examined self-rated health, functionality, cognitive ability and risky health behaviours among elderly. The analysis on self-rated health shows that around 55 per cent of the elderly rate their health as poor or fair on a five-point scale. Thus, self-rated health appears to be lower among elderly as compared to overall population and in comparison with elderly population in developed countries, as revealed by other studies. Self-rated health also has a close connection with mental and physical health of the elderly. The mental health status measured through GHQ and SUBI also revealed that nearly half of the elderly require further health assistance for understanding their mental health status, which poses important challenges for the healthcare system in the country in the coming decades. Both self-rated health and mental health have a strong socio-economic gradient.

The functionality was measured in the survey through ADL, IADL as well as locomotor disability. The study shows that over five per cent of the elderly in the country have serious functionality issues with regard to the ADL and IADL functions, necessitating care and support. The prevalence of locomotor limitations was much higher with nearly half of the elderly having vision problems. At the same time, the use of aides and assistive devices is considerably limited, perhaps indicating lack of financial assistance for getting the aides and assistive devices. While the socio-economic gradient was evident for ADL and IADL, it was not so in the case of locomotor disability which was mainly a function of age.

Another important measure of well-being of the elderly is the cognitive ability which measures not only their health status but also provides clues on their economic productivity. The cognitive ability measured in terms of number of immediately recalled words reveals that performance of Indian elderly is at par with other transitional countries. Thus, with the rapid changes in the age structure of the population, there will be potential to increase the economic productivity in the country utilising the elderly workforce. The cognitive abilities are also directly linked to socio-economic background of the elderly, indicating that their education and upbringing have a direct link with their potential to contribute in future.

The risky health behaviours, on the whole, are quite high among the elderly. Around 30 per cent of the elderly are currently smoking or chewing tobacco or drinking alcohol. The rate of use among men is particularly high.

Overall, the study highlights several challenges and opportunities for the society and government. First, there is a lot to be desired in the health status of the elderly as compared to developed countries and efforts are necessary to enhance it. Second, the magnitude of functional disability is an indicator of the huge gap that may be created between care providers and care receivers in the future. Third, the cognitive abilities indicate that there is high potential in elderly population being put to service for productive activities at least in the future. Fourth, it is important to create public health awareness, particularly on risky health behaviours. Finally, the socio-economic gradient indicates that the health problems of the elderly need to be addressed from a life-course perspective than in isolation.

References

Beydoun, May A. and Barry M. Popkin (2005). 'The impact of socio-economic factors on functional status decline among community-dwelling older adults in China'. *Social Science and Medicine* Vol. 60, P: 2045–257.

Campbell, A. (1981). *The Sense of Well-Being in America*, McGraw-Hill, New York.

Goldberg, D.P. and B. Blackwell (1970). 'Psychiatric illness in general practice. A detailed study using a new method of case identification'. *British Medical Journal* Vol.1, P: 439-43.

Herzog, A.R., W. Rogers and J. Woodworth (1982). *Subjective Well-Being among Different Age Groups*, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI, USA.

Jang, Y., L.W. Poon, S.W. Kim and B. Shin (2004). 'Self-perception of aging and health among older adults in Korea'. *Journal of Aging Studies* Vol. 18, P: 485–96.

Jurges, H. (2007). 'True health vs. response styles: exploring cross-country differences in self-reported health'. *Health Economics* Vol. 16, P: 163-78.

Kivinen, P., P. Halonen, M. Eronen and A. Nissinen (1998). 'Self-rated health, physician-rated health and associated factors among elderly men: the Finnish cohorts of the Seven Countries Study'. *Age and Ageing* Vol. 27, P: 41-47.

Kovar, M.G. and M.P. Lawton (1994). 'Functional disability: Activities and instrumental activities of daily living' in M.P. Lawton and J.A. Teresi (eds). *Annual Review of Gerontology and Geriatrics* Vol. 14, New York: Springer.

Krause, Neal M. and Gina M. Jay (1994). 'What do Global Self-rated Health Items Measure?', *Medical Care* Vol. 32, No. 9, P: 930-42.

Lawton, M.P. and E.M. Brody (1969). 'Assessment of older people: Self-maintaining and instrumental activities of daily living'. *The Gerontologist* Vol. 9, No. 3, P: 179-86.

Likert, Rensis (1932). 'A Technique for the Measurement of Attitudes'. *Archives of Psychology* Vol. 140, P: 1-55.

Palmer, Michael and David Harley (2012). 'Models and measurement in disability: an international review'. *Health Policy and Planning* Vol. 27, No. 5, P: 357-64.

Moore, SE., H.Y. Leslie and C.A. Lavis (2005). 'Subjective well-being and life satisfaction in the Kingdom of Tonga'. *Social Indicators Research* Vol. 70, P: 287-311.

Sell, H. and R. Nagpal (1992). *Assessment of Subjective Well-Being: The Subjective Well-Being Inventory.* Regional Health Paper SEARO, No. 24, World Health Organization, Regional Office for South-East Asia, New Delhi.

Skirbekk, Vegard (2003). *Age and Individual Productivity: A Literature Survey*, MPIDR Working Paper 2003-028, Max Planck Institute for Demographic Research, Germany, August.

Skirbekk, Vegard, Elke Loichinger and Daniela Weber (2012). Variation in cognitive functioning as a refined approach to comparing aging across countries. *Proceedings of the National Academy of Sciences* (forthcoming).

Subramanian, S.V., T. Huijts and M. Avendano (2010). 'Self-reported health assessments in the 2002 World Health Survey: how do they correlate with education?' *Bulletin of the World Health Organization* Vol. 88, No. 2, P:131-8.

Werneke, U., D.P. Goldberg, I. Yalcin and B.T. Ustun (2000). 'The stability of the factor structure of the General Health Questionnaire'. *Psychol Med* Vol. 30, P: 823-29.

7. Patterns of Acute and Chronic Morbidities, Care-seeking Behaviour and Financing

Advancing health and well-being into old age is one of the three priority directions under the MIPAA, 2002. Further, the Ministry of Health and Family Welfare, Government of India has prepared the National Programme for Health Care for the Elderly (NPHCE), which is a reflection of the international and national commitments of the Government to enhancing health care provisions for the elderly at various levels. This chapter presents the prevalence of various types of morbidities among the elderly, their health-seeking behaviour and sources of financing the expenditures incurred towards seeking health care. The chapter discusses both self-reported morbidity as well as the clinically diagnosed morbidity unlike in the previous chapter which discussed only self-perceived health. The analysis of health-seeking behaviour is important in the Indian context as various surveys show considerable non-utilisation of public health facilities either due to poor quality of services or due to lack of purchasing power. This chapter has three sections on morbidity among the elderly, namely (i) acute morbidity[1], treatment pattern and other related details; (ii) chronic morbidity[2] and its details; and (iii) occurrences of hospitalisation episodes over the past 365 days. Finally, a brief discussion on health insurance among the elderly has also been attempted[3].

7.1. Acute Morbidity

In India and several other Asian societies, the prevalence of short- and long-standing morbidities is considerably higher and, as available evidence indicates, the rate of prevalence increases significantly at higher ages (Alam and Karan, 2011). Morbidity is a state of ill health caused by any disease. Acute morbidity is defined as any elderly person reporting any event of sickness or ill health during the 15 days prior to the survey. The reporting is based on the responses of the elderly persons and has therefore been termed as self-reported morbidity. Depending upon the duration of any illness during this reference period, there could be four possibilities: (i) morbidity or illness episodes that started more than fifteen days ago and are continuing during the reference period, (ii) illness or morbidity episodes that started more than fifteen days ago and ended during the reference period, (iii) illness or morbidity episodes that occurred during the reference period and were continuing on the date of survey, and (iv) illness or morbidity episodes that both started and ended during the

[1] Acute morbidity indicates any deviation from the state of physical and mental well-being requiring treatment over a recall period of past 15 days.
[2] Chronic morbidity or ailment includes all persisting medical conditions ever suffered by a person aged 60 or above with or without hospitalisation(s).
[3] Part of the discussion on health insurance coverage among elderly may also be found in Chapter 8.

reference period. Based on the information gathered in the survey, prevalence and incidence rates of acute morbidity have been derived.

Prevalence rate of morbidity is one of the most commonly used epidemiological measures, which is defined as number of persons reporting any illness at a particular point in time. Incidence rate, on the other hand, measures the rate of occurrence of new cases of disease or ill health conditions in a specified period of time. In our case, all individuals who reported any illness constitute the relevant population for computing the prevalence rates. The reference period of both prevalence and incidence of acute morbidity is taken here as the 15 days prior to the date of survey. Accordingly, the episodes of acute morbidity have been categorised as self-reported prevalence and incidence rates of morbidity.

Prevalence and Incidence of Acute Morbidity

This section presents the prevalence and incidence rates of the acute morbidity among the elderly together with the types of illness from which they suffered. It also describes how the prevalence of acute morbidity varies by the background characteristics of the respondents. The treatment-seeking behaviour of acute morbidity, sources of treatment and cost incurred on medical consultation and medication have also been presented.

Morbidity levels in the present study are comparable to other national surveys, including the 60th Round of the National Sample Survey on Health (NSSO, 60th Round, January–June 2004). Table 7.1 brings out the prevalence and incidence rates of acute morbidity among the elderly. Overall, 13 per cent of the elderly reported having any ailment during the 15 days prior to the survey. The prevalence rates are slightly higher for those living in rural areas as compared to urban areas. Sex differentials in the prevalence of acute morbidity reveal more women reporting any illness than their male counterparts, both in rural as well as urban areas. The incidence rate is found to be much lower than the prevalence rate. Around four per cent of the elderly reported having new cases of illness during the reference period, while there are no marked differences observed between rural and urban areas. The mean number of episodes (more than one spell of illness during the reference period) is higher among elderly women.

Table 7.1: Percentage of Elderly Reporting Any Acute Morbidity According to Place of Residence and Sex, 2011

Acute Morbidity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Prevalence rate	13.6	14.4	14.0	8.9	12.8	11.0	12.4	14.0	13.2
Incidence rate	4.1	4.2	4.1	2.7	3.5	3.1	3.7	4.0	3.8
Number of elderly	2,451	2,684	5,135	2,219	2,495	4,714	4,672	5,180	9,849
Mean number of episodes per sick person	1.06	1.10	1.08	1.06	1.09	1.08	1.06	1.10	1.08
Number of elderly reporting acute morbidity	345	391	736	194	297	491	539	688	1,227

Note: The information on acute morbidity was missing for three cases in rural areas; therefore, the total will not add up to 9,852.

The differentials in prevalence and incidence rates by background characteristics are presented in Table 7.2. As expected, age is positively related to both prevalence and incidence rates; i.e., both the prevalence and incidence rates increase with the advancing age. A higher morbidity burden is seen for widowed elderly than those who are currently married; and the prevalence and incidence rates are much higher among those in the 'Other' category (never married, separated or divorced). Acute morbidity has a negative relationship with the levels of education: those with lower levels of education having higher rates of acute morbidity compared to better educated elderly. A similar pattern is also observed by wealth quintiles; the elderly from the lowest quintile reported higher prevalence of acute morbidities, and the prevalence reduces with each higher category of the wealth quintiles. Muslim elderly reported higher levels of acute morbidity in comparison to the elderly belonging to other religions. The elderly belonging to SC and ST categories had relatively higher prevalence rates of acute morbidity compared to other castes.

Among the states, West Bengal has the highest prevalence rate (26%) while Kerala (8.1%) has the highest incidence rate. The second highest prevalence rate is in Maharashtra (17%) followed by Kerala (16%). The lowest prevalence rate is found in Odisha (7%); while in the remaining three states the prevalence rates vary between eight and 11 per cent.

Table 7.2: Percentage of Elderly Reporting Any Acute Morbidity According to Select Background Characteristics, 2011

Background Characteristics	Prevalence Rate	Incidence Rate	Number of Elderly
Age			
60-69	12.4	3.8	6,239
70-79	13.8	3.6	2,601
80+	16.8	4.7	1,012
Sex			
Men	12.4	3.7	4,672
Women	14.0	4.0	5,180
Residence			
Rural	14.0	4.1	5,138
Urban	11.0	3.1	4,714
Marital Status			
Married	11.9	3.6	5,847
Widowed	15.1	4.0	3,768
Others	17.9	7.5	237
Education			
No schooling	14.3	3.6	4,533
1 - 4 years	15.8	5.0	1,258
5 - 7 years	13.0	3.9	1,324
8 + years	9.8	3.6	2,682
Employment			
Never worked	12.8	3.4	3,587
Previously worked	14.2	4.2	4,001
Currently working	12.3	3.9	2,264

Contd...

Background Characteristics	Prevalence Rate	Incidence Rate	Number of Elderly
Religion			
Hindu	13.1	3.6	7,781
Muslim	19.4	6.4	804
Sikh	7.2	1.8	826
Other	17.4	7.6	441
Caste			
SC/ST	14.8	3.9	2,383
OBC	12.5	4.4	3,353
Other	12.9	3.3	4,116
Wealth Index			
Lowest	16.0	4.1	1,954
Second	15.4	4.3	1,974
Middle	13.3	3.9	1,938
Fourth	10.2	2.9	1,962
Highest	9.1	3.8	2,018
Living Arrangement			
Alone	14.9	3.0	612
Spouse only	10.9	3.5	1,468
Children and others	13.6	4.0	7,770
State			
Himachal Pradesh	10.8	2.6	1,482
Punjab	7.9	2.3	1,370
West Bengal	25.9	3.7	1,275
Odisha	7.3	3.7	1,481
Maharashtra	16.7	5.2	1,435
Kerala	15.8	8.1	1,365
Tamil Nadu	9.9	1.5	1,444
Total	13.2	3.8	9,849

Note: There were three missing cases in rural areas and thus the total will not add up to 9,852.

Table 7.3 presents the type of illness reported by the elderly in the last 15 days, in order of prevalence rate. It can be seen that fever is the most commonly reported illness (31%) by the elderly and the pattern observed was similar by gender and place of residence. High blood pressure is the next most commonly reported illness among women and urban residents, while it is cough and cold for elderly men and rural residents. Diarrhoea comes next; around five per cent of the elderly reported it as their last episode of acute morbidity, with a higher percentage in rural areas and among men. Asthma also appears to be a major illness both in rural and urban areas. Other diseases such as diabetes, gastric, malaria and arthritis account for less than three per cent of the last episode of acute morbidity.

Table 7.3: Per Cent Distribution of Last Episode of Acute Morbidities Pattern among Elderly by Sex and Place of Residence, 2011

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Fever	29.4	31.4	32.1	24.9	30.5
High blood pressure	6.1	8.5	6.9	9.4	7.4
Cough & cold	7.8	6.5	7.8	4.6	7.1
Diarrhoea	4.9	4.1	5.0	2.5	4.5
Asthma	4.7	2.9	3.7	3.7	3.7
Sugar/Diabetes	2.9	1.8	1.9	3.6	2.3
Gastric	2	2.3	2.1	2.3	2.2
Malaria	2.7	1.7	2.1	2.4	2.1
Arthritis	1.3	2.2	2.0	1.1	1.8
Headache	1.6	1.1	1.1	2.3	1.3
Leg problem	0.8	1.8	1.2	1.9	1.3
Others	27.9	28.5	27.4	31.3	28.2
Don't know/No response	8.1	7.2	6.9	10.0	7.6
Total	100	100	100.0	100.0	100.0
Number of elderly	539	688	736	491	1,227

Note: Others include body pain, cataract, typhoid, ulcer, etc.

Thus, the findings indicate that the morbidity load among the elderly consists of a mix of both communicable and non-communicable diseases. It appears that epidemiologically India is in a transitional phase with both types of diseases currently playing an important role in the total disease burden. It may therefore be important that the health care system addresses them both.

Treatment of Acute Morbidity

The survey also investigated the treatment-seeking behaviour of the elderly who reported at least one episode of illness during the 15 days prior to the date of survey. The survey reveals that more than 90 per cent of the elderly undergo treatment for all spells of acute morbidity. Sex and rural-urban differentials are not significant as far as the treatment-seeking behaviour is concerned (Table 7.4).

Among the elderly who sought treatment, the survey investigated the type of facility visited for treatment. The proportion of elderly seeking treatment is more or less evenly distributed between public and private facilities (Table 7.5). The source of treatment, however, varies between urban and rural areas. More elderly men and women from rural areas are seeking treatment from government

Table 7.4: Percentage of Acute Morbidity Episodes for Which Treatment was Sought according to Place of Residence and Sex, 2011

Place of Residence	Men	Women	Total	Number of Episodes
Rural	92.2	90.0	91.0	768
Urban	90.8	90.6	90.7	510
Total	91.9	90.1	90.9	1,278
Number of episodes	558	720	1,278	

Table 7.5: Per Cent Distribution of Elderly by Source of Treatment for the Last Episode of Acute Morbidity According to Place of Residence and Sex, 2011

Source of Treatment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government health facilities	41.8	43.1	42.5	30.3	39.5	36.1	39.7	42.2	41.1
Private physicians	38.7	36.9	36.8	47.3	51.5	50.5	38.6	40.6	39.7
AYUSH hospital /Clinic	1.7	2.1	1.9	4.5	1.5	2.7	2.2	2.0	2.1
Others	19.8	17.0	18.8	17.9	7.4	11.3	19.5	15.3	17.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.00	100.00	100.00
Number of elderly who sought treatment	322	355	677	178	265	443	500	620	1,120

health facilities, while a private hospital is preferred in urban areas. While two per cent of the elderly sought treatment from Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy AYUSH hospitals and clinics, around 18 per cent sought treatment from other types of facilities run by non-governmental organisations and religious trusts.

Table 7.6 brings out the socio-economic differentials in the type of facility used for receiving treatment for the acute morbidity during the 15 days prior to the survey. No marked differentials by age and sex are observed in the type of facility where the elderly seek treatment, though a marginally higher percentage of elderly belonging to the 70-79 age category and women sought treatment from a government facility as compared to elderly in other age groups and men, respectively. One of the striking differences is observed in the case of religious groups. Hindus mainly depend upon government facilities, while Muslims mostly depend upon private providers. A higher percentage of the elderly belonging to SC and ST communities are found receiving treatment from government health facilities. Levels of education and wealth status of the elderly are found to be associated with the treatment-seeking behaviour for the acute morbidities among elderly. More elderly either with lower levels of education or from lower wealth quintiles receive treatment from government health facilities. As the levels of education and wealth quintiles increase, the elderly tend to seek treatment from private providers rather than government health facilities.

Wide variations are also observed across states regarding the sources of treatment for acute morbidity (Table 7.6). Almost all elderly in Odisha sought treatment from the government health facilities including AYUSH clinics, while a majority of the elderly in Punjab (78%) preferred receiving treatment from private providers. Around two-thirds of the elderly in Himachal Pradesh, half of the elderly in Tamil Nadu and Maharashtra, and one-third in Kerala sought treatment from government facilities. In West Bengal, more than half of the elderly reported receiving treatment for their acute morbidity from facilities other than government or private ones. The findings clearly indicate that a majority of the elderly in the states with lower socio-economic status seek treatment in the government sector. It calls for special attention to strengthen government health facilities to take care of the health needs of the elderly population.

Table 7.6: Per Cent Distribution of Elderly Seeking Treatment for Last Episode of Acute Morbidity According to Select Background Characteristics, 2011

Background Characteristics	Source of Treatment					
	Government Health Facilities	Private Physicians	AYUSH Hospital/ Clinic	Others	Total	Number of Elderly
Age						
60-69	39.5	40.8	2.5	17.3	100.0	661
70-79	44.0	38.1	2.0	15.9	100.0	318
80+	41.7	38.4	0.0	19.9	100.0	141
Sex						
Men	39.6	38.7	2.2	19.5	100.0	500
Women	42.2	40.5	2.0	15.3	100.0	620
Residence						
Rural	42.5	36.8	1.9	18.8	100.0	677
Urban	36.1	50.0	2.7	11.3	100.0	443
Marital Status						
Married	42.5	38.2	2.7	16.6	100.0	595
Widowed	39.8	41.1	1.4	17.7	100.0	491
Others	32.6	46.5	0.0	20.8	100.0	34
Education						
No Schooling	43.0	39.5	0.8	16.8	100.0	589
1 - 4 years	43.1	33.7	4.3	19.0	100.0	170
5 - 7 years	45.6	40.1	1.0	13.3	100.0	157
8 + years	29.5	45.7	4.8	20.0	100.0	201
Employment						
Never Worked	36.0	43.0	2.9	18.1	100.0	384
Previously Worked	43.1	37.9	2.1	16.9	100.0	490
Currently Working	45.1	38.0	0.8	16.2	100.0	246
Religion						
Hindu	45.0	35.1	1.8	18.1	100.0	849
Muslim	27.0	47.6	2.7	22.8	100.0	147
Sikh	18.6	75.7	0.0	5.7	100.0	60
Other	38.6	53.5	5.9	2.0	100.0	64
Caste						
SC/ST	50.9	33.4	0.0	15.8	100.0	312
OBC	43.3	42.6	3.5	10.6	100.0	389
Other	31.5	41.9	2.3	24.2	100.0	419
Wealth Index						
Lowest	49.1	23.3	1.4	26.2	100.0	285
Second	42.9	35.3	1.4	20.3	100.0	272
Middle	38.7	49.9	1.3	10.1	100.0	227
Fourth	35.2	51.3	2.4	11.1	100.0	177
Highest	28.0	58.8	6.3	7.0	100.0	157
Living Arrangement						
Alone	48.8	32.0	0.0	19.2	100.0	72
Spouse only	53.5	35.0	0.6	10.8	100.0	141
Children and others	38.3	41.1	2.5	18.1	100.0	907

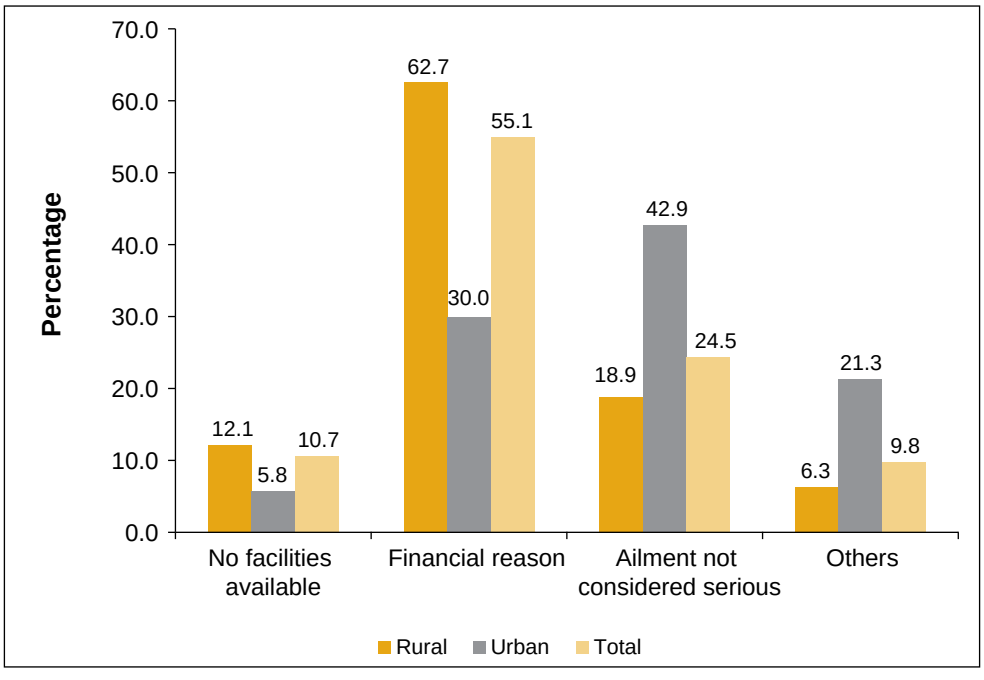
Contd...

Background Characteristics	Source of Treatment					
	Government Health Facilities	Private Physicians	AYUSH Hospital/ Clinic	Others	Total	Number of Elderly
State						
Himachal Pradesh	64.3	33.7	0.0	2.0	100.0	117
Punjab	14.4	77.9	0.0	7.8	100.0	103
West Bengal	18.9	26.2	0.7	54.1	100.0	259
Odisha	91.5	0.0	7.3	1.2	100.0	102
Maharashtra	42.0	56.0	0.0	2.0	100.0	224
Kerala	35.8	48.5	7.6	8.2	100.0	174
Tamil Nadu	54.2	37.9	0.5	7.4	100.0	141
Total	41.1	39.7	2.1	17.2	100.0	1,120

Reasons for Not Seeking Treatment for Acute Morbidity

As mentioned earlier, among the elderly reporting any type of illness, around 90 per cent sought treatment for the illness. The survey also found out the reasons for not seeking treatment from those who are not availing any type of treatment. As can be seen from Figure 7.1, financial insecurity is the most commonly reported reason for not seeking treatment in rural areas. Around 43 per cent of the elderly who did not seek any treatment in urban areas considered that the ailment is not serious enough to warrant treatment. Non-availability of the medical facilities nearby was reported by a very small proportion of the respondents in both rural and urban areas.

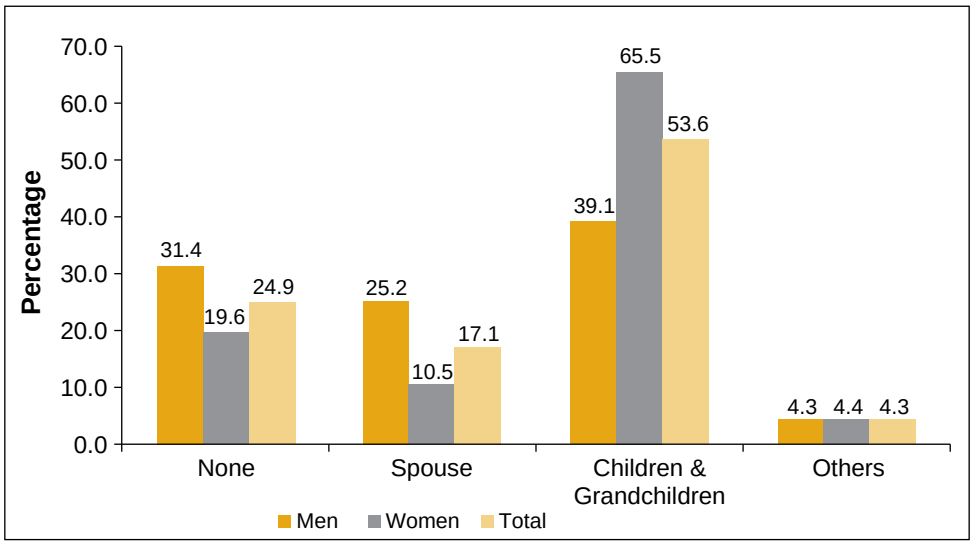
Figure 7.1: Main Reasons for Not Seeking Any Treatment for Last Episode of Acute Morbidities According to Place of Residence, 2011



Support System during Acute Morbidity

The elderly often need support during the period of illness, particularly for accessing a health facility. It is important to understand who provides the desired support to the elderly. Figure 7.2 reveals that around half of the elderly are accompanied by their children or grandchildren when they go to the health facility or provider. However, overall, a quarter of the elderly reported that no one accompanies them for seeking treatment. A higher proportion of the elderly men (around one-third) are not accompanied by anyone when they go to seek treatment. Among elderly women also, one-fifth of them are not accompanied by anyone during their visit to health facility.

Figure 7.2: Persons Accompanying Elderly for Treatment Sought for the Last Episode of Acute Morbidity According to Sex, 2011



Out-of-Pocket Expenditure for Acute Morbidity

Another dimension of heath seeking behaviour of the elderly is the amount they spend on acute morbidities. The respondents provided a detailed cost breakup of all the expenses related to the treatment of their acute morbidities. Though the survey questionnaire had the provision for recording expenses incurred on each item (including consultation fees, medicines, diagnosis, transportation and any other expense directly incurred towards treatment of the disease), it was difficult for some respondents to report the amount spent on each of these items. In such cases, they provided total expenses without a breakup. Table 7.7 provides average total expenses incurred by the elderly towards the treatment of acute morbidity during the previous 15 days. The average total cost has been further bifurcated by the type of facilities from which they sought the treatment. It can be seen that on an average the elderly in the study spent Rs. 972 towards the treatment of acute morbidities they suffered from during the previous 15 days. The average expenditure is much higher for the elderly who sought treatment from private practitioners (Rs. 1,380) compared to those who received treatment from government health facilities (Rs. 942). Those who sought treatment from sources other than these two spent much less (Rs. 369 only). It may be that the illness was less severe which may be why they chose a health facility other than government or private sector.

Table 7.7: Average Expenditure on Treatment of Acute Morbidities and Per Cent Distribution According to Major Heads and Source of Treatment, 2011

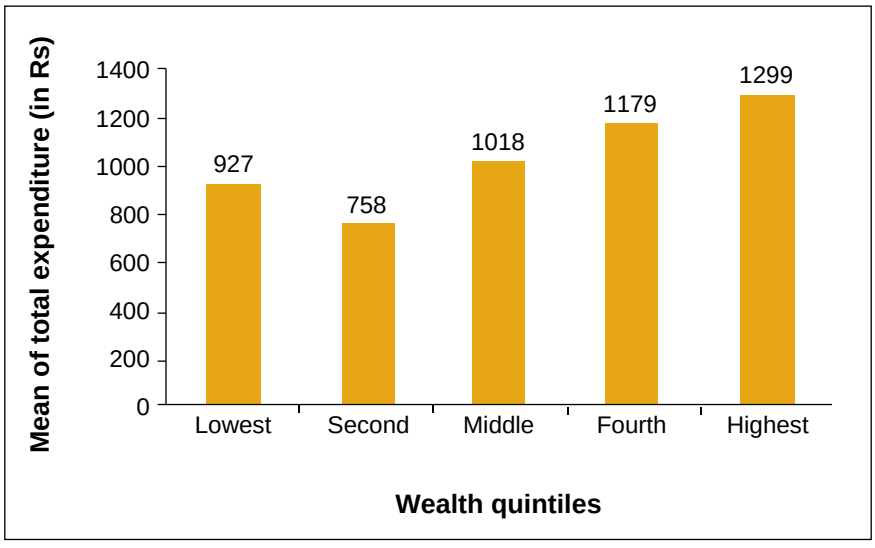
Average Expenditure by Major Heads	Expenditure Incurred in the Last 15 Days				
	Govt. Health Facility	Private Physicians	Others	Total	No. of Episodes
Total Average Expenses	942	1,380	369	972	956
% Distribution by item of expenses (based on the valid cases for which component-wise details were available)					
Consultation	4.7	12.9	12.2	9.1	874
Medicines	49.5	52.3	59.3	51.7	874
Diagnostic Tests	23.0	16.2	19.6	19.6	874
Transportation	10.4	11.2	6.3	10.3	874
Others	12.5	7.3	3.0	9.2	874

Note: Out of 1,166 episodes of acute morbidity for which health care was accessed, only 956 episodes included information on expenditure. For item-wise expenses, there were only 874 valid cases. Hence, percentages have been worked out only for these valid cases.

As stated above, not all the elderly respondents could provide the detailed breakup of their medical expenses. Therefore, the percentage distribution of the expenses by items is derived only for those cases for which the information was complete. As can be seen from Table 7.7, around half of the expenses incurred (52%) are for medicines, and one-fifth are incurred on diagnosis of the illness. Items such as consultation fee and transport expense form accounted for 10 per cent of the average expenditure. As expected, the percentage of expenses on consultation is quite low (5%) for those who sought treatment from the government health facilities as compared to those who consulted a private practitioner (13%). Surprisingly, the share of expenditure on diagnostic tests and other expenditures under government health facilities was much higher than that under the private sector. This could be due to the elderly using the services of private laboratories near the government hospitals for various types of diagnostic tests. Also, the private physicians might be offering treatment mainly based on symptoms rather than getting them clinically diagnosed.

The average total expense towards the treatment of the acute morbidity was found to vary according to wealth quintile (Figure 7.3). The average expense incurred by the lowest two quintiles for acute morbidity was less than Rs. 900. This tends to rise with successive wealth quintiles, and elderly belonging to the highest quintile spent an average of about Rs. 1,300 for the treatment of the acute morbidity from which they suffered during the 15 days prior to the survey. It is to be noted that the cost of treatment of acute morbidity by the elderly belonging to the lowest quintile was not significantly lower than the average cost of treatment (i.e. Rs. 972). Given their economic status, the high cost incurred for the treatment further adds to their vulnerability.

Figure 7.3: Average Expenditure Made for Treatment of Acute Morbidities According to Wealth Quintile, 2011



It is also important to understand the sources of such expenses. Table 7.8 presents the sources of payment for the last episode of acute morbidity among the elderly. Nearly half of them (47%) reported that they relied on their children to bear the cost of treatment, and around one-third spent money from their own sources. In about 15 per cent of the cases, the payment was made by the spouse while in only around five per cent of the cases, the expenses were borne either by relatives, friends or an insurance company. The sources of expenses vary substantially between elderly men and women. More elderly women are financially supported by their children as compared to elderly men. This could be due to their marital status, as a majority of them are widowed and therefore depend on their children to bear their medical expenses. Similarly, a smaller percentage of elderly women reported incurring expenses from their own sources (22%), while nearly half of the elderly men (48%) did so. This could be due to the fact that men are more likely to have savings from past income and possess their own sources of income.

Table 7.8: Per Cent Distribution of Elderly by Source of Payment for Last Episode of Acute Morbidity According to Sex, 2011

Source of Payment	Men	Women	Total
Self	47.7	22.1	33.2
Spouse	12.0	16.5	14.5
Children	36.2	54.8	46.7
Relatives/Friends/Insurance/Others	4.2	6.6	5.6
Total	100.0	100.0	100.0
Number of elderly sought treatment	418	537	955

7.2. Chronic Morbidities

Non-communicable diseases (NCDs), including mental health, are being acknowledged as major contributors to the disease burden in India. The burden of chronic diseases has been rising in

most states, keeping pace with the demographic transition and the increasing numbers of senior citizens. Accordingly, it is important to examine the prevalence of chronic ailments among the elderly, along with types of diseases, cost incurred and socio-economic differentials of the elderly with chronic ailments.

Prevalence of Chronic Morbidity

The survey collected information from the elderly on various types of chronic ailments suffered by them that are medically diagnosed by a doctor or a nurse. Receiving this information from a medical professional has the advantage of being more accurate as compared to self-rating by the elderly. However, it should be noted that these responses are not cross-checked with prescriptions or any other clinical records.

Table 7.9 presents the prevalence rates of various chronic ailments classified by place of residence and sex. Orthopaedic/musculoskeletal ailments involving arthritis, rheumatism and osteoarthritis are the most common type of ailment reported by the respondents followed by hypertension. Other ailments with relatively higher prevalence levels include cataract, diabetes, asthma and heart diseases.

Table 7.9: Prevalence Rate (Per 1,000) of Chronic Morbidities According to Place of Residence and Sex, 2011

Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Arthritis	261	357	311	194	285	243	243	338	293
Hypertension	169	228	200	204	269	240	178	239	210
Cataract	125	136	131	110	134	123	122	135	129
Diabetes	89	87	88	142	135	138	103	100	101
Asthma	94	68	80	73	66	69	89	67	77
Heart diseases	60	50	55	82	56	68	65	52	58
Osteoporosis	21	31	26	17	30	24	20	31	26
Skin disease	32	23	27	25	16	20	30	21	25
Renal diseases	32	19	25	27	20	23	31	20	25
Paralysis	21	19	20	14	13	13	19	17	18
Liver diseases	19	16	18	13	17	15	18	17	17
Chronic lung diseases	20	13	16	18	11	14	19	13	16
Depression	15	15	15	14	20	17	15	16	15
Alzheimer's Disease	14	18	16	6	9	8	12	15	14
Cerebral stroke	10	8	9	13	11	12	11	9	10
Dementia	9	10	10	8	8	8	9	9	9
Cancer	4	3	3	4	4	4	4	3	4
No chronic ailments	370	316	342	413	351	379	381	326	352
One or more chronic ailments	630	684	658	587	649	621	619	674	648
Average number of chronic ailments per elderly person	1.2	1.3	1.2	1.1	1.3	1.2	1.1	1.3	1.2
Number of elderly	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Note: There are missing cases in each of the categories.

Ailments related to the respiratory system (chronic obstructive pulmonary disease or COPD, bronchitis) and the cardiovascular system (cerebral strokes) and mental health conditions have lower prevalence rates.

Of the most common chronic ailments (with a prevalence rate of at least 50 per 1,000 elderly), arthritis, hypertension and cataract are more prevalent among elderly women as compared to elderly men, while the reverse is true for asthma and heart disease to which elderly men's are more susceptible. With regard to differences by place of residence, more elderly in rural areas report to be suffering from arthritis, cataract and asthma while the elderly living in urban areas have higher prevalence of the common lifestyle diseases such as hypertension, diabetes and heart disease.

Socio-economic differentials in the prevalence of the six common chronic ailments - arthritis, hypertension, cataract, diabetes, asthma and heart disease are presented in Table 7.10. The prevalence of cataract and asthma does not appear to be related in any significant way to the various background characteristics, and no consistent relationship across categories is observed. Arthritis is more prevalent among the rural elderly and the prevalence rate of arthritis increases with age and decreases with the increase in years of education. On the other hand, hypertension, diabetes and heart disease are more prevalent among the urban elderly, and the rates increase with the increase in years of education as well as the increase in level of wealth as measured by the wealth index. It is clear that increasing urbanisation and changes in lifestyles are likely to impact the elderly by increasing their susceptibility to lifestyle diseases.

The prevalence of arthritis and related problems is highest in Punjab (478) followed by Himachal Pradesh (390) and Maharashtra (351). For all the other ailments, the prevalence levels in Kerala are higher than the combined sample averages. Apart from providing further evidence for an advanced stage of epidemiologic transition, particularly for hypertension, diabetes, asthma and cardiac ailments like heart disease, the findings indicate a considerable morbidity burden among the elderly in this state, with significant implications for health care services and appropriate treatment options.

Table 7.10: Prevalence Rate (Per 1,000) of Common Chronic Morbidities According to Select Background Characteristics, 2011

Background Characteristics	Arthritis	Hypertension	Cataract	Diabetes	Asthma	Heart Disease	At Least One	Number of Elderly
Age								
60-69	263	194	83	102	66	53	596	6,239
70-79	322	239	187	105	86	70	710	2,601
80+	393	232	244	91	123	58	790	1,012
Sex								
Men	243	178	122	103	89	65	619	4,672
Women	338	239	135	100	67	52	674	5,180

Contd...

Background Characteristics	Arthritis	Hypertension	Cataract	Diabetes	Asthma	Heart Disease	At Least One	Number of Elderly
Residence								
Rural	311	200	131	88	80	55	658	5,138
Urban	243	239	123	138	69	68	621	4,714
Marital Status								
Married	277	196	110	104	78	61	628	5,847
Widowed	319	235	157	98	76	54	680	3,768
Others	283	175	171	79	96	68	654	237
Education								
No schooling	360	181	138	66	73	40	662	4,533
1 - 4 years	239	236	156	123	96	72	687	1,258
5 - 7 years	254	241	98	127	93	74	652	1,324
8 + years	197	244	110	153	69	83	593	2,682
Employment								
Never worked	347	260	130	103	62	53	677	3,587
Previously worked	276	221	149	124	102	73	678	4,001
Currently working	240	119	95	62	61	43	556	2,264
Religion								
Hindu	281	180	117	82	73	45	612	7,781
Muslim	238	270	159	176	118	129	772	804
Sikh	474	350	147	125	62	80	764	826
Other	236	351	239	255	114	129	828	441
Caste								
SC/ST	298	159	128	66	67	39	611	2,383
OBC	240	204	119	111	76	60	599	3,353
Other	339	250	139	116	86	70	719	4,116
Wealth Index								
Lowest	285	116	115	37	64	29	556	1,954
Second	313	158	136	63	74	35	649	1,974
Middle	299	223	125	113	80	60	670	1,938
Fourth	266	242	133	121	92	81	656	1,962
Highest	303	387	143	224	83	111	760	2,018
Living Arrangement								
Alone	314	137	112	75	62	39	583	612
Spouse only	289	185	109	94	67	58	584	1,468
Children and others	292	221	134	105	81	60	667	7,770
State								
Himachal Pradesh	390	147	105	59	95	32	653	1,482
Punjab	478	329	130	123	70	83	768	1,370
West Bengal	213	238	162	77	39	82	655	1,275
Odisha	253	147	70	50	42	12	492	1,481
Maharashtra	351	130	197	69	116	19	779	1,435
Kerala	142	397	207	281	148	157	817	1,365
Tamil Nadu	215	106	44	60	31	34	395	1,444
Total	293	210	129	101	77	58	648	9,852

Treatment of Chronic Morbidities and Its Sources

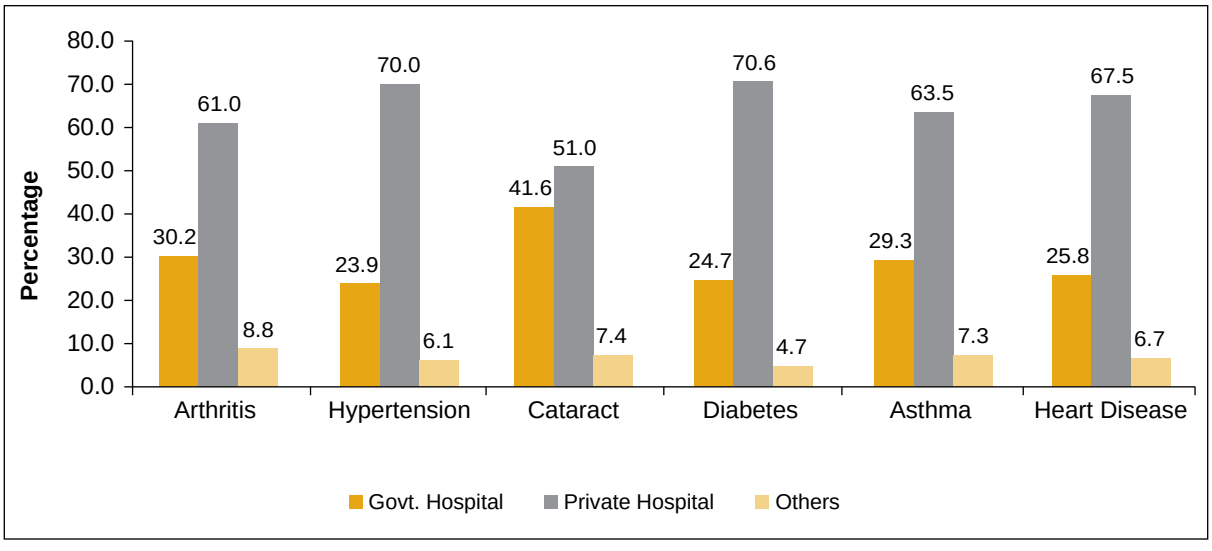
The seeking of treatment for chronic conditions is discussed in this section for the six common ailments—arthritis, hypertension, cataract, diabetes, asthma and heart disease. As evident from Table 7.11, a majority of the elderly sought treatment for the common chronic ailments other than cataract. While treatment was received for the majority of reported cases of arthritis (75%), hypertension (90%), diabetes (91%), asthma (80%) and heart disease (87%), less than half of the cases of cataract (44%) received treatment. This pattern does not vary significantly across urban and rural areas or between elderly men and women (with the exception of diabetes and heart diseases). The findings indicate a level of unmet need in the treatment of arthritis, cataract and asthma in the elderly population.

Table 7.11: Percentage of Elderly Seeking Treatment for Common Chronic Ailments during Last 3 Months According to Place of Residence and Sex, 2011

Chronic Morbidities	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
Arthritis	76.1	74.9	75.2	76.0	75.3	2,778
Hypertension	89.0	90.9	89.8	91.0	90.1	2,147
Cataract	43.6	44.2	43.3	46.0	43.9	1,205
Diabetes	87.5	93.9	89.6	92.9	90.8	1,097
Asthma	80.5	80.2	79.6	83.3	80.4	724
Heart disease	90.7	83.3	86.5	88.8	87.2	601

Further examination of the sources of care for the cases for which treatment was sought indicates another notable feature: private hospitals are the predominant source of treatment for chronic conditions (Figure 7.4). Government hospitals are found to account for only about a quarter of the treated cases for hypertension, diabetes and asthma and for about 30 per cent of the reported cases of arthritis and 42 per cent of cataract. The findings indicate significant scope in the public health system for increasing the supply of and access to quality services for chronic ailments among the elderly.

Figure 7.4: Elderly by Source of Treatment of Common Chronic Morbidities, 2011



The reasons for not seeking treatment for chronic ailments are presented in Table 7.12. The observations made earlier regarding the unmet need and inadequacy of public health services for the treatment of chronic conditions are also reflected here. The results indicate that financial insecurity is the major impediment in seeking treatment for most of the chronic ailments which typically require a longer duration of medication and repeated medical consultations, both having significant economic implications. This apart, improvement in the particular medical condition and perceptions of the severity of the ailments, i.e. ailments not considered serious, account for significant proportions of the untreated cases.

Table 7.12: Per Cent Distribution of Elderly by Reason for Not Seeking Any Treatment for Common Chronic Morbidities, 2011

Chronic Morbidities	Reasons for not receiving any treatment								
	Condition Improved	No Medical Facility Available in Neighbour-hood	Facilities Available but Lack of Faith	Long Waiting Time	Financial Reasons	Ailment Not Considered Serious	Others	Total	Number of Elderly
Arthritis	21.0	4.5	3.1	2.5	36.2	23.6	9.1	100.0	680
Hypertension	27.7	3.6	4	5.5	39.4	18	1.8	100.0	207
Cataract	51.1	2	2.7	3.3	26.3	10.6	4	100.0	649
Diabetes	30.2	2.5	0.7		36.4	22.7	7.6	100.0	86
Asthma	42.7	3.6	1.9	5.2	20.6	17.4	8.5	100.0	131
Heart disease	31.9	2.4	9.8	1.1	36.2	16.3	2.2	100.0	74

Expenditure on Treatment of Chronic Morbidities

The respondents were asked the average cost of treatment for the chronic ailment per month during the last three months. Among the six common chronic diseases under discussion, the average monthly expenditure on cataract and heart diseases was higher as compared to the remaining ailments (Figure 7.5). It appears that cataract and heart disease require the most expensive treatment, most likely because they require more specialised type of health services including surgery. However, it must be noted that cataract can be treated by a one-time surgery. The higher treatment cost for cataract may be plausibly explained with findings described earlier, that only 42 per cent of the elderly received treatment from government hospitals and the rest opted for private health facilities. Though the average cost incurred for cataract was higher for those who sought treatment from private facilities, it should be noted that even the cost incurred in government hospitals seems to be high, especially in the wake of special programmes launched by the government for free surgery for cataract among elderly. As can also be seen from Figure 7.5, the expenses on medical treatment are higher for those who sought treatment from private facilities in almost all the ailments; however, there is only a marginal difference in the average expenditure on heart disease treated at government and private health facilities.

Figure 7.5: Monthly Expenditure on Treatment of Common Chronic Morbidities by Source of Treatment, 2011

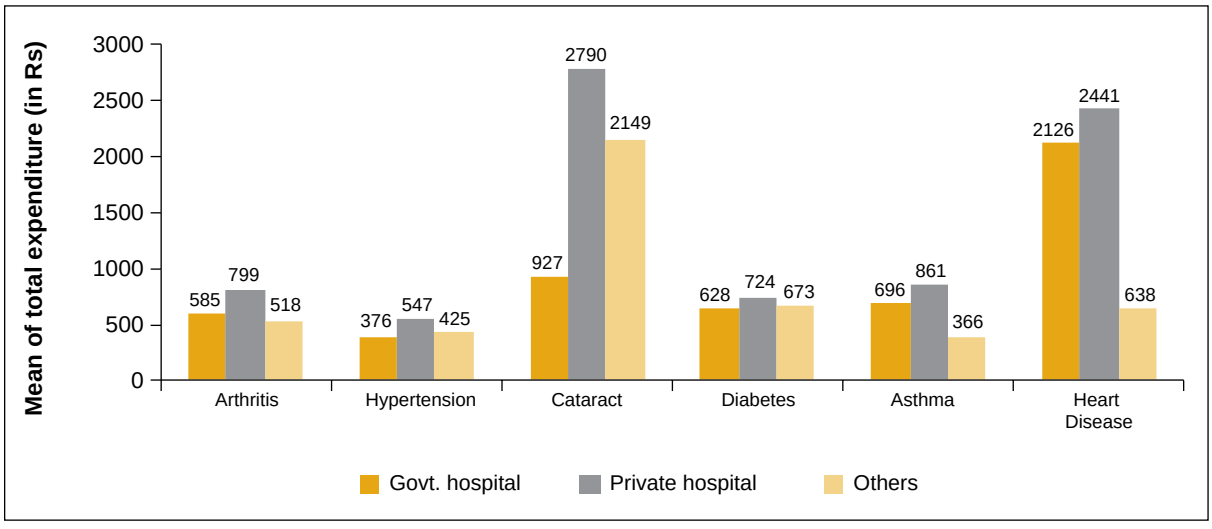
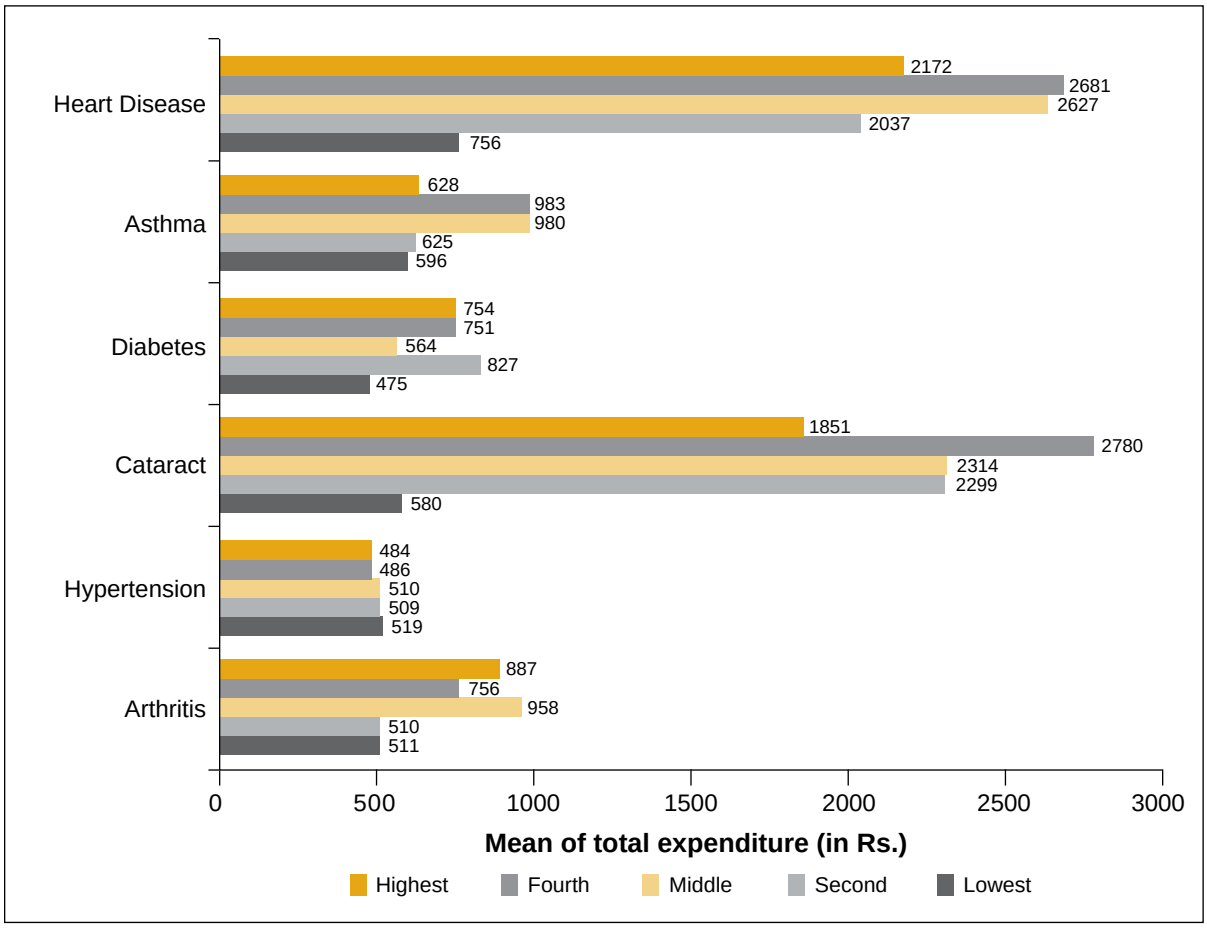


Figure 7.6 presents the average monthly expenditure for selected chronic diseases by wealth quintiles. Interestingly, the elderly in the highest and the lowest wealth quintiles pay relatively less on an average for heart disease, asthma and cataract than the middle quintiles, giving an inverted 'u' shape to the relationship between average monthly expenditure on treatment and wealth quintile.

Figure 7.6: Monthly Expenditure on Treatment of Common Chronic Morbidities According to Wealth Quintile, 2011 (In Rs.)



In general, it is found that the health expenditure for these diseases among poor elderly is not significantly different than for their rich counterparts, and the poor elderly also have to incur high cost of treatment of their chronic diseases.

Sources of Payment

It is notable that the relative share of sources of financing health care differs by sex. It can be seen from Table 7.13 that for elderly men, self-financing is the predominant source for all the common chronic ailments followed by financing from children. On the other hand, for elderly women, children are the major source of financial support for treatment of chronic ailments followed by self and spouse. A pattern similar to the one observed earlier in the case of sources of financing for the acute morbidities emerges for chronic ailments as well.

Table 7.13: Per Cent Distribution of Elderly by Source of Payment for Treatment of Common Chronic Morbidities According to Sex, 2011

Source of Payment	Arthritis		Hypertension		Cataract		Diabetes		Asthma		Heart Diseases	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Self	51.4	22.2	59.3	23.5	44.6	18.6	62.4	19.4	44.9	19.6	47.5	19.2
Spouse	7.2	20.2	5.8	16.4	7.0	12.4	4.7	20.8	5.7	8.1	5.6	14.1
Children	39.7	55.5	32.8	57.4	45.0	64.6	31.3	56.9	47.5	67.5	43.9	64.5
Relatives/ Friends/ Insurance/ Others	1.8	2.1	2.1	2.7	3.4	4.4	1.6	3.0	1.9	4.8	3.0	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	796	1,233	728	1,134	214	270	476	493	294	271	285	224

7.3. Hospitalisation

Hospitalisation, as in the case of acute morbidity, provides an indirect approximation of the burden of more severe forms of illnesses suffered by the elderly. This section presents the hospitalisation rate among elderly during 365 days prior to the date of the survey together with type of facility, sources of financing and accompanying persons during stay in the hospital.

Hospitalisation among Elderly: Prevalence and Disease Pattern

Figure 7.7 presents the rate of hospitalisation of elderly according to place of residence and sex. The figure shows that overall 10 per cent of elderly respondents were hospitalised during the year preceding the survey. Hospitalisation levels, much like morbidity patterns, are higher in rural areas than in urban areas. The gender differentials in hospitalisation rates are clearly visible in urban areas with a higher proportion of elderly men (9.6%) being hospitalised during the past one year than elderly women (7.9%).

Figure 7.7: Rate of Hospitalisation of Elderly According to Place of Residence and Sex, 2011

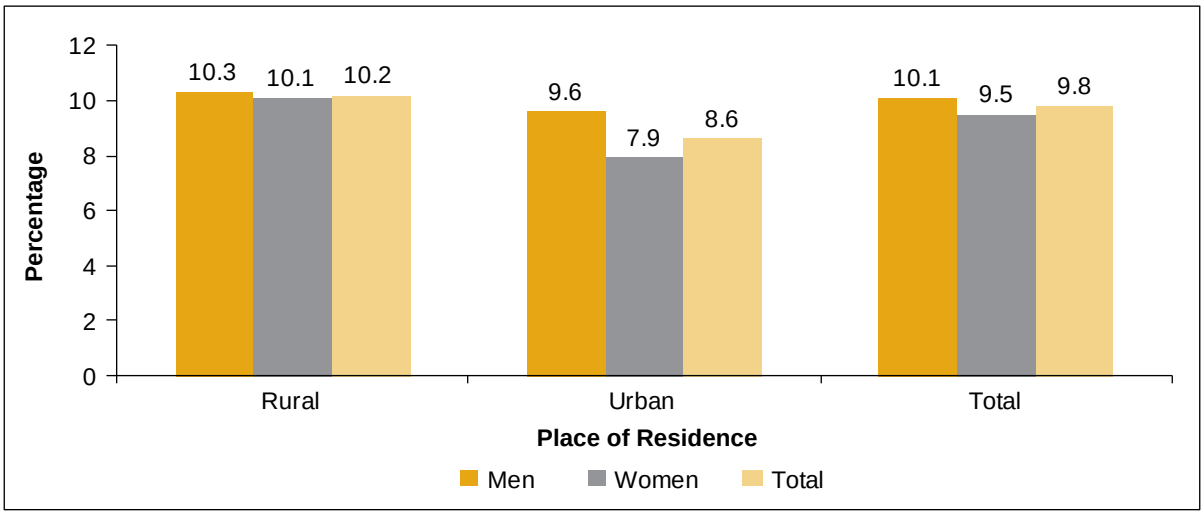
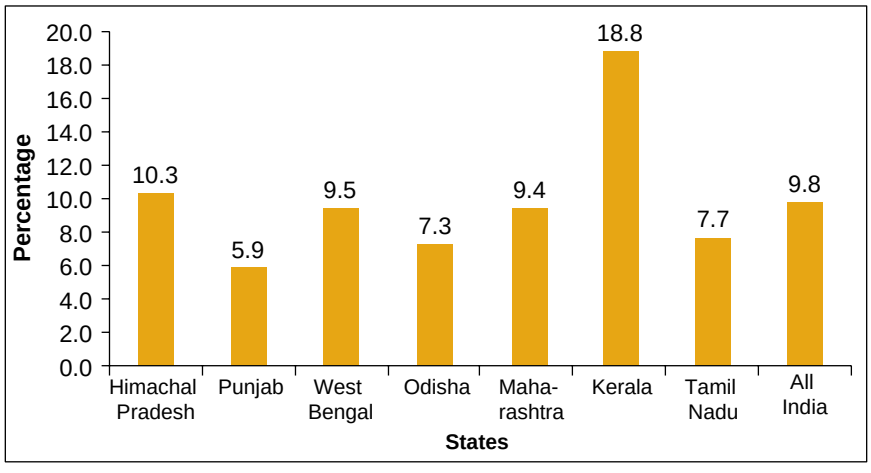


Figure 7.8 presents the variations in the rate of hospitalisation across states. The hospitalisation rates varied from 19 per cent in Kerala to six per cent in Punjab. Close to 10 per cent of the elderly were hospitalised during the past one year in Himachal Pradesh, West Bengal and Maharashtra, whereas less than eight per cent of the elderly were hospitalised in Punjab, Odisha and Tamil Nadu.

During the last one year, the elderly might have been hospitalised once or more than once for different episodes of illnesses. However, the reason for hospitalisation has been analysed by looking at the last episode for which the elderly required hospitalisation. Table 7.14 presents the percentage distribution of elderly by major reasons for hospitalisation by place of residence and sex. The table shows that the major reasons for hospitalisation among the elderly are communicable diseases like typhoid, malaria or fever (11%). Hypertension and heart disease (8%) are next in order of frequency. The overall pattern observed for the elderly remains more or less the same for rural and urban areas; except heart disease and injury due to accidents which are the most common reasons for hospitalisation in urban areas. The sex differentials in the causes of hospitalisation show that typhoid, malaria fever and hypertension are the most common reasons for hospitalisation among

Figure 7.8: Hospitalisation Rate by State, 2011



the elderly women; whereas for elderly men – apart from typhoid, malaria and fever – heart disease and injury due to accidents are also important reasons for hospitalisation.

Table 7.14: Per Cent Distribution of Diseases as the Reason for Hospitalisation (Last Episode) among Elderly According to Sex and Place of Residence, 2011

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Typhoid, malaria and fever	9.9	12.8	12.5	7.4	11.3
Hypertension	6.9	9.1	8.6	6.1	8.1
Heart disease	9.2	6.6	7.3	9.8	7.9
Injury due to accident	9.2	5.7	6.9	9.1	7.4
Asthma	8.1	6.2	7.8	4.9	7.1
Cataract & other eye surgery	5.6	6.3	6.2	5.3	6.0
Diarrhoea	2.8	7.1	4.9	5.2	5.0
Paralysis, cerebral stroke and thrombus	6.4	2.9	4.6	4.5	4.6
Renal disease	7.3	1.8	4.8	3.5	4.5
Diabetes	3.4	4.2	2.8	7.1	3.8
Lung diseases	2.4	3.0	2.9	2.0	2.7
Abdominal ailment	2.0	3.1	2.7	1.9	2.5
Liver disease	2.5	1.6	1.7	3.1	2.1
Spinal disorders	1.4	2.6	2.3	0.9	2.0
Arthritis	2.1	1.7	1.9	1.7	1.9
Joint disorders	0.7	2.4	1.9	0.6	1.6
Cancer	1.6	1.5	1.5	1.9	1.6
Gastric ailment	1.2	1.6	1.5	1.1	1.4
Brain disease	0.9	1.0	0.8	1.3	0.9
Hernia	1.3	0.3	0.3	2.5	0.8
Uterus disease	1.0	0.6	0.6	1.4	0.8
Piles	0.7	0.6	0.5	1.2	0.7
Dementia	0.0	0.6	0.2	0.7	0.3
Others	5.8	7.1	6.4	6.9	6.5
Do not know/Non-response	7.7	9.7	8.4	10.0	8.8
Total	100.0	100.0	100.0	100.0	100.0
Number of elderly	476	453	521	408	929

Utilisation of Health Care and Accompanying Caregivers

As seen from Table 7.15, the service mix for hospitalised treatment follows a pattern similar to that of out-patient care. Almost half of the elderly got admitted in private hospitals, 47 per cent were admitted in government hospitals and a very small proportion got themselves admitted in other types of hospitals. Use of private hospitals for in-patient care is more in urban areas (62%) than in rural areas (47%). This may be because of the better availability of private medical facilities in urban areas. Overall, the type of hospital did not vary much between elderly men and women; nevertheless, more elderly women than men in rural areas utilised private hospitals for in-patient care.

Table 7.15: Per Cent Distribution of Elderly by Source of Hospitalisation Care According to Place of Residence and Sex, 2011

Type of Hospital	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government	52.0	48.9	50.4	32.9	40.7	36.6	47.2	47.1	47.2
Private	43.7	49.2	46.6	65.6	57.1	61.5	49.2	50.9	50.1
AYUSH hospital/ clinic	0.7	0.6	0.6	0.0	1.1	0.5	0.6	0.7	0.6
Others**	3.6	1.4	2.4	1.5	1.1	1.3	3.0	1.3	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean length of stay	11	14	13	11	13	12	11	14	13
Number of hospitalisation cases	287	294	581	244	213	457	531	507	1,038

***Others include charitable/missionary, NGO-run hospital and others.*

Figure 7.9 presents the per cent distribution of the elderly by type of wards used during hospitalisation according to place of residence and sex. The figure shows that a majority of the respondents were admitted to general wards that required payment (52%), less than one-fifth are admitted to special paid wards (18%) and 31 per cent availed of the free ward facility for the last episode of their in-patient care in the past one year. A higher proportion of rural elderly and elderly women are admitted to free wards than elderly men and urban elderly. The type of wards used by the elderly is also linked with the type of hospital. As a majority of the urban elderly received in-patient care from private hospitals, the usage of the special paid ward is also higher in urban areas as compared to rural areas.

Children are found to be the main caregivers and in attendance during hospitalised treatment of the elderly followed by the spouse. For elderly women, the share of children as the accompanying/ attending person is proportionately higher (Figure 7.10). For the elderly men, however, around one third were accompanied by and attended to by their spouse during their hospital stay.

Figure 7.9: Elderly Patients by Type of Wards Used for Last Episode of Hospitalisation According to Place of Residence and Sex, 2011

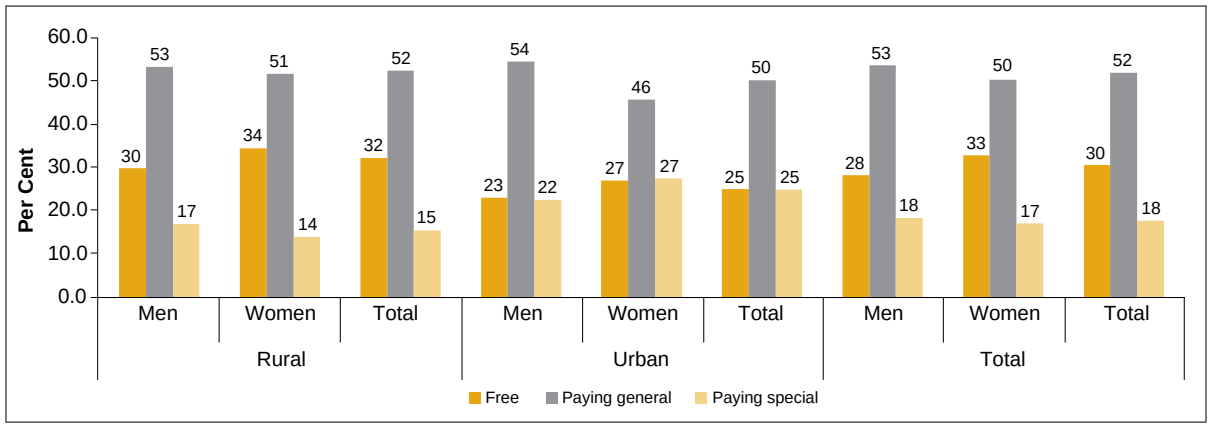
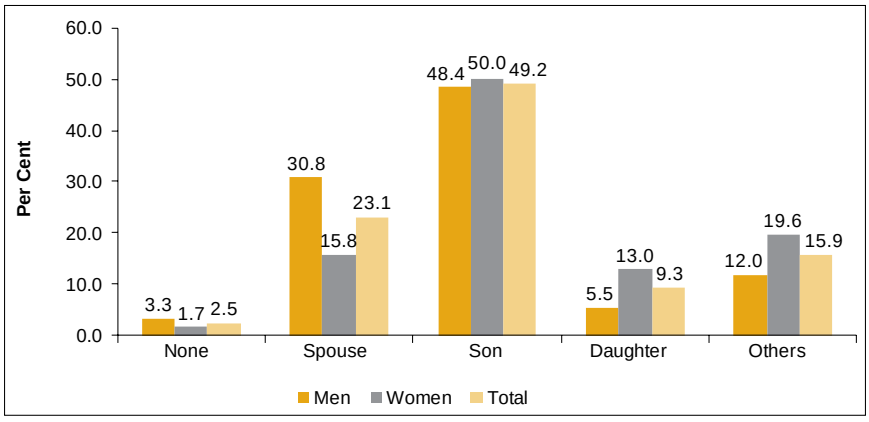


Figure 7.10: Persons Accompanied Elderly during Hospital Stay (Last Episode) According to Sex, 2011



Expenditure on Hospitalisation

Hospitalisation contributes to the major part of the aggregate health care expenses of the elderly. Table 7.16 presents the average expenditure on hospitalisation care by type of hospitals according to major heads. The table shows that on an average, the cost for the last episode of hospitalisation was Rs 11,177; the major chunk being spent on medicines, hospitalisation charges and diagnostics costs. Again, as in the case of non-hospitalised treatment, the average expenditure works out much higher for those elderly who are hospitalised in private facilities (Rs 15,509) compared to those who are hospitalised in government facilities (Rs 6,492). Medicines continue to account for the major share in hospitalisation expenses in both private and government hospitals. It is surprising to note that even in government hospitals, the in-patients had to spend a considerable amount on medicines.

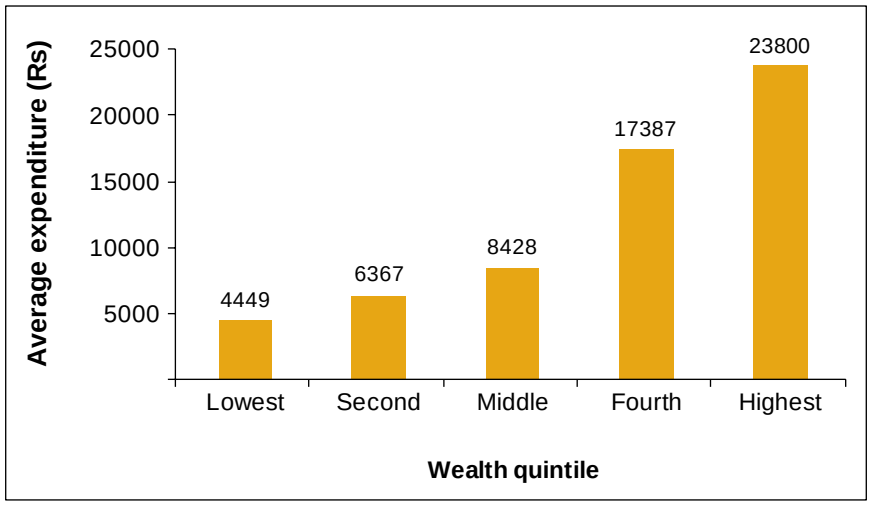
Table 7.16: Average Expenditure on Hospitalisation Care by Type of Hospitals According to Major Heads, 2011

Average Expenditure by Major Heads	Govt. Hospitals	Private Hospitals	Others	Total	No. of Spells
Total	6,492	15,509	12,558	11,177	1,016
Based on valid cases for which component wise details are available					
Consultation	261	794	363	503	802
Medicines	1,725	2,787	2,540	2,226	802
Diagnostic Tests	453	1,168	6,535	958	802
Hospitalisation	606	1,757	6,340	1,296	802
Transportation	356	543	421	442	802
Food	469	440	427	455	802
Others	772	1,106	623	918	802
Total	5,155	10,784	18,066	8,074	802
Others (indirect cost)	512	2,190	818	1,275	802

Out of 1,038 spells of hospitalisation, expenditure was provided for only 1,016. For item-wise expenses, there were only 802 valid cases; hence average expenditure has been worked out only for these valid cases.

The average expenditure on hospitalisation across wealth quintiles is presented in Figure 7.11. The figure clearly shows a steady increase of mean expenditure across wealth quintiles. The in-patients from the lowest quintiles spent on an average Rs. 4,449 on hospitalisation as against Rs. 23,799 for those from the richest quintile.

Figure 7.11: Average Expenditure on Hospitalisation Care According to the Wealth Quintile, 2011



Source of Payment for Hospitalisation

Table 7.17 presents the percentage distribution of the elderly by source of payment for hospitalisation expenses according to place of residence and sex. As in the case of out-patient care, this table confirms the fact that children are the major sources of support for the elderly, with 60 per cent of the elderly reporting that children bore the total costs of hospitalisation. However, it is also important to note that around one-fifth of the elderly spent money from their own sources. In addition to this, payment was made by spouse (12%) and relatives, friends or insurance companies (7%). A higher proportion of elderly women than men reported that children took care of their hospital expenses, whereas more men than women stated that they had paid for their hospital expenses themselves.

Table 7.17: Per Cent Distribution of Elderly by Source of Payment for Last Hospitalisation According to Place of Residence and Sex, 2011

Source of Payment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Self	29.6	9.8	19.4	41.4	13.2	27.5	32.4	10.6	21.3
Spouse	9.8	15.7	12.8	6.1	11.6	8.8	8.9	14.8	11.9
Children	51.4	69.7	60.9	44.2	66.6	55.3	49.7	69.0	59.6
Relatives/ Friends/ Insurance / Others	9.2	4.8	6.9	8.2	8.6	8.4	9.0	5.7	7.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	261	260	521	215	193	408	476	453	929

7.4. Health Insurance

Health insurance as a source of meeting the medical expenses of elderly men and women is clearly a recent phenomenon. As evident from Table 7.17, only a small proportion of the elderly have health insurance coverage. Table 7.18 provides a brief summary about ever or currently possessing an insurance coverage by sex. It may be noticed that only 2.3 per cent of the elderly ever had any health insurance, while 1.5 per cent currently hold an operational policy. Having a health policy either ever or currently is found to be slightly higher among elderly men than elderly women. Rural-urban differentials in ever holding a policy indicate that a slightly higher per cent of the rural elderly ever had a policy compared to their urban counterparts, while the situation seems to be reversed in case of those currently holding a policy. The table also brings out the proportion of elderly currently holding a government assisted policy. It can be seen that among the elderly who currently hold any policy, a majority hold a government policy. Of the 1.5 per cent of the elderly who currently hold any policy, 1.4 per cent of the elderly possess a government assisted policy. Only 0.1 per cent of the elderly hold a policy from a private insurance company.

Table 7.18: Percentage of Elderly Who Ever or Currently Hold a Health Policy According to Place of Residence and Sex, 2011

Government Schemes	Rural			Urban			Overall		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Ever hold a policy	2.8	2.3	2.5	2.6	0.9	1.7	2.7	1.9	2.3
Currently hold any policy	1.4	1.1	1.3	3.2	1.6	2.3	1.8	1.3	1.5
Currently hold a government assisted policy	1.2	1.1	1.2	2.8	1.6	2.2	1.6	1.2	1.4
Number	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

It may plausibly be argued from these findings that self-paid public or private health insurance coverage is unlikely to serve as an effective measure to provide health care security for the majority of the elderly. Whether the elderly in future may be better protected by available schemes or a Rashtriya Swasthya Bima Yojana (RSBY) type policy is an issue that needs further study. This has been further discussed in detail in Chapter 9 of this study.

Summary

This chapter examines the levels of acute and chronic morbidity, its treatment and the cost of health care among the elderly. The analysis shows that the prevalence of acute morbidity in the population is around 13 per cent with a higher prevalence in rural areas and among women. As expected, acute morbidity levels have significantly gone up with age, indicating higher health related vulnerabilities among the 80 plus population. The morbidity load among elderly consists of a mix of both communicable and non-communicable diseases, indicating that the health care system needs to address both these simultaneously. More than 90 per cent of the elderly sought

treatment for acute morbidity. A higher proportion of the rural elderly and elderly belonging to the lower socio-economic classes sought treatment from government health facilities. The out-of-pocket expenditure on out-patient care for the elderly is also found to be quite high with the greater part of the burden being borne by the family.

Nearly two-thirds of the elderly have reported suffering from at least one chronic ailment. Orthopaedic/musculoskeletal ailments (involving arthritis, rheumatism and osteoarthritis) and hypertension are the common ailments among the elderly. Most chronic illness conditions have received some form of treatment. For out-patient care for chronic ailments, the elderly mainly depend on public health facilities. These findings indicate that with the growing elderly population in the country, there is a need to strengthen geriatric care services in the existing public health care system so that the increasing health care demands of the elderly can be met. It may be also important to train the health care providers and paramedics in geriatric care giving.

The survey found that nearly 10 per cent of the elderly were hospitalised in the one year preceding the survey. More importantly, there is significant state level variation with hospitalisation rate as high as 19 per cent in Kerala. This indicates that with life expectancy going up, there will be a greater demand for hospitalisation among the elderly. The hospitalisation is equally divided between public and private hospitals. The out-of-pocket expenditure for hospitalisation was nearly double in private hospitals as compared to public hospitals. Undoubtedly, hospitalisation is a huge burden on the family irrespective of wealth quintiles. At the same time, the total out-of-pocket expenditure incurred on hospitalisation is growing exponentially with increasing wealth quintiles.

Considering the existing high burden of health care on the family, the government may have to provide not only more medical facilities but also ensure adequate financing mechanism. This is going to be an important challenge, particularly with the rapid increase in the life expectancy. At present, the health insurance coverage for the elderly population is very low. Not only is there very poor coverage, but even the general awareness levels on existing health insurance schemes are very limited.

References

Alam, M. and Anoop Karan (2011). *Elderly Health in India: Dimension, Determinants and differentials*. Working Paper No. 3, Building Knowledge Base on Ageing in India, Institute for Social and Economic Change, Bangalore, United Nations Population Fund, New Delhi and Institute of Economic Growth, New Delhi.

National Sample Survey Organization, (2006). Morbidity, Health Care and the Condition of the Aged. NSS 60th round (January – June 2004), Report No. 507 (60/25.0/1).

United Nations, (2002). Report of the Second World Assembly on Ageing, Madrid, 8-12April 2002. United Nations, New York, 2002.

8. Awareness and Utilisation of Social Security Schemes for the Elderly

Social security benefits are used as a main policy instrument to eradicate poverty, reduce income inequalities and enhance human capital and productivity (UNFPA and HelpAge International, 2012). These measures are important mechanisms for financing the elderly in many western countries. In India, there are no universal social security measures for the elderly, but there are schemes addressing the people below poverty line, which is in line with Article 246, Item 24 of the Concurrent List of the Indian Constitution. Furthermore, Article 41 of the Directive Principles of the State Policy under Part IV of the Constitution of India mandates the securing of the human rights of the citizens in the country.

Although the concern for the welfare of the elderly was recognised in India from the Third Five Year Plan onwards, a national old age pension scheme was initiated by the central government only in 1995 during the Eighth Five Year Plan period. This aspect has been reinforced in the National Policy for Older Persons (1999) of the Ministry of Social Justice and Empowerment. A brief mention of the social security schemes for the elderly being implemented by different central ministries as well as state governments of survey states is given in Annexure to this chapter. The approach paper for the Twelfth Five Year Plan (2012-17) proposes health care for the elderly along with pension and insurance reforms to enhance the quality of life of senior citizens.

Undoubtedly, the existing social security schemes contribute to improving the quality of life of the elderly, especially those who live below the poverty line. Yet, some concerns continue to exist regarding their accessibility, implementation and effectiveness (Prasad, 2011). Further, studies also point out that despite the welfare programmes, economic, health and social security among the elderly has not improved commensurately (World Bank, 2001; Priya, 2003; Alam, 2006) and that a large majority of the elderly are dependent on their families for support (Rajan, 2004; Alam, 2006).

The BKPAI survey included questions to find out the extent of awareness and utilisation of the following three national social security schemes: Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS) and *Annapurna* Scheme. In addition, questions were asked regarding the awareness and utilisation of special government facilities/schemes for the elderly and health insurance schemes.

8.1. Awareness of National Social Security Schemes

Table 8.1 depicts a higher level of awareness regarding IGNOAPS in comparison to IGNWPS and the *Annapurna* Scheme. While over seven out of ten persons are aware of IGNOAPS and IGNWPS, the level of awareness regarding *Annapurna* scheme is low at four out of ten persons. The awareness level is higher among men than women. , Surprisingly, people in rural areas have a higher awareness level than their urban counterparts. Disaggregation of data by Below Poverty Line (BPL) and Above Poverty Line (APL or non-BPL) reveals that the awareness level of non-BPL elderly is slightly higher than that of BPL elderly, although the schemes are targeted at the elderly belonging to BPL households. While conforming to the aggregated trend of higher awareness among rural persons in comparison to urban persons both among BPL and non-BPL elderly, it is noticed that in general, elderly men are more aware of the schemes than elderly women and the gender difference is higher among the non-BPL category than among the BPL elderly.

When the awareness levels of these schemes are analysed by background characteristics of the elderly (Table 8.2), it is observed that in general those who are better educated and those in the higher wealth quintiles, have higher awareness levels, especially regarding IGNOAPS and IGNWPS. In case of specific vulnerable groups such as old-old persons and those who have never worked, no significant difference was observed. Further, it is found that the widowed and those living alone

Table 8.1: Percentage of Elderly Aware of National Social Security Schemes According to Place of Residence, Sex, BPL and Non-BPL Status, 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly belonging to BPL households									
IGNOAPS	80.6	70.3	75.1	81.0	71.1	75.5	80.7	70.5	75.2
Annapurna scheme	41.7	35.8	38.5	19.4	14.4	16.6	36.2	30.1	32.9
IGNWPS	65.3	70.4	68.0	66.5	67.0	66.8	65.6	69.5	67.7
Number	1,112	1,296	2,408	724	914	1,638	1,836	2,210	4,046
Elderly belonging to Non-BPL households									
IGNOAPS	88.5	78.8	83.6	80.8	69.4	74.7	86.5	76.2	81.2
Annapurna scheme	53.3	40.0	46.6	44.4	31.1	37.3	51.0	37.5	44.1
IGNWPS	76.6	74.0	75.3	74.7	71.3	72.9	76.1	73.3	74.6
Number	1,341	1,389	2,730	1,495	1,581	3,076	2,836	2,970	5,806
ALL									
IGNOAPS	85.0	74.9	79.7	80.9	70.1	75.1	84.0	73.6	78.5
Annapurna scheme	48.3	38.1	43.0	34.0	23.6	28.4	44.6	34.2	39.1
IGNWPS	71.7	72.3	72.1	71.3	69.4	70.2	71.6	71.6	71.6
Number	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

have lower awareness levels, especially regarding IGNOAPS. This is also true of the elderly from the OBC category as compared to SC/ST and Other categories. The BPL households have a lower level of awareness when compared to the non-BPL category; and the differences in this regard are considerably wider in the case of OBCs when compared to other caste groups. When inter-state variations are analysed, it is observed that barring West Bengal, Maharashtra and Tamil Nadu, all other states in general have a relatively higher level of awareness of the schemes. The analysis clearly indicates that though the schemes are meant for the elderly belonging to BPL households, the awareness levels among them are lower. This clearly points to the need for appropriate programmatic interventions to enable the BPL elderly to avail the benefits of the schemes.

Table 8.2: Percentage of Elderly Aware of National Social Security Schemes According to Background Characteristics and BPL and Non-BPL Status, 2011

Background Characteristics	IGNOAPS			Annapurna Scheme			IGNWPS			Total
	BPL	Non- BPL	Total	BPL	Non- BPL	Total	BPL	Non- BPL	Total	
Age (in years)										
60-64	76.9	81.7	79.4	29.1	48.8	39.1	70.9	77.7	74.4	3,533
65-69	75.4	83.4	79.9	38.1	45.7	42.3	68.0	76.9	73.0	2,706
70-79	72.6	79.7	76.8	34.0	42.3	38.8	64.9	73.2	69.7	2,601
80+	74.4	78.3	76.8	30.8	32.2	31.6	61.2	65.2	63.8	1,012
Sex										
Men	80.7	86.5	84.0	36.2	51.0	44.6	65.6	76.1	71.6	4,672
Women	70.5	76.2	73.6	30.1	37.5	34.2	69.5	73.3	71.6	5,180
Residence										
Rural	75.1	83.6	79.8	38.6	46.6	43.0	68.0	75.3	72.0	5,138
Urban	75.4	74.7	75.0	16.6	37.3	28.3	66.8	72.9	70.2	4,714
Marital Status										
Married	78.4	84.7	82.1	35.9	49.3	43.7	65.2	74.6	70.7	5,847
Widowed	70.5	74.9	72.8	28.7	35.4	32.2	71.7	74.8	73.3	3,768
Others	76.9	80.0	78.3	33.7	30.1	31.7	59.6	72.8	67.1	237
Education										
No Schooling	69.3	77.4	73.3	34.1	38.0	36.0	62.8	69.2	65.9	4,533
1-4 years	81.3	80.1	80.7	42.7	40.5	41.5	75.4	78.0	76.8	1,258
5-7 years	80.2	82.7	81.6	34.4	45.7	40.9	69.2	76.1	73.2	1,324
8+ years	88.0	87.1	87.4	19.1	55.0	43.8	78.5	81.5	80.5	2,682
Employment										
Never worked	77.3	75.5	76.2	33.9	35.8	35.1	77.3	72.1	74.1	3,587
Previously worked	71.4	84.8	78.7	25.9	48.9	38.5	61.5	76.3	69.6	4,001
Currently working	78.2	85.4	81.6	41.7	51.0	46.2	65.9	76.4	70.9	2,264
Religion										
Hindu	75.6	80.9	78.4	33.1	45.6	39.6	66.9	75.6	71.4	7,781
Muslim	59.5	69.7	65.6	27.2	37.7	33.5	71.6	69.4	70.3	804
Sikh	91.1	88.4	89.1	36.6	36.0	36.1	72.3	68.2	69.2	826
Others	75.7	87.3	83.3	35.9	52.9	47.0	73.1	86.5	81.9	441

Contd...

Background Characteristics	IGNOAPS			Annapurna Scheme			IGNWPS			Total
	BPL	Non- BPL	Total	BPL	Non- BPL	Total	BPL	Non- BPL	Total	
Caste										
SC/ST	78.9	79.2	79.0	42.1	37.6	40.3	72.2	72.0	72.1	2,383
OBC	72.0	81.3	76.0	22.7	43.5	31.7	61.8	73.9	67.1	3,353
Others	75.9	81.8	80.5	40.3	46.7	45.2	73.2	76.0	75.3	4,116
Wealth Index										
Lowest	71.8	78.8	73.9	42.4	48.4	44.2	67.5	71.9	68.8	1,954
Second	72.8	78.0	75.0	30.5	41.5	35.1	64.3	72.7	67.8	1,974
Middle	79.6	80.6	80.1	27.9	41.4	35.5	69.3	72.3	71.0	1,938
Fourth	84.7	82.6	83.1	18.5	44.5	37.7	76.7	77.9	77.5	1,962
Highest	77.8	83.8	83.4	22.2	45.3	43.6	59.3	76.4	75.1	2,018
Living Arrangement										
Alone	65.0	78.1	69.7	19.7	38.4	26.5	66.8	76.8	70.5	612
Spouse only	77.7	86.1	81.7	28.6	52.4	39.9	62.4	77.4	69.5	1,468
Children and others	75.8	80.5	78.6	35.7	43.0	39.9	69.2	74.1	72.1	7,770
State										
Himachal Pradesh	84.8	87.2	86.7	39.1	50.8	48.4	65.3	76.1	74.0	1,482
Punjab	93.4	89.2	90.3	41.0	35.2	36.7	73.1	70.1	70.8	1,370
West Bengal	55.6	60.2	58.5	24.9	29.1	27.6	75.9	72.8	74.0	1,275
Odisha	89.8	89.5	89.7	70.5	64.7	68.1	87.0	84.2	85.9	1,481
Maharashtra	68.2	72.0	70.5	41.2	44.1	42.9	62.9	61.7	62.2	1,435
Kerala	81.9	87.9	85.9	36.0	47.7	43.8	78.5	88.2	85.1	1,365
Tamil Nadu	66.4	62.2	66.1	3.6	11.0	4.0	50.1	39.0	49.5	1,444
Total	75.2	81.2	78.5	32.9	44.1	39.1	67.7	74.6	71.6	9,852

8.2. Utilisation of National Social Security Schemes

Having examined the levels of awareness regarding the social security schemes, it is imperative to understand the coverage of the schemes so as to find out how far the schemes are reaching the targeted beneficiaries (Table 8.3).

It can be seen that the utilisation of the schemes has been limited. The utilisation of IGNWPS is the highest with a quarter of BPL elderly widows availing the benefits, followed by about 18 per cent of all elderly persons under IGNOAPS. The utilisation of *Annapurna* scheme was very low at four per cent among BPL elderly. Surprisingly, it was found that a considerable percentage of non-BPL elderly have also been utilising the benefits of the three schemes. For instance, 15 and 10 per cent of non-BPL elderly persons are beneficiaries of IGNWPS and IGNOAPS, respectively. Further, it was

Table 8.3: Percentage of Elderly Utilising National Social Security Schemes According to Place of Residence, Sex and by BPL and Non-BPL Status, 2011

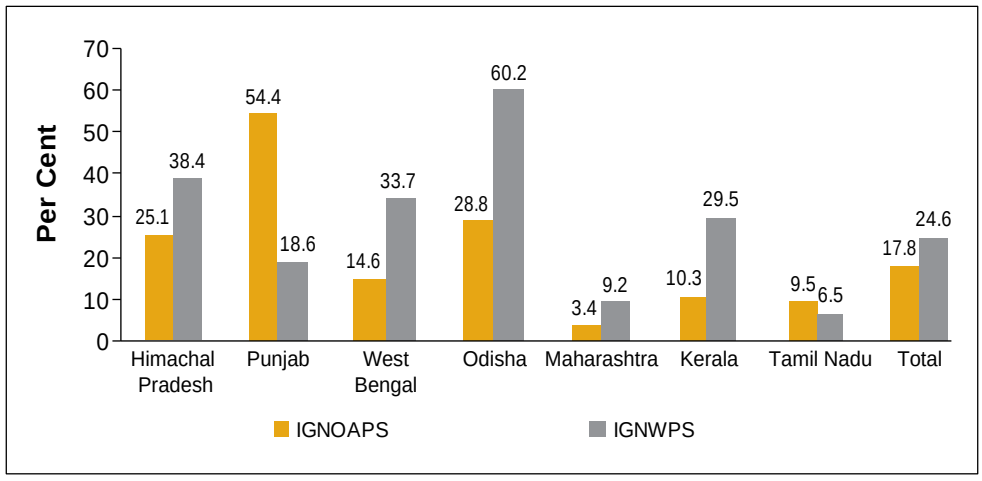
Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly belonging to BPL households									
IGNOAPS	25.3	15.6	20.1	10.1	12.3	11.3	21.5	14.7	17.8
Annapurna scheme	4.1	3.9	4.0	2.2	2.1	2.1	3.6	3.4	3.5
Number	1,112	1,296	2,408	724	914	1,638	1,836	2,210	4,046
IGNWPS*	NA	30.6	30.6	NA	11.2	11.2	NA	24.6	24.6
Number	-	791	791	-	660	660	-	1,451	1,451
Elderly belonging to non-BPL households									
IGNOAPS	11.5	11.9	11.7	3.8	6.1	5.0	9.5	10.3	9.9
Annapurna scheme	0.5	0.4	0.5	0.0	0.0	0.0	0.3	0.3	0.3
Number	1,341	1,389	2,730	1,495	1,581	3,076	2,836	2,970	5,806
IGNWPS*	NA	17.2	17.2	NA	10.1	10.1	NA	15.0	15.0
Number	-	736	736	-	920	920	-	1,656	1,656
ALL									
IGNOAPS	17.5	13.6	15.5	6.4	8.9	7.8	14.6	12.3	13.4
Annapurna scheme	2.0	2.0	2.0	1.0	0.9	1.0	1.8	1.7	1.8
Number	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852
IGNWPS*	NA	23.9	23.9	NA	10.6	10.6	NA	19.8	19.8
Number	-	1,527	1,527	-	1,580	1,580	-	3,107	3,107

**IGNWPS: Base is all widowed women*

observed that the utilisation of these schemes is comparatively higher among the elderly residing in rural areas compared to their counterparts in urban areas.

The utilisation of the two national social security schemes (IGNOAPS and IGNWPS) varies across the states. It can be seen from Figure 8.1 that utilisation of IGNOAPS among the BPL elderly varied from a low of three per cent in Maharashtra to a high of 54 per cent in Punjab. In regard to IGNWPS, Odisha shows the highest utilisation with about 60 per cent availing the benefits while Tamil Nadu showed the least utilisation with only seven per cent doing so. The findings clearly indicate that the utilisation level is low, and identifying the right beneficiary seems to be a matter of concern. The government is making efforts to ensure proper identification of beneficiaries; the latest round of BPL survey that is underway and the discussion on direct subsidy transfers are a few examples under consideration.

Figure 8.1: Elderly from BPL Households Utilising National Social Security Schemes across States, 2011



8.3. Awareness and Utilisation of Special Government Facilities/Schemes

In addition to collecting information on social security schemes, the survey also collected data on the awareness and utilisation of six other special facilities/schemes aimed at improving the quality of life of elderly. These include: concession in train travel, reservation of seats in buses, facilities in getting telephone connection, higher interest rates for deposits in banks and post offices, income tax benefits, and employment related facilities under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). Table 8.4 provides information on awareness and utilisation of these schemes among elderly.

About one-third of the elderly reported being aware of concessions given to senior citizens in train travel, bus seat reservation and MGNREGA, but they were hardly aware of income-tax benefits (13%). As expected, urban residents and men are more aware of most of the facilities/schemes with the exception of MGNREGA, which is a scheme meant exclusively for rural areas. Concerning variations across the states in regard to train concession and bus seat reservation (Figure 8.2), it is seen that the elderly from Maharashtra are most aware of concession on train ticket and bus seat reservation. Awareness of other facilities such as preference given for telephone connection, higher interest on deposits in banks/post offices, income tax benefits and MGNREGA was highest among the elderly in Kerala. Overall, enormous variation across states in awareness levels regarding various facilities stated above was observed.

Although one-third of the elderly are aware of some of the facilities/schemes, the level of utilisation is found to be abysmally low, with about one in ten elderly availing train ticket concessions or using bus seat reservation. In line with the awareness levels, the utilisation among the urban elderly is higher and this is also the case with elderly men. The facilities are also being utilised more by the economically well-off because of their better awareness. Figure 8.3 reveals that the elderly from the highest wealth quintiles availed of more government benefits than those from the lowest wealth quintile with the exception of MGNREGA, which is implemented only in rural areas.

Table 8.4: Percentage of Elderly by Awareness and Utilisation of Special Government Facilities/ Schemes According to Place of Residence and Sex, 2011

Special Government Facilities/Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Awareness of Facilities/Schemes									
Train ticket concession	41.8	28.5	34.9	64.3	45.9	54.3	47.5	33.2	40.0
Bus seat reservation	40.1	27.6	33.6	55.4	39.7	46.9	44.0	30.9	37.1
Preference for telephone connection	18.9	11.9	15.3	32.0	20.7	25.8	22.3	14.3	18.1
Higher interest on deposits in banks/ post offices	25.2	13.4	19.0	44.3	23.4	32.9	30.0	16.1	22.7
Income tax benefits	15.9	8.6	12.1	21.5	8.7	14.5	17.3	8.6	12.7
MGNREGA	35.9	28.4	32.0	26.6	18.6	22.2	33.6	25.7	29.4
Utilisation of Facilities/Schemes									
Train ticket concession	8.6	5.2	6.8	21.2	11.6	16.0	11.8	6.9	9.2
Bus seat reservation	8.9	6.3	7.5	11.4	8.0	9.6	9.5	6.8	8.1
Preference for telephone connection	0.8	0.3	0.6	1.0	0.7	0.8	0.9	0.4	0.6
Higher interest on deposits in banks/ post offices	5.1	1.7	3.3	10.1	3.2	6.3	6.3	2.1	4.1
Income tax benefits	0.7	0.2	0.4	2.4	0.5	1.3	1.1	0.2	0.7
MGNREGA	3.6	2.2	2.9	0.2	0.3	0.2	2.7	1.7	2.2
Number	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

Figure 8.2: Elderly Utilising Facilities/Schemes across States, 2011

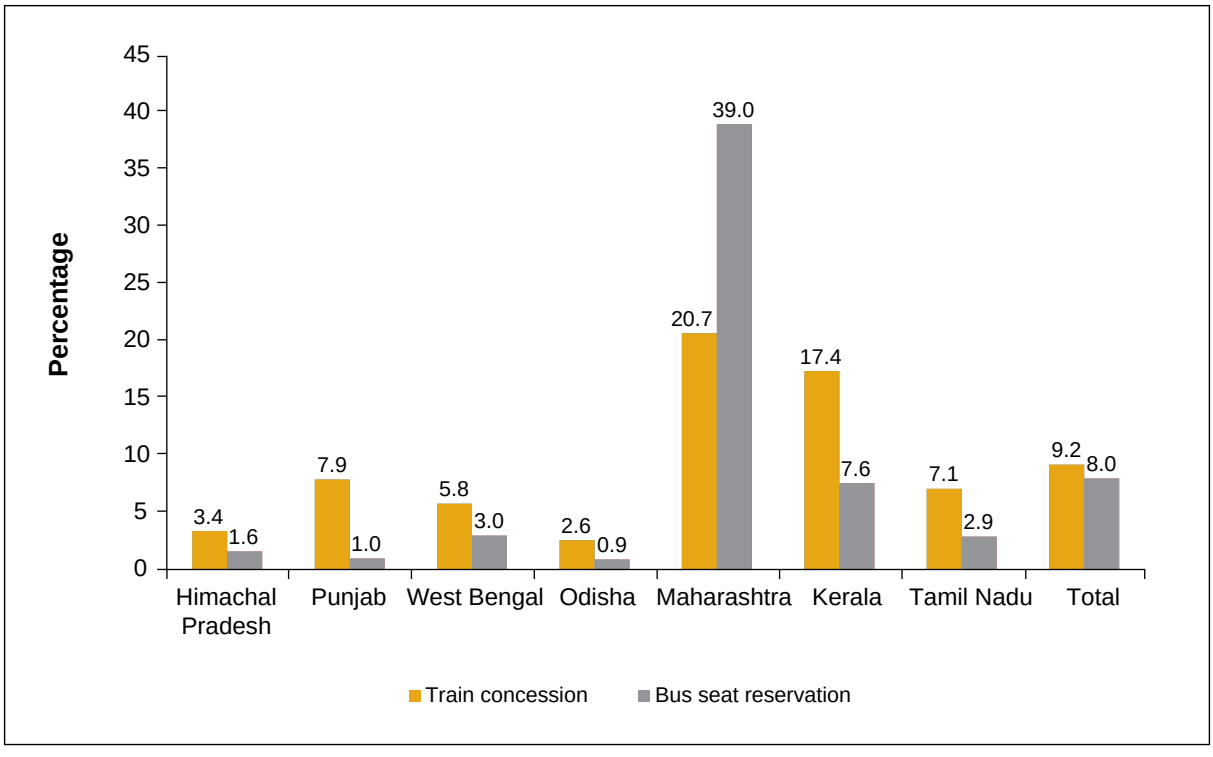
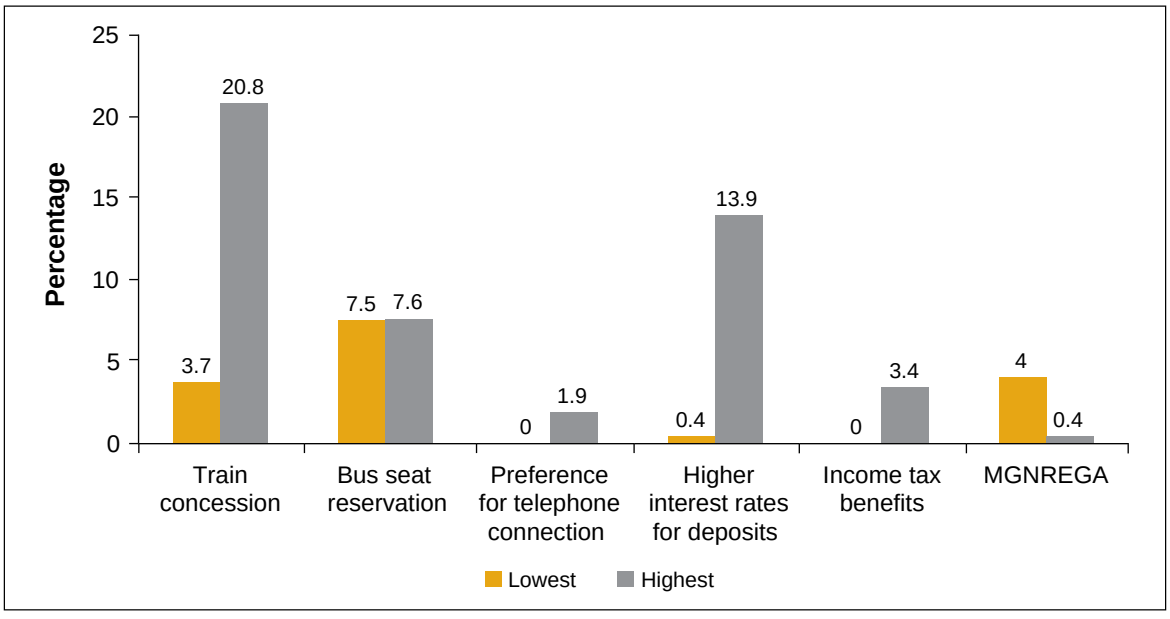


Figure 8.3: Elderly Utilising Facilities/Schemes by Lowest and Highest Wealth Quintiles across States, 2011



As far as frequency of utilisation of schemes is concerned, it is observed that train ticket concession and bus seat reservation are the most commonly and frequently availed of. Thus, it can be inferred that the benefits of various schemes and entitlements of the elderly will have to be publicised and strategies of reaching out to the elderly will have to be conceived.

8.4. Coverage of Health Insurance Schemes

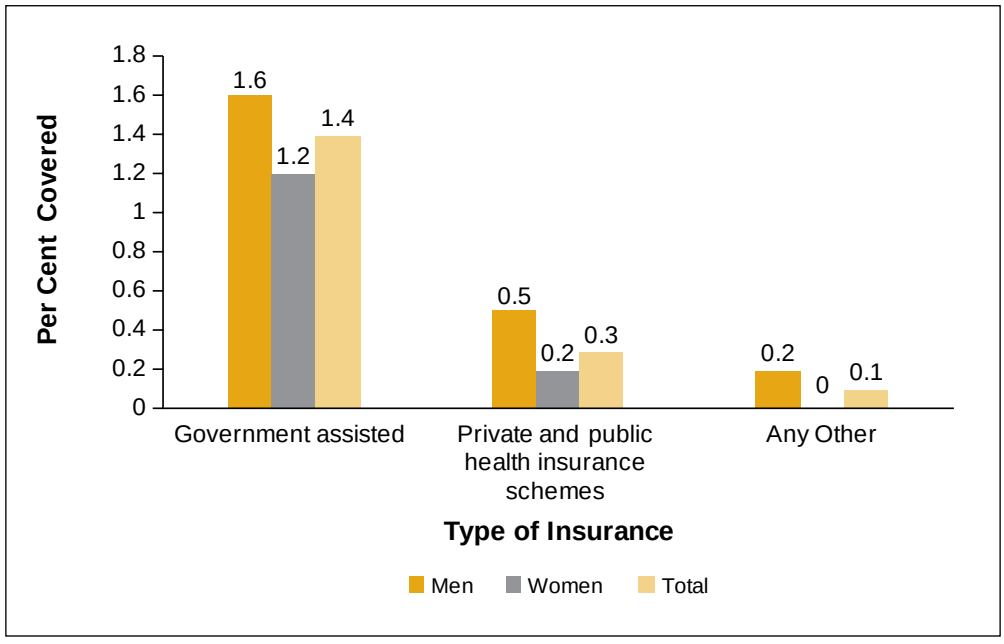
The survey asked the elderly respondents whether they currently have a health insurance policy. The coverage of health insurance schemes is found to be less than two per cent, with marginally higher coverage in urban areas and for elderly men. Government-assisted policies are more popular than private and other policies (Figure 8.4). Among those having a health insurance policy, the premium has been self-funded in a majority of the cases. This is particularly true in case of men; while in the case of women, sons and other members together are major contributors.

On being asked whether they were satisfied with the health insurance policy that they were currently holding, three-fourths of the elderly replied in the affirmative. Similar trends are observed in both rural and urban areas. However, within rural areas, a higher proportion of elderly men are satisfied with the schemes than elderly women, while the reverse is true in urban areas.

8.5. Awareness and Utilisation of Rashtriya Swasthya Bima Yojana

In addition to soliciting information on health insurance policies from the respondents, the survey specifically posed questions related to their awareness and coverage of the Rashtriya Swasthya Bima Yojana (RSBY) that is meant to provide health insurance to a maximum of five members from each BPL household. Table 8.5 presents the awareness and coverage of RSBY among BPL and

Figure 8.4: Elderly Covered by a Health Insurance Policy, 2011



non-BPL elderly. The awareness of RSBY is relatively very low with only 14 per cent of the elderly having heard about the scheme. There is no significant variation by place of residence or gender in the levels of awareness. However, the non-BPL elderly are more aware of the scheme than BPL elderly, although the scheme is targeted towards the latter.

The percentage of elderly registered under the scheme constitutes only seven per cent among the BPL households. It was equally spread between rural and urban areas and by gender, except in rural areas where more women have registered than men. It was also found that around four per cent of the elderly belonging to non-BPL households are also covered under the scheme, similar to the findings of other social security schemes.

Table 8.5: Percentage of Elderly Aware and Covered Under Rashtriya Swasthya Bima Yojana by Place of Residence and Sex, 2011

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly belonging to BPL households									
Awareness of RSBY	10.4	12.7	11.7	8.9	10.1	9.6	10.1	12.0	11.1
Registered under RSBY	5.8	8.8	7.4	5.1	5.9	5.5	5.6	8.0	6.9
Number	1,112	1,296	2,408	724	914	1,638	1,836	2,210	4,046
Elderly belonging to Non-BPL households									
Awareness of RSBY	18.9	12.6	15.7	23.6	17.3	20.2	20.1	13.9	16.9
Registered under RSBY	3.2	4.1	3.7	3.8	3.4	3.6	3.4	3.9	3.6
Number	1,341	1,389	2,730	1,495	1,581	3,076	2,836	2,970	5,806
ALL									
Awareness of RSBY	15.2	12.6	13.9	17.4	14.1	15.6	15.8	13.0	14.3
Registered under RSBY	4.3	6.3	4.5	4.3	4.6	4.5	4.3	5.8	5.1
Number	2,453	2,685	5,138	2,219	2,495	4,714	4,672	5,180	9,852

In general, the awareness and utilisation of health insurance schemes is found to be low among the elderly, indicating the need for active involvement of media in spreading information about the schemes.

Summary

Overall, this chapter brings out the wide gap existing between awareness and utilisation of national social security schemes among the elderly. While the awareness levels are relatively high, the utilisation levels among BPL families are low. However, the utilisation of national social security programmes is higher than that of other special facilities/schemes for senior citizens. The coverage and utilisation of social security schemes has to increase and has to be appropriately targeted so that the benefits can be availed by those for whom the schemes are meant. Publicity of the entitlements of the elderly and procedure to accessing them will have to be undertaken. The coverage of health insurance seems to be abysmally low. With a substantial proportion of the elderly incurring substantial out-of-pocket expenses on health care, it becomes imperative to review the existing policy guidelines and amend them to suit and benefit the elderly. There is a pressing need to redesign the schemes to make them more relevant for the needy elderly in India and effectively implement them at the community level. This would help achieve MIPAA priority areas to which India is a signatory.

Annexure

A Brief on Central and State Government Social Security Schemes for Elderly in India

(A) Government of India

The Ministry of Social Justice and Empowerment

This is the nodal Ministry responsible for the welfare of the senior citizens in India. It focuses on policies and programmes for senior citizens in close collaboration with state governments, non-governmental organisations and civil society.

Integrated Programme for Older Persons (IPOP)

This programme is being implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of government/non-governmental organisations/ Panchayati Raj Institutions/local bodies and the community at large. Under this scheme, financial assistance is provided to non-governmental organisations for establishing and maintaining old age homes, day care centres and mobile medicare units. The scheme has been revised with effect from 1 April 2008. Besides an increase in the amount of financial assistance for existing projects, several innovative projects have been added as being eligible for assistance under the scheme. Some of these are:

- Maintenance of Respite Care Homes and Continuous Care Homes.
- Running of Day Care Centres for Alzheimer's Disease/Dementia Patients.
- Physiotherapy Clinics for older persons.
- Help-lines and Counselling Centres for older persons.
- Sensitising programmes for children, particularly in Schools and Colleges.
- Regional Resource and Training Centres of Caregivers to the older persons.
- Awareness Generation Programmes for Older Persons and Care Givers.
- Formation of Senior Citizens Associations.

Ministry of Health & Family Welfare

The National Programme for the Health Care for the Elderly (NPHCE)

This programme was launched during the 11th Five-Year Plan period. The main objective of the programme is to provide preventive, curative and rehabilitative services to the elderly persons at various levels of health care delivery system of the country. Its other objectives are to strengthen referral systems, to develop specialised manpower and to promote research in the field of diseases related to old age.

Ministry of Rural Development

The National Old Age Pension Scheme

This scheme, which was launched in 1995, was renamed Indira Gandhi National Old Age Pension Scheme (IGNOAPS) in 2007. Under this scheme, all BPL elderly aged 65 years or above were provided a pension amount of Rs. 75 per month. Subsequently, with effect from 1 April 2011, the eligibility age for old age pension under this scheme has been reduced from 65 years to 60 years and the amount of pension has been raised to Rs. 200; the pension amount is Rs. 500 per month for those aged 80 years or above. The respective state governments were also requested to contribute a matching amount for each beneficiary of this scheme.

Indira Gandhi National Widow Pension Scheme (IGNWPS)

This scheme was introduced in February 2009 and provides BPL widows in the age group of 40 to 64 years with a monthly pension of Rs. 200 per beneficiary. Consequently, upon revision, the upper age limit was revised from 64 years to 59 years. On reaching 60 years of age, the widows who were receiving pension under IGNWPS continued to receive it under IGNOAPS.

Annapurna Scheme

This scheme was launched on 1 April 2000. It does not provide direct financial aid but provides food security to senior citizens who, though eligible, have not been covered under the IGNOAPS. Under this scheme, 10 kilograms of food grains are provided free of cost to each beneficiary on a monthly basis.

The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

The Act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work. The Act came into effect on 2 February 2006. All the districts of the country were brought under its ambit from April 2008. Needy elderly residing in rural areas can also avail it.

Ministry of Labour and Employment

Rashtriya Swasthya Bima Yojana (RSBY)

This scheme was launched in 2008 to provide health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalisation coverage up to Rs. 30,000 for most of the diseases that require hospitalisation. Coverage extends to five members of the family, including the head of the household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30 as registration fee while the Central Government and respective State Government pay a premium to the insurer selected by the State Government on the basis of competitive bidding.

Ministry of Finance

Benefits to senior citizens

- Income tax exemption up to Rs. 2.50 lakh per annum for senior citizens aged 60 years and above.
- Deduction of Rs. 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/her parents who are senior citizens.
- An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen.

Ministry of Communications and Information Technology

- Complaints of senior citizens are given priority by registering them under senior citizens category with VIP flag, which is a priority category.
- Senior citizens are allowed to register telephone connection under N-OYT Special Category, which is a priority category.
- Postal service schemes like Senior Citizens Saving Schemes (for the age group of 55-60 years) and Monthly Income Scheme (for 60 plus years) have been made attractive with higher interest rates.

Ministry of Railways

- Provision of separate ticket counters for senior citizens of 60 years and above at various Passenger Reservation System (PRS) centres provided the average number of tickets sold per shift is more than 120 tickets.
- 40 per cent and 50 per cent concession in rail fare for male senior citizens of 60 years and above and female senior citizens of 58 years and above, respectively.

Ministry of Road Transport and Highways

- Reservation of two seats for senior citizens in front row of the buses of the State Road Transport Undertakings.

Ministry of Civil Aviation

- Air India, the national carrier, provides a concession of up to 50 per cent in air fare for senior citizens 63 years and above.

Ministry of Science and Technology

A portal named "Old Age Solutions" (http://www.oldagesolutions.org) on technological solutions for elderly has been initiated by the Ministry of Science and Technology for enhancing the well-being of elderly.

(B) Schemes for Elderly among the Survey States

The Government of Kerala provides some travel concession to the elderly. Free passes are provided to senior citizens who have been freedom fighters to travel in express buses. Also, two seats are reserved for senior citizens in the state run buses. Health care services available for the elderly include free treatment for those whose income is below Rs. 300 per month and special out-patient services for the elderly at the medical college and hospital at Thiruvananthapuram. The state is also implementing old age pension scheme for agricultural labourers.

The Government of Himachal Pradesh has initiated a pensioner's helpline for its senior citizens where they can check details of their pension on an official website (http://admis.hp.nic.in/epension/epensionkhoj.asp).

The Government of Punjab provides concessional bus travel facility for elderly women aged above 60. Under this facility, eligible women are issued Identity Cards by Child Development Project Officers and are given 50 per cent fare concession while travelling in state transport buses.

The Government of Tamil Nadu reserves two seats exclusively for the elderly and the handicapped in state transport buses.

The Government of Maharashtra through the Maharashtra State Road Transport Corporation (MSRTC) buses provides a 50 per cent concession for persons aged 65 years and above; the elderly require either an election identity card or a *Tehsildar* certificate to avail of the same. Local trains in Mumbai have one compartment specially reserved for senior citizens.

The Government of Odisha, under the Madhubabu Pension Yojana, provides a monthly pension of Rs. 200 to a person if he/she: (a) is aged 60 years and above; (b) is a widow; (c) is a leprosy patient with visible signs of deformity; (d) is five years of age or above and is unable to do normal work due

to his/her deformity or disability, is totally blind or orthopedically handicapped or mentally retarded or suffering from cerebral palsy; (e) is a widow of an AIDS patient or an AIDS patient identified by the state; (f) has family income not exceeding Rs.12,000/- per annum from all sources; (g) is a permanent resident/domicile of Odisha; (h) has not been convicted of any criminal offence. The state government also provides assistance in the running of institutions like old age homes, day care centres and mobile medicare units for the welfare of elderly, particularly the destitute and poor.

The Government of West Bengal provides assistance in the running of institutions like old age homes, day care centres and mobile medicare units for the welfare of elderly, particularly the destitute and poor. Regarding health care, the Calcutta Medical College has a Geriatric Out Patient Department (OPD) for providing health care facilities to elderly persons.

References

Alam, M. (2006). *Ageing in India: Socio-Economic and Health Dimensions.* Academic Foundation Press, New Delhi.

Prasad, Syam (2011). *Deprivation and vulnerability among elderly in India.* Working Paper 2011-013, Indira Gandhi Institute of Development Research (IGIDR), Mumbai. Website: http://www.igidr.ac.in/pdf/publication/WP-2011-013.pdf

Priya, L. (2003). *Changing Age Structure and Its Economic Implications in India: An Inter-State Analysis.* Unpublished MPhil Thesis, CDS-JNU.

Rajan, Irudaya S. (2004). *Chronic Poverty among the Indian Elderly.* Working Paper 17, Chronic Poverty Research Centre, IIPA, New Delhi.

United Nations Population Fund and HelpAge International (2012). *Ageing in the 21st Century: A Celebration and A Challenge.* United Nations Population Fund, New York, and HelpAge International, London.

World Bank (2001) *India: The Challenge of Old Age Income Security.* Finance and Private Sector Development: South Asia Region. Report No. 22034, Washington DC.

Websites

http://www.old.kerala.gov.in/dept_socialwelfare/aged%20and%20infirm.htm

http://himachal.gov.in/welfare/SocialSecurity.htm#

http://admis.hp.nic.in/epension/epensionkhoj.asp

http://www.pbsocialsecurity.gov.in/html/above_60.html

http://www.tn.gov.in/schemes/swnmp.html

http://mumbaisuburban.gov.in/html/sanjay_gandhi_yojna.htm

http://www.wcdorissa.gov.in/mbpy.aspx

9. From Information to Action: Some Suggestions

In developing countries, including India, increasing longevity is not necessarily a result of improved socio-economic status of the elderly, as was the case in much of developed world. In fact, ageing puts the elderly in general, and elderly women in particular, in a more vulnerable situation. The pace of population ageing is faster than overall population growth and the level of preparedness is very limited. The most recent global report on Ageing in the 21st Century by UNFPA and HelpAge International (October 2012) appropriately calls the ongoing demographic phenomenon a cause for celebration as well as a significant challenge. The focus therefore is to reduce vulnerability and enhance the quality of life of our senior citizens.

To build a knowledge base to achieve the above, the BKPAI survey generated primary data from 9,852 senior citizens from seven select states – Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu and West Bengal – on the following five specific areas that are associated with their well-being and quality of life (QOL): (a) workforce participation, including their contribution to family expenditures (Chapter 3); (b) income and assets and how these supplement the family income (Chapter 4); (c) living arrangements and familial relationships (Chapter 5); (d) health status, including their own perception, medically determined morbidities as well as utilisation and financing of medical care services (Chapters 6 and 7); and finally (e) awareness and utilisation of schemes meant specially for senior citizens (Chapter 8). These five QOL dimensions have been examined using a standard set of background characteristics and sex differentials to further understand specific vulnerabilities faced by the elderly in general, and women in particular.

The analyses show that about 60 per cent of the elderly are heads of the households that they live in. Nearly 40 per cent of rural male elderly are still working, mostly because of economic compulsion, and not by choice. They are engaged mostly in unskilled and low paid jobs with no pension or retirement benefits. The survey shows that less than 10 per cent of elderly workers get employer's pension. Only about half have any personal income, part of which, however small, is contributed towards household expenditure. About 80 per cent of elderly Indians co-reside with their spouse and children but a real concern is that one in ten elderly women lives alone, most of them illiterate and poor. About 10 per cent experienced some kind of violence.

Further, as indicated by one of the pillars of MIPAA, namely *improving health and well-being into old age,* health is both at the level of (a) one's own perception of well-being and (b) medically determined

status. It also means that health is a life cycle experience in the sense that healthy younger years are essential for healthy later years. At the perception level, the analysis shows that around 18 per cent of the elderly rated their current health as poor and another 37 per cent as fair. About a third of the elderly felt that their health had worsened over the past one year. About 57 per cent rated their current health as the same as the previous year while 49 per cent rated their current health as the same as others of the same age. Acute and chronic morbidity is significant, with women showing higher prevalence rates. About 40 per cent each of elderly seek treatment from government and private health facilities. In the absence of health insurance, medical expenses together with poverty, illiteracy, widowhood and limited reach of social security schemes (less than a quarter of BPL elderly) create a difficult situation that deepens social and economic dependency and adversely affects the quality of life of large sections of Indian senior citizens.

The survey shows that income insecurity, illiteracy, age related morbidity, and physical and economic dependency are factors that render the Indian elderly, and particularly elderly women, very vulnerable. Given the fact that the older age group will continue to be the fastest growing population group in India, the information from this survey will be very useful for policy and programmatic actions. This chapter makes the following nine suggestions for action of policy makers and programme managers:

1. Improving the Economic and Social Welfare of Senior Citizens

The survey found that poverty, income insecurity, inadequate asset holdings, illiteracy, poor health status and social backwardness among the elderly are all closely inter-related. While a higher proportion of the elderly are aware of existing social welfare schemes, the reach is presently negligible. As most of the elderly are either not working or are working in low paid informal sector with no pension or retirement benefits, the access to and the amount of social pension must increase and be indexed to inflation. The social pension benefits have to be extended for BPL families and all elderly women.

Better targeting of national flagship programmes and special schemes meant only for the elderly and addressing special needs of older women would be required. The participation of the elderly in the development process should also be ensured in line with the MIPAA recommendation on *Older Persons and Development*. For instance, opportunities will have to be made and provisions created for the elderly to participate in the National Livelihood Mission (NLM), both rural and urban, MGNREGA and other state-sponsored schemes; and ongoing schemes will need to be made more effective. As NLM provides for both financial and technical assistance to SHGs, elderly from BPL households, and women in particular, need to be encouraged to form SHGs and equipped with the necessary entrepreneurial skills. Likewise, the elderly in rural areas can avail of MGNREGA to find employment but provisions for age-appropriate work will have to be specifically identified. Mapping of all women related schemes by various ministries of the government will have to be undertaken and gender-budgeting will have to be ensured.

2. Improving the Health Status of Elderly

The second pillar of MIPAA envisages *Advancing health and well-being into old age*. Good health practices and access to quality health care and the associated barriers to availing health services need to be addressed to enhance the health status of the elderly. A substantial proportion of elderly are suffering from chronic ailments, functional disability and poor mental health status; and this translates into large absolute numbers. The majority have incurred substantial out-of-pocket expenses as they have to depend largely on private health care and are not covered by any health insurance. The family has, therefore, emerged as the important pillar of financing health care which often pushes them into a poverty trap.

The National Programme for the Health Care for the Elderly (NPHCE) was launched by the Ministry of Health and Family Welfare during the 11th Five Year Plan period with the objective of providing preventive, curative and rehabilitative services to elderly persons at various levels of the health care delivery system of the country by strengthening the referral system, developing specialised human resources and promoting research in the field of diseases related to old age. This programme has to be effectively implemented by prioritising states having a higher proportion of elderly population. Further, the recently introduced RSBY guidelines will need to be expanded to ensure coverage of all BPL elderly households and the cash limit for these households will need to be enhanced.

Programmes that promote healthy lifestyles, assistive technology and supportive environments are required to foster healthy and active ageing. Further, good health behaviours should be promoted throughout the life-cycle so that diseases and disability can be prevented and/or delayed. In addition, it is important to focus on the preventive aspects by introducing multi-phase screening of middle-aged population, particularly those from BPL households and all women. The measurement of cognitive abilities provides an encouraging picture which shows that there are large potentials among the elderly population that can be tapped. For this a change in social attitudes is necessary.

Ill health is closely interlinked with malnourishment. The present survey did not cover this aspect. However, going by the population estimates of various national surveys and specialised surveys on nutrition, there is no doubt that the elderly are likely to be malnourished. This could also be one of the reasons for higher acute and chronic morbidity levels among the elderly. Efforts to ensure a proper diet for the elderly from BPL households will have to be made and there is a need to explore whether the mid-day meal scheme of the Integrated Child Health Scheme can be extended to cover the elderly.

3. Building Stronger Inter-Generational Solidarity

The Maintenance and Welfare of Parents and Senior Citizens Act (MWPSCA, 2007) mandates a need-based maintenance for parents and senior citizens, which is a step in the right direction. The current living arrangements and the contribution of the elderly to family expenditures suggest that

the family is the first source of support and this is beneficial for both generations. The survey also confirms that the elderly view children as their most preferred source of support, institutional care being the last option. Efforts are therefore necessary to strengthen inter-generational bonds across generations by promoting value education among school-going children and training family care-givers in care of the elderly. Further, the local elected representatives need to be sensitised to evolve a community-based care mechanism; and media can play an effective role in portraying a positive image of the elderly in the community.

Unfortunately, in the current development scenario, support from the younger generation is likely to reduce due to employment related out-migration and other reasons. As a result, a pool of trained caregivers will have to be made available both within the public and the private sectors and different mechanisms of service provision through private entities and civil society organisations will have to be evolved. It is important to note that about one-fifth of the elderly feel that the government should provide support during old age. With institutions being the last option, community-based day-care centres focusing on the elderly could provide services such as skill up-gradation and training, financial and legal advice, as well as entertainment and activities such as yoga, exercise, etc. by linking up with the public health system. Lastly, old age homes would need to be established for the destitute, and their establishment will have to be planned in a better manner, instead of merely establishing them in all the districts of the country. A few pilots in this regard can be tested in select states and upscaled later. Mechanisms of accreditation could be evolved and contracting-in and out modalities with private and civil society entities can be experimented with.

4. Enhanced Participation of Senior Citizens

At present large sections of elderly Indians are unaware of the social welfare schemes meant for them and hence utilisation of these schemes is negligible. They consider themselves as recipients of support which in any case is quite meagre. They do not have much of a voice as they are not well organised to seek more support for their special needs. Even though the Integrated Programme for Older Persons (IPOP) underscores the need for creating awareness on various schemes for the elderly, very little has been done so far. There is a need to increase awareness on entitlements of the elderly, especially in rural areas and both government and civil society organisations have an important role to play.

The National Council for Older Persons is not active enough to bring multiple stakeholders to the table to hear and respond to the voices and demands of senior citizens. As mentioned earlier, there is a need to engage PRI institutions for more focused interventions relating to home-based and community-based care of the elderly. A regular mechanism will have to be set-up to bring together the senior citizens, programme managers and policy makers. Consultation with senior citizens on how to enhance their participation would be necessary.

5. Promoting Policy and Programmes to Address the Special Needs of Older Women

As the report points out, every aspect of vulnerability is greater among elderly women and it adversely affects their access to, and utilisation of, services, resources and opportunities. The survey found that about 60 per cent of elderly women are widows, having very low social, economic and health status. At the same time, retirement benefits for elderly women are negligible. The gender gap in assets is also apparent from the data, with fewer women owning each type of asset compared to men.

Given the extent of vulnerabilities faced by women, there is a strong need for universalisation of social pension and health insurance cover for all elderly women in the country. Further, laws, policies, programmes and general political environment should be more gender sensitive and include protection of women's rights. Special attention should be given to employment and income generating opportunities for elderly women, including necessary skill development for this purpose.

6. Effective Implementation of National Policy and Programmes for Older Persons

Issue coming in the way of implementing a more comprehensive approach as intended in the NPOP is the multiplicity of government ministries and departments involved in responding to different needs of the elderly and the lack of coordination between them, resulting in loss of synergy both at source and recipient levels. Studies indicate that this results in less effective implementation of national policies for senior citizens and lack of comprehensiveness as mentioned above. For example, the Maintenance and Welfare of Parents and Senior Citizens Act (MWPSCA) enacted in December 2007 to ensure need-based maintenance for parents and senior citizens needs to be more fully and uniformly implemented in all states as awareness of this Act and its provisions among the elderly is low. The BKPAI project should therefore focus on capacity development and awareness creation on entitlements essential for effective policy implementation, including monitoring and making mid-course corrections. This could be in the form of result-oriented management capacity at different levels and setting up necessary systems and processes and timely flow of resources and funds to achieve the planned results. It would also be necessary to develop institutional capacity in the country to provide more sustained and quality back-stopping support to state and district level initiatives as necessary.

7. Institutionalising Human Rights Instruments for the Elderly

As India is a signatory to MIPAA and various other international instruments related to human rights, it is important to consider and protect the rights of the elderly. Though it seems unrealistic in the short run to expect a dedicated Human Rights instrument for senior citizens, it is necessary to evolve and institutionalise suitable approaches that address the rights of older persons. In this

connection, the sub-group that has been set up by the National Human Rights Commission (NHRC) to specifically look into the welfare of elderly may have to consider evolving necessary instruments for addressing and protecting the rights of elderly.

8. Engaging the Private Sector

Given the changing population profile of the elderly, there is a greater scope for new market opportunities, especially in regard to creating an age-friendly environment. Currently, the use of age-friendly aids, appliances and other assistive devices by the elderly is negligible. In sectors like housing, transportation, communication, health etc. there is greater scope for the private sector to contribute towards creating an age-friendly environment. In addition, the government may consider playing the role of facilitator and enabler. It can also consider subsidising certain essentials in the medical sector in particular and increase access to elderly services through public-private partnership mechanism.

9. Promoting Programmatic and Policy Oriented Research and Evidence-Based Advocacy

This calls for continuation of efforts more sharply focused on evidence-based advocacy. The data and research should also support the legal and legislative actions, including working with parliamentarians to protect and promote the rights of senior citizens. Ageing issues being multi-disciplinary in nature, no single disciplinary focus gives a holistic understanding. Therefore approaches to understand these issues from a multi and inter-disciplinary perspective need to be initiated. Studies on nutritional aspects, impact of migration on the elderly, strengthening of community-based institutions, family support systems like caregivers and social networks should receive greater attention for improvement in policy and programmatic environment so as to enhance the quality of life of the elderly. Finally, research findings should also help to effectively interface with the media and civil society to promote a positive image of ageing. Hence, promoting programmatic and policy oriented-research coupled with evidence-based advocacy will greatly help in our continuing efforts to enhance the well-being and quality of life of the elderly.

Bibliography

Alam, M. (2006). *Ageing in India: Socio-Economic and Health Dimensions,* Academic Foundation Press, New Delhi.

Alam, M. and Anoop Karan (2011). *Elderly Health in India: Dimension, Determinants and differentials.* Working Paper No. 3, Building Knowledge Base on Ageing in India, Institute for Social and Economic Change, Bangalore, United Nations Population Fund, New Delhi and Institute of Economic Growth, Delhi.

Beydoun, May A. and Barry M. Popkin (2005). 'The impact of socio-economic factors on functional status decline among community-dwelling older adults in China'. *Social Science and Medicine* Vol. 60, pp: 2045-57.

Bhalla, Surjit S. and Ravinder Kaur (2011). *Labour Force Participation of Women in India: Some facts, some queries*, Asia Research Centre Working Paper 40, London School of Economics & Political Science, London, UK.

Bhalotra, S. and Umana-Aponte, M. (2010). *The Dynamics of Women's Labour Supply in Developing Countries,* IZA Discussion Paper No. 4879 – The Institute for Study of Labour (IZA), Bonn – Germany.

Campbell, A. (1981). *The Sense of Well-Being in America.* McGraw-Hill, New York.

Dreze, J. and Srinivasan, P.V. (1995). *Widowhood and Poverty in Rural India: Some Inferences from Household Survey Data.* Discussion Paper No. 125, November 1995, IGIDR, Bombay.

Goldberg, D.P. and B Blackwell (1970). 'Psychiatric illness in general practice. A detailed study using a new method of case identification'. *British Medical Journal* Vol.1, pp: 439-43.

Government of India (1999). *National Policy for Older Persons,* Ministry of Social Justice and Empowerment, New Delhi.

Government of India (2007). *Maintenance and Welfare of Parents and Senior Citizens Act*, Ministry of Social Justice and Empowerment, New Delhi. (accessed on 23rd July 2012, http://socialjustice.nic.in/oldageact.php)

Government of India (2010). *National Programme for Health Care of the Elderly (NPHCE)*, Ministry of Health and Family Welfare, New Delhi.

Gwatkin, D.R., S. Rutstein, K. Johnson, R.P. Pande, and A. Wagstaff. 2000. *Socio-economic differences in health, nutrition and poverty*. HNP/Poverty Thematic Group of the World Bank, Washington, D.C.: The World Bank.

Hanson, S. L., Saur, W. J., & Seelbach, W. C. (1983). 'Racial and cohort variations in filial responsibility norms'. *Gerontologist* Vol. 23 (6), pp: 626-31.

Herzog, A.R., W. Rogers and J Woodworth (1982). *'Subjective Well-Being among Different Age Groups'*, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, MI, USA.

International Institute for Population Sciences and Macro International, (2007). National Family Health Survey (NFHS-3), 2005-06: India, International Institute for Population Sciences, Mumbai.

Jang, Y., L. W. Poon, S. W. Kim and B. Shin (2004). 'Self-perception of aging and health among older adults in Korea'. *Journal of Aging Studies* Vol. 18, pp: 485-96.

Jurges, H. (2007). 'True health vs. response styles: exploring cross-country differences in self-reported health'. *Health Economics* Vol. 16, pp: 163-78.

Kalwij, Adriaan and Frederic Vermeulen (2005). *Labour Force Participation of the Elderly in Europe: The Importance of Being Healthy*, Discussion Paper No. 1887, Institute for the Study of Labor (IZA), Bonn, Germany.

Kaplan, G.A., V. Barell and A. Lusky (1988). 'Subjective state of health and survival in elderly adults'. *Journal of Gerontology* Vol. 43, pp: 114-20.

Kivinen, P., P. Halonen, M. Eronen and A. Nissinen (1998). 'Self-rated health, physician-rated health and associated factors among elderly men: the Finnish cohorts of the Seven Countries Study'. *Age and Ageing* Vol. 27, pp: 41-7.

Kovar, M.G. and M. P. Lawton (1994). 'Functional disability: Activities and instrumental activities of daily living' in M.P. Lawton and J.A. Teresi (eds). *Annual Review of Gerontology and Geriatrics* Vol. 14, Springer, New York.

Krause, Neal M. and Gina M. Jay (1994). 'What do Global Self-rated Health Items Measure?', *Medical Care* Vol. 32, pp: 930-42.

Lawton, M.P. and E. M. Brody (1969). 'Assessment of older people: Self-maintaining and instrumental activities of daily living'. *The Gerontologist* Vol. 9, pp: 179-86.

Likert, Rensis. (1932). 'A Technique for the Measurement of Attitudes'. *Archives of Psychology* Vol. 140, pp: 1-55.

Linzer, N. (1986). 'The obligation of adult children to aged parents: a view from Jewish tradition'. *Journal of Aging and Judaism* Vol. 1, pp: 34-48.

Mete, Cem and T. Paul Schultz (2002). *Health and Labour Force Participation of the Elderly in Taiwan,* Centre Discussion Paper No. 846, Economic Growth Center, Yale University, USA.

Moore, S. E., H. Y. Leslie and C. A. Lavis (2005). 'Subjective well-being and life satisfaction in the Kingdom of Tonga'. *Social Indicators Research* Vol. 70, pp: 287-311.

National Sample Survey Organization, (2006). Morbidity, Health Care and the Condition of the Aged. NSS 60th round (January – June 2004), Report No. 507 (60/25.0/1).

Palmer, Michael and David Harley (2012). 'Models and measurement in disability: an international review'. *Health Policy and Planning Vol.* 27, pp: 357-64.

Prasad, Shyam (2011). *Deprivation and vulnerability among elderly in India, Working Paper 2011-013,* Indira Gandhi Institute of Development Research (IGIDR), Mumbai Website: http://www.igidr.ac.in/pdf/publication/WP-2011-013.pdf

Priya, L. (2003). *Changing Age Structure and Its Economic Implications in India: An Inter-State Analysis.* Unpublished MPhil Thesis, CDS-JNU, New Delhi.

Rajan, Irudaya S. (2004). *Chronic Poverty among the Elderly.* Working Paper 17, Chronic Poverty Research Centre, IIPA, New Delhi.

Rajan, Irudaya S. (2006). 'Chronic poverty among the Indian elderly'. In: Aasha Kapur Mehta, Andrew Shepherd (eds). *Chronic Poverty and Development Policy in India*. Sage Publications, New Delhi.

Rajan, Irudaya S. and Prasad, S. (2008). 'Social Security for the Aged in the Informal Sector'. In: S.I. Rajan, C.R. Risseeuw and M. Perera (eds). In: *Institutional Provisions and care for Aged, perceptive from Asia and Europe,* Anthem Press, London.

Registrar General of India, (2011). Census of India, 2011, India, Provisional Population Totals, Office of the Registrar General of India, New Delhi.

Root, L. S. and John E. Tropman (1984). 'Income sources of the elderly'. *Social Security Review* Vol. 58, (September), pp: 384-403.

Rutstein, S. 1999. *Wealth versus expenditure: Comparison between the DHS wealth index and household expenditure in four departments of Guatemala.* Calverton, Maryland: ORC Macro.

Sapp, S. (1996). 'Religious views on legacy and intergenerational transfers'. *Generation* Vol. 20, pp: 31-6.

Seelbach, W. C. (1977). Gender differences in expectations for filial responsibility. *Gerontologist* Vol. 17, pp: 421-25.

Seelbach, W. C. (1981). Filial responsibility among aged parents: a racial comparison. *Journal of Minority Aging* Vol. 5, pp: 286-92.

Seelbach, W. C., and Sauer, W. J. (1977). 'Filial responsibility expectations and morale among aged parents. *Gerontologist* Vol. 17, pp: 492-9.

Sell, H. and R. Nagpal (1992). *Assessment of Subjective Well-Being: The Subjective Well-Being Inventory,* Regional Health Paper, SEARO, No. 24, World Health Organization, Regional Office for South-East Asia, New Delhi.

Selvaraj, Sakthievl, Anup Karan, and S Madheswaran (2011). *Elderly Workforce Participation, Wage Differentials and Contribution to Household Income,* Working Paper No .4, Building Knowledge Base on Ageing in India, Institute for Social and Economic Change, Bangalore, United Nations Population Fund, New Delhi and Institute of Economic Growth, Delhi.

Singh, Laishram L and M. R. Narayana, (2011). 'The Role of Familial Transfers in Supporting the Lifecycle Deficit in India'. In: Ronald Lee and Andrew Mason (eds). *Population Aging and the Generational Economy: A Global Perspective,* Edward Elgar Publishing, Cheltenham, England and Northampton, Mass.

Skirbekk, Vegard (2003). *Age and Individual Productivity: A Literature Survey,* MPIDR Working Paper 2003-028, Max Planck Institute for Demographic Research, Germany, August.

Skirbekk, Vegard, Elke Loichinger and Daniela Weber (2012). Variation in cognitive functioning as a refined approach to comparing aging across countries. *Proceedings of the National Academy of Sciences* Vol. 109, pp: 770-4.

Subramanian, S.V., T. Huijts and M. Avendano M. (2010). 'Self-reported health assessments in the 2002 World Health Survey: how do they correlate with education?' *Bulletin of the World Health Organization* Vol. 88, pp: 131-8.

Swaminathan, Hema, Rahul Lahoti and Suchitra J. Y. (2012). 'Gender Asset and Wealth Gaps: Evidence from Karnataka'. *Economic and Political Weekly* Vol. XLVII, pp: 59-67.

Unni, Jeemol and G. Raveendran (2007). Growth of Employment (1993-94 to 2004-05): Illusion of Inclusiveness? *Economic and Political Weekly*, January 20.

United Nations, (2002). Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002. United Nations, New York.

United Nations, (2010). World Population Prospects: The 2010 Revision, United Nations, New York.

United Nations Population Fund and HelpAge International, (2012). *Ageing in the 21st Century: A Celebration and A Challenge.* United Nations Population Fund, New York, and HelpAge International, London.

Walker, A. J., Pratt, C. C., Shinn, H., & Jones, L. L. (1990). 'Motives for Parental Caregiving and Relationship Quality'. *Family Relations* Vol. 39, pp: 51-6.

Werneke, U., D. P. Goldberg, I. Yalcin, and B. T. Ustun (2000). 'The stability of the factor structure of the General Health Questionnaire', *Psychological Medicine* Vol. 30, pp: 823-9.

Details of Contributors

Moneer Alam, Professor of Economics and Head, Population Research Centre, Institute of Economic Growth, University Enclave, Delhi – 110 007.

K. S. James, Professor and Head, Population Research Centre, Institute for Social and Economic Change, Nagarbhavi, Bangalore – 560 072.

G. Giridhar, Former Director, Country Support Team, Thailand and Country Representative, Thailand, Bangkok, L&T South City, Arakare, Bangalore – 560 076.

K. M. Sathyanarayana, National Programme Officer (Population and Development), United Nations Population Fund, Chanakyapuri, New Delhi – 110 021.

Sanjay Kumar, National Programme Officer (Monitoring and Evaluation), United Nations Population Fund, Chanakyapuri, New Delhi – 110 021.

S. Siva Raju, Professor and Dean, School of Development Studies, Tata Institute of Social Sciences, Deonar, Mumbai – 400 088.

T. S. Syamala, Associate Professor, Population Research Centre, Institute for Social and Economic Change, Nagarbhavi, Bangalore – 560 072.

Lekha Subaiya, Assistant Professor, Population Research Centre, Institute for Social and Economic Change, Nagarbhavi, Bangalore – 560 072.

Dhananjay W. Bansod, Assistant Professor, Population Research Centre, Institute for Social and Economic Change, Nagarbhavi, Bangalore – 560 072.

United Nations
Population Fund - India

For further Information, please contact:

United Nations Population Fund
55, Lodi Estate, New Delhi - 110 003. INDIA
E-mail: india.office@unfpa.org
india.unfpa.org