

**ECONOMIC AND HEALTH SURVEY ON INDIA'S OLDEST OLD (80 +)  
- NEEDS, CARE & ACCESS**



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## **LIST OF ABBREVIATIONS/ACRONYMS**

DEL NCR	:	Delhi and Near Capital Region
MUM	:	Mumbai
HYD	:	Hyderabad
CHE	:	Chennai
PAT	:	Patna
KOL	:	Kolkata
BPL	:	Bhopal
AHD	:	Ahmedabad
CHC	:	Community Health Centre
CsPro	:	Census Survey and Processing
CWE	:	Chief Wage Earner
IDIs	:	In-depth Interviews
NSS	:	National Sample Survey
PHC	:	Primary Health Centre
RMP	:	Registered Medical Practitioner
RSBY	:	Rashtriya Swasthya Bima Yojana
SD	:	Standard Deviation
SEC	:	Socio-economic Classification
SPSS	:	Statistical Package for Social Sciences
UHC	:	Urban Health Centre

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## NATIONAL HIGHLIGHTS (Of Survey)

Highlights are reflecting economic and health conditions of Socio-Economic Classification group 'C' (\*SEC 'C') and below categories urban population

- 57% of the oldest old are widows/ widower
- 70% of the Oldest Old are illiterate
- Mean number of children of the Oldest Old is 4, with at least 2 sons and 2 daughters
- 71% of the Oldest Old stay with sons and 10% alone
- 50% of the Oldest Old living in *semi-Pucca* house and 20% in *kuchcha*
- 12% of the Oldest Old are still engaged in economic activities
- 36% of the Oldest Old have a monthly household income of less than Rs 2,500 (Sample Average (= Rs. 4381)
- Remittance from children are the main sources of income of the Oldest Old
- 72% financially depend on others
- 79% financially depend on sons
- 50-70% depend on son and daughter-in-law at the time of ill
- 61% Oldest Old depends on daughter-in-law for household chores
- 20% Oldest Old faced abuse at household level
- 10% Oldest Old reported verbal abuse and neglect
- Out of those abused, 75% reported Daughter-in-law as the main abuser and 60% reported Son
- 5% Oldest Old reported physical abuse. 82% of these reported Physical abuse resulting in a health problem
- 52% of the Oldest Old have either to be poor or very poor health condition
- Only 12% are aware of any government health related welfare scheme
- Only 23% are aware of any health insurance schemes
- Only 5% are covered under any health insurance scheme

- Only 5% are aware of any *Rashtriya Swasthya Bima Yojana*
- Non availability of support system at community - reported by 80% of the oldest
- NGO involvement in work related to Oldest Old seems to be low, only 3% reported so

\* SEC 'C' - The Socio- Economic Classification (SEC) groups urban Indian households on the basis of education and occupation of the chief wage earner (CWE: the person who contributes the most to the household expenses) of the household into five segments (SEC A, SEC B, SEC C, SEC D and SEC E households in that order). This classification is more stable than one based on income alone and being reflective of lifestyle is more relevant to the examination of consumption behaviour. Here, 'high' socioeconomic classes refers to SEC A&B, 'mid' socioeconomic class refers to SEC C and 'low' socioeconomic classes refers to SEC D&E.



## CITY HIGHLIGHTS (Of SURVEY)

- Percentage of Oldest Old living in their own house is highest in Delhi NCR (91%) followed by Mumbai (79%) and Patna (78%) and lowest 14% in Kolkata
- Average monthly household income is highest in Mumbai (Rs 10,254) followed by Delhi NCR (Rs. 8071) and lowest in Chennai (Rs. 864)
- Remittance from children is the main source of income as 71% of Oldest Old reported in Kolkata and lowest in Hyderabad (4%)
- 91% of the Oldest Old in Chennai reported non-contributory pension as the main source of income but in Mumbai no one reported so
- Oldest Old who have no income source is highest in Mumbai (28%) followed by Delhi NCR (23%)
- Oldest Old owning any property is highest in Mumbai (70%) followed by Hyderabad (65%) and lowest in Chennai and Kolkata (less than 3%)
- Financial dependency of Oldest Old is highest in Delhi NCR (90%) followed by Kolkata (84%) and Ahmedabad (83%) and lowest in Hyderabad (40%)
- In Delhi NCR, 81% of Oldest Old are financially dependent on son and lowest in Kolkata (64%)
- Four fifth respondents in Hyderabad, and Delhi NCR reported that son takes care of them at the time of health problems
- 60% Oldest Old in Delhi NCR depend on son for household chores
- 76% Oldest Old in Hyderabad depend on daughter-in-law for household chores
- 60% Oldest Old in Patna faced abuse at household level and 36% in Kolkata and no one faced abuse in Ahmedabad
- Free treatment, health care and financial aid are the major needs of the Oldest Old in Delhi NCR reported by 80%, 76% and 57% respectively
- Oldest Old need support from community reported by 91% and 76% in Chennai and Hyderabad respectively
- Availability of support system at community - reported by only 3% in Ahmedabad and 4% in Delhi NCR but 52% in Hyderabad
- Financial support provided by the community was reported more in Hyderabad (52%) while help in mobility was reported more in Chennai (55%)

- Three fifth of the Oldest Old consider their health status either to be poor or very poor in Chennai, Hyderabad and Mumbai, while half of the Oldest Old in Kolkata reported so
- In Delhi NCR, Mumbai and Patna, Private doctor/clinic facility is being utilised by most of the Oldest Old for common ailments
- Primary Health Centre is being utilised by 50% of the Oldest Old in Bhopal, 11% in Delhi NCR and negligible in other cities
- District hospital, Private hospital and Private Doctor/Clinic are the major health facilities utilised for seeking treatment in case of chronic problems by the Oldest Old across the cities
- Utilisation of District hospital for chronic problems is being highest in Mumbai (62%) followed by Kolkata (44%) and lowest in Ahmedabad (2%)
- Utilisation of Private Hospital for chronic problems is highest in Hyderabad (58%) and lowest in Chennai (1%)
- Utilisation of Private Doctor/ Clinic for chronic problems is comparatively high in Patna (32%) closely followed by Kolkata (27%) and Delhi NCR (21%) and fairly low in Bhopal (3%)
- Utilisation of Community Health Centre for chronic problems is highest in Chennai (83%) followed by Bhopal (17%), while Delhi NCR is extremely low (0.8%)
- More than two third of the Oldest Old are meeting their health care expenses from their son in all cities except Chennai (46%) and Patna (55%)
- In Chennai, most (95%) of the Oldest Old meet their health care expenses mostly from their own saving/income compared to only (18%) in Ahmedabad
- Only in Hyderabad, Mumbai and Chennai, the Oldest Old reported awareness about different government health related welfare schemes meant for the older persons viz. 59%, 17% and 3% respectively
- Awareness of any health insurance scheme is highest in Chennai (96%) distantly followed by Mumbai (38%) and Patna (30%) while negligible proportion in Kolkata, Ahmedabad, Delhi NCR and Bhopal

## EXECUTIVE SUMMARY

Help Age India felt the need to carry out a study among Oldest Old of urban India to understand their problems, needs and the support system available at household and community level. Help Age India has contracted Sigma Research and Consulting to carry out a study among the urban population aged 80 years and above. The study was carried out in 8 cities of India viz. **Delhi NCR, Mumbai, Ahmadabad, Kolkata, Bhopal, Chennai, Patna and Hyderabad**. In total 833 Oldest Old (416 men and 417 women) were covered in this study. The salient findings of the study are presented below.

### Profile

- The mean age of the Oldest Old covered in the study is 83 years
- Close to three fifth of the Oldest Old (57%) are widows/ widower
- Majority of the Oldest Old covered in the study (70 %) are illiterate
- Majority of the Oldest Old covered in the study (85%) are Hindus
- Majority of the Oldest Old covered in the study are scheduled caste (38%) and other backward caste (30%)
- The mean number of children of the Oldest Old is more than 4, with 2 sons and 2 daughters
- More than two third of the Oldest Old stay with sons, while one tenth stay alone
- Children working/living in another place is the major reason for the Oldest Old staying alone with other reasons being 'no support from children' and 'having no children'
- Most of the Oldest Old live in own house, with half living in *semi-Pucca* house and one fifth living in kuchcha house
- One tenth of the Oldest Old (12%) are currently engaged in an economic activity
- One third (36%) of the Oldest Old have a monthly household income of less than Rs 2,500
- Remittance from children and non contributory pension are the main sources of income of the Oldest Old

### **Dependency of Oldest Old**

- More than two third of the Oldest Old are financially dependent on others, mostly on son/daughter- reported by 72%
- The Oldest Old depend on children to take care of them during ill health or any health related problems. However, the children don't always take care of them as half of the Oldest Old also reported managing health problems on their own or with the help of spouse
- More than half the Oldest Old depend on daughter-in-law or children for daily routine chores

### **Experience of Abuse**

- One fifth of the Oldest Old reported to have experienced any type of abuse, with verbal abuse and neglect being the most common form of abuse
- The Oldest Old also feel neglected, which further creates a psychological pressure on them. The Oldest Old who participated in the qualitative study reported issues like 'family members not spending time with them' or 'talking to them' and 'family members being least bothered about their desires and needs'
- The Oldest Old face abuse from son and daughter-in-law, who emerge as the major abusers of the Oldest Old. The qualitative findings also indicate that the son and daughter-in-law are the major abusers
- Among the abused Oldest Old, more than three fourth reported to have faced health problem due to physical and economical abuse

### **Health status**

- More than half of the Oldest Old interviewed consider their health status either to be poor or very poor
- The major health problems faced by the Oldest Old include body pain, eyesight, hypertension, arthritis and asthma
- More than two third and half of the Oldest Old reported availability of Private doctor/clinic and private hospital respectively in their area
- Private doctor/clinic, chemist/pharmacy and district hospital are the top three health facilities being utilised by the Oldest Old for treatment of common ailments
- District hospital, private hospital and private doctor/clinic are the top three health facilities being utilised by the Oldest Old for treatment of chronic problems
- Oldest of the Old as well as the health care provider suggested that health centres should provide free of cost treatment to the people aged 80 +years

- The health care expenses are met by children and their own savings of the oldest. The Oldest Old and health care provider reported poor economic condition of the Oldest Old to be a major hindrance in availing medical care

### **Support System**

- As regards the support system, if both husband and wife are alive, they give support to each other. But, if the Oldest Old is alone then he/she faces a lot of problem at family level in terms of emotional and physical support
- Non availability of support system at community level also emerges as an issue as 80% of the Oldest Old reported so
- NGO involvement in work related to Oldest Old seems to be low (3%)

### **Welfare schemes and Health Insurance**

- Awareness about the government health related welfare schemes and health insurance schemes for the Oldest Old is also an issue as only one tenth and one fifth of the Oldest Old reported awareness of the same respectively
- Only 5% of Oldest Old covered under health insurance schemes
- Awareness of Rashtriya Swasthya Bima yojana (RSBY) is very low as 5 percent of the Oldest Old being aware of the same.

### **Needs of Oldest Old**

- The various needs and requirements reported by the Oldest Old include 'free treatment', 'health care', 'financial aid', 'pension scheme' and 'separate hospital for Oldest Old'
- Health care provider strongly recommended that, people aged 80+ years need respect in family, security, emotional, mental and family support which is desirable for providing them an healthy life
- They also suggested that, actual benefit of governmental schemes are not reaching up to them, and hence there is a need for great effort to resolve this problem so as to ensure that everyone can benefited
- Government should initiate some good health related schemes specially for 80+ people and all new and existing schemes should be available at each and every hospital

## **Recommendations**

- As the findings indicate, the main concern of the oldest of the old is regarding health facilities/services. Therefore, more geriatric facilities need to be provided in hospitals and dispensaries
- Outreach services should also be provided to the oldest of the old. Houses with oldest of the old population should be identified and registered with their health status, issues/ concerns, This can be done by the local health functionaries
- Since financial dependence on family members and others is a primary issue at this age, the oldest of the old should be provided free treatment and medicines or universal health insurance coverage that covers all types of health problems of the oldest of the old
- Mobilisation and community based support towards the Oldest of the Old also needs to be emphasised and worked upon. Efforts need to be made to sensitise the people especially the young generation towards the needs and concerns of the Oldest Old
- Abuse at family level is also an issue and the family members need to be educated about the harms of the elder abuse

# CHAPTER 1

## INTRODUCTION

### 1.1 Background

Ageing is a universal process and it affects each human being in the world. It is a byproduct of demographic transition, i.e.; the change from high fertility and mortality rates to low fertility and mortality rates. This phenomenon is more evident in developed countries but recently it is increasing more rapidly in developing countries.

One of the major features of demographic transition in the world has been the considerable increase in the absolute and relative numbers of elderly people. This has been especially true in the case of developing countries like India. About 60 percent of the elderly live in the developing world, and this will rise to 70 percent by 2010. Further, the older population itself is ageing, with the Oldest Old being more than 10 percent of the world's elderly.

As a result of the current ageing scenario, there is a need for all aspects of care for the Oldest Old (80+ years) namely, socio economic, financial, health and shelter. All these problems have an impact on the quality of life in old age and health care at the time of need. Increase in life span also results in chronic functional disabilities creating a need for assistance required by the Oldest Old to manage simple chores.

#### **The Indian context**

**India has 80,38,718 population of 80+ out of which 20,22,345 live in urban areas (Census 2001).** According to the NSS 52nd round, 63 percent of the elderly were illiterate in India. This is likely to have a bearing on their economic activities. Poverty and loneliness further add to the problem of elderly care by rendering them even more vulnerable.

Traditionally, in India, the most common form of family structure was the joint family. The extended family consisted of at least two generations living together and this arrangement was usually to the advantage of the elderly as they enjoyed a special status and power. But with growing urbanization and depending on the availability of jobs, children are moving out of the extended family set-up, leaving the 'empty nest' and establishing their own nuclear families.

In the coming years, the elderly population will phenomenally grow in numbers and at the same time, the family size is reducing, more so in the urban areas. In the absence of traditional caregivers, due to the disintegration of the joint family and women moving out of the household, the elderly have become a vulnerable group, needing care and attention.

## 1.2 Need and Scope of Study

### Need for Study

Help Age India felt the need to understand the issues relating to Oldest Old (80+ years) living in the urban areas especially with regard to their health and economic condition, their existing support system at the family and community level. The study outcome is expected to provide a better understanding of the status and bring out the issues that need intervention and advocacy.

### Study Objectives

The objectives of the present study are:

- To assess the availability and utilization of health care services by the Oldest Old (80 + years)
- To assess the economic condition of Oldest Old (80+ years) in terms of housing condition, availability of assets and access and freedom to spend money
- To assess the level of access to various welfare schemes and health insurance
- To assess the support system available within the family and community for the Oldest Old

## 1.3 Methodology

### Technique

In the present study, both quantitative and qualitative research techniques were used. The main survey was quantitative with structured interviews among Oldest Old men and women. The qualitative component included In Depth Interviews (IDIs) carried out with various target groups, mentioned below.

### Target Groups and Study Area

The target groups for the quantitative part comprised the Oldest Old in the age group of 80+ years in the 8 cities viz. **Delhi NCR, Mumbai, Ahmedabad, Kolkata, Bhopal, Chennai, Patna and Hyderabad.**

The respondents covered in qualitative study include Oldest Old (80+), Government health care providers and Private health care providers. In all, 48 IDIs were carried out.



## Coverage Details

Table 1.3a gives the quantitative study sample size achieved by sex for each of the cities covered and table 1.3b gives coverage of qualitative study.

**Table 1.3a Quantitative Sample Size Achieved by City**

City	No. of Men	No. of Women	Total
Delhi NCR	64	56	120
Mumbai	50	51	101
Hyderabad	53	48	101
Kolkata	50	52	102
Patna	50	50	100
Chennai	50	50	100
Bhopal	50	58	108
Ahmadabad	49	52	101
<b>Total</b>	<b>416</b>	<b>417</b>	<b>833</b>

**Table 1.3b Coverage for Qualitative Study by City**

City	Oldest Old	Gov. Health Provider	Pvt. Health Provider	Total
Delhi NCR	4	1	1	6
Mumbai	4	1	1	6
Hyderabad	4	1	1	6
Kolkata	4	1	1	6
Patna	4	1	1	6
Chennai	4	1	1	6
Bhopal	4	1	1	6
Ahmadabad	4	1	1	6
<b>Total</b>	<b>32</b>	<b>8</b>	<b>8</b>	<b>48</b>

## Sampling Design

The sampling design followed for the quantitative component of the study is discussed below:

### *Step I: Selection of wards*

In each city, wards with SEC C\* and below categories households/areas were selected for the study. To carry out this exercise, basic information about different wards and the socio-economic strata were collected at the city level. This was done with the help of municipal corporation officials of each city and the sample size was distributed equally across all the selected wards.

### *Step II: Selection of respondents*

Targeting the people aged 80 years and above is challenging, especially in urban areas. Hence we adopted the following strategies to target the sample.

- We directly contacted the target groups at household level and collected contact information about the target groups by visiting public places such as parks, temples, churches, etc.

- Senior Citizens Associations was also contacted to collect contact details of the target groups.

Along with these strategies, snow ball sampling procedure was also adopted for targeting the people aged 80 years and above.

\* **SEC 'C'** - The Socio-Economic Classification (SEC) groups urban Indian households on the basis of education and occupation of the chief wage earner (CWE: the person who contributes the most to the household expenses) of the household into five segments (SEC A, SEC B, SEC C, SEC D and SEC E households in that order). This classification is more stable than one based on income alone and being reflective of lifestyle is more relevant to the examination of consumption behaviour. Here, 'high' socioeconomic classes refers to SEC A&B, 'mid' socioeconomic class refers to SEC C and 'low' socioeconomic classes refers to SEC D&E.

### **Research Instruments**

The research instruments were designed by Sigma and shared with the client for feedback. Three different types of research instruments were used for data collection. The research instruments were translated into five different languages i.e. Hindi, Telugu, Bengali, Tamil and Gujarati.

- Structured questionnaire for the Oldest Old
- IDI guide for the Oldest Old
- IDI guide for Health Care Provider

## **1.4 Field Operations and Data Processing**

### **Training and Fieldwork**

The field staff training was conducted at each selected city during August 27-28, 2010. Training was imparted by senior Researchers and Field Staff of Sigma. The field team members were briefed about the study, its objectives and the purpose followed by discussion on the research instruments, survey procedures and the ethical issues to be followed during data collection.

In total, 8 teams (1 team per city) were used for the fieldwork for the quantitative study. Each quantitative study team comprised 1 supervisor and 5 interviewers. The IDIs for the qualitative study were carried out by the supervisors.

### **Quality Assurance**

The field operations were carried out as per international norms and procedures, which include quality assurance measures like spot check of at least 30 percent interviews by supervisors. Senior field personnel like Field officers, Field executive and Field Managers also accompanied the interviewers to ensure validity and authenticity of the data. While accompanying the interviewers, adequate care was taken to avoid hesitation of the respondent and ensure complete confidentiality.

Senior professionals from Sigma visited the field at regular intervals to monitor quality of the data collected and to gain first hand experience of the ground realities and resolve the issues related to sampling and other field issues.

### **Data Processing and Analysis**

All the filled in questionnaires were edited in the field on the same day of the field work. The completed questionnaires were dispatched at regular intervals from the field to Sigma's head office at Delhi, where the office editing was done.

The data entry was done at Delhi using CS-Pro package and data cleaning was carried out simultaneously. Towards the end of the data entry work i.e. entry of all completed questionnaires, frequency for all variables was checked and the data was cleaned.

Analysis of the quantitative data was carried out by the in house analysts with the help of SPSS 13.0 on Pentium 4 machines. The qualitative data was transcribed and analysed by the in house team of content analysts.

## **1.5 Structure of Report**

This report with the findings at the national level has three chapters including the present one and an Executive Summary. Chapter 2 provides the socio demographic and economic profile of the oldest of old population, including their health needs and dependency, and experience of abuse at family level. It also focuses on the support systems available for the oldest of old at the community level and their perceptions on the welfare schemes and their benefits. Chapter 3 deals with current health status, treatment seeking behaviour of the Oldest Old and their health related expenses.

## CHAPTER 2

### PROFILE AND NEEDS OF OLDEST OF OLD

This chapter gives the socio-demographic and economic profile of the Oldest Old. It also gives an understanding of their dependency for various requirements like daily routine and health care, and their needs. It also presents findings pertaining to the welfare schemes and support system available at the community level for the Oldest Old.

#### 2.1 Socio Demographic Profile

##### Age Distribution

Table 2.1a gives the age distribution of the Oldest Old. The mean age of the Oldest Old is 83 years. More than one third of the Oldest Old are of 80 - 84 years and one fifth are of 85 - 90 years, while only about 4% are of above 90 years of age.

**Table 2.1a Age Distribution of Oldest Old**

Age Group (in years)	Percent
	ALL
80-84 years	75.4
85-90 years	20.8
Above 90 years	3.8
Mean	83
SD	4
<b>Total N</b>	<b>833</b>

The mean age of the Oldest Old varies between 83 and 84 years across the cities (Table 2.1b). More than four fifth of the Oldest Old are of 80-84 years in Mumbai and Bhopal, while Patna has the lowest proportion of Oldest Old in this age group. On the other hand, Oldest Old of 85+ years are highly concentrated in Patna (34%) followed by Chennai (28%) and Delhi NCR (27%).

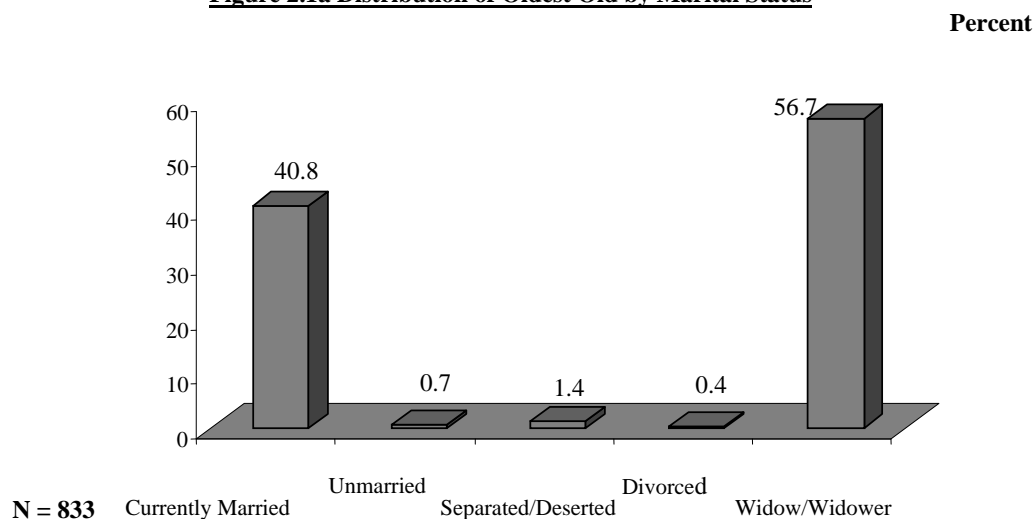
**Table 2.1b Age Distribution of Oldest Old by City**

Age Group (in years)	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
80-84	73.3	84.2	72.3	72	66	75.5	82.4	77.2
85-90	18.3	12.9	27.7	23	27	22.5	13	22.8
Above 90	8.3	3	0	5	7	2	4.6	0
Mean	83.8	82.6	82.9	83.7	83.8	82.6	82.3	82.4
SD	5	3.1	2.8	5.1	5	3.4	4.1	2.3
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

## Marital status

The marital status of the Oldest Old is provided in figure 2.1a. More than half (57%) of the Oldest Old are widow/widower while two fifth (41%) are currently married.

**Figure 2.1a Distribution of Oldest Old by Marital Status**



The marital status of the Oldest Old by city is provided in Table 2.1c. At city level, more than 60% of the Oldest Old in Ahmadabad, Bhopal, Patna and Chennai are widows/widowers, while 46% in Hyderabad are widows/ widowers. Proportion of currently married Oldest Old is highest in Hyderabad (55%) and lowest in Ahmadabad (30%). Percentage of separated/deserted Oldest Old is slightly higher in Delhi NCR (7%) compared to other cities.

**Table 2.1c Distribution of Oldest Old by Marital Status and City**

Marital Status	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Currently Married	46.7	39.6	54.5	32	37	47.1	38.9	29.7
Unmarried	-	-	-	2	-	2.9	-	1
Separated/Deserted	6.7	-	-	-	2	1	-	1
Divorced	0.8	1	-	-	-	-	0.9	-
Widow/Widower	45.8	59.4	45.5	66	61	49	60.2	68.3
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

## Educational Attainment

Figure 2.1b gives the educational attainment of the Oldest Old. More than two third (70%) of the Oldest Old are illiterate and 30% are literate with about 19% and 7% being Primary and Middle passed respectively. Only about 5% of the Oldest Old had Secondary and above education.

**Figure 2.1b Distribution of Oldest Old by Educational Attainment**

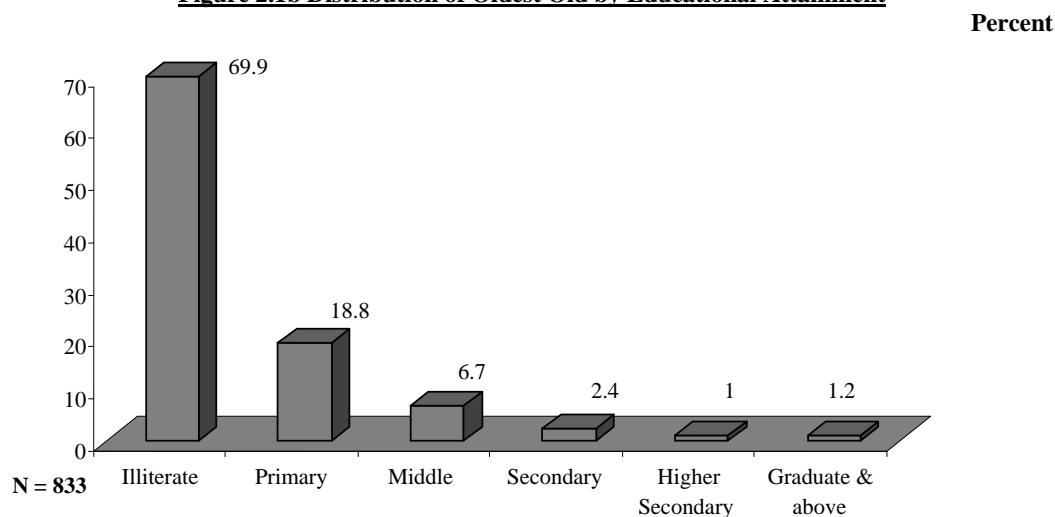


Table 2.1d gives the educational attainment of the Oldest Old across the 8 cities. More than half of the Oldest Old in each city are illiterate. More than four fifth of the Oldest Old are illiterate in Delhi NCR while half (52%) in Mumbai are illiterate. More than one fifth (21%) of the Oldest Old in Hyderabad had middle level of education while only 3% in Ahmadabad reported so. About 5 to 10 percent of the Oldest Old across the cities had secondary and above education.

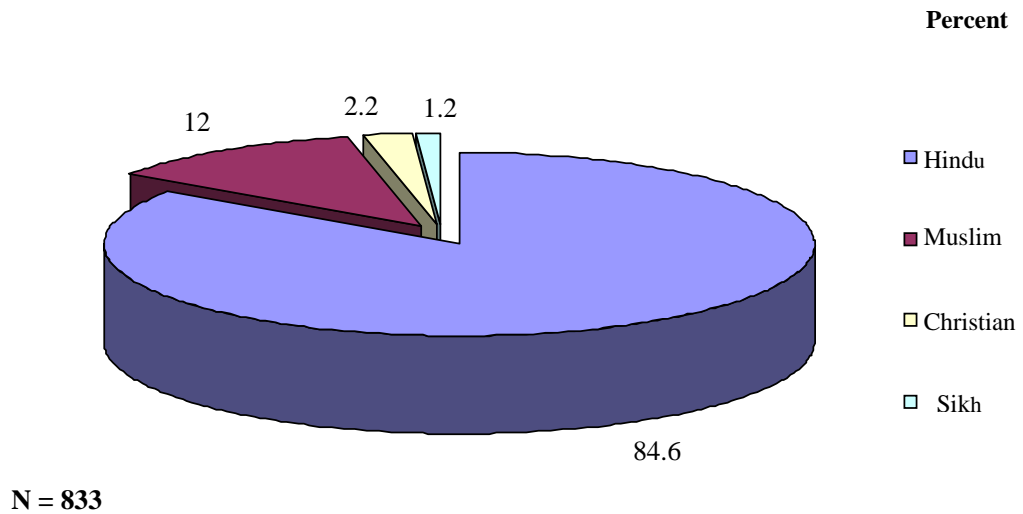
**Table 2.1d Distribution of Oldest Old by Educational Attainment and City**

Education	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Illiterate	81.7	51.5	53.5	73	75	67.6	78.7	75.2
Primary	10	35.6	13.9	19	20	23.5	14.8	15.8
Middle	5	5.9	20.8	6	5	5.9	2.8	3
Secondary	2.5	6.9	5.9	-	-	2.9	-	1
Higher Secondary	0.8	-	3	1	-	-	1.9	1
Graduate & above	-	-	3	1	-	-	1.9	4
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

### Religion and Caste

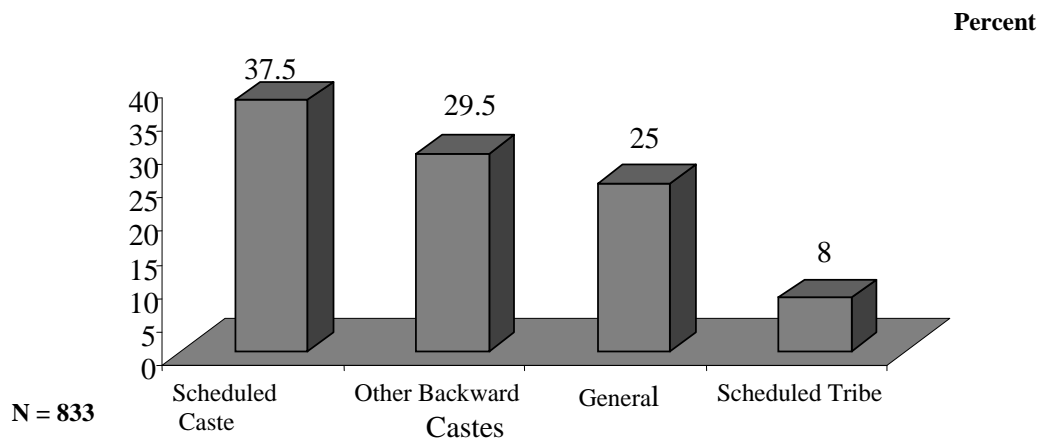
The Oldest Old are mostly Hindu (85%), while more than one tenth (12%) are Muslims (figure 2.1c).

**Figure 2.1c Distribution of Oldest Old by Religion**



Distributions by caste suggest that, close to two fifth (38%) of the Oldest Old belong to schedule caste, while 30% belong to other backward caste and one fourth from general category (figure 2.1d).

**Figure 2.1d Distribution of Oldest Old by Religion**



The Oldest Old are mostly Hindus (more than two third in each city). The proportion of Hindus is highest in Ahmedabad (99%) and lowest in Bhopal (68%) (Table 2.1e).

More than half of the Oldest Old in Patna and Bhopal belong to Schedule Caste while about one fifth each in Mumbai (18%) and Kolkata (20%) belong to Schedule Caste. Almost half of the (48%) Oldest Old in Hyderabad belong to other backward castes while less than one tenth (8%) in Bhopal belong to this category. Two third (67%) of the Oldest Old in Kolkata belong to the general category.

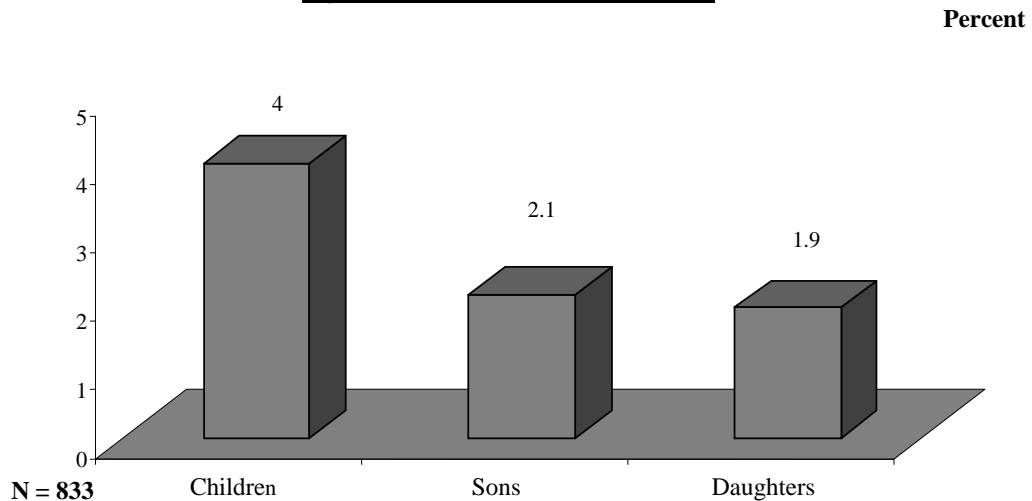
**Table 2.1e Distribution of Oldest Old by Religion, Caste and City**

Characteristics	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
<b>Religion</b>								
Hindu	87.5	79.2	88.1	90	91	75.5	67.6	99
Muslim	6.7	19.8	5.9	2	7	22.5	31.5	-
Christian	-	1	5.9	8	1	-	0.9	1
Sikh	5.8	-	-	-	1	2	-	-
<b>Caste</b>								
Scheduled Caste	33.3	17.8	46.5	32	54	19.6	52.8	43.6
Scheduled Tribe	3.3	5	5	1	11	1	19.4	18.8
Other Backward Castes	30.8	41.6	47.5	32	34	12.7	8.3	30.7
General	32.5	35.6	1	35	1	66.7	19.4	6.9
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Number of children

Figure 2.1e gives the mean number of children of the Oldest Old. The mean number of children is 4, with 2 sons and 2 daughters.

**Figure 2.1e Mean Number of Children**



In almost all the cities, the mean number of children is 4 [with 2 sons and 2 daughters] with Chennai being an exception with 3 children (Table 2.1f).

**Table 2.1f Mean Number of Children by City**

Mean No of	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Children	4.7	3.8	3.6	3.0	4.4	3.9	4.4	3.5
Sons	2.5	2.0	1.8	1.6	2.4	1.8	2.6	1.9
Daughters	2.2	1.7	1.9	1.4	2.0	2.0	1.9	1.7
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>



### Current Living Status and Reasons for Living Alone

The Oldest Old were asked about their current living status. Table 2.1g shows that more than two third (71%) of the Oldest Old stay with son and one tenth stay with their daughter. Also one tenth of the Oldest Old (10%) are living alone while 6% are living with their spouse.

**Table 2.1g Distribution of Oldest Old by Persons Living with**

<b>Living with</b>	<b>Percent</b>
<b>ALL</b>	
Son	70.5
Daughter	9.8
Spouse	5.6
Grand Son	1.3
Grand Daughter	0.7
Domestic help/ caretaker	0.7
Alone	10
Others	1.3
<b>Total N</b>	<b>833</b>

The Oldest Old who reported to live alone were further asked about the reasons for living alone. Nearly two fifth of the Oldest Old reported 'children working/living in other place' as a reason for living alone. One third of the Oldest Old reported 'no support from children' as one of the reasons for living alone (table 2.1c).

**Table 2.1h Distribution of Oldest Old by Reasons for Living Alone**

<b>Reasons for Living alone</b>	<b>Percent</b>
No support from children	29.9
Children working/living in another place	41.5
Have no children	22
Health problem	1.2
<b>Total N</b>	<b>164</b>

Delhi NCR and Patna, four fifth (83% - 87%) of the Oldest Old are living with sons while in Mumbai, Hyderabad, Ahmedabad and Bhopal, about three fourth of the Oldest Old reported so. The proportion of Oldest Old living with son in Chennai is lowest (38%). The percentage of the Oldest Old living with spouse is slightly higher in Mumbai compared to other cities. On the other hand, Oldest Old living alone is highest in Kolkata (19%) followed by Chennai and Ahmedabad (Table 2.1i).

The Oldest Old who reported to live alone were further asked about the reasons for living alone. More than four fifth (82%) of the Oldest Old reported 'children working/living in other place' as a reason for living alone in Hyderabad which is followed by Mumbai (60%). This is reported less in Kolkata (15%) and Bhopal (18%). More than half of the Oldest Old reported 'no support from children' as a reason for staying alone in the Delhi NCR (50%) and Kolkata (54%).

**Table 2.1i Distribution of Oldest Old by Persons Living with and Reasons for Living Alone**

Living with	Percent							
	DEL NCR	MU M	HYD	CHE	PTN	KOL	BPL	AHD
Son	86.7	76.2	72.3	38	83	57.8	74.1	72.3
Daughter	6.7	8.9	11.9	16	6	16.7	10.2	3
Spouse	0.8	7.9	5.9	17	3	3.9	0.9	6.9
Grand Son	3.3	2	-	3	-	1	-	1
Grand Daughter	-	-	1	3	-	-	1.9	-
Domestic help/ caretaker	-	-	-	6	-	-	-	-
Alone	1.7	5	7.9	16	6	18.6	10.2	15.8
Others	0.8	-	1	1	2	2	2.8	1
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>
<b>Reasons for Living Alone</b>								
No support from children	50	20	6.3	26.1	36.4	53.8	41.2	16
Children working/living in another place	-	60	81.3	45.7	36.4	15.4	17.6	56
Have no children	37.5	13.3	12.5	23.9	18.2	26.9	29.4	16
Health problem	-	-	-	2.2	-	-	5.9	-
<b>Total N</b>	<b>8</b>	<b>15</b>	<b>16</b>	<b>46</b>	<b>11</b>	<b>26</b>	<b>17</b>	<b>25</b>

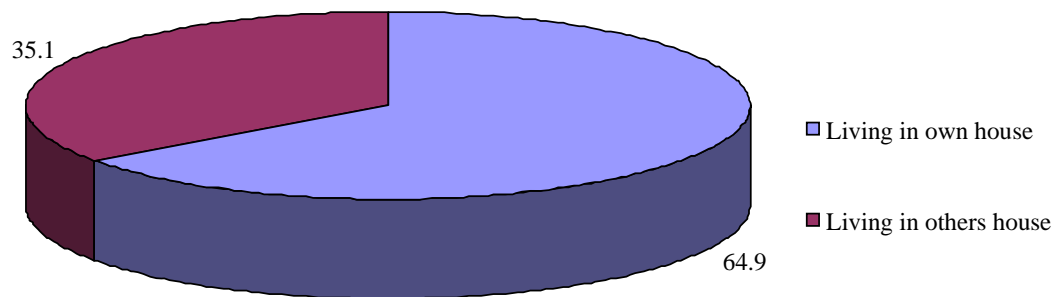
## 2.2 Economic Profile

This section deals with the information related to the economic condition of the household and the Oldest Old.

### Ownership of House Living in

Figure 2.2a presents the findings pertaining to ownership status of the house the Oldest Old are currently living in. Close to two third (65%) of the Oldest Old are living in their own house.

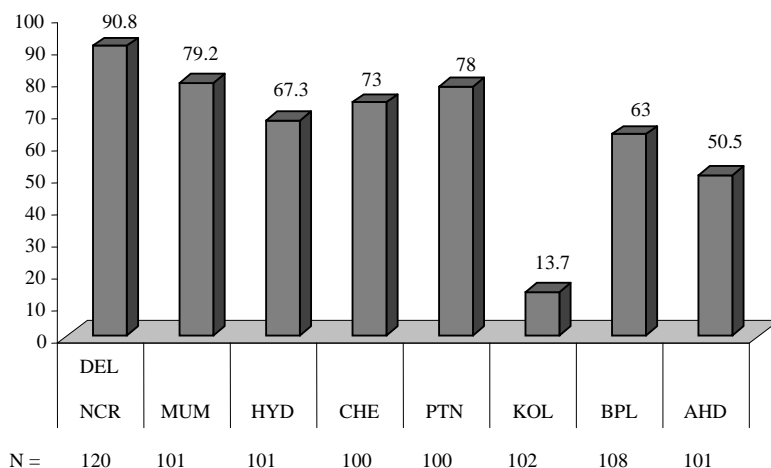
**Figure 2.2a Percentage of Oldest Old Living in Own House**



N = 833

The percentage of Oldest Old living in their own house is highest in Delhi NCR (91%) followed by Mumbai (79%) and Patna (78%). As compared to this, the percentage of Oldest Old living in their own house is 14% in Kolkata and 51% in Ahmedabad (Figure 2.2b).

**Figure 2.2b Percentage of Oldest Old Living in Own House**



### Type of House

About half of the Oldest Old live in semi-*pucca* house, while about one third and one fourth live in *pucca* and *kuchcha* house respectively (table 2.2a).

### Monthly Household Income

The average monthly household income of the Oldest Old is Rs. 4381. One third (35%) each of the Oldest Old have a monthly household income of less than Rs 2500 and between 2500-5000, while one fifth have an income of more than Rs. 5000.

**Table 2.2a Percentage of Oldest Old by Housing Characteristics and Monthly Household Income**

	Percent
	<b>ALL</b>
<b>Type of House</b>	
Kuchcha house	18.6
Semi pucca	49
Pucca	32.4
<b>Monthly Income (in Rs)</b>	
Less than 2500	36.1
2501- 5000	32.3
More than 5000	19.1
Can't say/ Don't know	11
Mean	4381
<b>Total N</b>	<b>833</b>

Table 2.2b gives distribution of Oldest Old according to their housing characteristics. Percentage of Oldest Old living in *pucca*, *semi-pucca* and *kuchcha* house is higher in Delhi NCR (65%), Hyderabad (75%) and Ahmedabad (54%)

The average monthly household income is highest in Mumbai (Rs 10,254) followed by Delhi NCR (Rs. 8071) and lowest in Chennai (Rs. 864). All the Oldest Old in Chennai and two fifth each in Hyderabad, Kolkata and Ahmedabad reported the monthly household income to be less than Rs. 2500. In Mumbai and Delhi NCR, about half of the Oldest Old have household monthly income is Rs. 5000 and above.

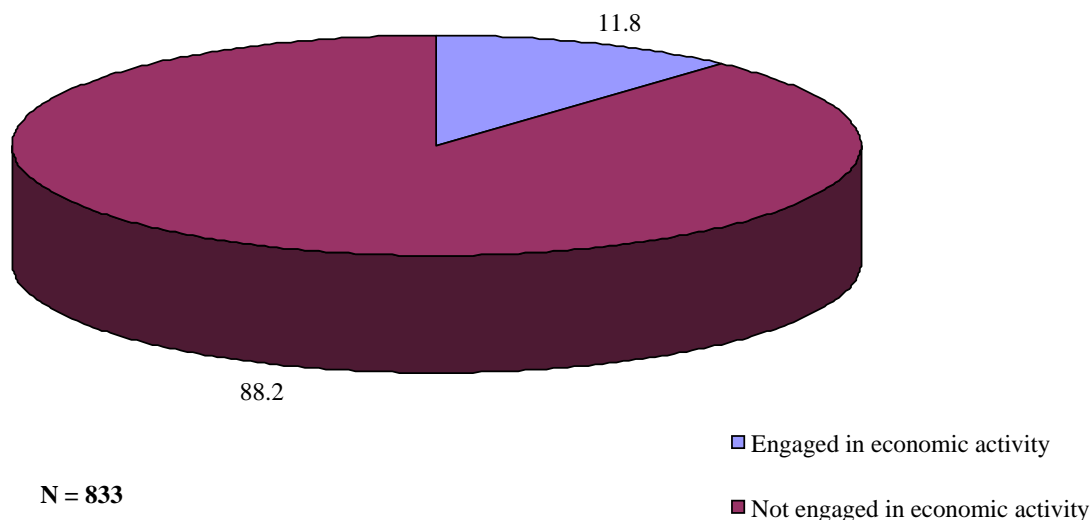
**Table 2.2b Distribution of Oldest Old by Housing Characteristics and Monthly Household Income**

	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD	Percent
<b>Type of House</b>									
Kuchcha house	4.2	17.8	3	19	24	24.5	6.5	53.5	
Semi pucca	30.8	62.4	75.2	28	42	54.9	70.4	29.7	
Pucca	65	19.8	21.8	53	34	20.6	23.1	16.8	
<b>Monthly Income (in Rs)</b>									
Less than 2500	15	3	40.6	100	29	40.2	24.1	42.6	
2501- 5000	35.8	7.9	30.7	-	60	32.4	57.4	31.7	
More than 5000	49.2	44.6	12.9	-	11	2.9	14.8	11.9	
Can't say	-	44.6	4	-	-	24.5	3.7	13.9	
Mean	8071	10254	3080	864	3459	2513	4544	3341	
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>	

Current Involvement in Economic Activity

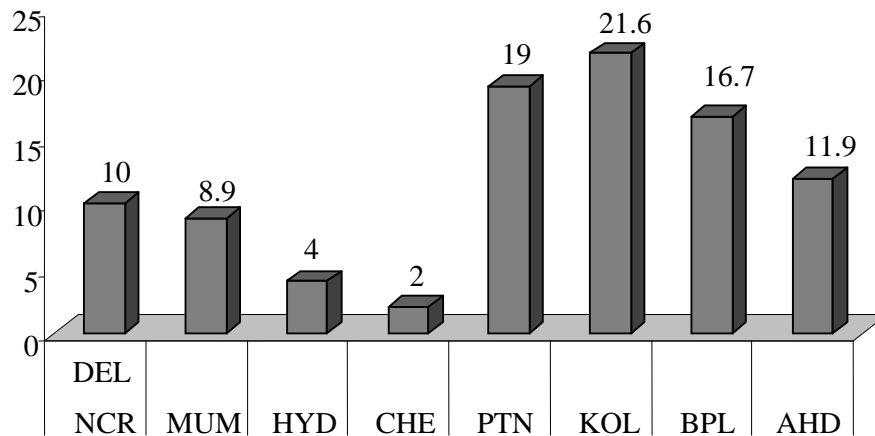
Figure 2.2c gives the analysis of the data on the current economic activity of the Oldest Old. One tenth of the Oldest Old (12%) are currently engaged in an economic activity.

**Figure 2.2c Current Occupational Status of Oldest Old**



About one fifth each of the Oldest Old in Patna and Kolkata are engaged in an economic activity, while less than one tenth each in Mumbai, Hyderabad and Chennai reported the same (Figure 2.2d).

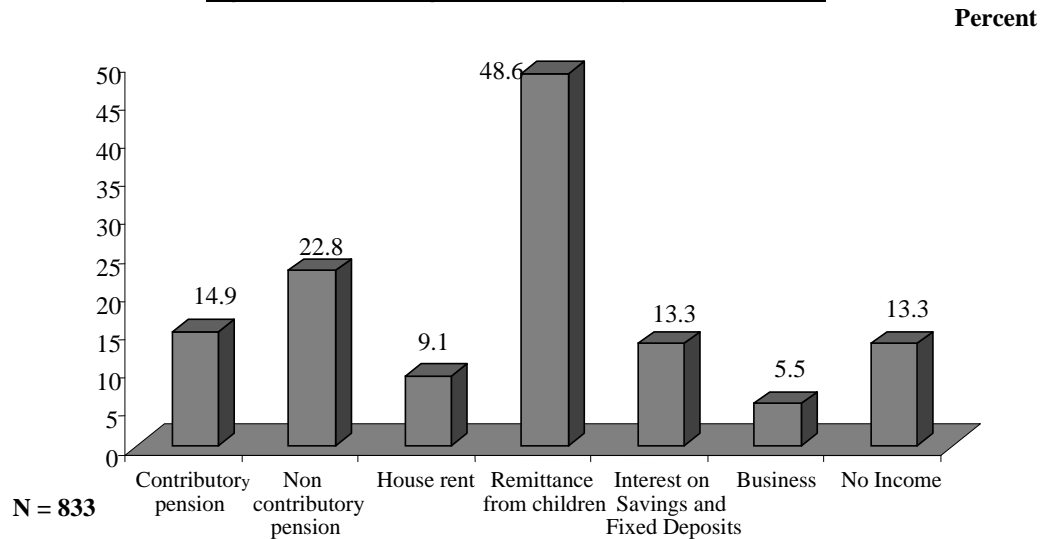
**Figure 2.2d Percentage of Oldest Old Currently Economically Active**



**Source of Income**

The Oldest Old were asked about their source of income. Remittances from children are the main source of income, with 49 % across the cities reporting the same. One fifth (23%) reported income from non contributory pension, while 15% reported contributory pension. One tenth (13%) of the Oldest Old have no income sources (Figure 2.2e).

**Figure 2.2e Percentage of Oldest Old by Source of Income**



Remittance from children is the main source of income as 71% in Kolkata and two third each in Ahmedabad and Chennai reported the same. Most (91%) of the Oldest Old in Chennai and about half (47%) in Delhi NCR reported non-contributory pension as the main source of income. Percentage of Oldest Old who have no income source is highest in Mumbai (28%) followed by Delhi NCR (23%) (Table 2.2c).

**Table 2.2c Distribution of Oldest Old by Source of Income**

Source	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Contributory pension	15	10.9	64.4	2	16	2	6.5	3
Non contributory pension	46.7	-	2	91	6	4.9	25.9	2
House rent	2.5	10.9	35.6	4	15	2	0.9	4
Remittance from children	27.5	51.5	4	66	68	70.6	39.8	66.3
Interest on Savings and Fixed Deposits	2.5	16.8	46.5	17	17	5.9	1.9	2
Business	3.3	7.9	1	1	18	7.8	5.6	0
No Income source	22.5	27.7	14.9	-	-	6.9	16.7	15.8
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Ownership of Property

The Oldest Old were asked about any property owned by them. Fig 2.2f show that 30% of the Oldest Old have own property.

**Figure 2.2f Percentage of Elderly who Own Property**

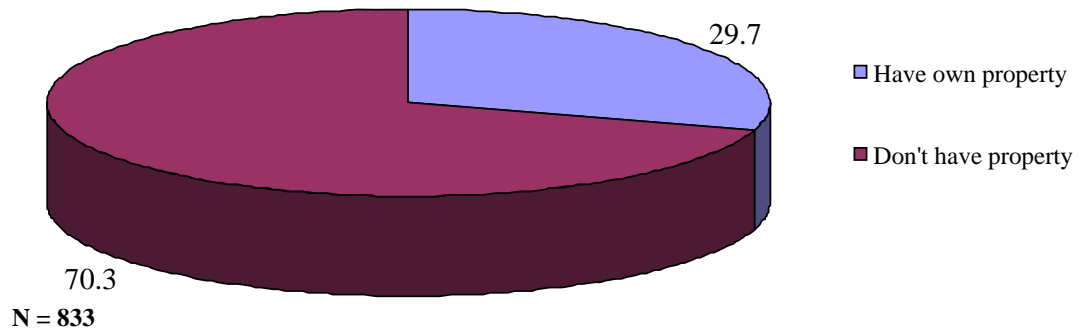
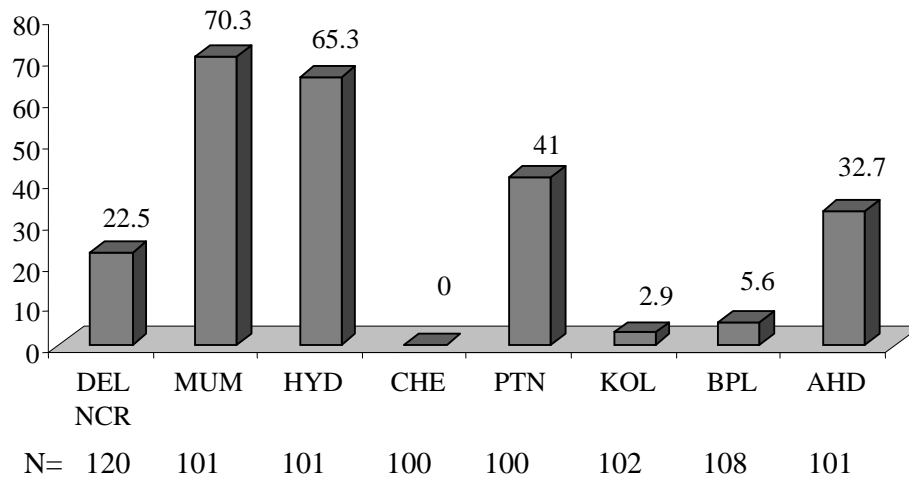


Fig 2.2g shows that, the percentage of Oldest Old owning any property is highest in Mumbai (70%) followed by Hyderabad (65%). The percentage of Oldest Old reporting ownership of property is very low in Chennai (0%), Kolkata (3%) and Bhopal (6%).

**Figure 2.2g Percentage of Oldest Old who Own Property**



### 2.3 Dependency for Various Requirements

An attempt has been made to capture the level of dependency of the Oldest Old in urban for three important aspects of life. These are financial dependency, health problem dependency and daily routine dependency. The findings related to these are presented below:

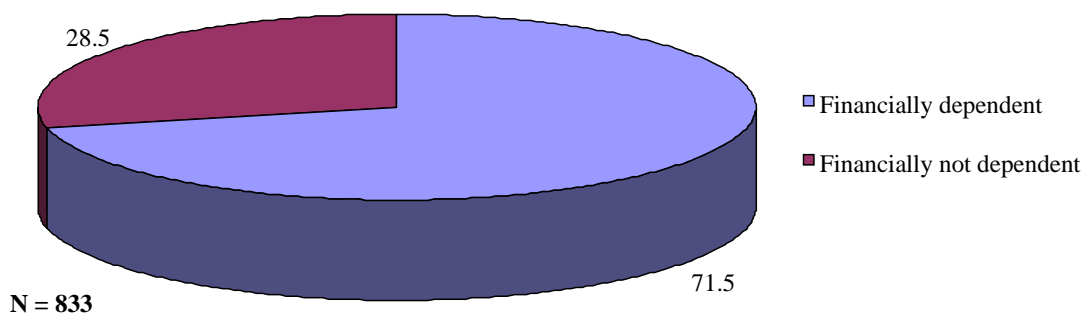
#### Dependency for financial requirements



The Oldest Old were asked whether they are financially dependent on anyone and Figure 2.3a gives the results. More than two third (72%) of the Oldest Old are financially dependent on others.

□

**Figure 2.3a Percentage of Oldest Old Financially Dependent on Others**

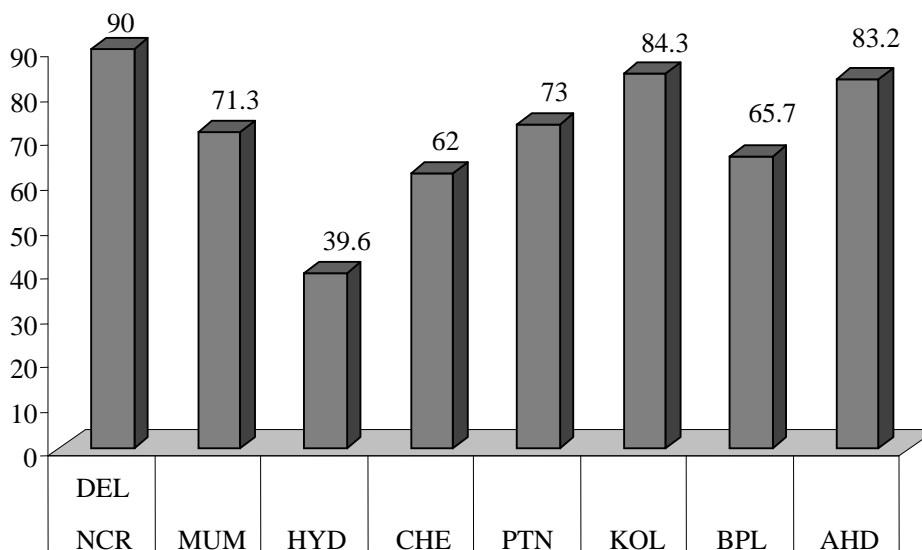


Financial dependency is highest in Delhi NCR (90%) followed by Kolkata (84%) and Ahmedabad (83%) and lowest in Hyderabad (Figure 2.3b).

An 82 year old woman from Chennai who is not totally dependant on others to meet the financial requirements mentioned,

*“Financially I am not dependant on anyone..... I am getting old age pension. Out of this only I meet all my basic needs but sometimes my son takes care of me. I don’t have any desire but in case I need anything then my son also helps me”*

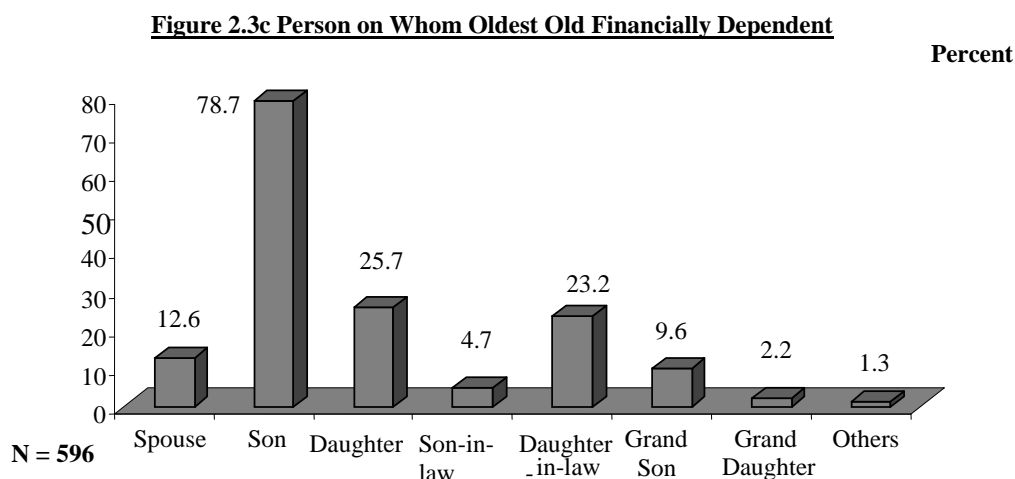
**Figure 2.3b Percentage of Oldest Old Financially Dependent on Others**





### Person whom Oldest Old is Financially Dependent on

Figure 2.3c gives the findings on the person whom the Oldest Old are financially dependent on. Almost four fifth (79%) of the Oldest Old are dependent on son. Around one fifth and one tenth of the Oldest Old are financially dependent on their daughter-in-law and spouse respectively.



*Note: Total adds to more than 100 because of multiple responses*

The Oldest Old who are financially dependant on some one were asked about the person whom they are dependant. Table 2.3a gives the findings Percentage of Oldest Old who are dependent on son, is highest in Patna (92%) followed by Mumbai (85%) and Hyderabad (83%). Two third (60%) of the Oldest Old in Hyderabad and half in Chennai are dependent on their daughter. About half (46%) of the Oldest Old are financially dependent on their daughter-in-law in Mumbai, while one third in Bhopal reported so.

**Table 2.3a Person on Whom Oldest Old Financially Dependent**

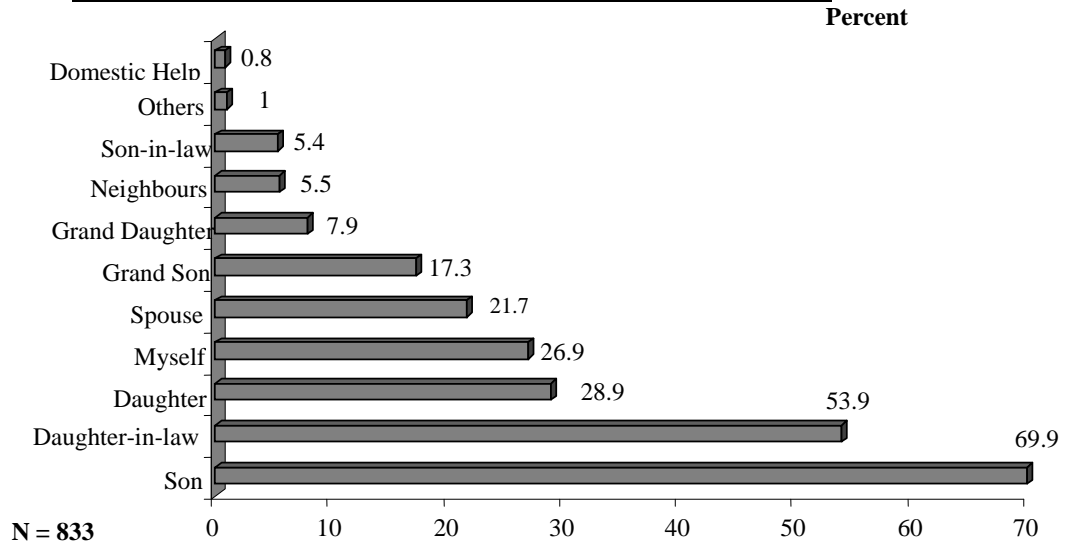
Person Dependent on*	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Spouse	18.5	11.1	12.5	14.5	8.2	8.1	14.1	11.9
Son	80.6	84.7	82.5	64.5	91.8	64	81.7	81
Daughter	15.7	30.6	60	50	17.8	38.4	8.5	8.3
Son-in-law	5.6	5.6	7.5	1.6	2.7	5.8	4.2	4.8
Daughter-in-law	46.3	20.8	20	8.1	19.2	7	35.2	17.9
Grand Son	20.4	9.7	7.5	3.2	13.7	8.1	1.4	6
Grand Daughter	1.9	2.8	7.5	1.6	1.4	1.2	2.8	1.2
Others	-	-	5	-	1.4	5.8	-	-
<b>Total N</b>	<b>108</b>	<b>72</b>	<b>40</b>	<b>62</b>	<b>73</b>	<b>86</b>	<b>71</b>	<b>84</b>

### Dependency at Time of Ill Health

The Oldest Old were asked about their health related problems and the person who takes care of them during health problems. More than two third (70%) of the Oldest Old reported that son takes care of them at the time of health related problems (Figure 2.3d).

Though the overall findings suggest that family members are taking care of the Oldest Old in case of health related problems, sometimes the children do not care for them. More than one fourth of the Oldest Old reported that sometimes they also manage the problem either on their own or with the help of the spouse.

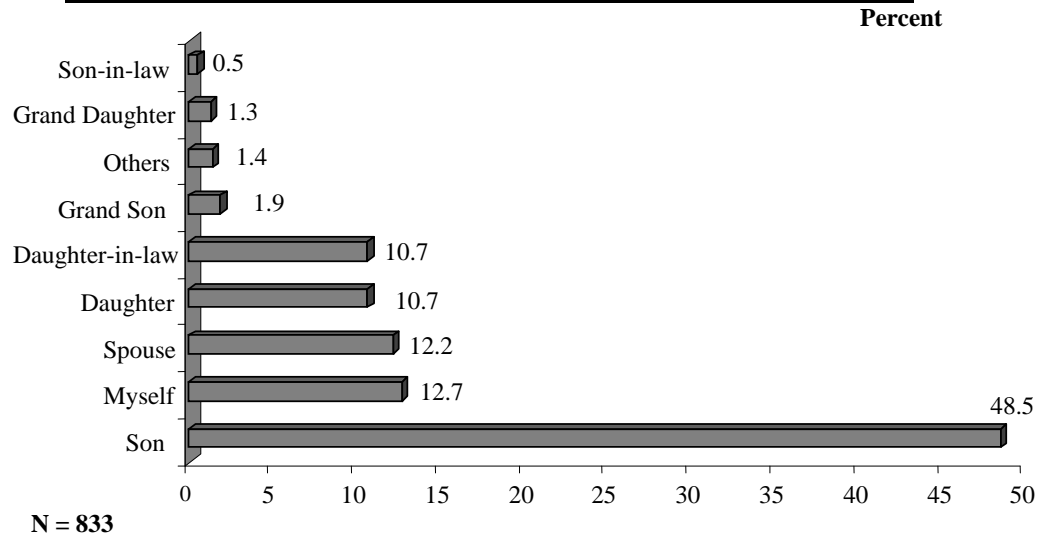
**Figure 2.3d Person Taking Care of Oldest Old at the Time of Ill Health**



*Note: Total adds to more than 100 because of multiple response*

Besides collecting information on the person taking care during ill health, the Oldest Old were further asked to rank them in terms of prime care taker. The ranking also indicates that sons are primarily taking care of their old parents.

**Figure 2.3e Ranking of Person Taking Care of Oldest Old at Time of Ill Health**



*Note: The table presents the findings only 1<sup>st</sup> rank*

About four fifth each of the Oldest Old in Hyderabad, and Delhi NCR reported that son takes care of them at the time of health problems. Half of the Oldest Old reported the same in Chennai and Kolkata. Daughter-in-law is the next care taker during health problem (Table 2.3b).

The overall findings suggest that though family members are taking care of the Oldest Old in case of health related problems, sometimes the children do not care for them as more than one fourth of the Oldest Old reported that sometimes they manage the problem either on their own or with the help of the spouse.

**Table 2.3b Person Taking Care of Oldest Old at the Time of Ill Health**

Person	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Spouse	20	21.8	41.6	15	12	13.7	26.9	22.8
Son	80.8	76.2	84.2	49	78	50	67.6	71.3
Daughter	18.3	19.8	63.4	35	29	31.4	22.2	14.9
Son-in-law	8.3	5	5.9	2	4	3.9	6.5	6.9
Daughter-in-law	65	63.4	79.2	11	60	29.4	66.7	53.5
Grand Son	36.7	47.5	9.9	3	14	9.8	7.4	6.9
Grand Daughter	8.3	15.8	14.9	6	5	5.9	6.5	1
Myself	18.3	10.9	4	81	29	10.8	48.1	13.9
Neighbours	1.7	11.9	-	14	6	5.9	0.9	5
Domestic Help	-	1	3	3	-	-	-	-
Others	-	-	2	1	1	2	1.9	-
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Note: Total adds to more than 100 because of multiple response

The Oldest Old were further asked to rank them in terms of prime care taker. The ranking also indicates that in all the cities, sons are primarily taking care of their old parents. One tenth each of the Oldest Old reported that spouse, himself/herself and daughter-in-law are primarily taking care.

**Table 2.3c Ranking of Person Taking Care of Oldest Old at the Time of Ill Health**

Person taking care	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Spouse	10	11.9	24.8	9	8	12.7	9.3	12.9
Son	59.2	45.5	48.5	32	59	34.3	53.7	53.5
Daughter	6.7	9.9	12.9	14	8	17.6	11.1	5.9
Son-in-law	-	-	-	1	1	-	0.9	1
Daughter-in-law	13.3	20.8	5	4	11	12.7	5.6	12.9
Grand Son	5	4	1	-	1	2.9	-	1
Grand Daughter	2.5	-	3	2	-	2	0.9	-
Myself	3.3	7.9	3	38	11	10.8	17.6	11.9
Others	-	-	2	-	1	6.9	0.9	1
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

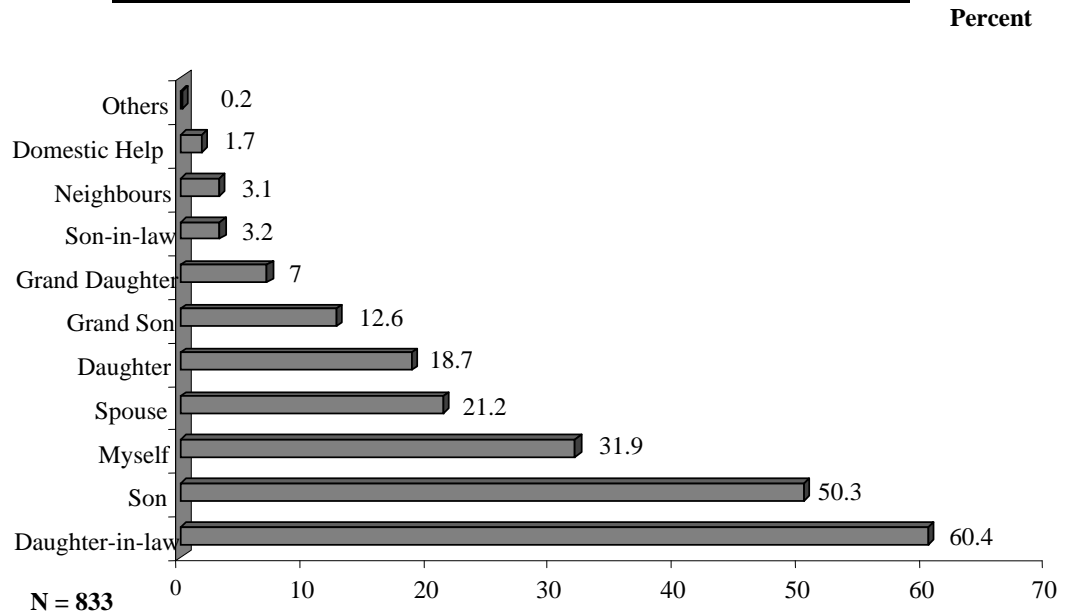
### Dependency for Carrying out Daily Routine Activity



The Oldest Old were asked about the person who takes care of them in carrying out daily routine activities e.g. washing clothes, timely meals, bringing medicines and materials from market and other routine chores. About three fifth the Oldest Old reported their dependency

on daughter-in-law, while nearly half reported son as the caretaker (Figure 2.3f).

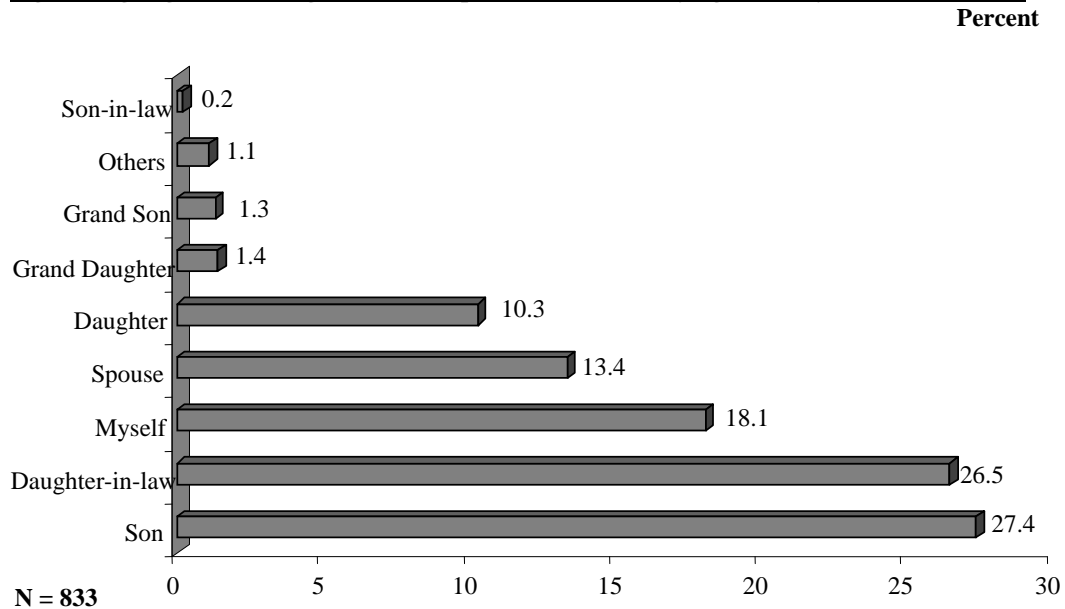
**Figure 2.3f Person Dependent on for Carrying out Daily Routine Activities**



*Note: Total adds to more than 100 because of multiple response*

Figure 2.3g presents the ranking of persons upon whom the Oldest Old reported to be dependant for carrying out daily routine activities. The ranking also suggests that though mostly son or daughter-in-law helps the Oldest Old in performing daily routine activities majority of them do not get any support from any one except spouse and daughter for the same.

**Figure 2.3g Highest Ranking of Person Dependent on for Carrying out Daily Routine Activities**



*Note: The table presents the findings only 1<sup>st</sup> rank*

Dependency on son is reported more in Delhi NCR (60%). More than three fourth of Oldest Old mentioned daughter-in-law as the caretaker in Delhi NCR (77%) and Hyderabad (76%) followed by Patna (71%). Two fifth (44%) of the Oldest Old reported spouse as the caretaker to carry out the daily routine activities in Hyderabad. (Table 2.3d).

The qualitative study findings also suggest that at older ages, son, daughter-in-law and spouse are always ready to help them. An 83 year old woman from Chennai added,

*“When I was young, I used to do household work..... My husband looked after me well and my son also looks after me well. But now at the age of 83 years, I am not able to work and sometimes I can’t walk. My daughter- in-law always takes care of me”*

**Table 2.3d Person Dependent on for Carrying out Daily Routine Activities**

Person	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Spouse	17.5	20.8	43.6	14	16	15.7	25.9	16.8
Son	60	39.6	77.2	38	55	36.3	51.9	42.6
Daughter	17.5	14.9	19.8	31	23	21.6	13.9	8.9
Son-in-law	5	4	2	-	3	3.9	3.7	4
Daughter-in-law	76.7	68.3	76.2	27	71	34.3	63	63.4
Grand Son	28.3	32.7	8.9	3	13	5.9	3.7	3
Grand Daughter	8.3	17.8	14.9	4	3	5.9	0.9	1
Myself	15.8	15.8	5.9	83	36	24.5	50	26.7
Neighbours	0.8	1	-	11	6	3.9	0.9	2
Domestic Help	0.8	5.9	3	3	-	-	0.9	-
Others	-	-	-	-	1	1	-	-
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Note: Total adds to more than 100 because of multiple response

Table 2.3e presents the ranking of persons on whom the Oldest Old reported to be dependant for carrying out daily routine activities. The ranking also suggests that though mostly son or daughter-in-law helps the Oldest Old in performing daily routine activities across the cities, majority of them do not get any support from any one except spouse and daughter for the same.

**Table 2.3e Highest Ranking of Person Dependent on for Carrying out Daily Routine Activities**

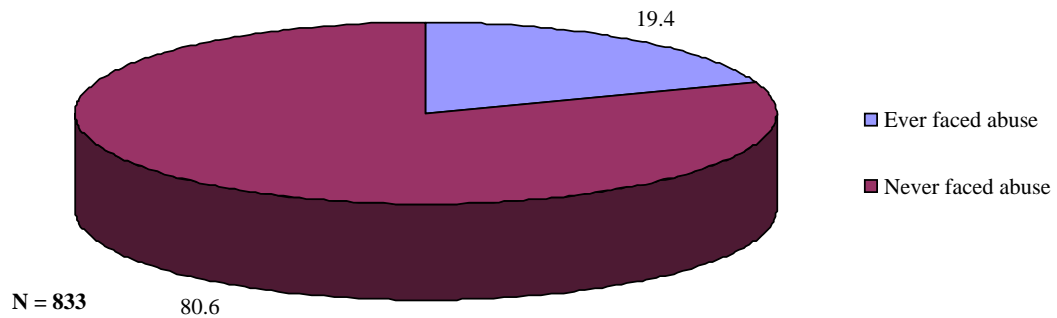
Person	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Spouse	12.5	10.9	29.7	10	6	14.7	12	11.9
Son	40	12.9	31.7	17	32	17.6	39.8	24.8
Daughter	5.8	9.9	6.9	15	15	15.7	10.2	5
Son-in-law	0.8	-	-	-	-	1	-	-
Daughter-in-law	28.3	47.5	23.8	14	28	23.5	11.1	36.6
Grand Son	1.7	2	-	-	4	2.9	-	-
Grand Daughter	0.8	3	3	2	1	2	-	-
Myself	10	8.9	4	42	13	20.6	25.9	21.8
Others	-	5	1	-	1	2	0.9	-
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

## 2.4 Elder Abuse at Family Level

### Abuse experienced by Oldest Old

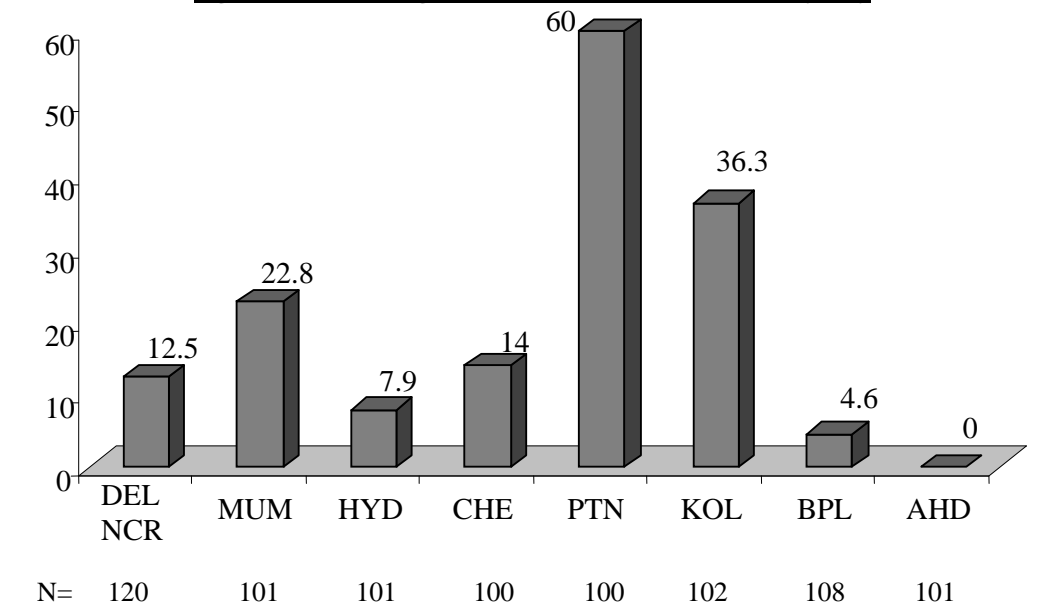
All the Oldest Old were asked whether they have ever faced abuse. As Figure 2.4a indicates, about one fifth of the Oldest Old have experienced any type of abuse.

**Figure 2.4a Percentage of Oldest Old who Faced Abuse**



As Figure 2.4b indicates, the proportion of Oldest Old who reported to have faced abuse is highest in Patna (60%), followed by Kolkata (36%) and Mumbai (23%). None of the Oldest Old in Ahmedabad reported to have faced any kind of abuse.

**Figure 2.4b Percentage of Oldest Old who Faced Abuse by City**



### Kind of Abuse Faced

The Oldest Old who reported to have faced abuse were further asked about the kind of abuse faced. The Oldest Old reportedly faced various types of abuse with 'verbal abuse' being the most common form of abuse followed by neglect, showing disrespect, emotional abuse and economic abuse (figure 2.4c).

The Oldest Old who faced abuse were asked about the person who abused them. Daughter-in-law and Son emerge as the major abusers as 75% and 60% of the Oldest Old respectively reported so. In one tenth each of the cases, daughter and grandson are the abusers (figure 2.4d).

The case study presents us an example of an old woman of age 84 years living in Kolkata, her thoughts and perceptions about her life and family. It reflects that she wants to live a healthy life, it also explores her daughter-in-law do not support her. It further highlights the fact that older person do not get care within the family. Her house is a Kuchcha house and has seepage problem. Very poor condition of the house. She said

*".....I am an illiterate woman my husband got expired 15 years back. I am staying with my grand son and daughter. I have no source of income, totally dependent on grand son. They provide me food and clothes".*

*".....I have severe pain in knees so not able to walk now. My grand son takes care of my medical and health treatment"*

*".....There are lots of diseases which come to elderly uninvited. Like vision problem, mobility problem, back pain, hearing problem, no one listen them, no one takes care. Depend on others....."*

*".....In our area private and government health facilities are available. Whenever required my grand son takes to the government hospital, where senior citizens are not required to stand in the queue. Doctors are good, whatever medicines are not available, I buy from the market. Some times when my grand son is not at home and not feeling well, I go to a private doctor along with my daughter, but usually I go to the district hospital. I am quite satisfied with services of that hospital".*

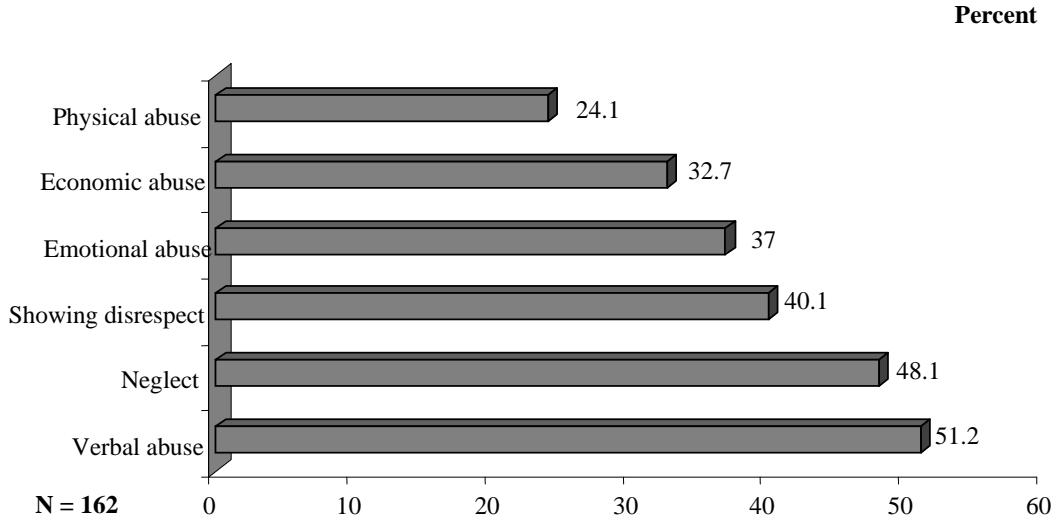
*".....My daughter-in-law tortured and neglected me very much so I left my son's house and started living with my daughter, now my grand son takes care of me. My daughter looks after me and my daily needs also".*

*".....Due to my daughter-in-law's torture my health got affected severely and I suffered from Blood Pressure problems and was mentally disturbed".*

*".....I have never heard of any schemes or RSBY or any organization which is helping any elderly....."*

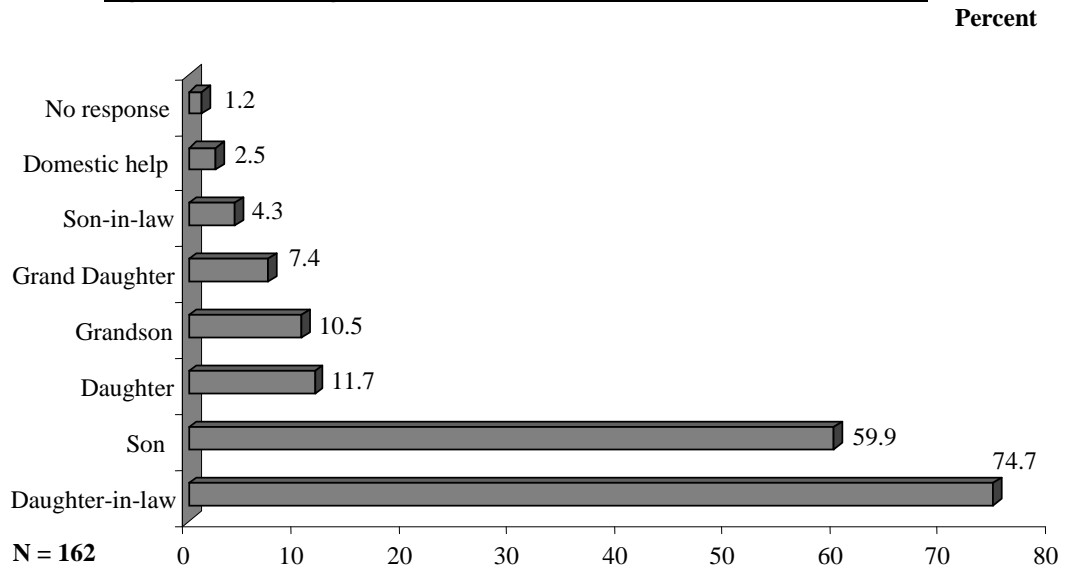
“.....I expect that our government should take some initiatives; any kind of pension allowance should be given to support us financially”.

**Figure 2.4c Oldest Old Facing Abuse at Household Level (Kind of Abuse)**



*Note: Total adds to more than 100 because of multiple responses*

**Figure 2.4d Percentage of Person who Abuses Oldest Old at Household Level**



*Note: Total adds to more than 100 because of multiple responses*

The Oldest Old reportedly faced various types of abuse with ‘verbal abuse’ being the most common form of abuse followed by neglect, showing disrespect, emotional abuse and economic abuse. Abuse in terms of verbal abuse was reported more in Chennai and Hyderabad, while negligence Oldest Old seems to be more in Bhopal, Hyderabad and Mumbai. Emotional abuse was reported more in Bhopal and Delhi NCR, while physical abuse was reported more in Bhopal and Hyderabad (Table 2.4a)



The analysis of qualitative data reveals that some of the Oldest Old do face abuse while some do not face it. An 81 year old man from Hyderabad said

*“.....I have never faced any kind of abuse from my family, my son and my daughter-in-law always support me well, so I do not face this kind of problem”*

Another elderly woman of age 84 years from Bhopal mentioned that,

*“My son and daughter-in-law scold me some times.....  
Because I am not doing anything and every time seeking their help”*

The Oldest Old who faced abuse were asked about the person who abused them. Abuse by daughter-in-law was reported more in Hyderabad, Delhi NCR and Patna, while abuse by son was reported more in Hyderabad, Bhopal and Chennai (Table 2.4b).

From the qualitative findings, in words of an 86 year old woman from Patna

*“.....My daughter-in law scolds me many times, she insults me always in front of others, always irritates me, she snatches my pension every month and does not give me anything..... no one takes care of me”*

And another elderly woman of 82 years of age from Patna reported.

*“I am staying alone with my nephew..... I have my own house and one portion of the house given on rent. We don't have other source of income other than rent, my tenants' behaviour is very bad, every time they keeps on abusing and do not give rent on time, he feels I am old and alone and can not do any thing”*

**Table 2.4a Oldest Old Facing Abuse at Household Level (Kind of Abuse)**

	Percent						
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL
Verbal abuse	33.3	30.4	87.5	92.9	55	45.9	20
Showing disrespect	40	43.5	12.5	35.7	43.3	40.5	40
Neglect	46.7	65.2	75	50	46.7	27	100
Physical abuse	40	34.8	62.5	-	16.7	16.2	80
Emotional abuse	73.3	26.1	50	35.7	21.7	43.2	100
Economic abuse	66.7	26.1	25	-	26.7	43.2	60

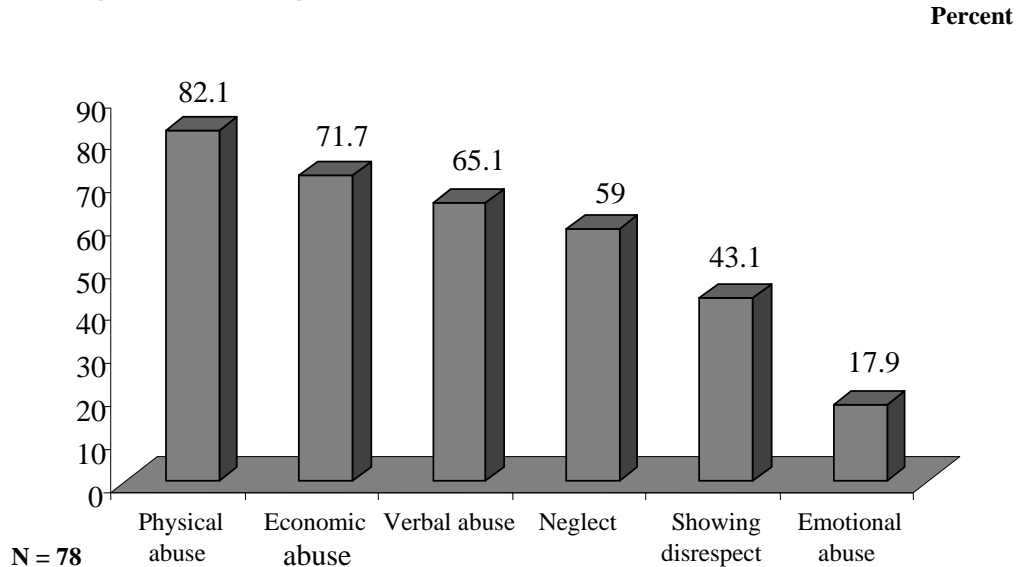
**Table 2.4b Oldest Old Facing Abuse at Household Level (Person who Abuses)**

	Percent						
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL
Son	66.7	39.1	87.5	78.6	56.7	59.5	80
Daughter	-	4.3	-	21.4	15	13.5	20
Son-in-law	6.7	13	-	7.1	3.3	-	-
Daughter-in-law	93.3	69.6	100	7.1	86.7	73	60
Grandson	13.3	34.8	-	-	5	8.1	20
Grand Daughter	13.3	30.4	-	-	3.3	2.7	-
Domestic help	-	4.3	-	7.1	-	5.4	-
No response	-	-	-	7.1	1.7	-	-
<b>Total N</b>	<b>15</b>	<b>23</b>	<b>8</b>	<b>14</b>	<b>60</b>	<b>37</b>	<b>5</b>

Health Problem due to Abuse

The Oldest Old who faced abuse were asked whether they faced any health problem because of abuse. Physical as well as verbal abuse is the major abuse which resulted as a health problem reported by 82% and 65% of Oldest Old respectively (Figure 2.4e).

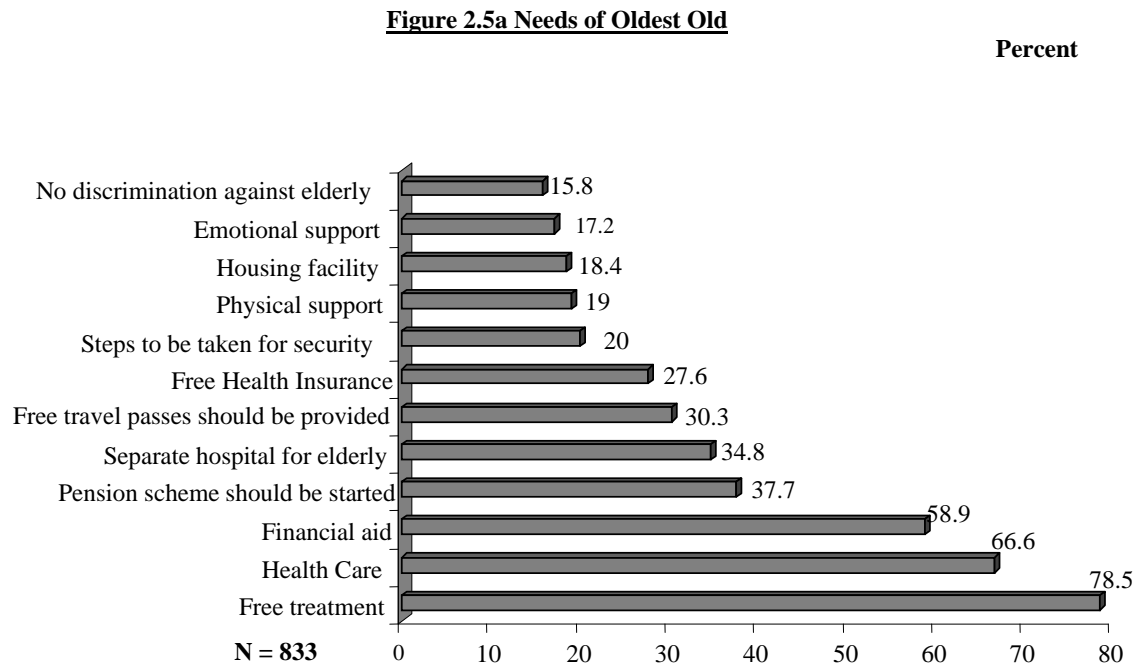
**Figure 2.4e Percentage of Oldest Old who Faced Health Problem due to Abuse**



*Note: Total adds to more than 100 because of multiple response  
Results need to be interpreted with care due to small base*

## 2.5 Needs

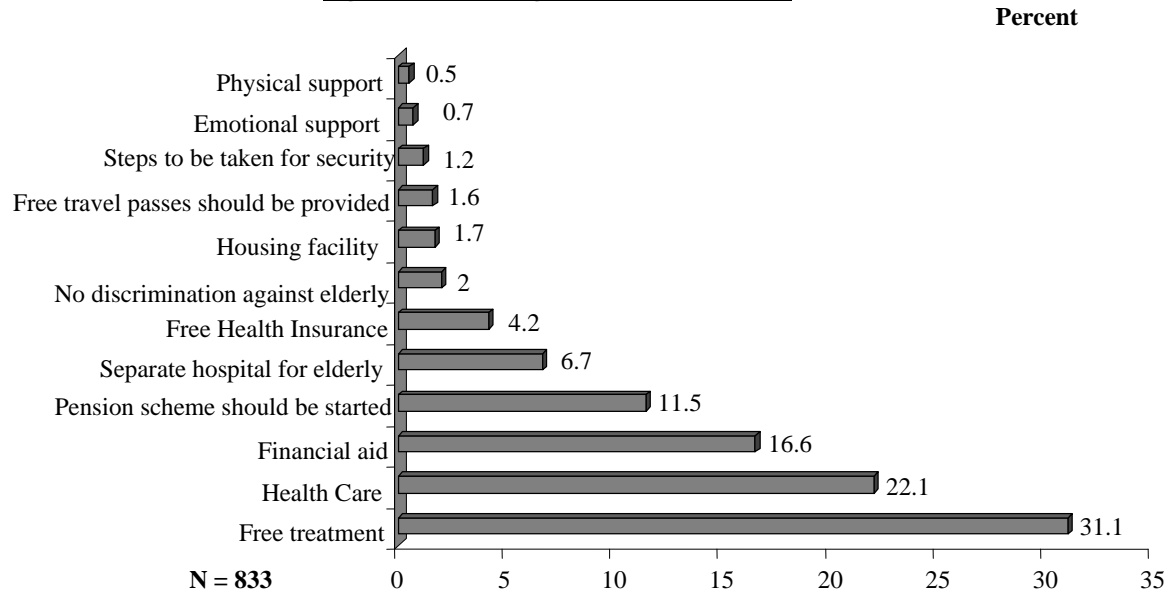
In the present study attempt has also been made to assess the needs and requirements of the Oldest Old. Figure 2.5a shows that more than three fourth of the Oldest Old would like to get 'free treatment'. More than two third of the Oldest Old need 'health care' while about three fifth need 'financial aid'. Nearly two fifth and one third of the Oldest Old need pension scheme and separate hospitals for Oldest Old respectively.



*Note: Total adds to more than 100 because of multiple responses*

The ranks assigned by Oldest Old to their needs indicate that the major need reported by the Oldest Old in the order include free treatment, followed by health care, and financial aid.

**Figure 2.5b Ranking of Needs of Oldest Old**



*Note: The table presents the findings only 1<sup>st</sup> rank  
Total adds to more than 100 because of multiple responses*

Table 2.5a shows that across all the cities, free treatment, health care and financial aid are the major needs of the Oldest Old

**Table 2.5a Needs of Oldest Old by City**

**Percent**

Needs	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Health Care	77.5	72.3	88.1	74	51	26.5	95.4	44.6
Separate hospital for elderly	50.8	47.5	35.6	27	37	40.2	13	25.7
Free treatment	80	80.2	79.2	94	79	77.5	72.2	66.3
Free Health Insurance	19.2	42.6	65.3	34	21	19.6	14.8	6.9
Financial aid	56.7	41.6	40.6	92	20	64.7	90.7	63.4
Pension scheme should be started	44.2	42.6	51.5	18	41	25.5	67.6	7.9
Steps to be taken for security	23.3	19.8	27.7	24	10	8.8	30.6	14.9
Housing facility	15	16.8	30.7	32	18	14.7	6.5	14.9
Free travel passes should be provided	50.8	31.7	75.2	18	12	1	11.1	39.6
No discrimination against elderly	34.2	31.7	0	4	16	9.8	18.5	8.9
Emotional support	37.5	13.9	36.6	19	11	12.7	3.7	0
Physical support	25.8	11.9	60.4	19	11	14.7	1.9	6.9
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

*Note: Total adds to more than 100 because of multiple response*

The ranks assigned by the Oldest Old to their needs indicate that the pattern of needs is almost similar in all the cities. Free treatment if the prime need of the Oldest Old in

Mumbai, Chennai and Patna. Health care was given first rank in Delhi NCR and Hyderabad, while in Kolkata and Ahmedabad, financial aid was ranked first. On the other hand in Bhopal, 'pension scheme', has been assigned the 1<sup>st</sup> rank.

**Table 2.5b Ranking of Needs of Oldest Old**

Need	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Health Care	39.2	12.9	36.6	29	22	2	25	6.9
Separate hospital for elderly	10	8.9	9.9	6	12	1	1.9	4
Free treatment	20.8	32.7	28.7	49	34	38.2	17.6	30.7
Free Health Insurance	2.5	15.8	5.9	2	4	1	-	3
Financial aid	5.8	6.9	3	12	5	47.1	14.8	39.6
Pension scheme should be started	5.8	14.9	9.9	-	13	6.9	39.8	1
Steps to be taken for security	2.5	1	1	-	1	-	-	4
Housing facility	-	2	4	2	3	1	-	2
Free travel passes should be provided	2.5	1	-	-	1	-	-	7.9
No discrimination against elderly	6.7	3	-	-	2	2	0.9	1
Emotional support	3.3	-	1	-	0	1	-	-
Physical support	0.8	1	-	-	2	-	-	-
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Note: The table presents the findings only 1<sup>st</sup> rank  
Total adds to more than 100 because of multiple response

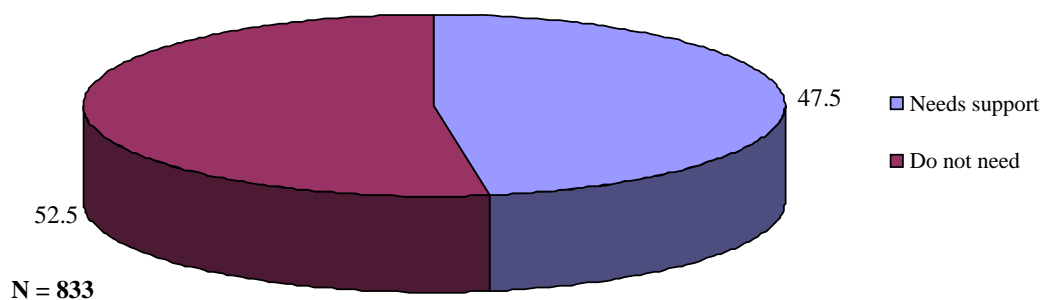
## 2.6 Support System

This section deals with the support system available at the community level.

### Whether Need Support from Community

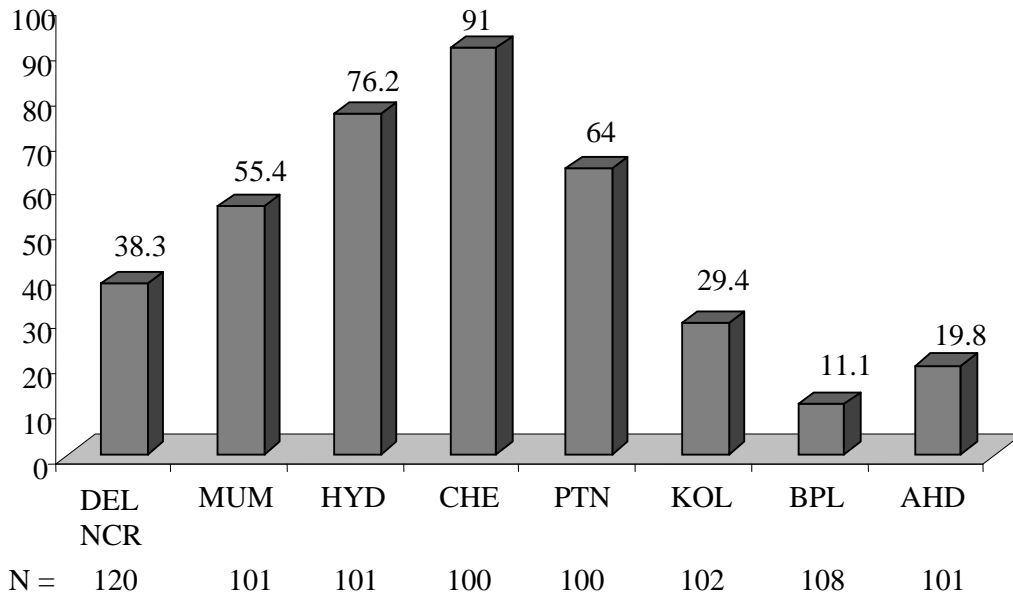
On being asked if they need support from community, almost close to half of the Oldest Old replied in affirmative.

**Figure 2.6a Percentage of Oldest Old who Needs Support from Community**



Findings presented in figure 2.6b shows that the Oldest Old need support from community. This percentage is highest in Chennai (91%) followed by Hyderabad (76%) and Patna (64%). Percentage of Oldest Old who need community support is very less in Bhopal (11%).

**Figure 2.6b Percentage of Oldest Old who Need Support from Community by City**

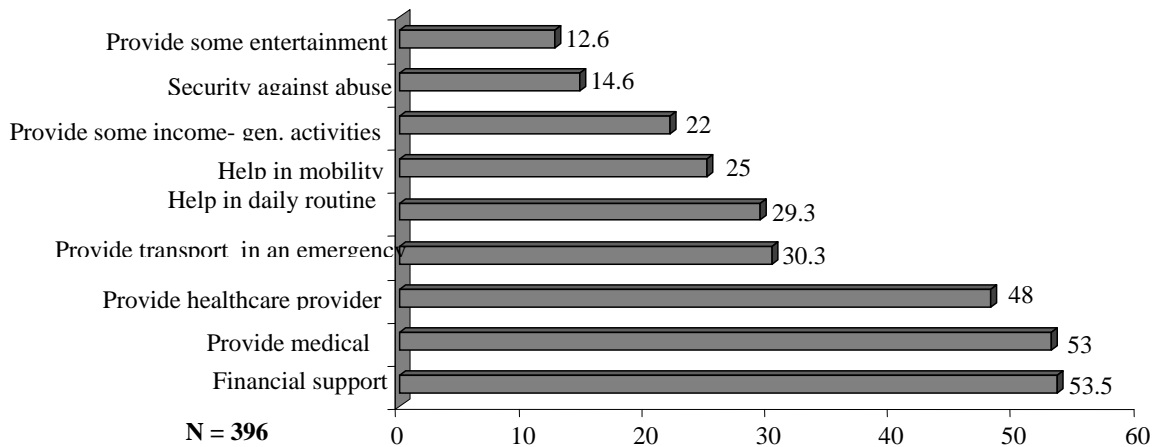


**Kinds of Support Need from Community**

In this study attempt has been made to assess the needs and requirements of the Oldest Old at community level. The Oldest Old who need support from community were asked about the kind of support they need form community The areas where the Oldest Old need support from the community include financial support, provision of medical aids health care provider service, support in emergency, provision of transport in emergency, help in daily routine, help in mobility, provision of income generating activities etc.

**Figure 2.6c Kind of Support/Help Needed from Community among Oldest Old**

Percent



Note: Total adds to more than 100 because of multiple responses

The Oldest Old who need support from community were asked about the kind of support they need. Table 2.6a shows that need for financial support is higher in Ahmedabad (90%), Kolkata (87%) and Delhi NCR (74%). Need for medical aids and health care provider is higher in Chennai (93% & 88%).

**Table 2.6a Kind of Support/Help Needed from Community among Oldest Old by City**

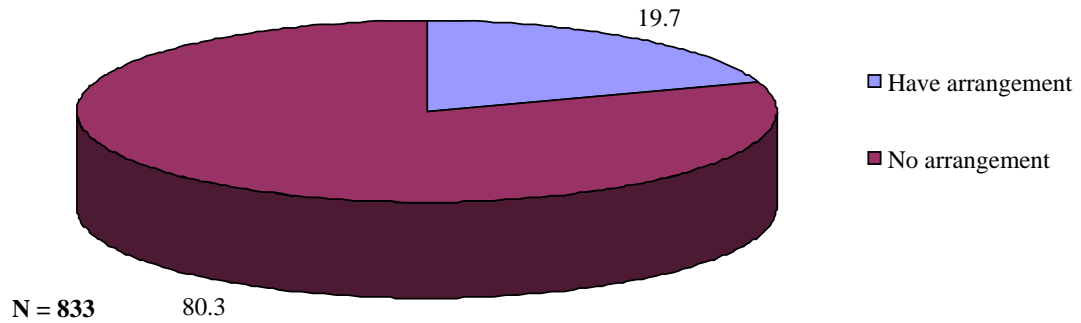
Percent

Support/Help	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Help in daily routine	13	41.1	41.6	19.8	26.6	20	83.3	20
Help in mobility	30.4	26.8	39	23.1	4.7	20	83.3	-
Provide medical aids	63	32.1	72.7	93.4	3.1	46.7	50	-
Security against abuse	6.5	19.6	19.5	2.2	34.4	6.7	16.7	5
Financial support	73.9	30.4	61	31.9	54.7	86.7	50	90
Provide transport in an emergency	45.7	51.8	36.4	30.8	15.6	3.3	25	-
Provide some entertainment	-	16.1	49.4	-	1.6	3.3	8.3	-
Provide some income generation activities	23.9	21.4	20.8	3.3	60.9	0	41.7	5
Provide health care provider service	73.9	48.2	13	87.9	34.4	26.7	75	-
<b>Total N</b>	<b>46</b>	<b>56</b>	<b>77</b>	<b>91</b>	<b>64</b>	<b>30</b>	<b>12</b>	<b>20</b>

Arrangement in Community for Oldest Old

On being asked whether community has any arrangement for them, only one fifth of the Oldest Old reported in affirmative.

**Figure 2.6d Community have Arrangement for Elderly in Case of Need Reported by Oldest Old**

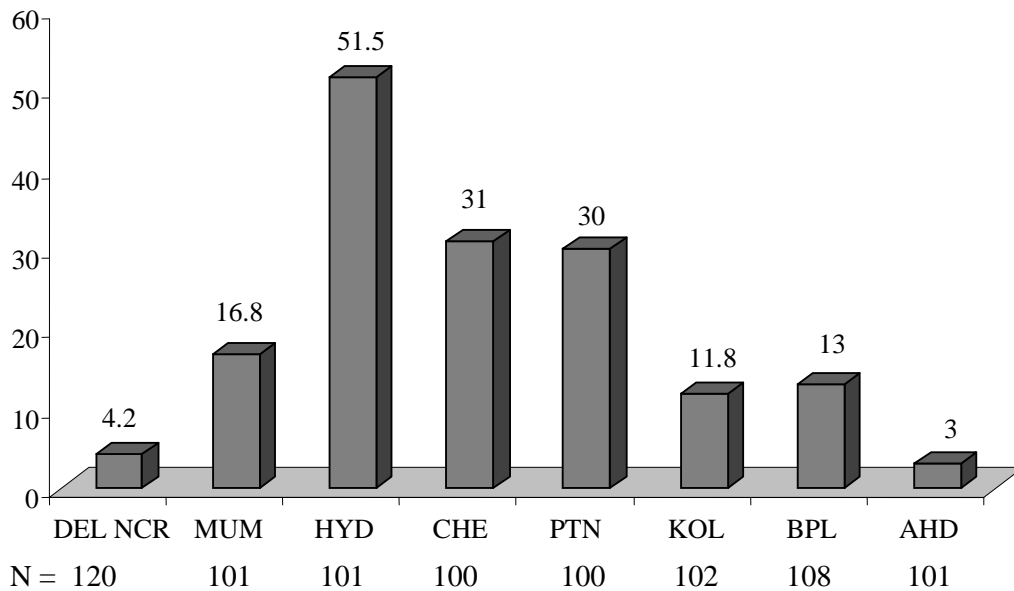


On being asked whether community has any arrangement for them, half in Hyderabad (52%) replied in affirmative. On the other hand, in Delhi NCR, only 4% of the Oldest Old reported so, while Ahmedabad recorded the lowest figure (3%).

While discussing about the arrangement for Oldest Old at community level, an 82 year old man from Mumbai said,

*“In our community there is no support system but we all help each other, neighbours are good, whenever I fall ill or need anything they help me, but every time I can not ask them for support, I think government should take some initiative to help elderly”*

**Figure 2.6e Percentage of Oldest Old who reported Community has Arrangement for Elderly in Case of Need by City**

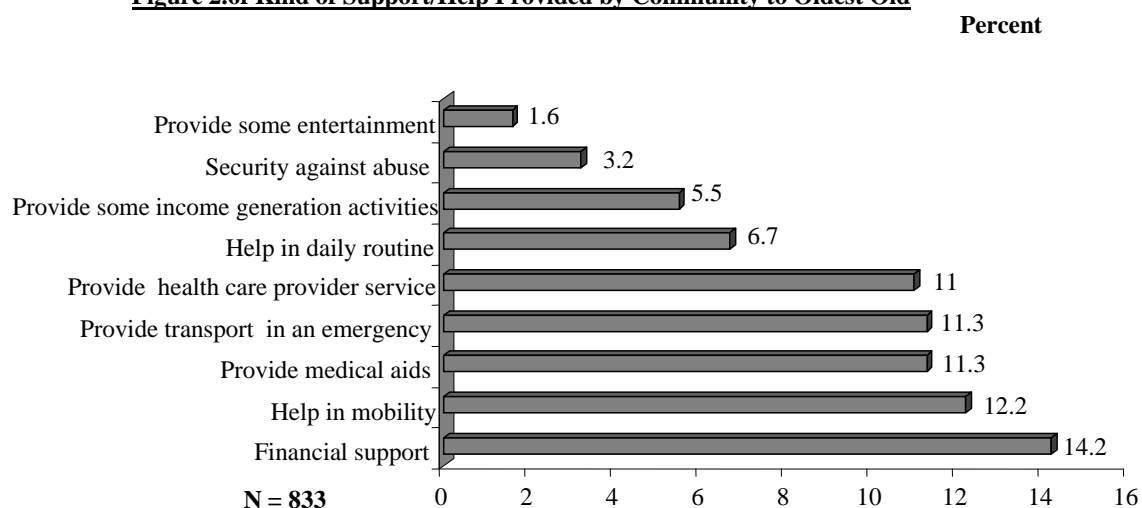




## Support Provided by Community

The Oldest Old who reported that their community has some arrangement for oldest were asked about the kind of support/help provided by the community. The areas where support is provided by the community reported by the Oldest Old include financial support, help in mobility, provision of medical aids and transport in emergency etc.

**Figure 2.6f Kind of Support/Help Provided by Community to Oldest Old**



*Note: Total adds to more than 100 because of multiple responses*

Financial support provided by the community was reported more in Hyderabad (52%) while help in mobility was reported more in Chennai (55%). Across the cities, the Oldest Old reported about the community providing medical aids and transport in an emergency and this is highest in Chennai (64% and 68% respectively).

**Table 2.6b Kind of Support/Help Provided by Community to Oldest Old**

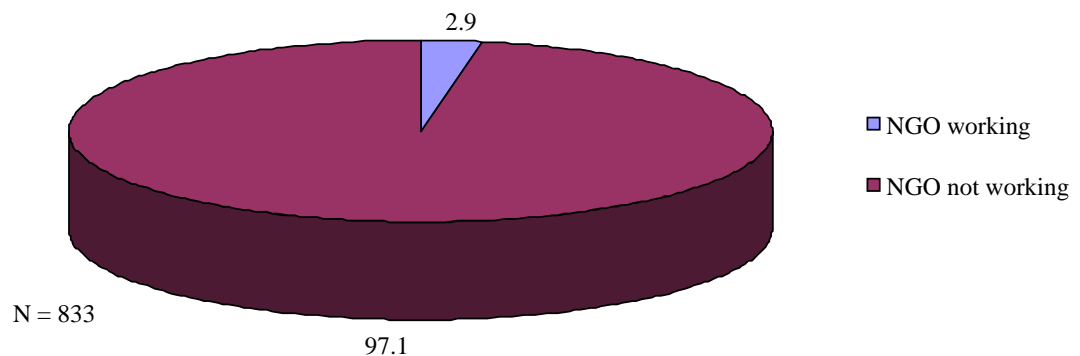
Percent

Support/Help	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Help in daily routine	1.7	6.9	-	24	4	3.9	12	2
Help in mobility	5	12.9	1	55	7	6.9	11.1	1
Provide medical aids	5	5.9	1	64	3	8.8	3.7	1
Security against abuse	1.7	2	-	7	10	3.9	1.9	-
Financial support	6.7	4	51.5	24	14	9.8	4.6	1
Provide transport in an emergency	5.8	10.9	-	68	3	1	3.7	-
Provide some entertainment	-	3	3	1	5	-	0.9	-
Provide some income generation activities	2.5	4	1	26	4	2	5.6	-
Provide health care provider service	1.7	3	21.8	48	7	2	7.4	-
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

### NGO Working for Oldest Old

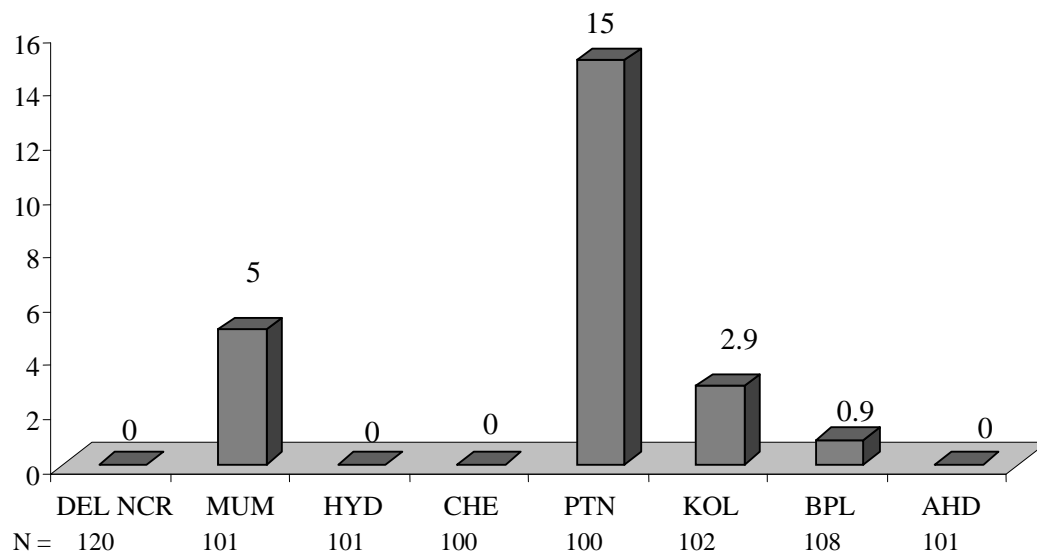
On being asked whether any NGO is working for the Oldest Old, about 3% of the Oldest Old replied affirmatively. Thus NGO involvement in work related to Oldest Old seems to be low.

**Figure 2.6g Percentage of Oldest Old who Reported NGO is Working in their Areas for Oldest Old**



The findings related to the support systems available at the NGO level for the Oldest Old indicate very less availability of support system at the NGO level in all cities. Less than one fifth (15%) of the Oldest Old in Patna reported that NGOs are working in their area for the Oldest Old. On the other hand, only 3-5 % of the Oldest Old in Kolkata and Mumbai reported so.

**Figure 2.6h Percentage of Oldest Old who Reported NGOs are Working in their Areas for Oldest Old by City**



## CHAPTER 3

### HEALTH PROBLEMS AND TREATMENT SEEKING BEHAVIOUR

This chapter deals with the health problems faced by the Oldest Old and the treatment seeking behaviour. This chapter also provides the key suggestions put forth by the medical officers for improving the health status of Oldest Old.

#### 3.1 Health Status

During the survey an attempt was made to collect information on the health status of the Oldest Old. They were asked to give the response as per the four pre-defined categories as given below:

**Good:** No such health problems

**Average:** With seasonal health problems

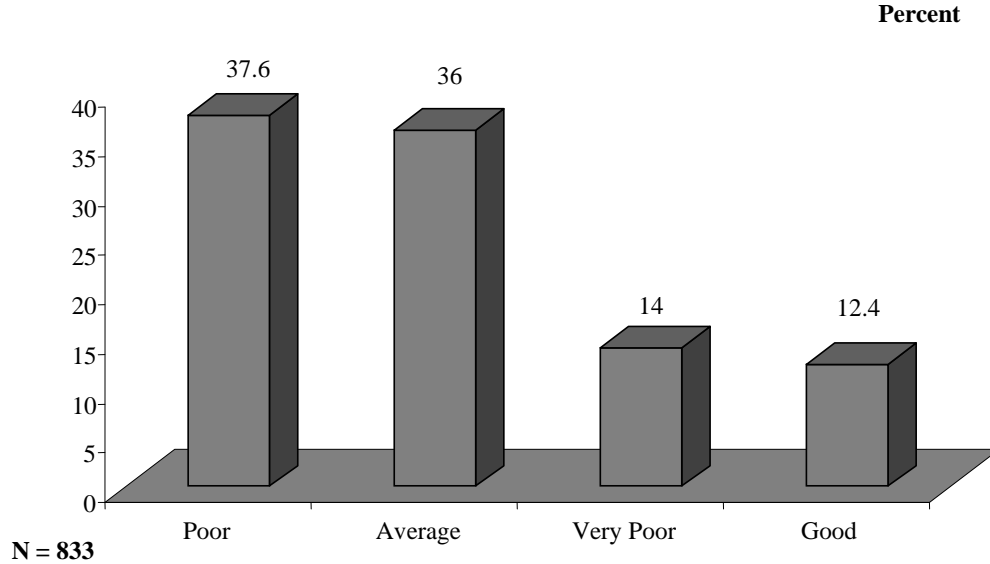
**Poor:** With at least one chronic disease like Diabetes, Hypertension and Arthritis

**Very poor:** With more than one chronic disease like Diabetes, Hypertension and Arthritis



About half of the Oldest Old interviewed consider their health status either to be poor or very poor while remaining half consider the same to be good or average.

**Figure 3.1a Health Status of Oldest Old**



About three fifth of the Oldest Old consider their health status either to be poor or very poor in Chennai, Hyderabad and Mumbai, while half of the Oldest Old in Kolkata reported so. The major difference is found in perceiving the health condition to be good. Less than one tenth of the Oldest Old in Patna, Kolkata and Mumbai and none from Chennai and Bhopal considered their health to be good at the time of survey. Only one third of the Oldest Old in Delhi NCR, Hyderabad and Ahmadabad reported their health status is good at the time of survey.

**Table 3.1a Health Status of Oldest Old by City**

Health Status	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Good	29.2	5.9	26.7	-	2	3.9	-	28.7
Average	37.5	31.7	7.9	22	56	27.5	50	54.5
Poor	25.8	55.4	60.4	76	31	18.6	24.1	12.9
Very Poor	7.5	6.9	5	2	11	50	25.9	4
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

The health care providers covered for the in-depth-interviews added that the poor health condition of Oldest Old is due to insufficient food, negligence of family, and improper treatment. This problem is also reported by an 85 year old man from Mumbai. He said

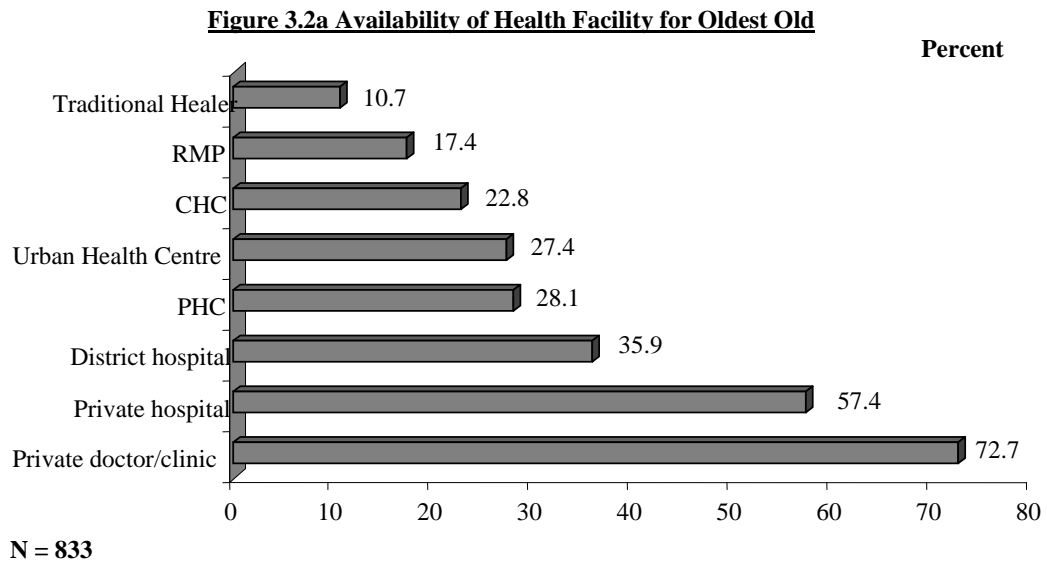
*“.....I am not able to earn money for good food, so how I can get my health treatment.....government should think about us, at least we should have good diet, so that I can stay healthy”*

### 3.2 Treatment Seeking Behaviour

This section presents the findings on availability of health care facilities and treatment seeking behaviour of the Oldest Old. It also presents the analysis of data related to sources for meeting health care expenses.

#### Availability of Health Facilities

The Oldest Old were asked about the various health facilities available for Oldest Old in the area. Nearly three fourth (73%) and three fifth (57%) of the Oldest Old reported availability of private doctor/clinic and private hospital respectively in their area. Availability of other health facilities like Urban health centre, PHC, CHC and District hospital was reported by 25-35% of the Oldest Old.



*Note: Total adds to more than 100 because of multiple responses*

The Oldest Old were asked about the various health facilities available for Oldest Old in the area. City wise analysis shows that, most of the Oldest Old in each city reported about availability of private doctor/clinic in their area, which is highest in Mumbai (93%) and lowest in Kolkata (48%). On the other hand availability of Primary Health Centre (PHC) and Community Health Centre (CHC) was reported more in Chennai and Bhopal. About 20-30% of the Oldest Old in Delhi NCR and Mumbai reported that traditional healer is available in their area for treatment but in others cities less than one tenth reported so.

Qualitative study also indicates that, private doctor/clinic and private hospitals are available near by their area. An 90 year old man from Delhi said.

*“There is no health facility except the private hospital nearby my house where I can go for treatment immediately....., I have to go*

to the private hospital where the treatment and the medicines are very costly”

**Table 3.2a Availability of Health Facility for Oldest Old by City**

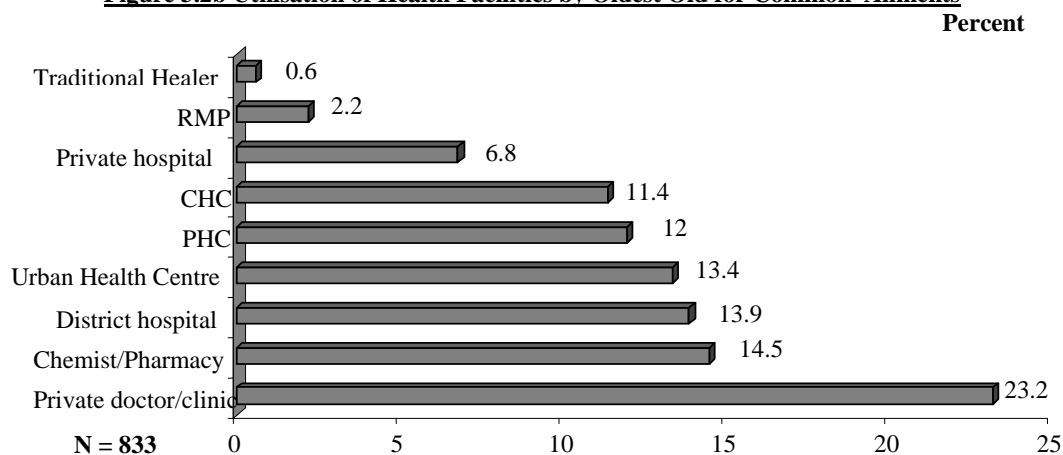
Health Facility	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
UHC	42.5	16.8	6.9	29	-	26.5	25	69.3
PHC	35	4	37.6	54	10	10.8	55.6	14.9
CHC	27.5	4	2	86	6	2	52.8	0
District hospital	43.3	73.3	8.9	49	55	34.3	13.9	9.9
RMP	42.5	30.7	45.5	1	3	6.9	5.6	-
Traditional Healer	20	32.7	5.9	1	15	4.9	4.6	-
Private doctor/clinic	73.3	93.1	82.2	82	89	48	59.3	56.4
Private hospital	36.7	89.1	83.2	94	74	23.5	24.1	41.6
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Note: Total adds to more than 100 because of multiple response

### Utilisation of Health Facilities for Common Ailments

The findings pertaining to the health care facilities utilised for treatment of common ailments among Oldest Old are presented in Figure 3.2b. Nearly one fourth of the Oldest Old reported that, they utilise private doctor/clinic for their treatment and while more than one tenth reported use of Urban Health Centre and District Hospital.

**Figure 3.2b Utilisation of Health Facilities by Oldest Old for Common Ailments**



The pattern of utilisation of different health care facilities is little different across the cities. In Delhi NCR, Mumbai and Patna, Private doctor/clinic is being utilised by most of the Oldest Old. On the other hand Chemist/pharmacy, CHC, District hospital, PHC and UHC are mostly utilised in Hyderabad, Chennai, Kolkata, Bhopal and Ahmedabad respectively.

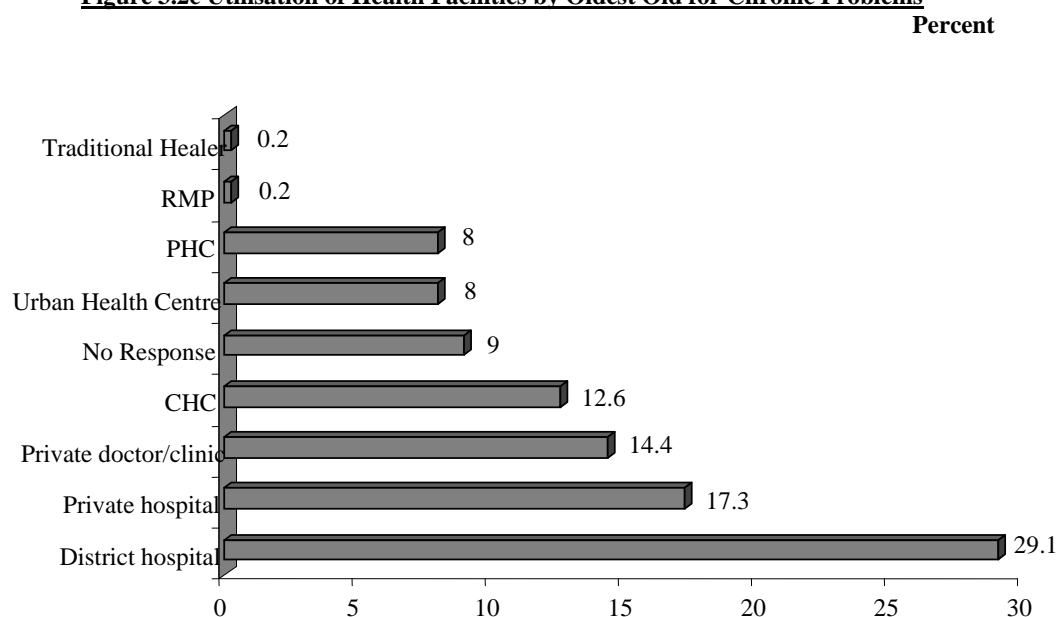
**Table 3.2b Utilisation of Health Facilities by Oldest Old for Common Ailments by City**

Health Facility	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Urban Health Centre	8.3	-	2	-	-	7.8	21.3	68.3
PHC	10.8	-	-	28	1	4.9	49.1	-
CHC	3.3	-	-	70	2	1	16.7	-
District hospital	24.2	34.7	2	-	9	39.2	-	1
RMP	5.8	3	7.9	-	-	-	-	-
Traditional Healer	-	1	-	-	1	2.9	-	-
Chemist/Pharmacy	7.5	-	79.2	-	22	2.9	1.9	-
Private doctor/clinic	30	57.4	4	-	40	30.4	0.9	22.8
Private hospital	7.5	4	2	2	18	8.8	10.2	2
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

**Utilisation of Health Facilities for Chronic Problems**

The Oldest Old were also asked about the health care facilities used for treatment in case of chronic problems by the Oldest Old. The findings are presented in Figure 3.2c. District hospital (30%), Private hospital (17%) and Private doctor/clinic (14%) are the major health facilities utilised by the Oldest Old for seeking treatment in case of chronic problems. Though the Urban health centre and PHC are situated within community area, utilisation of these facilities is very limited as reported by 8% of the Oldest Old.

**Figure 3.2c Utilisation of Health Facilities by Oldest Old for Chronic Problems**



N = 833

The findings are presented in Table 3.2c. District hospital, Private hospital and Private doctor/clinic are the major health facilities utilised for seeking treatment in case of chronic problems by the Oldest Old across the cities. Utilisation of District hospital is

being highest in Mumbai (62%) followed by Kolkata (44%), while Private hospital is mostly utilised in Hyderabad (58%). On the other hand more than four fifth and half of the Oldest Old in Chennai and Bhopal reported about utilisation of CHC and PHC for chronic problem respectively.

From the qualitative findings we conclude that government facilities are more utilised by the Oldest Old for Chronic problems. An elderly man of 81 years of age from Delhi said,

*“.....There are lots of private health facilities like, clinics, hospitals and nursing home..... but I go to government hospital as I am not able to afford the costly treatment of private hospitals”*

Another elderly man of 85 years of age from Mumbai reported,

*“..... I am not staying with my family, sharing food with four-five people. As I don't have source of income to expand on my treatment but I have Bima Card so usually I go to BMC hospital only”*

**Table 3.2c Utilisation of Health Facilities by Oldest Old for Chronic Problems by City**

Health Facility	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Urban Health Centre	5.8	1	-	-	-	8.8	18.5	29.7
PHC	5	-	-	2		4.9	50	-
CHC	0.8	-	-	83	2	1	16.7	-
District hospital	45	62.4	26.7	12	36	44.1	2.8	2
RMP	1.7	-	-	-	-	-	-	-
Traditional Healer	-	-	-	-	-	2	-	-
Private doctor/clinic	20.8	12.9	13.9	1	32	26.5	2.8	5
Private hospital	10	23.8	58.4	1	27	10.8	9.3	-
No Response	6.7	-	1	1	1	-	-	63.4
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

#### Diseases for which Treatment is Sought

Those Oldest Old who perceived their health to be poor or very poor at the time of survey (presented in Figure 3.1a) were further asked whether they are undergoing treatment for any health problem. The major health problems reported include body pain (55%), eye problem (50%) and hypertension (32). Asthma and Arthritis were also reported by about one fourth each of the Oldest Old.

The case study presents us an example of an old male living in Patna, his thoughts and perceptions about her life and family. It reflects that he wants to live a healthy and happy life, it also explores his economic conditions are so poor that he was forced to sell his land for his treatment. It further highlights the fact that older person do not get care within the family. Due to unemployment and poverty problem he is not able to live a healthy life. He said



*“I am staying with my sons; I am totally dependent on my sons..... I have no income source, except a piece of land, whenever I have a major expense I sell a part of it”.*

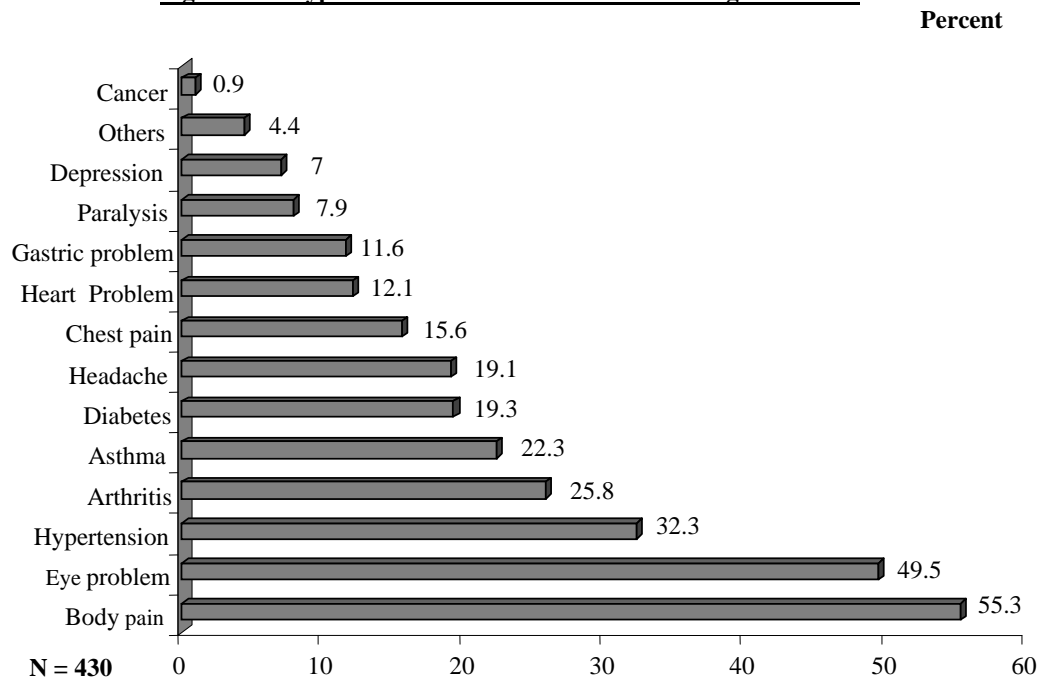
*“.....I am not able to walk properly so I walk with the help of a stick, usually my sons do not give me the money but when I ask something then only they give me some money”.*

*“.....Few days ago I sold my land for the treatment of my asthma problem, now its fine but sometime I feel very bad for my land and my diseases.....”*

*“.....My family members are not so good to me but still they are giving me food and cloths and taking care when I am ill.”*

*“.....Though now I do not have any major disease but still two three times I visit hospital in a month, some medicines are provided by the hospital free of cost. Still some medicines have to be purchased by me from the market which costs me a lot, I am fed up with our poverty, my sons do not get any work at times, making our more destitute”*

**Figure 3.2d Type of Health Problem for which Taking Treatment**



*Note: Total adds to more than 100 because of multiple response*

Those Oldest Old who perceived their health to be poor or very poor at the time of survey (presented in Table 3.1a) were further asked whether they are undergoing treatment for any health problem. The major health problems reported include body pain, eye problem and hypertension. It holds true for all the cities but arthritis was reported as one of the major health problem in Chennai. Though the type of disease

reported in all the cities is almost same, it varies in terms of percent Oldest Old reporting the same.

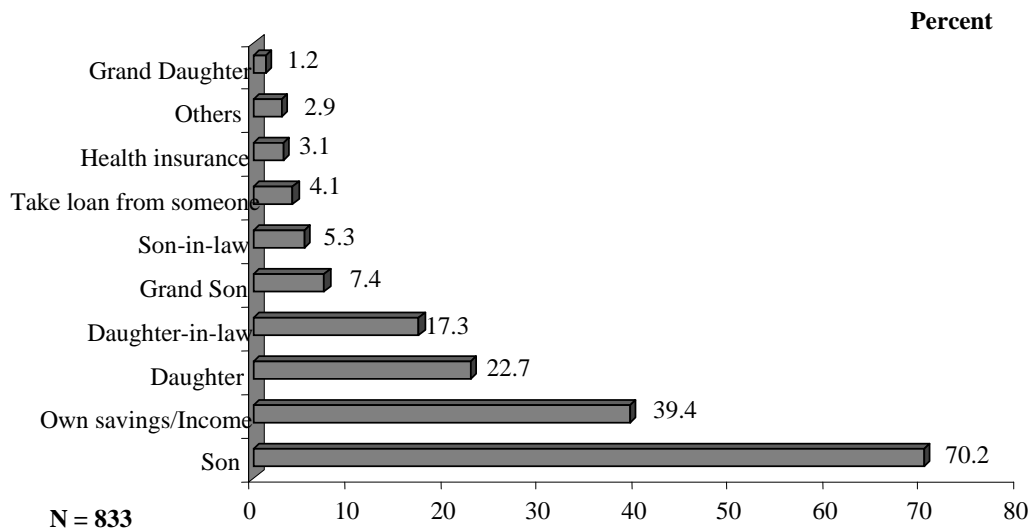
**Table 3.2d Type of Health Problem for which Taking Treatment**

Health Problem	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Diabetes	12.5	39.7	15.2	23.1	4.8	18.6	7.4	35.3
Hypertension	25	23.8	31.8	71.8	23.8	24.3	11.1	23.5
Arthritis	15	1.6	1.5	88.5	40.5	20	5.6	-
Cancer	-	3.2	1.5	1.3	-	-	-	-
Asthma	17.5	42.9	12.1	17.9	35.7	22.9	13	11.8
Heart Problem	17.5	19	22.7	1.3	7.1	5.7	18.5	-
Gastric problem	7.5	11.1	10.6	5.1	26.2	18.6	9.3	-
Eye problem	25	52.4	65.2	79.5	35.7	58.6	13	11.8
Paralysis	5	7.9	15.2	-	4.8	2.9	24.1	-
Depression	-	3.2	3	29.5	-	2.9	-	5.9
Chest pain	10	30.2	10.6	7.7	19	25.7	9.3	-
Headache	7.5	14.3	13.6	62.8	4.8	10	5.6	-
Body pain	42.5	57.1	69.7	87.2	33.3	55.7	33.3	-
Others	12.5	-	10.6	-	2.4	2.9	7.4	-
<b>Total N</b>	<b>40</b>	<b>63</b>	<b>66</b>	<b>78</b>	<b>42</b>	<b>70</b>	<b>54</b>	<b>17</b>

Source of Funding to Meet Health Care Expenses

The Oldest Old were asked about the source of funding for meeting the health care expenses. The analysis of data presented in Figure 3.2e reveals that more than two third (70%) of the Oldest Old are meeting their health care expenses from the money they receive from their son. The second most important source for meeting expenses is their own savings, as about two fifth of the Oldest Old reported so.

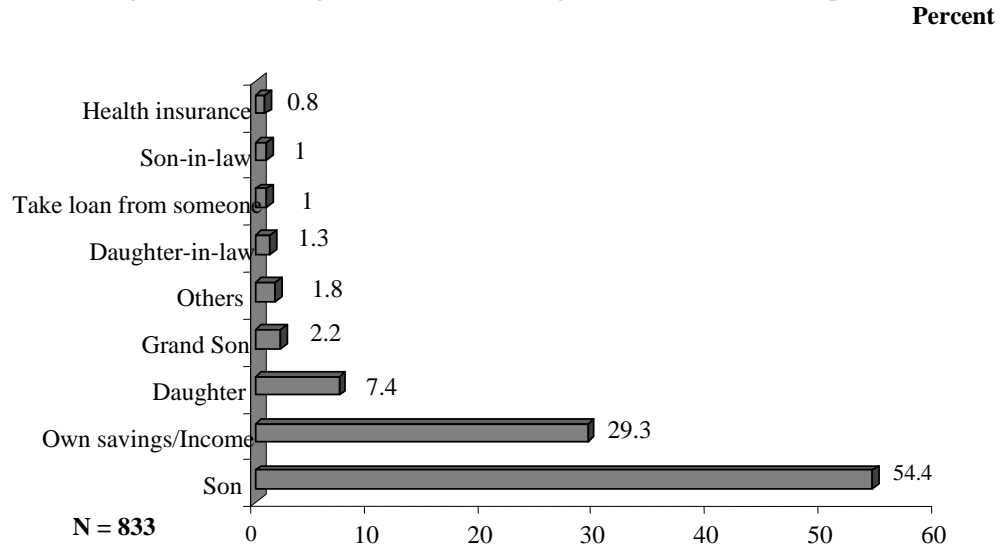
**Figure 3.2e Sources of Funding to Meet Health Care Expenses**



Note: Total adds to more than 100 because of multiple response

The Oldest Old were also asked to rank the sources through which they meet their health care expenses. More than half (54%) of the Oldest Old assigned 1<sup>st</sup> rank to the son as the prime source of funding to meet health care expenses, whereas own savings/income was assigned the 1<sup>st</sup> rank by about 29% of the Oldest Old.

**Figure 3.2f Ranking of Sources of Funding to Meet Health Care Expenses**



Note: The table presents the findings only 1<sup>st</sup> rank

The analysis of data presented in Table 3.2e reveals that more than two third of the Oldest Old are meeting their health care expenses from their son in all cities except Chennai (46%) and Patna (55%). In Chennai, most (95%) of the Oldest Old meet their health care expenses mostly from their own saving/income.

One qualitative respondent, who is 87 years old from Ahmedabad added,

*“.....I usually visit the nearby government hospital for my health treatment and my son has to bear my expenses.....Also I am getting a pension of Rs.400 only per month which is not sufficient..... I get some medicines free of cost at hospitals but I have to buy some medicines which I do not get from the hospital, from outside”*

Another qualitative male respondent of age 83 years in Mumbai said

*“I am an illiterate farmer..... I do not know any thing else, whenever I fall ill, I sell food grains and meet my normal medical expenses but once when I had a serious health problem (disease) then I sold a piece of land”*

**Table 3.2e Source of Funding to Meet Health Care Expenses**

Source	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Own savings/Income	27.5	32.7	60.4	95	38	24.5	23.1	17.8
Health insurance	4.2	4	1	11	-	-	3.7	1
Take loan from someone	9.2	-	1	2	14	2	3.7	-
Son	76.7	75.2	79.2	46	84	54.9	68.5	76.2
Daughter	13.3	19.8	60.4	27	16	28.4	12	6.9
Son-in-law	7.5	8.9	5	3	5	2.9	4.6	5
Daughter-in-law	38.3	13.9	19.8	4	11	3.9	27.8	14.9
Grand Son	14.2	11.9	5.9	2	8	7.8	1.9	6.9
Grand Daughter	1.7	1	4	2	-	1	-	-
Others	-	3	6.9	1	3	6.9	1.9	1
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Note: Total adds to more than 100 because of multiple response

The Oldest Old were also asked to rank the sources through which they meet their health care expenses. More than half of the Oldest Old assigned 1<sup>st</sup> rank to 'son' as the prime source of funding to meet health care expenses in all cities except Chennai (9%). In Chennai, own savings/income was reported by about four fifth (79%) of the oldest as 1<sup>st</sup> rank to meet their health care expenses.

**Table 3.2f Highest Ranking of Sources of Funding to Meet Health Care Expenses**

Health Facility	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Own savings/Income	13.3	26.7	41.6	79	26	16.7	20.4	14.9
Health insurance	-	1	-	3	-	-	2.8	-
Take loan from	1.7	-	-	1	1	2	1.9	-
Son	70.8	58.4	46.5	9	65	53.9	60.2	67.3
Daughter	4.2	8.9	6.9	7	6	14.7	8.3	4
Son-in-law	1.7	-	1	-	-	-	1.9	3
Daughter-in-law	2.5	1	-	1	1	1	1.9	2
Grand Son	5.8	2	-	-	-	3.9	-	5
Others	-	2	3	-	1	6.9	1.9	-
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

### 3.3 Awareness and Utilisation of Health Insurance Services

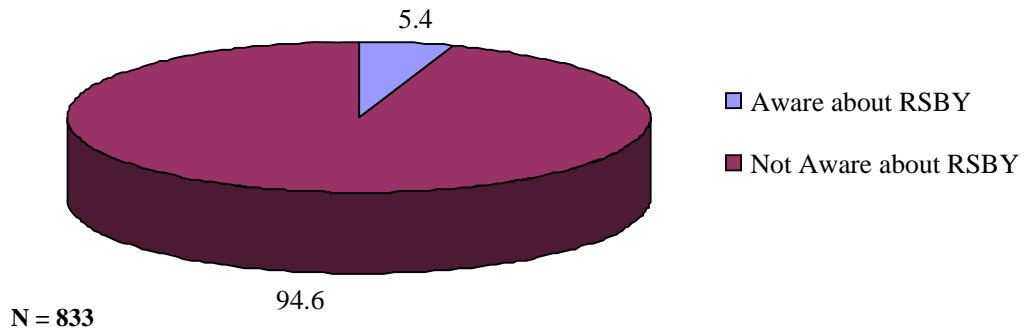
An attempt has also been made in this study to understand the awareness and utilisation of health insurance among the Oldest Old. This section presents the findings pertaining to this.



Awareness on RSBY\*

Figure 3.3a gives the proportion of Oldest Old who reported to have heard about Rashtriya Sawsthya Bima Yojna (RSBY). The awareness about the RSBY among the Oldest Old is very low as only 5% reported the same.

**Figure 3.3a Awareness of Rashtriya Swasthya Bima Yojana among Oldest Old**

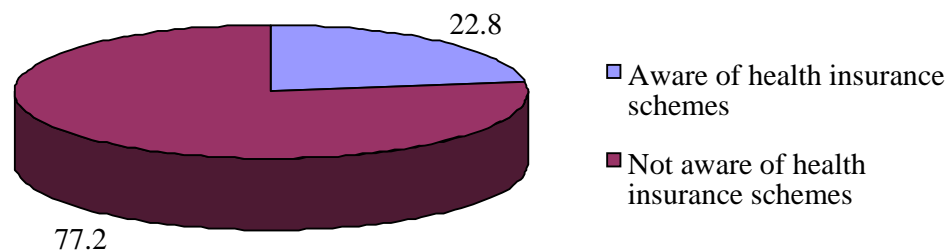


\* RSBY - RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families.

Awareness on Health Insurance

Figure 3.3b gives the proportion of Oldest Old who reported to have heard about any Health Insurance Scheme. About 23% of the Oldest Old are aware of any health insurance scheme.

**Figure 3.3b Awareness among Oldest Old on Health Insurance Schemes**



**N = 190**

Table 3.3a suggest that only in Hyderabad, Mumbai and Chennai, the Oldest Old reported awareness about different government health related welfare schemes meant for the Oldest Old viz. 59%, 17% and 3% respectively. In rest of the cities, none of the Oldest Old are aware of the government health welfare schemes meant for them.

Also Table 3.3a gives the proportion of Oldest Old who reported to have heard about any Health Insurance Scheme. Awareness of any health insurance scheme is highest in Chennai (96%) distantly followed by Mumbai (38%) and Patna (30%) while negligible proportion in Kolkata, Ahmedabad, Delhi NCR and Bhopal reported so.

Table 3.3a reveals the proportion of Oldest Old who reported to have heard about Rashtriya Swasthya Bima Yojna (RSBY). None of the Oldest Old across the cities are aware about RSBY except Patna (25%) and Mumbai (15%).

**Table 3.3a Percentage of Oldest Old Aware of Rashtriya Swasthya Bima Yojana**

Scheme	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Welfare schemes	0	16.8	59.4	3	0	0	0	0
Health insurance schemes	3.3	37.6	17.8	96	30	1	0	3
RSBY	0	14.9	0	0	29	1	0	0
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

#### Health Welfare Schemes Aware Of

Table 3.3b shows that, three fifth of the Oldest Old in Hyderabad reported about aware fo 'Rajiv Arogya Sri' scheme and 4 to 5% reported about HDFC Health Insurance, LIC Health Plan and Nirdhan Yojna in Mumbai.

**Table 3.3b Awareness of Health Welfare Schemes among Oldest Old**

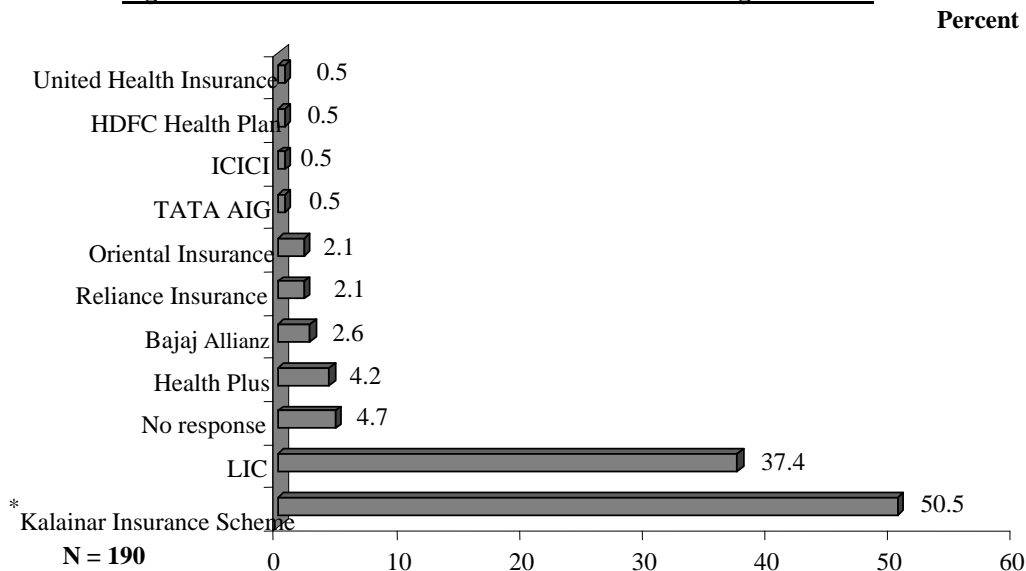
Health welfare scheme	Percent		
	MUM	HYD	CHE
LIC Health Plan	4	3	0
HDFC Health Insurance	5	0	0
Kalyan Insurance Scheme	0	0	1
* Rajiv Arogya Sri	0	59.4	0
Nirdhan Yojna	4	0	0
Indian National Age Old Health Scheme	1	0	0
Sr. Citizen Swasthya Kendra	2	1	0
Manav Kalyan Kendra	1	0	0
Sanjay Gandhi Niradhar Swasthya Yojna	1	0	0
Bajaj Allianz	1	0	0
<b>Total N</b>	<b>101</b>	<b>101</b>	<b>100</b>

\* Rajiv Arogya Sri - A Health Insurance Scheme is being implemented in the state of Andhra Pradesh in India to assist poor families from catastrophic health expenditure. The scheme is a unique Public Private Partnership (PPP) model in the field of Health Insurance, Tailor made to the health needs of poor patients and providing end-to-end cashless services for identified diseases through a network of service providers from Government and private sector

Health Insurance Scheme Aware of

The Oldest Old who are aware of any health insurance schemes were asked about specific schemes aware of. Almost half of the Oldest Old reported about Kalaingar Insurance Schemes, while more than one third (37%) reported about LIC. Awareness of rest of the health insurance schemes was mentioned by not more than 5% of the Oldest Old.

**Figure 3.3c Awareness of Health Insurance Scheme among Oldest Old**



Total adds to more than 100 because of multiple response

\* **Kalaignar Insurance Scheme** - The Tamil Nadu State government has introduced the 'Kalaignar Insurance Scheme for Life Saving Treatments' in July 2009. Since its launch, it has been one of the sought after schemes. This Kalaignar Insurance Scheme has been implemented in collaboration with Star Health and allied Insurance company. The State government will pay the entire insurance premium.

Table 3.3c reveals that, 96% of the Oldest Old in Chennai reported about a scheme namely 'Kalaignar Insurance Scheme'. 31% and 22% of the oldest reported about LIC in Mumbai and Patna respectively.

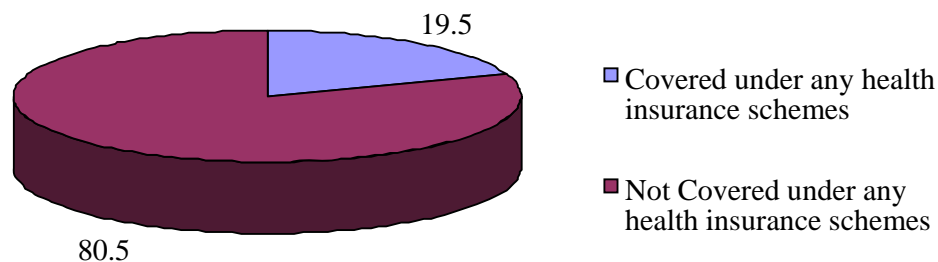
**Table 3.3c Oldest Old Aware of Health Insurance Scheme**

Health Insurance Scheme	Percent							
	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
LIC	2.5	30.7	11.9	0	22	1	0	2
Health Plus	1.7	5	1	0	0	0	0	0
Reliance Insurance	0	0	1	0	3	0	0	0
Bajaj Allianz	0	4	0	0	1	0	0	0
*Kalaignar Insurance Scheme	0	0	0	96	0	0	0	0
TATA AIG	0	0	0	0	0	0	0	1
ICICI	0	0	0	0	0	0	0	1
HDFC Health Plan	0	1	0	0	0	0	0	0
Oriental Insurance	0	4	0	0	0	0	0	0
United Health Insurance	0	1	0	0	0	0	0	0
<b>Total N</b>	<b>120</b>	<b>101</b>	<b>101</b>	<b>100</b>	<b>100</b>	<b>102</b>	<b>108</b>	<b>101</b>

Health Insurance

The Oldest Old who are aware of any health insurance schemes were asked whether they are covered under any health insurance scheme. In total, about one fifth of the Oldest Old reported to have been covered by any health insurance scheme .

**Figure 3.3d Coverage of Oldest Old Under any Health Insurance Schemes**



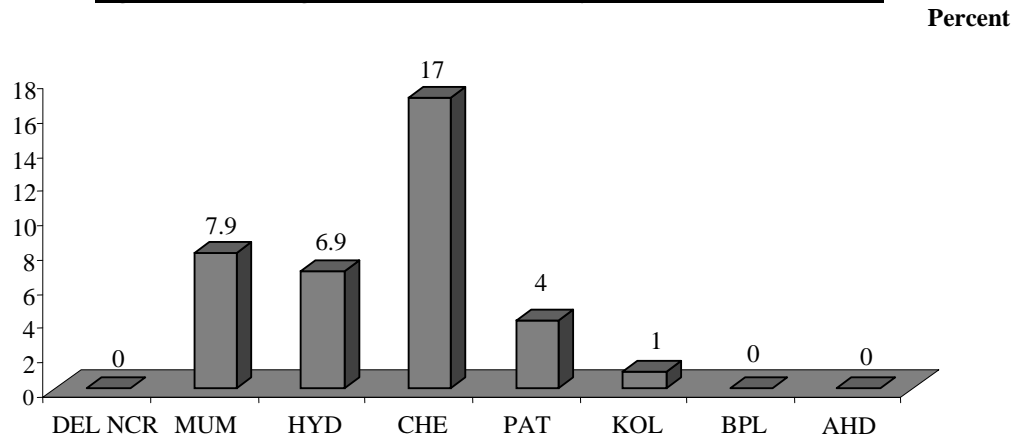
**N = 190**

*Note : Results need to be interpreted with care due to small base*



Figure 3.3a shows that, only 17% of Oldest Old are covered under any health insurance scheme in Chennai, while 7 to 8% of Oldest Old in Mumbai and Hyderabad respectively.

**Figure 3.3e Coverage of Oldest Old Under any Health Insurance Schemes**



### 3.4 Suggestions put forth by Health Provider to Improve Health Condition

The key suggestions put forth by the Health Provider to improve the health status of the Oldest Old are presented below,

- People aged 80 years need respect in family, security, emotional, mental and family support which is desirable for providing them an healthy life
- Some cultural activities should be organised for them to make them active and healthy
- Health care needs of Oldest Old need to be met
- If the economic condition of the family is poor, the government should make some provision to provide the Oldest Old the financial support
- Actual benefit of governmental schemes are not reaching up to them, there is a need for great effort to resolve this problem so as to ensure that everyone can benefited
- Healthy food needs be provided to the Oldest Old
- There is a need to provide them Health education and separate geriatric care centre
- Government should initiate some good health related schemes specially for 80+ people and all new and existing schemes should be available at each and every hospital

- A nurse or a care taker needs to be provided in old age homes so that they get help in an emergency
- Firstly we should identify the health care and other needs of the Oldest Old and resolve the same on priority basis
- Free medical treatment and medicines need to be provided by the government to the Oldest Old
- Free bus service needs to be provided to the sick Oldest Old, so that they can easily go to the hospital. Number of seats for senior citizens should be increased in the buses.

### **3.5 Suggestions put forth by Oldest Old to Meet their Needs/ Requirements**

The key suggestions put forth by the Oldest Old to meet needs/requirements of the Oldest Old are presented below,

- Free health treatment, free food, free medicines, clothes should be provided
- Family members and others should obey elders
- Provide food and medicines on time and family support needed
- Elders should have some cash in hand
- Any kind of pension allowance will be beneficial
- Children should take care for their parents
- Government and NGOs should look after 80+ or there should be some organisation who can take care of elderly
- Son & daughter-in-law should respect their in-laws
- Should keep a separate house for themselves at older age
- Sons are useless they do not care, should have daughters only
- Old age homes should be provided
- Free vehicles should be provided for going to bank, post office, hospital, nursing home and doctors
- Separate clinics should be open for senior citizens
- Some authority should be there to listen our problems and need to understand the problems

## **STUDY TEAM OF SIGMA**

### **Research**

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Ms. Sridevi Harati	Researcher
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Mr. Vijay Kumar	Field Coordinator
Mr. Om Prakash Pandey	Field Coordinator

### **Data Processing**

Mr. SVSRK Bharadwaj	Sr Data Analyst
Mr. Rakesh Agrawal	Jr Data Analyst

## **Annexure 1: Research Tools**

**Study on Elderly Needs for Care and Support in Urban India**

**Semi Structured Questionnaire for Interview of Oldest Old (80+ Population)**

City	Ahmedabad ..... 1 Bhopal ..... 2 Chennai ..... 3 Delhi NCR ..... 4	Hyderabad .....5 Kolkata .....6 Mumbai.....7 Patna .....8
Name of the ward		
Name of respondent		
Sex of Respondent	Male      1                  Female      2	
Address	_____ _____	
Contact Number		

**Name of Interviewer:** \_\_\_\_\_ **Name of supervisor:** \_\_\_\_\_

FIELD CONTROL INFORMATION										
	D	D	M	M	Y	Y	START TIME			
INTV DATE							END TIME			
SUPV.CODE							INV.CODE		CHECKED CODE	
ACCOMPANIED CALL	Y	1	N	2			BY:CODE		SIGN	
SPOT/BACK CHECK	Y	1	N	2			BY:CODE		SIGN	
SCRUTINY:FIELD	Y	1	N	2			BY:CODE		SIGN	
ANALYSIS OBSERVATION: EXTENT OF PROBLEM							NO /MINOR 1 MILD 2 SEVERE 3			
SCRUTINY : ANALYSIS				YES GKW .....1			NO.....2		BY :	

**INTERVIEW THE ELDERLY PEOPLE AGED 80 YEARS AND ABOVE**

**INTRODUCTION/ INFORMED CONSENT**

Namaskar. My name is \_\_\_\_\_. I am from Sigma Research, a national social research organisation. We carry out studies on health, nutrition, development etc. Currently we are doing a study on issues relating to elderly people in urban India together with HelpAge India. We shall be grateful if you can spare some of your valuable time and provide the information. Please be assured that the information provided by you will be kept confidential and used only for research and programme purpose.

**Respondent willing                      1                      Respondent not willing                      2**

**Signature of interviewer** \_\_\_\_\_

## 1. BACKGROUND

Q. No.	Questions and filters	Coding categories and codes		Skip to
101	What is your age?	<input type="text"/> <input type="text"/> (RECORD IN COMPLETED YEARS)		
102	What is your marital status?	Currently Married	1	
		Unmarried	2	
		Separated/ Deserted	3	
		Divorced	4	
		Widow/ widower	5	
103	What is the highest educational level you have completed?	<b>Level</b>	<b>Code</b>	
		Illiterate	1	
		Primary	2	
		Middle	3	
		Secondary	4	
		Higher Secondary	5	
		Graduate	6	
		Professional/ Post Graduate and above	7	
104	What is the religion of the head of the household?	Hindu	1	
		Muslim	2	
		Christian	3	
		Sikh	4	
		Other (Specify) _____	5	
105	Which social category do you belong to?	Scheduled Caste	1	
		Scheduled Tribe	2	
		Other Backward Castes	3	
		General	4	
		Other (Specify) _____	5	
106	Type of house?  <b>(DO NOT ASK. OBSERVE AND RECORD)</b>	Kuchha	1	
		Semi-Pucca	2	
		Pucca	3	
107	Does your household own this house?	Yes .....	1	
		No.....	2	
108	How many children do you have? How many sons? How many daughters?	Sons	<input type="text"/> <input type="text"/>	
		Daughters	<input type="text"/> <input type="text"/>	
		<b>Total</b>	<input type="text"/> <input type="text"/>	
109	With whom you are staying at present?	With son(s)	1	→ 201 → 201
		With daughter(s)	2	
		With spouse	3	
		With Grand Son	4	
		With Grand Daughter	5	
		With domestic help/caretaker	6	
		Alone	7	
		Other (SPECIFY) _____	8	

110	Could you please tell us why are you not living with your son/daughter?	Health problem	1	
		Children working/living at another place	2	
		No support from children	3	
		Has no children	4	
		Other (Specify) _____	5	

### ECONOMIC STATUS

201	What was your last main occupation?  <b>SINGLE CODE</b>	Unskilled worker	1	
		Skilled worker	2	
		Petty trader	3	
		Shop owner	4	
		Agricultural labourer	5	
		Homemaker/House wife	6	
		Other (SPECIFY) _____	7	
202	Are you currently engaged in any economic activity?	Yes	1	→ 204
		No	2	
203	What kind of economic activity are you <u>mainly</u> involved in?  <b>SINGLE CODE</b>	Unskilled worker	1	
		Skilled worker	2	
		Petty trader	3	
		Shop owner	4	
		Agricultural labourer	5	
		Homemaker/House wife	6	
		Other (SPECIFY) _____	7	
204	a) Which are the sources of your income?  b) Can you rank these sources on the basis of contribution?  <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a) Code</b>	<b>b) Rank</b>
		Contributory pension	1	
		Non contributory pension	2	
		House rent	3	
		Business	4	
		Remittance from children	5	
		Interest on Savings and Fixed Deposits	6	
		No Income	7	
		Other (SPECIFY) _____	8	
205	How much is your monthly household income from all the sources?	_____ (in Rs.)		
		Can't say.....96666 Don't know.....98888		
206	Do you own any property/land?	Yes	1	
		No	2	
207	Do you depend on anyone for financial requirement?	Yes	1	→ 301
		No	2	

208	a) On whom do you depend? b) Can you rank these people on the basis of extent of dependence on the person?  <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a)Code</b>	<b>b)Rank</b>
		Spouse	1	
		Son	2	
		Daughter	3	
		Son-in-law	4	
		Daughter-in-law	5	
		Grand Son	6	
		Grand Daughter	7	
		<u>Other (SPECIFY)</u>	8	

### 3. HEALTH STATUS AND CARE GIVING

301	Could you please tell us about your health status? <b>READ OUT</b>	Good (no such health problem)	1	→303
		Average (with seasonal health problems like cold, fever etc.)	2	→303
		Poor (with any one of the chronic disease like Diabetes, Hypertension, Depression and Arthritis)	3	
		Very poor (with more than one chronic disease like Diabetes, Hypertension and Arthritis)	4	
302	Please tell us for which health problem are you undergoing treatment at present?  <b>CIRCLE ALL RESPONSES RELEVANT</b>	Diabetes	1	
		Hypertension	2	
		Arthritis	3	
		Cancer	4	
		Asthma	5	
		Heart Problem	6	
		Gastric problem	7	
		Eye problem	8	
		Paralysis	9	
		Depression	10	
		Chest pain	11	
		Headache	12	
		Body pain	13	
		Can't Say	14	
		Others (Specify) _____	15	
No Treatment	16			

303	Where do you mainly go for your treatment of common ailments?  <b>SINGLE CODE</b>	<b>Category</b>	<b>Code</b>
		Urban Health Centre	1
		PHC	2
		CHC	3
		District hospital	4
		RMP	5
		Traditional Healer	6
		Private doctor/clinic	7
		Private hospital	8
		Chemist/Pharmacy	9
		Home made remedies	10
Others (Specify) _____	11		



304	Where do you mainly go for your treatment of chronic problem?  <b>SINGLE CODE</b>	<b>Category</b>		<b>Code</b>
		Urban Health Centre		1
		PHC		2
		CHC		3
		District hospital		4
		RMP		5
		Traditional Healer		6
		Private doctor/clinic		7
		Private hospital		8
		Chemist/Pharmacy		9
		Home made remedies		10
Others (Specify) _____		11		
305	a) How do you meet your health care expenses? b) Can you rank these on the basis of their contribution?  <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a)Code</b>	<b>b)Rank</b>
		Own savings/Income	1	
		Health insurance	2	
		Take loan from someone	3	
		Son	4	
		Daughter	5	
		Son-in-law	6	
		Daughter-in-law	7	
		Grand Son	8	
		Grand Daughter	9	
		Other (SPECIFY) _____	10	
306	What kind of health and medical facilities are available in your area?  <b>CIRCLE ALL RESPONSES RELEVANT</b>	<b>Category</b>		<b>Code</b>
		Urban Health Centre		1
		PHC		2
		CHC		3
		District hospital		4
		RMP		5
		Traditional Healer		6
		Private doctor/clinic		7
		Private hospital		8
		Others (Specify) _____		9
307	a) In case of any health related problem, who takes care of you? b) Can you rank these persons on the basis of extent of their contribution?  <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a)Code</b>	<b>b)Rank</b>
		Son	1	
		Daughter	2	
		Son-in-law	3	
		Daughter-in-law	4	
		Myself	5	
		Spouse	6	
		Grand Son	7	
		Grand Daughter	8	
		Neighbours	9	
		Domestic help	10	
		Others (Specify) _____	11	

308	<p>a) In case of any health related problem, who generally accompanies/takes you to the health facility for treatment?</p> <p>b) Can you rank these persons on the basis of extent of their contribution?</p> <p><b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b></p>	<b>Category</b>	<b>a) Code</b>	<b>b) Rank</b>
		Son	1	
		Daughter	2	
		Son-in-law	3	
		Daughter-in-law	4	
		Spouse	5	
		Grand Son	6	
		Grand Daughter	7	
		Neighbours	8	
		Domestic help	9	
		Alone/No one	10	
Others (Specify)	11			
	_____			
309	<p>a) In your daily life, who takes care of you? E.g. washing clothes, timely meals, bringing medicines and materials from market, help in mobility and carrying out routine chores.</p> <p>b) Can you rank these persons on the basis of extent of their contribution?</p> <p><b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b></p>	<b>Category</b>	<b>a) Code</b>	<b>b) Rank</b>
		Son	1	
		Daughter	2	
		Son-in-law	3	
		Daughter-in-law	4	
		Myself	5	
		Spouse	6	
		Grand Son	7	
		Grand Daughter	8	
		Neighbours	9	
		Domestic help	10	
Others (Specify)	11			
	_____			

#### 4. Elder Abuse

401	Have you faced any kind of abuse from your family or others because of your (old) age?	Yes	1	→ 501		
		No	2			
402	<p>a) What kind of abuse did you face?</p> <p>b) Can you rank the type of abuse by extent of incidence?</p> <p><b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b></p>	<b>Category</b>	<b>a) Code</b>	<b>b) Rank</b>	<p><b>Q 402C IF FACE ABUSE IN Q402, Did you face any health problem because of abuse ? (ASK SEPARATELY FOR EACH TYPE OF ABUE FACED )?</b></p> <p><b>YES</b>      <b>NO</b></p>	
		Physical Abuse	1			1
		Emotional Abuse	2		1	2
		Verbal Abuse	3		1	2
		Economic Abuse	4		1	2
		Showing disrespect	5		1	2
		Neglect	6		1	2
		Other (SPECIFY)			1	2
			_____			

403	a)From whom did you face the abuse? b) Can you rank the person on the basis of extent of abuse faced from him/her? <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a)Code</b>	<b>b) Rank</b>
		Son	1	
		Daughter	2	
		Son-in-law	3	
		Daughter-in-law	4	
		Grand Son	5	
		Grand Daughter	6	
		Domestic help	7	
		Other (SPECIFY)_____	8	

### 5. Community Support

501	Do you need any kind of support/help from your community at this age?	Yes	1	→ 503
		No	2	
502	IF YES IN Q501, what type of support/help do you need?  <b>MULTIPLE RESPONSE POSSIBLE</b>	Help in daily routine	1	
		Help in mobility	2	
		Provide medical aids	3	
		Security against abuse	4	
		Financial support	5	
		Provide transport in an emergency	6	
		Provide some entertainment	7	
		Provide some income generation activities	8	
		Provide health care provider service	9	
		Others (Specify)_____	10	
503	Does your community have any arrangement or facility in case the elderly need any help?	Yes	1	
		No	2	
504	What kind of support do they provide?  <b>RECORD ALL RESPONSES RELEVANT</b>	Help in daily routine	1	
		Help in mobility	2	
		Provide medical aids	3	
		Security against abuse	4	
		Financial support	5	
		Provide transport in an emergency	6	
		Provide some entertainment	7	
		Provide some income generation activities	8	
		Provide health care provider service	9	
		Others (Specify)_____	10	
505	Have you received any of these services?	Yes	1	→ 507
		No	2	
506	IF YES IN Q505, What were the services?  <b>RECORD ALL RESPONSES RELEVANT</b>	1.		
		2.		
		3.		
		4.		
		5.		

507	Is there any NGO in your area working on elderly issues? E.g. health care, providing medical equipment, counselling, legal support.	Yes	1	→ 601
		No	2	
508	What kind of support do they provide?  <b>RECORD ALL RESPONSES RELEVANT</b>	Help in daily routine	1	
		Help in mobility	2	
		Provide medical aids	3	
		Security against abuse	4	
		Financial support	5	
		Provide transport in an emergency	6	
		Provide some entertainment	7	
		Provide some income generation activities	8	
		Provide health care provider service	9	
		Others (Specify)_____	10	
509	Do you need any kind of support/help from NGO at this age?	Yes	1	→ 601
		No	2	

510	ASK IF YES IN Q507, what type of support/help do you need?  avail <b>MULTIPLE RESPONSE POSSIBLE</b>	Help in daily routine	1	
		Help in mobility	2	
		Provide medical aids	3	
		Security against abuse	4	
		Financial support	5	
		Provide transport in an emergency	6	
		Provide some entertainment	7	
		Provide some income generation activities	8	
		Provide health care provider service	9	
		Others (Specify)_____	10	
511	Have you received any of these services?	Yes	1	→ 601
		No	2	
512	IF YES IN Q505 What were the services?  <b>RECORD ALL RESPONSES RELEVANT</b>	1.		
		2.		
		3.		
		4.		
		5.		

## 6. Health Insurance and Welfare Scheme

601	Have you heard about any Health Insurance Schemes?	Yes	1	→ 608
		No	2	

602	ASK IF YES IN Q601 What are the Insurance Schemes you are aware of  <b>RECORD ALL RESPONSES</b>	1.			
		2.			
		3.			
		4.			
		5.			
603	Are you covered under any health insurance schemes?	Yes	1	608	
		No	2		
604	ASK IF YES IN Q603 a) Please tell me, who pays premium of your health insurance?  b) Can you rank these persons on the basis of their contribution?  <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a)Code</b>	<b>b)Rank</b>	607
		Self	1		
		Son	2		
		Daughter	3		
		Son-in-law	4		
		Daughter-in-law	5		
		Grand Son	6		
		Grand Daughter	7		
		Domestic help	8		
Others (Specify)	9				
605	How much satisfied you are with this health insurance schemes  <b>SINGLE CODE</b>	Not Satisfied	1	607	
		Somewhat Satisfied	2		
		Satisfied	3		
		Highly Satisfied	4		
606	ASK IF 2/3/4 CODED IN Q605, Could you tell me, why are you highly satisfied/satisfied/somewhat satisfied with the health insurance scheme?  <b>RECORD ALL RESPONSES</b>	1		608	
		2			
		3			
		4			
		5			
607	ASK IF 1 CODED IN Q605, Could you tell me why are you not satisfied with these schemes?  <b>RECORD ALL RESPONSES</b>	1.			
		2.			
		3.			
		4.			
		5.			
608	Have you heard about Rastriya Swasthya Bima Yojana (RSBY)?	Yes	1	619	
		No	2		
609	ASK IF YES IN Q608, What have you heard about RSBY?  <b>CIRCLE ALL RESPONSES RELEVANT</b>	Only available for BPL families	1		
		Free treatment for family up to Rs. 30,000 in a year	2		
		Less registration fees (Rs. 30)	3		
		One can get all kind of treatment	4		
		One can get transport support for reaching health facility	5		
		Others (Specify) _____	6		
610	Have you ever tried to register under RSBY?	Yes	1	620	
		No	2		

611	ASK IF YES IN Q610, have you faced any problem?	Yes	1	→ 613
		No	2	
612	ASK IF YES IN Q611, What were the problems?  <b>CIRCLE ALL RESPONSES RELEVANT</b>	Taken more time	1	
		More waiting time	2	
		Staff were absent	3	
		Behaviour of staff was not good	4	
		Asked for more money (> Rs 30)	5	
		No proper guidelines for registration	6	
		Others (Specify)_____	7	
613	Are you registered under RSBY?	Yes	1	→ 620
		No	2	
614	Have you ever used RSBY card for your treatment?	Yes	1	→ 620
		No	2	
615	ASK IF YES IN Q614, How satisfied you are with this RSBY scheme?  <b>SINGLE CODE</b>	Not Satisfied	1	→ 617
		Somewhat Satisfied	2	
		Satisfied	3	
		Highly Satisfied	4	
616	ASK IF 2/3/4 CODED IN Q615, Could you tell me, why are you highly satisfied/satisfied/somewhat satisfied with RSBY schemes?  <b>RECORD ALL RESPONSES</b>	1.		
617	ASK IF 1 CODED IN Q615, Could you tell me, why are you not satisfied with RSBY schemes?  <b>RECORD ALL RESPONSES</b>	1.		
		2.		
		3.		
		4.		
		5.		
618	Have you ever faced any problem during the use of the RSBY scheme?	Yes	1	→ 620
		No	2	
619	IF YES IN Q618, What are those problems? <b>RECORD ALL RESPONSES</b>	1.		
		2.		
		3.		
		4.		
		5.		
620	Have you heard about any other health related Welfare Schemes?	Yes	1	→ 701
		No	2	
621	ASK IF YES IN Q620, What are those welfare schemes?  <b>RECORD ALL RESPONSES</b>	1.		
		2.		
		3.		
		4.		
		5.		

622	Have you ever tried to register under these schemes?	Yes	1	→ 701
		No	2	
623	ASK IF YES IN Q622, have you faced any problem?	Yes	1	→ 626
		No	2	
624	ASK IF YES IN Q623, What were the problems?  <b>CIRCLE ALL RESPONSES RELEVANT</b>	Taken more time	1	
		More waiting time	2	
		Staff were absent	3	
		Behaviour of staff was not good	4	
		Asked for more money (> Rs 30)	5	
		No proper guidelines for registration	6	
		Others (Specify) _____	7	
625	Have you ever benefited from these schemes?	Yes	1	→ 701
		No	2	
626	ASK IF YES IN Q625, How satisfied you are with these schemes?  <b>SINGLE CODE</b>	Not Satisfied	1	→ 628
		Somewhat Satisfied	2	
		Satisfied	3	
		Highly Satisfied	4	
627	ASK IF 2/3/4 CODED IN Q626, Could you tell me, why are you highly satisfied/satisfied/somewhat satisfied with these schemes?  <b>RECORD ALL RESPONSES</b>	1.	} 701	
		2.		
		3.		
		4.		
		5.		
628	AS IF 1 CODED IN Q626, Could you tell me why are you not satisfied with these schemes?  <b>RECORD ALL RESPONSES</b>	1.		
		2.		
		3.		
		4.		
		5.		

## 7. Elderly Needs

701	a) Please tell us about your basic needs at this age?  b) Can you please rank these needs on the basis of extent of importance?  <b>CIRCLE ALL RESPONSES RELEVANT AND GET RANK FOR THOSE CIRCLED</b>	<b>Category</b>	<b>a)Code</b>	<b>b)Rank</b>
		Health Care	1	
		Separate hospital for elderly	2	
		Free treatment	3	
		Free health insurance	4	
		Financial aid	5	
		Pension schemes should be started	6	
		Steps to be taken for security	7	
		Housing facility	8	
		Free travel passes should be provided	9	
		No discrimination against elderly	10	
		Emotional Support	11	
		Physical Support	12	
Others (Specify) _____	13			

**Interviewer observation**

Kindly write down your observation about respondent (elderly 80+).

**For example, place of interview , living environment of elderly, living status if different from reported, behaviour of other family members towards elderly during interview if any (positive or negative), etc.**

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**This is the end of our questionnaire and we once again thank you for your support by participating in this study**



## Elderly Needs for Care and Support: A Study in Urban India

### In Depth Interview Guide for Health Professional

Date of Interview:   2 0 1 0

#### City

Delhi NCR.....1	Patna.....5
Mumbai.....2	Chennai.....6
Kolkata.....3	Bhopal.....7
Hyderabad .....4	Ahmedabad.....8

#### Type of Health Provider

Government health provider.....1  
Private health provider.....2

Name of respondent: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact No. \_\_\_\_\_

Name of Interviewer : \_\_\_\_\_

Occupation of respondent : \_\_\_\_\_

#### Introduction

Namaskar. My name is \_\_\_\_\_. I am from Sigma Research, a national social research organisation. We carry out studies on health, nutrition, development etc. Currently we are carrying out a study on issues relating to elderly people for HelpAge India. We shall be grateful if you can spare some of your valuable time and provide the information. Please be assured that the information provided by you will be kept confidential and used only for research and programme purpose.

**A. PROFILE**

- A1.** Please tell me since how long you are working in this city and department? **PROBE**
- A2.** Please tell me about your role and responsibilities in your present post?  
**PROBE : WITH SPECIAL REFERENCE TO ELDERLY**

**B. ELDERLY CONCERN**

- B1.** What are the general issues of the, particularly of 80 + years ? **PROBE : HEALTH, FINANCIAL/ECONOMIC, DISABILITY, EMOTIONAL PROBLEM, NEGLIGENCE FROM FAMILY, MOBILITY PROBLEM.**
- B2.** What type of health facilities are available in your area for the elderly of 80+ years? **PROBE : UHC, PHC, CHC, PRIVATE CLINIC/DOCTOR, PRIVATE HOSPITAL, ETC.**
- B3.** What are the kinds of health problems faced by the elderly of 80+ years?  
**PROBE : WRITE NAME OF DISEASE .**
- B4.** In your opinion, how do the elderly of your area meet the health care expenses? **PROBE : OWN SAVINGS/INCOME, HEALTH INSURANCE, CHILDREN, LOAN, ETC.**
- B5.** Could you tell us, is there any specific government programme running in the hospitals of your area for the health care of elderly 80+? **YES/NO**
- B6.** ASK IF YES IN B5, what kind of programmes are currently running in the hospitals? Which aspects of health care are covered under these programmes? Please share your views on the utilisation of these programmes. **PROBE**
- B7.** Do the elderly who come for treatment of health problems ask for any help? **YES/NO**
- B8.** ASK IF YES IN B7, what kind of help do they ask for? What action do you take? **GIVE PROPER GUIDANCE, REFER TO A COMPETENT AUTHORITY, COUNSELING ETC**
- B9.** In case of any health related problem, who generally comes with the elderly for treatment? **PROBE : SON, DAUGHTER, DAUGHTER-IN-LAW, ALONE, SPOUSE, NEIGHBOURS, ETC.** Do the accompanying person stays with elderly during consultation and what are the other activities of that person in helping elderly during consultation?  
**PROBE AND GET DETAILS.**

- B10.** Is there any welfare scheme available for the elderly of 80+ years in your area? **YES/NO**
- B11.** ASK IF YES IN B10, what are those schemes and what facilities are provided under these schemes? **PROBE: RSBY, OLD AGE HOME, PENSION SCHEME, FREE TRAVELING PASS, ETC.**
- B12.** Have you come across cases of abuse among elderly of 80+ years in the last few years? **YES/NO**
- B13.** ASK IF YES IN B12 Can you tell us what kind of abuse is faced by the elderly of 80+ years ? How many cases of abuse have come up in the past few years? **PROBE AND GET NO. OF CASES BY TYPE OF ABUSE**
- B14** **What are the health implications of elderly abuse ? PROBE**
- B15.** In your opinion, does community of this area have any arrangement or facility in case elderly needs any help? IF YES, what kind of support do they provide? **PROBE : PHYSICAL, ECONOMIC, EMOTIONAL, JURIDICAL SUPPORT, ETC.**
- B16.** Is there any NGO in your area working on elderly issues? IF YES, what kind of help generally they provide? **PROBE : PHYSICAL, ECONOMICAL, EMOTIONAL, LEGAL SUPPORT, ETC.**
- B17.** What according to you are the needs/ requirements of the elderly of 80+ years ? **PROBE: HEALTH CARE, FREE TREATMENT, HEALTH INSURANCE, FINANCIAL AID, HOUSING FACILITY, EMOTIONAL SUPPORT, PHYSICAL SUPPORT, ETC.**
- B18.** **What do you suggest, to address the needs/requirement of elderly 80+? PROBE**
- B19.** What else would you like to add to our conversation?



## Elderly Needs for Care and Support: A Study in Urban India

**In Depth Interview Guide for Oldest Old (80+ Population)**

**Date of Interview:**             

**City**

- |                  |                 |
|------------------|-----------------|
| Delhi NCR.....1  | Patna.....5     |
| Mumbai.....2     | Chennai.....6   |
| Kolkata.....3    | Bhopal.....7    |
| Hyderabad .....4 | Ahmedabad.....8 |

**Introduction**

Namaskar. My name is \_\_\_\_\_. I am from Sigma Research, a national social research organisation. We carry out studies on health, nutrition, development etc. Currently we are doing a study on issues relating to elderly people in urban India together with HelpAge India. We shall be grateful if you can spare some of your valuable time and provide the information. Please be assured that the information provided by you will be kept confidential and used only for research and programme purpose.

Name of respondent : \_\_\_\_\_

Age of respondent : \_\_\_\_\_

Sex of respondent : \_\_\_\_\_

Occupation of respondent : \_\_\_\_\_

Contact No. \_\_\_\_\_

**A. PROFILE**

**A1.** Please tell me about yourself? **PROBE : AGE, EDUCATION, OCCUPATION, ECONOMIC STATUS, INCOME, SOURCES OF INCOME, MARITAL STATUS, LIVING ARRANGEMENT.**

**B. ELDERLY CONCERNS**

**B1.** What are the general issues of elderly? **PROBE : HEALTH, FINANCIAL , DISABILITY, EMOTIONAL PROBLEM, NEGLIGENCE FROM FAMILY, MOBILITY PROBLEM.**

**B2.** What type of health facilities are available in your locality where you visit for common ailments and for chronic health problem? **PROBE : UHC, PHC, CHC, PRIVATE CLINIC/DOCTOR, PRIVATE HOSPITAL, ETC.** What specific services are available for elderly of 80+ years here? **PROBE**

**B3.** Where do you mainly go for your treatment of common ailments/Chronic problem (Please ask separately for both types) ? **PROBE : UHC, PHC, CHC, PRIVATE CLINIC/DOCTOR, PRIVATE HOSPITAL, ETC.** How much satisfied you are with these facilities? **PROBE : NOT SATISFIED, SOMEWHAT SATISFIED, SATISFIED, HIGHLY SATISFIED. Please give reasons to your response.**

**B4.** How do you meet the health care expenses? **PROBE : OWN SAVINGS/INCOME, HEALTH INSURANCE, CHILDREN, LOAN, ETC.** Which is the major source? **PROBE AND GET DETAILS**

**B5.** Who takes care of you in your daily life? **PROBE : WASHING CLOTHES, TIMELY MEALS, BRINGING MEDICINES AND MATERIALS FROM MARKET, HELP IN MOBILITY AND CARRYING OUT ROUTINE CHORES.** Who takes care of you mostly? **PROBE AND GET DETAILS**

**B6.** In case of any health related problem, who takes care of you and who generally accompany/takes you health facility for treatment? **PROBE: SON, DAUGHTER, DAUGHTER-IN-LAW, HIMSELF, SPOUSE, GRAND SON/DAUGHTER, NEIGHBOURS, ETC.** Who takes care of you mostly? **PROBE AND GET DETAILS.** Do the accompanying person stays with you during your consultation with the doctor/treatment time? **PROBE AND GET DETAILS.**

**B7.** Are you financially dependant on any one? IF YES, on whom do you depend? **PROBE: SON, DAUGHTER, DAUGHTER-IN-LAW, HIMSELF, SPOUSE, GRAND SON/DAUGHTER, NEIGHBOURS, ETC.** On whom do you depend the most? **PROBE AND GET DETAILS**

- B8.** Have you faced any kind of abuse from family or others because of your old age? **YES/NO**
- B9.** ASK IF YES IN B8 from whom did you face abuse? What kind of abuse did you face? **PROBE : PHYSICAL ABUSE, EMOTIONAL ABUSE, VERBAL ABUSE, ECONOMIC ABUSE, SHOWING DISRESPECT, NEGLECT.**
- B10.** Did you face any health problem because of this abuse? **IF YES**, can you please explain about this? **PROBE**
- B11.** Does your community have any arrangement or facility in case the elderly need any help? **IF YES**, what kind of support do they provide? **PROBE : PHYSICAL, ECONOMICAL, EMOTIONAL, JURIDICAL SUPPORT, ETC.**
- B12.** Is there any NGO in your area working on elderly issues? **IF YES**, what kind of help generally they provide? **PROBE : PHYSICAL, ECONOMICAL, EMOTIONAL, LEGAL SUPPORT, ETC.**
- B13.** Have you heard of any Government welfare schemes available for the elderly? **YES/NO**
- B14.** **ASK IF YES IN B13**, what are those schemes and what facilities are provided under these schemes? **PROBE: OLD AGE HOME, PENSION SCHEME, FREE TRAVELING PASS, ETC.**
- B15.** Have you ever benefited from these schemes? **IF YES**, Are you satisfied with these schemes? Why do you say that you are satisfied/not satisfied?? **PROBE**
- B16.** Have you heard about RSBY ? **YES/NO**
- B17.** **ASK IF YES IN B16**, Have you registered/tried to get registered under RSBY? **IF YES**, have you faced any problem during the process of registration ? **IF YES**, What were those problems? **PROBE**
- B18.** Have you ever used the RSBY scheme? **IF YES**, Are you satisfied with this scheme? Why do you say that you are satisfied/ not satisfied? **PROBE**
- B19.** Please tell us about your need/ requirement at this age? **PROBE: HEALTH CARE, FREE TREATMENT, HEALTH INSURANCE, FINANCIAL AID, HOUSING FACILITY, EMOTIONAL SUPPORT, PHYSICAL SUPPORT, ETC.**
- B20** What do you suggest to meet the needs/requirements elderly of 80+ years? **PROBE**

