The State of Elderly in India Report 2014 is a first-of-its-kind attempt at documenting the current status of our elderly. This is a monumental task, considering that the elder population now stands at 100 million and is projected to grow to 324 million, constituting 20% of the total population, by 2050.

The fact that it is left to an NGO to undertake this task at its own initiative and cost is in itself a comment that this segment of our Society continues to be denied the attention it deserves from policy planners and program implementers.

This Report by India's leading age care NGO, HelpAge India, is a compilation of articles and factoids and serves to highlight the dichotomy between an apparently happy picture of increased longevity and the reality of long years of hopelessness, bereft of family, society or state support that our elderly face today.

There are numerous problems that need to be addressed urgently, particularly those that affect the underprivileged sections the most. These have been elaborated in individual chapters. Some need immediate intervention by state and central governments. Others, such as elder abuse highlight a national shame that requires both introspection and action from society at large.

This Report has high relevance to all those engaged in building a better India for our citizens, be they government agencies, policy planners, educationists, social activists, political parties, parents and children. It is just as important for those elders amongst us who are active and are fortunately privileged, to lead the fight for their rights and their implementation if a just and fair society is to prevail.

₹ 495
ISBN 978-9-38443-935-4
9 789384 439354 >

HelpAge India | Fighting isolation, poverty, neglect

STATE OF ELDERLY IN INDIA 2014

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Published in India in 2015 by:

HelpAge India
C-14, Qutab Institutional Area
New Delhi – 110016
www.helpageindia.org

ISBN: 9789384439354

All programme related photographs feature actual HelpAge India beneficiaries. All photographs are from HelpAge India archives. HelpAge acknowledges the contribution of individual photographers. Special thanks are due to Pradip Das.

Credits:
Lead organiser on documentation and compilation by Mathew Cherian
Editorial review and supervision by Manjira Khurana, Jyoti Kumar Sarma, Sonali Sharma and Anupama Datta
Publishing facilitation by AuthorsUpFront
Design and typesetting by Ram Das Lal

Printed and bound at
Saurabh Printers
Okhla, New Delhi

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PREFACE

As would be true of most of us who grew up in the 1960s in large joint families, our grandparents always enjoyed centre-stage; they were consulted by their adult children, loved and respected by their grandchildren. I don't remember a morning when we did not touch our grandparents' feet. In less than five decades, however, we have seen much of this respect for elders wither away. Today, as the number of elderly in India touches 100 million, this figure, however impressive, sadly, gives us no reason to celebrate. Even in rural areas—long considered the repository of our deeply ingrained values—the changing family patterns with younger people migrating to cities in search of work, a large number of elders are being left alone, ill-equipped to meet the debilitating effects of advanced age. In urban areas, adults find themselves so preoccupied with work and the stress of city life, that they unwittingly leave unattended a large, silent population of lonely, frightened elders who are bereft of support—financial, medical or emotional.

While improvements in health, decline in fertility, and an increase in longevity are desirable, the projected increase of the elderly population over the next few decades is a development concern that warrants priority attention for economic and social policies to become senior citizen-friendly.

Population ageing is an important emerging phenomenon in India, warranting a strong multi-sectorial policy and programme response so that future generations benefit and live longer with happiness and security. Financial security for the old is under increasing strain throughout India. The result is a looming old age crisis that threatens not only the elderly but also their children and grandchildren who must shoulder, directly or indirectly, much of the increasing burden of providing for the aged.

In 2014, when the number of India's elderly crossed the 100 million mark and it was found that 51 million of them live below the poverty line, we at HelpAge India clearly saw that the time to significantly address the crisis that looms large was upon us all. We have worked with various stakeholders

and the government to create 'Policies to protect the old and promote Growth and Happiness'. Our repeated surveys on elder abuse indicate that increasingly, many elderly are being subjected to abuse within their own families, perpetrated, sadly, by their own sons and daughters-in-law. In some cases, surprisingly, it is their daughters who are the culprits. Another cause for worry in many of our cities is the rising destitution among the elderly; the number of homeless elderly is also increasing. Clearly, the state of the elderly in our nation calls for action across a range of issues that require our urgent attention.

The Constitution of India recognises the duty of the State towards the aged. Article 41 of the Constitution enjoins the State to make effective provision, within the limits of its economic capacity and development, for public assistance in the case of unemployment, old age and sickness. And yet the State has not taken any initiatives in this regard, let alone made adequate provisions for the health and financial security of the elderly.

The State of Elderly Report 2014 is a first-of-its-kind attempt by an NGO to outline the major problems that beset the elderly. This report is a compilation of articles and factoids to highlight the dichotomy of the happy picture of increased longevity, and the prospect of long years of hopelessness, bereft of family, society or state support.

HelpAge India releases this report with the hope that the insights provided in it will motivate influencers to strongly advocate the cause of the elderly for priority attention of policy makers, and contribute to the formulation and implementation of strong and effective plans and programmes for the elders of our country.

Mathew Cherian
Chief Executive Officer
HelpAge India
February 2015

Elders at Inba Illam old age home, Madurai, Tamil Nadu

Chapter 1

Overview of the Elderly in India

Background

Population ageing is one of the most important global trends of the 21st century and the issue has started receiving much attention from the public, media and policy makers. While the 21st century is widely being considered the century of elderly persons, the 22nd century is expected to witness the phenomenon of the 'ageing of the aged'.

The increase in life expectancy has resulted in a major shift in the age group of 80 years and over, known as the 'oldest old'. This emerging trends calls for tremendous efforts to cope with new demands and challenges—economic, emotional and health related.

Table 1.1

Age group (years)	Year 2011* (million)	Year 2016* (million)
60–69	56.8	68.9
70–79	32.0	35.8
80+	9.6	13.2
All ages	1192.5	1268.9

10 Million = 1 Crore
*Nearest population projection available from government sources used instead of the year 2012 and 2017

In 2011, there were 98 million senior citizens in India, and the number is expected to swell to 143 million by 2021, with 51% being women.

Source 1: Population Projection Report for India and States 2001-2026; Report of the Technical Group on Population Projection, Govt. of India, 2006
Source 2: Textbook of Geriatric Medicine, Indian Academy of Geriatrics. Chapter 156 by Mathew Cherian

Rural and urban elderly

According to the National Sample Survey Organisation (NSSO) Report 2004, the sex ratio of the ageing population in rural areas is 985 females per 1000 males, while in urban India, it is 1046 females per 1000 males. The 2001 census reported that 75% of the elderly live in rural areas, of which 48.2% are women—55% of whom are widows. The dependency ratio is 12.5 in rural India and 10.3 in urban India. Of the rural elderly, 67% are dependent on others. It is estimated that 6.7% senior citizens are confined to bed or home.

The dramatic increase in human life expectancy over the years has resulted not only in a very substantial rise in the number of older persons but a major shift in the age group of 80 and above. According to the demographic profile, the overall population of India will grow by 40% between 2006 and 2050, whereas the population of people aged 60 years and above will increase by 270%, and those in the age group of 80+ by 500%. It is important to remember, however, that the extended period of life is, in most cases, riddled with emotional, financial and health problems.

Implications

The vast majority of the 80+ population lives in rural areas that have the least facilities for the necessary special health and family care.

It has also been found that the perception of those in the 80+ age group regarding their problems changes rather drastically as they grow older. For example, young and middle-aged olds (60–79 years) may be more concerned about their economic needs and the need to remain fit and independent, while those above 80 are often sick, frail, physically weak, vulnerable to crime, dependent on others, and frequently in need of urgent support measures. They are also often excluded from the social and economic spheres of everyday life. Therefore, this group should not be treated as part of a homogenous group of all older persons.

Oldest Old (80+) women are an especially vulnerable group. An overwhelming portion of this group are widows who, in India, suffer multiple miseries—being women, being widows, being poor, leading longer, more agonising lives than men.

The ageing of the 80+, with numerous morbidities, needs urgent attention. This section of people suffers more on account of disability, chronic disease, terminal illness, dementia and depression, accidents, falls, nutritional deficiencies, loneliness, etc. Furthermore, they are subjected to elderly abuse, sharpened by neglect and isolation, which makes them financially and emotionally dependent on their families and others. It is important to ensure that they are financially self-sustaining. Their pension needs to be improved and there should be a provision of free medical aid,

particularly for those who are exempt from paying income tax. There are currently about 10 million elderly people in the 80+ category in India, and this number is expected to rise to around 53 million by the year 2050.

The data on living arrangements of the Oldest Old in rural areas suggests that most of them live with the families of their adult children. They depend on their children to take care of them during ill health. However, the children are almost never helpful and, in many cases, the Oldest Old have to depend on their spouses. As a result, many of them face insufficient food intake and many report economic abuse by their family members.

The 80+ year old population segment is the fastest growing of the ageing population and this trend is expected to continue.

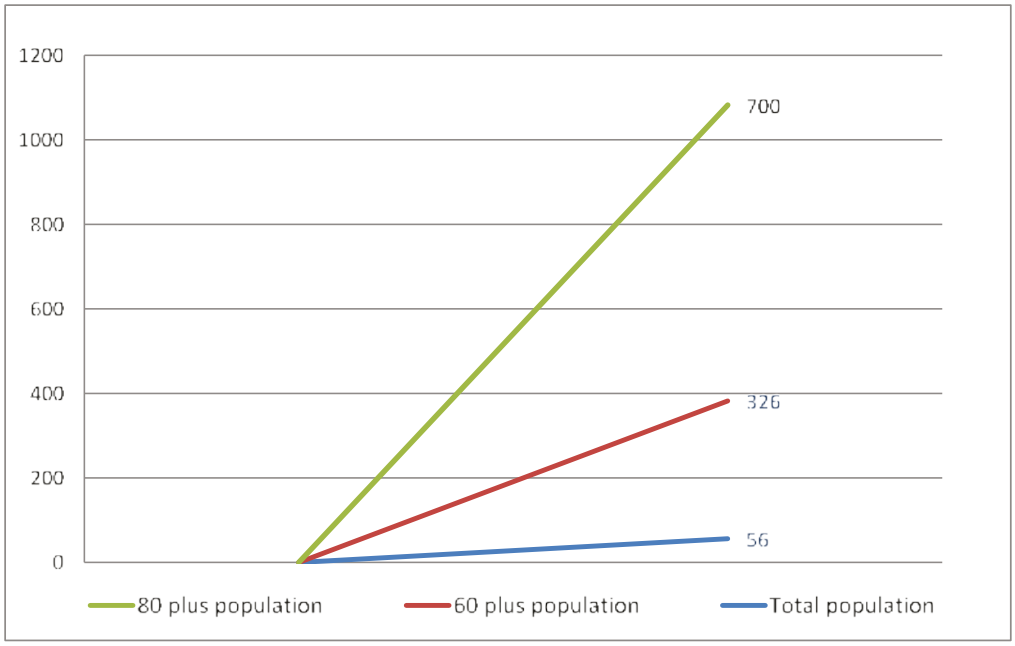
Given the current ageing scenario, there is a need to enhance all aspects of care for the Oldest Old—socio-economic, financial, health and shelter. Problems faced in any of these areas have an impact on the overall quality of life. The increase in life span also results in chronic functional disabilities, because of which the Oldest Old need assistance to manage simple chores. Future policies need to take into account the increasing human longevity and the current lack of care giving.

Table 1.2

Years	Total population (million)	60 plus (million)	80 plus (million)
2000	1008	76	6
2050	1572	324	48

Source: World population Ageing: 1950-2050; Department of Economic and Social affairs, Population Division, United Nations. New York.2002

Figure 1 - Estimated increase in population Between 2000 and 2050 (%)



Other health problems faced by the Oldest Old include asthma, poor eyesight, cold and cough, joint pains, and problems related to general physical weakness. Most of them depend on a private doctor/clinic, community health centre and primary health centre in the area for treatment. The Oldest Old in rural areas are not covered by any health insurance scheme, and therefore find it difficult to access healthcare.

In most cases, there are no dependable community support systems that the Oldest Old can depend on. Moreover, there are no government welfare schemes for their benefit, except for the Indira Gandhi National Old Age Pension Scheme.

In general, among senior citizens in India, particularly those above the age of 80, women outnumber men in terms of the need for additional funding. The Ministry of Finance has already recognised the need for special consideration for the 80+ age group by providing them income tax concessions.

In the last 50 years, the average life span has increased by 20 years. Moreover, the overall number of those above 80 is rapidly rising. There needs to be a comprehensive assessment of the requirements of this section of people in terms of travel and accommodation, sustenance and their ever-increasing medical expenses. All current policies for the welfare of senior citizens require additional funding.

Demographic profile of senior citizens Over the XII plan period

Table 1.3

Age group (years)	Year 2011* (million)	Year 2016* (million)
60–69	56.8	68.9
70–79	32.0	35.8
80+	9.6	13.2
All ages	1192.5	1268.9

*Nearest population projection available from government sources used instead of years 2012 and 2017

Amongst senior citizens, particularly those above age 80, women outnumber men who will require additional funding.

The increase in life expectancy has brought forth other challenges of health care management. Many senior citizens suffer from non-communicable diseases (NCDs), including diabetes, hypertension, coronary heart disease, osteo-arthritis, stroke, dementia, osteoporosis, cancer, enlarged prostate, depression, and cataract-related blindness. These citizens need special attention in rural areas.

The issue of poverty, both relative and chronic, poses additional challenges when it comes to older persons, particularly those in rural and far-flung areas with inadequate access to health care facilities. Then there are those who are triply disadvantaged—women, the disabled, dalits, and tribals in this category, with even more limited access to social security, health care and emotional security.

Women, particularly widows, who account for a sizable chunk of the older population, need special attention. So do the Oldest Old and the rural elderly. Much needs to be done in order to ensure that they are able to lead their lives with dignity, independence and care.

Mallamma, 102 years, supported by son Siddaiah, 75 years at Kunthur Village, Mysore, Karnataka

Chapter 2

Economic and Health Survey of the Oldest Old

Background

Ageing is a universal process—it affects everyone across 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 has been on a rapid rise in developing countries.

One of the major features of demographic transition across the world has been the considerable increase in the absolute and relative numbers of elderly people. This is especially true in the case of developing countries like India. About 60% of the elderly live in the developing world, and this will rise to 70% by 2010. Further, the older population itself is ageing, with the Oldest Old (80+) constituting more than 10% of the world's elderly.

The Indian context

India's Oldest Old population has been estimated at around 80,38,718, out of which 20,22,345 live in urban areas (Census 2001). According to the NSS 52nd round, 63% of the elderly in India were found to be illiterate. This is likely to have a bearing on their economic activities. Poverty and loneliness further add to the problem of elderly care, rendering senior citizens even more vulnerable.

Traditionally, in India, the most common form of family structure has been the joint family. The extended family consists of at least two generations living together and this arrangement has usually been to the advantage of the elderly as they enjoy special status and power. But with growing urbanization and dependency on the availability of jobs, children are increasingly opting out of the extended family setup, leaving behind an 'empty nest' and establishing their own nuclear families.

In the coming years, the elderly population will grow phenomenally in number, while the family size will reduce. In the absence of traditional caregivers, given the disintegration of the joint family and women moving out of the household, the elderly are already a vulnerable group in need of care and attention.

Source: Economic and Health Survey on India's Oldest Old – a HelpAge India survey (2010)

Profile and needs of the Oldest Old

This chapter puts forth the socio-demographic and economic profile of the Oldest Old, along with insights on their dependency for various requirements like daily routine and health care, among others. It also presents findings pertaining to the welfare schemes and support systems available to them at the community level.

In 2010 HelpAge India carried out a survey in 8 cities of India, covering 833 respondents, all from the Oldest Old i.e 80+ years in age. The cities covered were Delhi & NCR, Mumbai, Hyderabad, Chennai, Patna, Kolkata, Bhopal and Ahmedabad.

Socio demographic profile

Age distribution

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

The mean age of the Oldest Old varies between 83 and 84 years across the cities (Table 2.1b). More than four-fifths of the Oldest Old in Mumbai and Bhopal are of 80–84 years, while Patna has the lowest proportion of Oldest Old in this age group. On the other hand, Patna has the highest concentration (34%) of those in the 85+ years category , followed by Chennai (28%) and Delhi NCR (27%). The sample size for this survey was 833 respondents spread over eight cities in India.

Table 2.1a - Age distribution

Age group (years)	Percentage
80–84	75.4
85–90	20.8
Above 90	3.8
Mean	83
SD	4
Total N	**833**

Table 2.1b - City-wise age distribution (%)

Age group (years)	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

Age group (years)	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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
Total N	**120**	**101**	**101**	**100**	**100**	**102**	**108**	**101**

Marital status

Figure 2.1a provides the marital status of the Oldest Old. More than half (57%) of the Oldest Old are either widows/widowers, while two-fifth (41%) are currently married.

The city-wise distribution of the Oldest Old in terms of marital status has been provided in Table 2.1c. More than 60% of the Oldest Old in Ahmedabad, Bhopal, Patna and Chennai are widows/widowers, while this figure is 46% in Hyderabad. The proportion of those who are currently married is highest in Hyderabad (55%) and lowest in Ahmedabad (30%). The percentage of those who have been separated/deserted is slightly higher in Delhi NCR (7%) compared to other cities.

Figure 2.1a - Marital status (%)

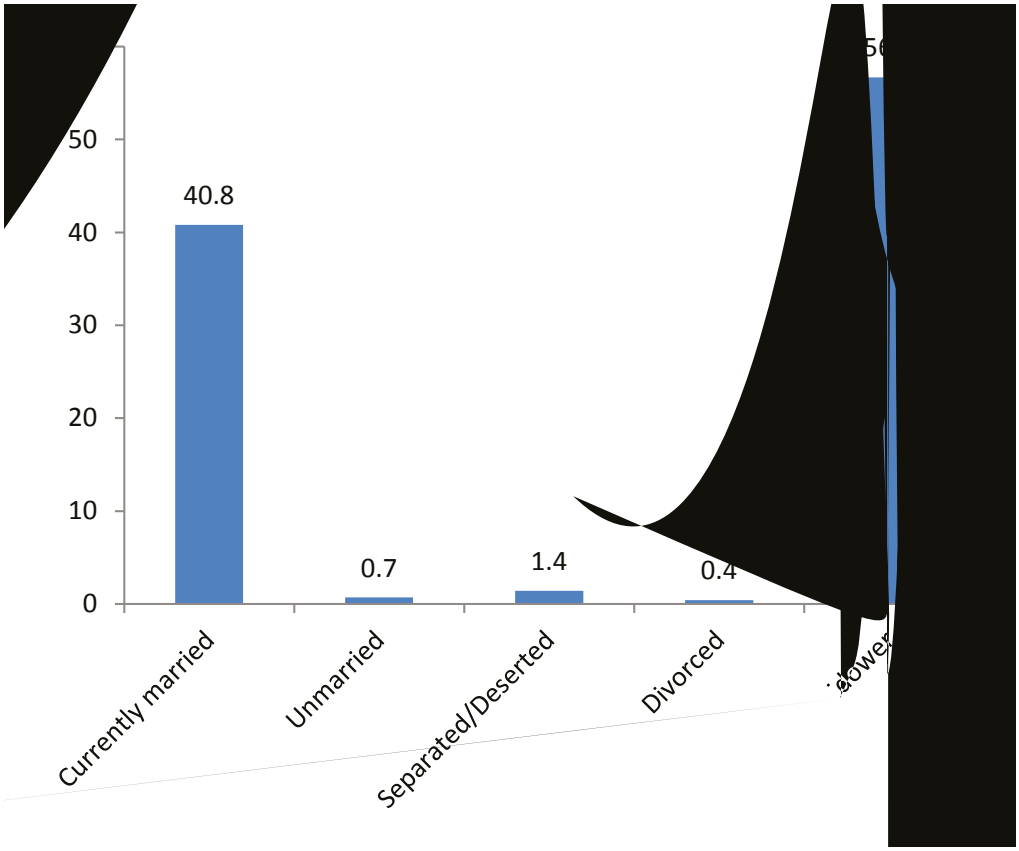


Table 2.1c - City-wise distribution by marital status (%)

Marital Status	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

Educational attainment

Figure 2.1b represents the educational attainment of the Oldest Old in India. More than two-thirds (70%) of the Oldest Old are illiterate and 30% are literate, with about 19% and 7% having passed the Primary and Middle levels, respectively. Only about 5% of the Oldest Old have studied beyond the Secondary level.

Figure 2.1b - Distribution by Educational attainment (%)

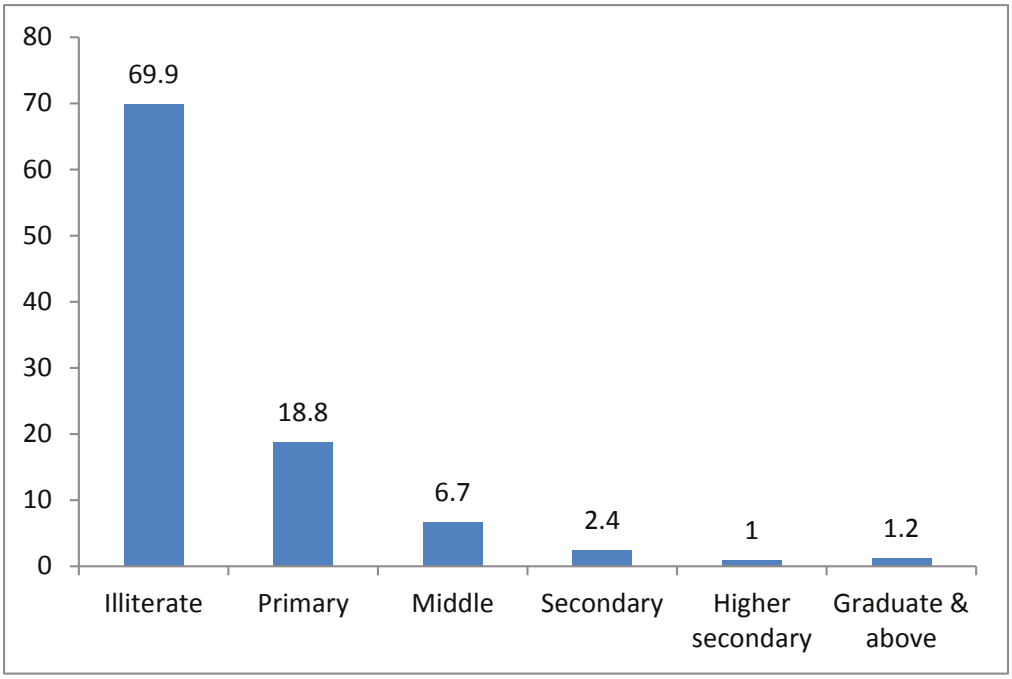


Table 2.1d delineates the educational attainment of the Oldest Old across eight cities. More than half of the Oldest Old in each city are illiterate. More than four-fifths of those in Delhi are illiterate, while this figure is a little over half (52%) in Mumbai. More than one-fifth (21%) of the Oldest Old in

Hyderabad have attained a middle level of education, while in Ahmedabad this figure is merely 3%. Taken across cities, about 5–10% of the Oldest Old have received secondary and above education.

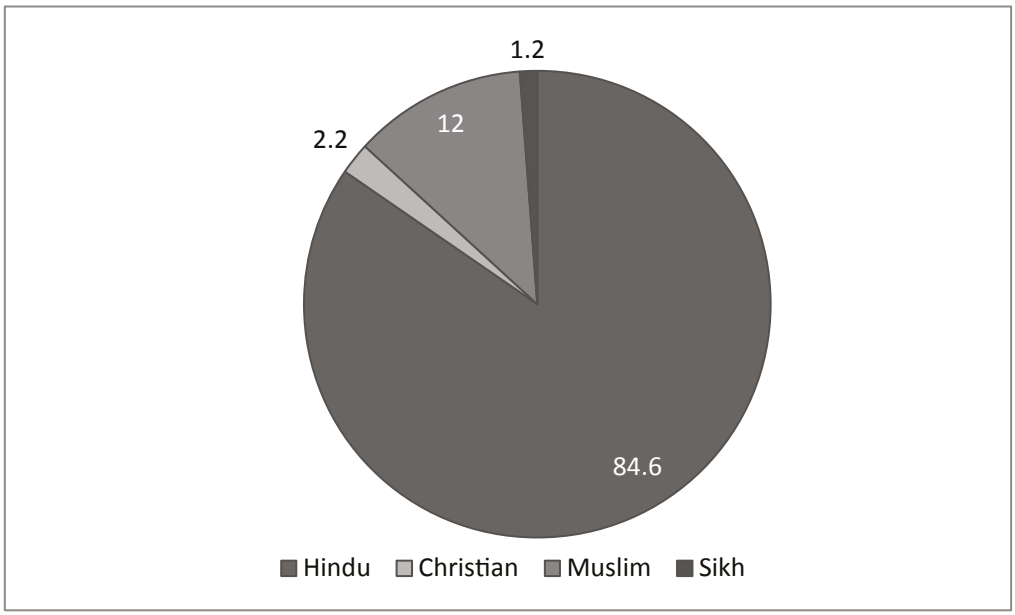
Table 2.1d - City-wise educational attainment (%)

Education	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

Religion and Caste

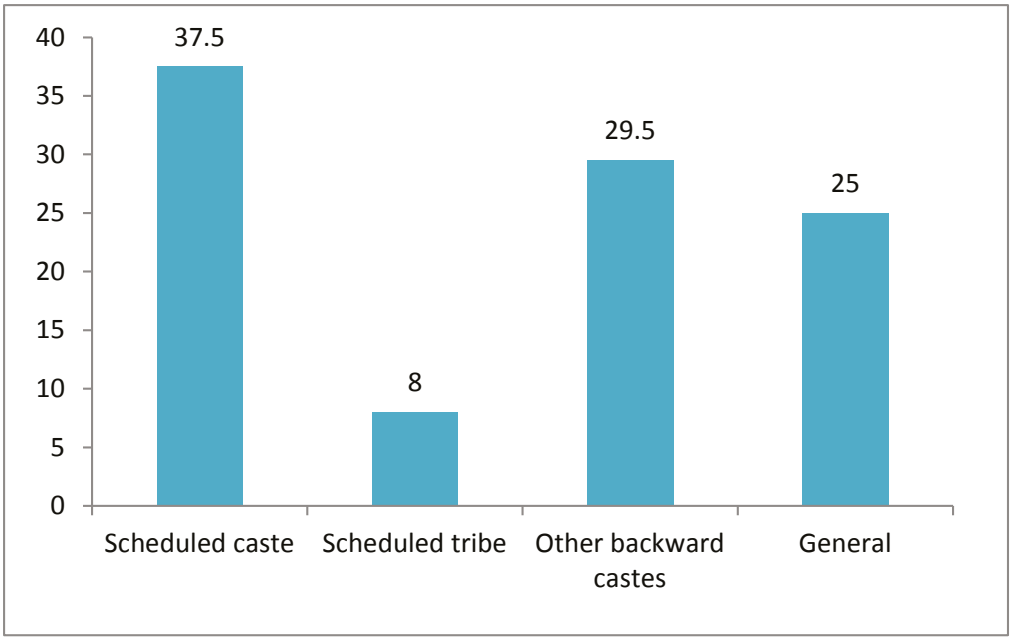
Most of the Oldest Old are Hindus (85%), while more than one-tenth (12%) are Muslims (Figure 2.1c).

Figure 2.1c - Religion (%)



The distribution by caste suggests that close to two-fifths (38%) of the Oldest Old belong to the Schedule Caste category, while 30% belong to Other Backward Castes and one-fourth the general category (Figure 2.1d).

Figure 2.1d - Caste (%)



The Oldest Old are mostly Hindus (more than two-thirds in each city covered). 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 the Schedule Caste category, while this proportion is about one-fifth each in Mumbai (18%) and Kolkata (20%). Almost half (48%) of the Oldest Old in Hyderabad belong to Other Backward Castes while less than one-tenth (8%) in Bhopal belong to this category. Two-thirds (67%) of the Oldest Old in Kolkata belong to the general category.

Table 2.1e - City-wise distribution by religion and caste (%)

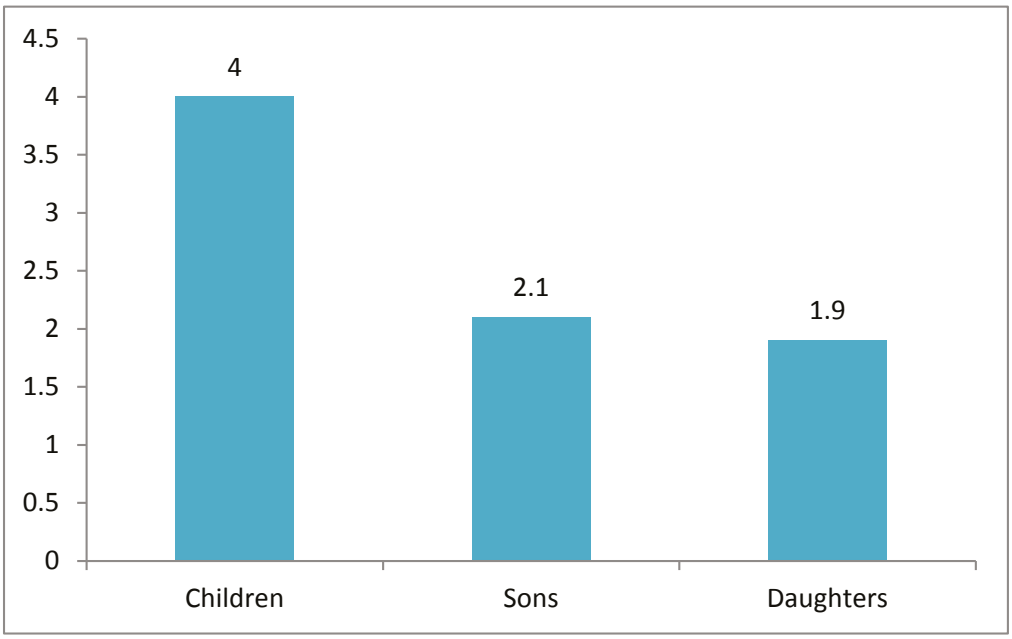
Characteristics	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Religion								
Hindu	87.5	79.2	88.1	90	91	75.5	67.6	99
Muslim	6.7	19.8	5.9	2	7	22.5	31.5	-
Christian	-	1	5.9	8	1	-	0.9	1
Sikh	5.8	-	-	-	1	2	-	-
Caste								
Scheduled Caste	33.3	17.8	46.5	32	54	19.6	52.8	43.6
Scheduled Tribe	3.3	5	5	1	11	1	19.4	18.8

Characteristics	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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
Total N	120	101	101	100	100	102	108	101

Number of children

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

Figure 2.1e - Number of children (Mean value)



In almost all the cities, the mean number of children is four (two sons and two daughters), with Chennai being an exception with three children (Table 2.1f).

Table 2.1f - Number of children by city (Mean value)

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
Total N	120	101	101	100	100	102	108	101

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-thirds (71%) of the Oldest Old stay with their sons and one-tenth stay with their daughters. Besides these, one-tenth of the Oldest Old (10%) are currently living alone, while 6% are living with their spouses.

Table 2.1g - Living arrangements (%)

Living with	%
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
Total N	833

Those among the Oldest Old who reported as living alone were further asked their reasons for doing so. More than four-fifth (82%) of the Oldest Old in Hyderabad cited 'children working/living in other places' as their reason for living alone, followed by Mumbai (60%). There were much fewer such cases in Kolkata (15%) and Bhopal (18%). More than half of the Oldest Old in Delhi NCR (50%) and Kolkata (54%)cited 'no support from children' as their reason for staying alone.

Table 2.1h - Reasons for living alone (%)

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

In Delhi NCR and Patna, close to four-fifths (83–87%) of the Oldest Old are living with their sons, while in this number is about three-fourths in Mumbai, Hyderabad, Ahmedabad and Bhopal. The proportion of Oldest Old living with their sons is the lowest in Chennai (38%). The proportion of those living

with their spouses is slightly higher in Mumbai compared to other cities. When it comes to those living alone, the proportion is highest in Kolkata (19%), followed by Chennai and Ahmedabad (Table 2.1i).

Table 2.1 i - City-wise living arrangements and underlying reasons (%)

Living with	DEL NCR	MUM	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
Total N	120	101	101	100	100	102	108	101
Reasons for living alone								
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	-
Total N	8	15	16	46	11	26	17	25

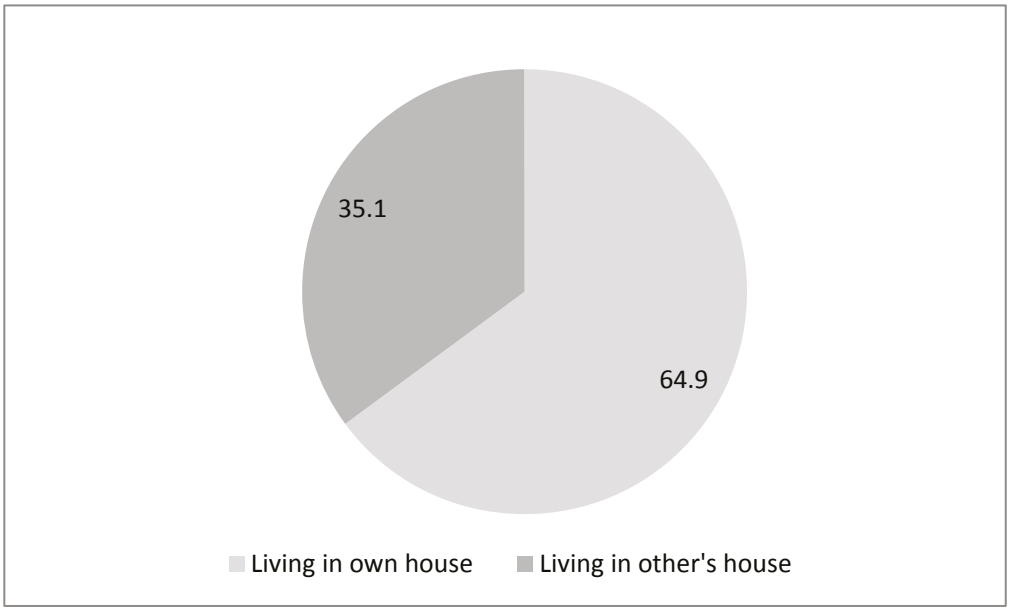
2.2 Economic Profile

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

Ownership status of the houses

Figure 2.2a presents the findings pertaining to the ownership status of the houses that the Oldest Old are currently living in. According to this, close to two-third (65%) of the Oldest Old are living in their own houses.

Figure 2.2a - Ownership status of the houses (%)



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

Type of house

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

Table 2.2a - Type of house (%)

Type of House	%
Kuchcha house	18.6
Semi pucca	49
Pucca	32.4

Monthly household income

The average monthly household income of the Oldest Old is Rs. 4,381. About one-third (35%) of the Oldest Old have a monthly household income of less than Rs 2,500 and in the range of Rs 2,500–5,000, while one-fifth have an income of more than Rs 5,000.

Table 2.2b - Monthly income (in Rs)

Monthly Income	%
Less than 2500	36.1
2501- 5000	32.3
More than 5000	19.1
Can't say/ Don't know	11
Mean	4381

Figure 2.2b - House ownership by city (%)

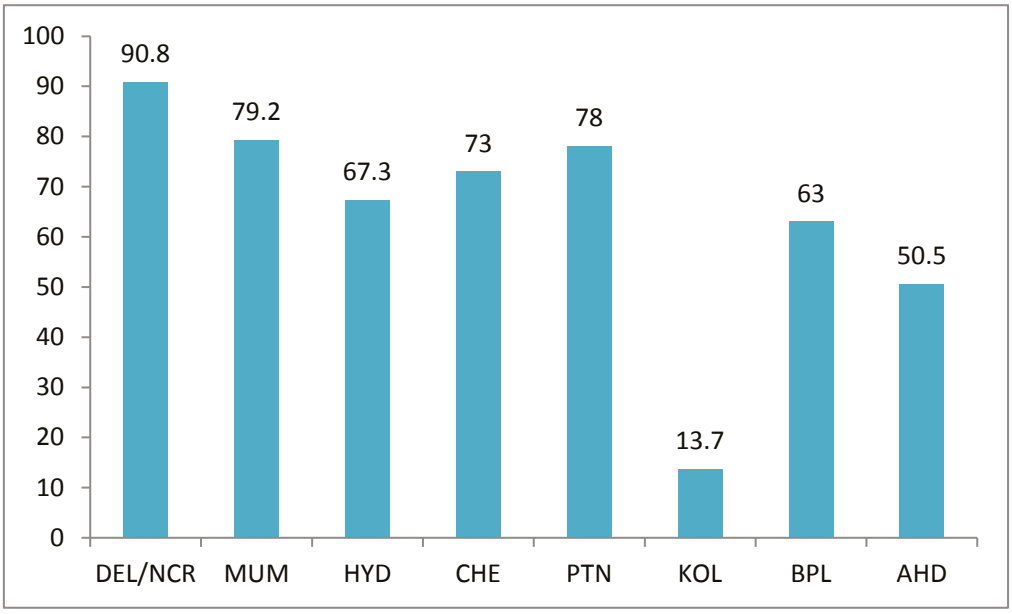


Table 2.2b provides the distribution of the Oldest Old according to the kind of housing available to them. Percentage of Oldest Old living in *pucca*, *semi-pucca* and *kuchcha* house is higher in Delhi NCR (65%), Hyderabad (75%) and Ahmedabad (54%)

The average monthly income of households with Oldest Old members 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-fifths of those in Hyderabad, Kolkata and Ahmedabad reported monthly household incomes less than Rs 2,500. In Mumbai and Delhi NCR, about half of the Oldest Old have household monthly incomes of Rs 5,000 and above.

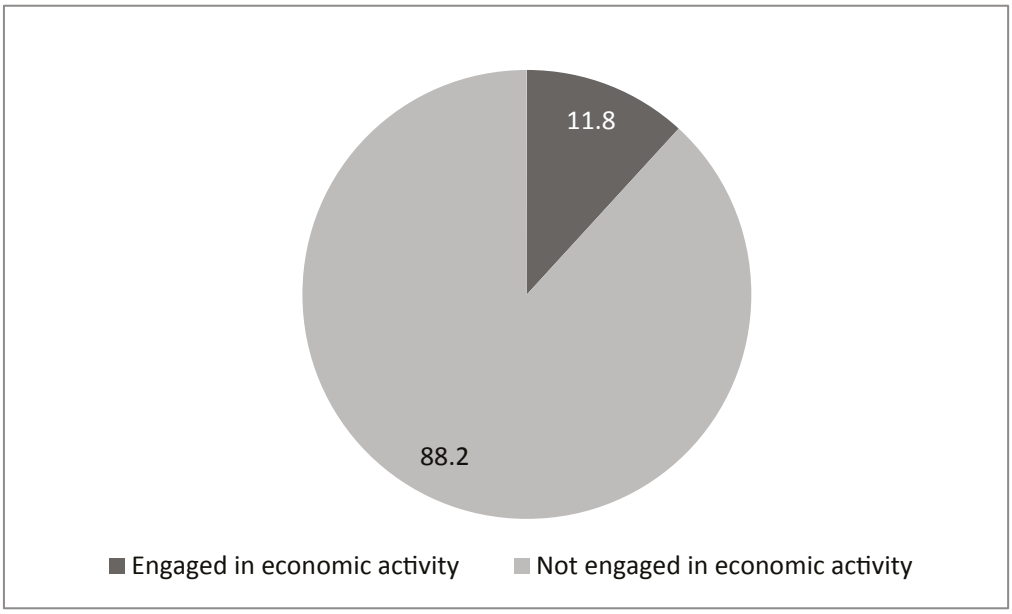
Table 2.2c - Distribution by type of housing and monthly household income (%)

Type of house	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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
Monthly Income (in Rs)								
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

Current involvement in economic activity

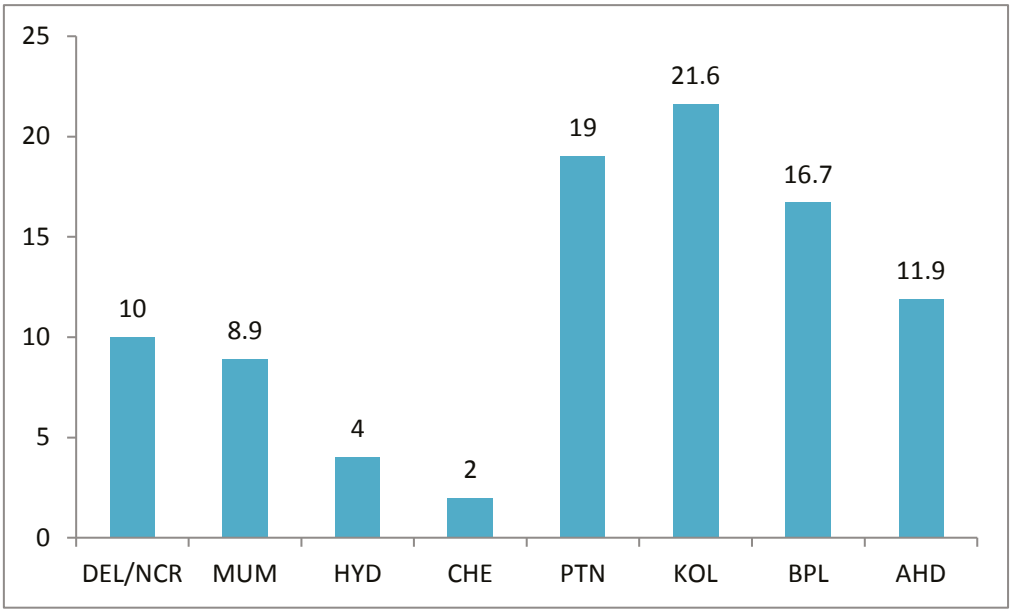
Figure 2.2c depicts an analysis of the data on the current economic activities of the Oldest Old. One-tenth of the Oldest Old (12%) are currently engaged in some kind of economic activity.

Figure 2.2c - Occupational status (%)



About one-fifth of the Oldest Old in Patna as well as in Kolkata are engaged in some economic activity, while this figure is one-tenth in Mumbai, in Hyderabad and in Chennai (Figure 2.2d).

Figure 2.2d - City-wise distribution of economically active (%)



Source of Income

The Oldest Old were asked about their source of income. Remittances from children seem to be their main source of income, as reported by 49% across the cities. One-fifth (23%) cited income from non-contributory pension, while 15% receive contributory pension. One-tenth (13%) of the Oldest Old have no income sources (Figure 2.2e).

Remittance from children, the main source of income, accounts for 71% of the income of the Oldest Old in Kolkata and two-thirds of income in Ahmedabad and in Chennai. Most (91%) of the Oldest Old in Chennai and about half (47%) in Delhi NCR cited non-contributory pension as the main source of income. The proportion of the Oldest Old who have no income source is highest in Mumbai (28%), followed by Delhi NCR (23%) (Table 2.2c)

Figure 2.2e - Source of income (%)

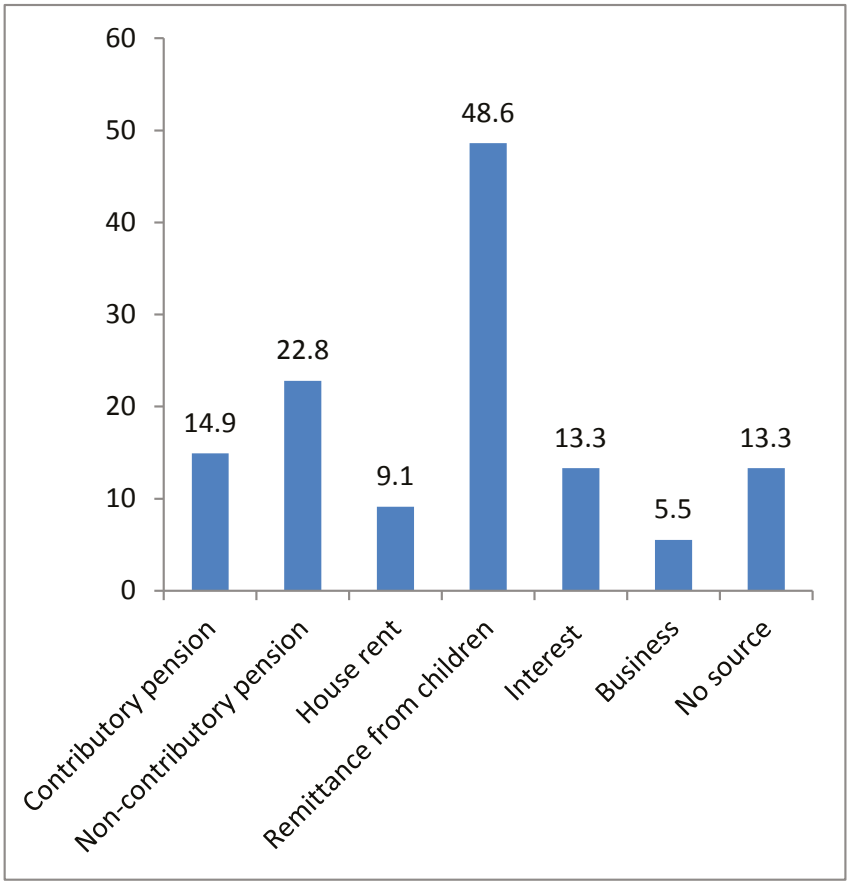


Table 2.2d - Source of income city-wise (%)

Source	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

Ownership of property

The Oldest Old were asked whether or not they owned property. As delineated in Fig 2.2f, 30% of the Oldest Old claimed that they do own property.

Figure 2.2f - Ownership of property (%)

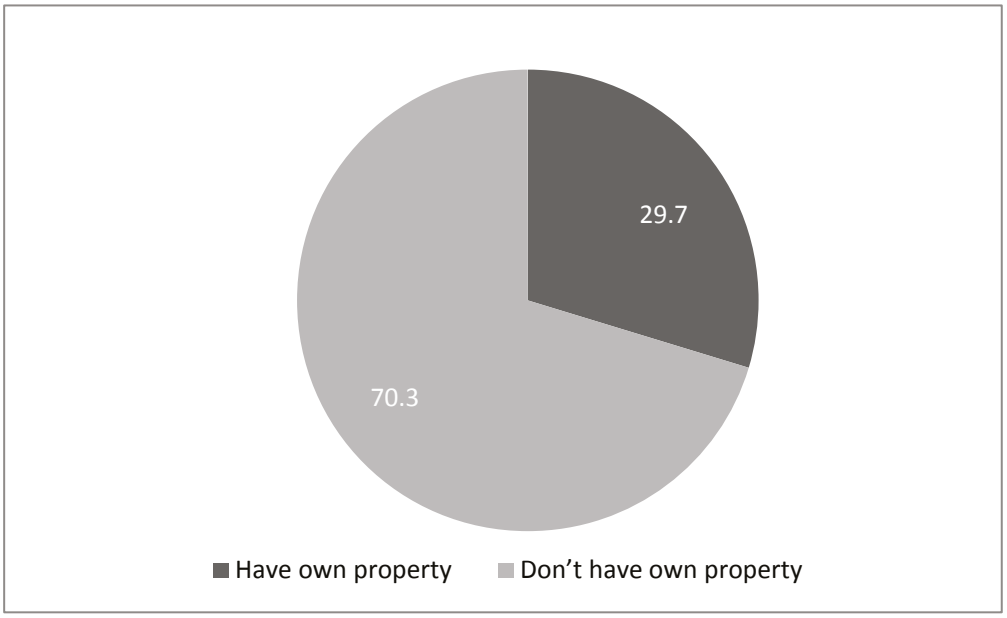


Figure 2.2g - Ownership of property by city (%)

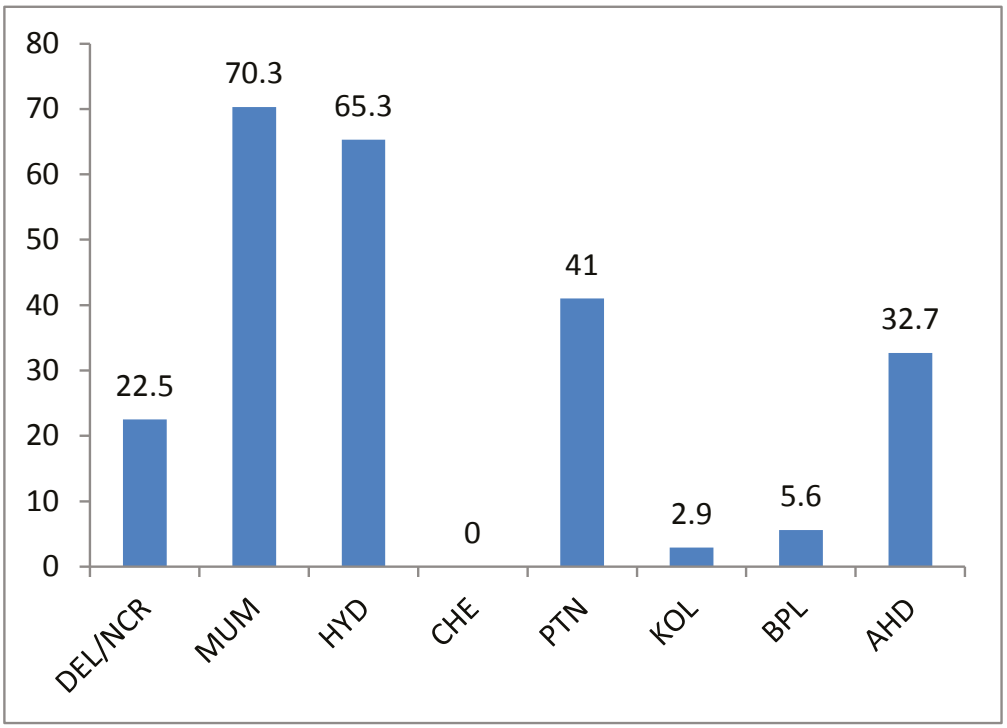


Fig 2.2g shows that the percentage of Oldest Old owning any property is highest in Mumbai (70%), closely followed by Hyderabad (65%). The percentage of Oldest Old who own property is very low in Chennai (0%), Kolkata (3%) and Bhopal (6%)

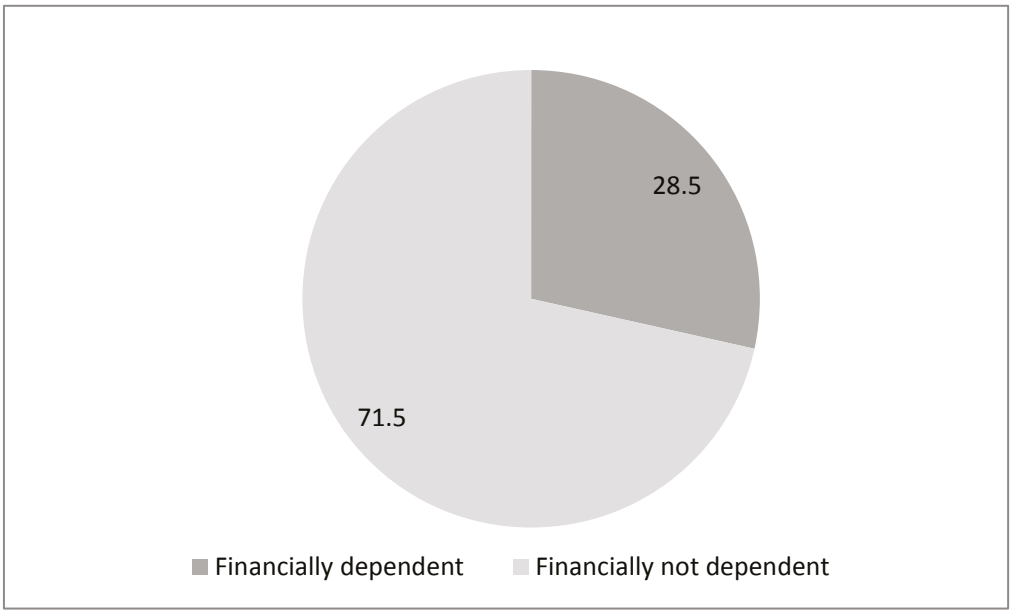
2.3 Dependency

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

Dependency for financial requirements

The Oldest Old were asked whether they are financially dependent on anyone. Figure 2.3a depicts the results. More than two-thirds (72%) of the Oldest Old were found to be financially dependent on others.

Figure 2.3a - Financial dependency on others (%)

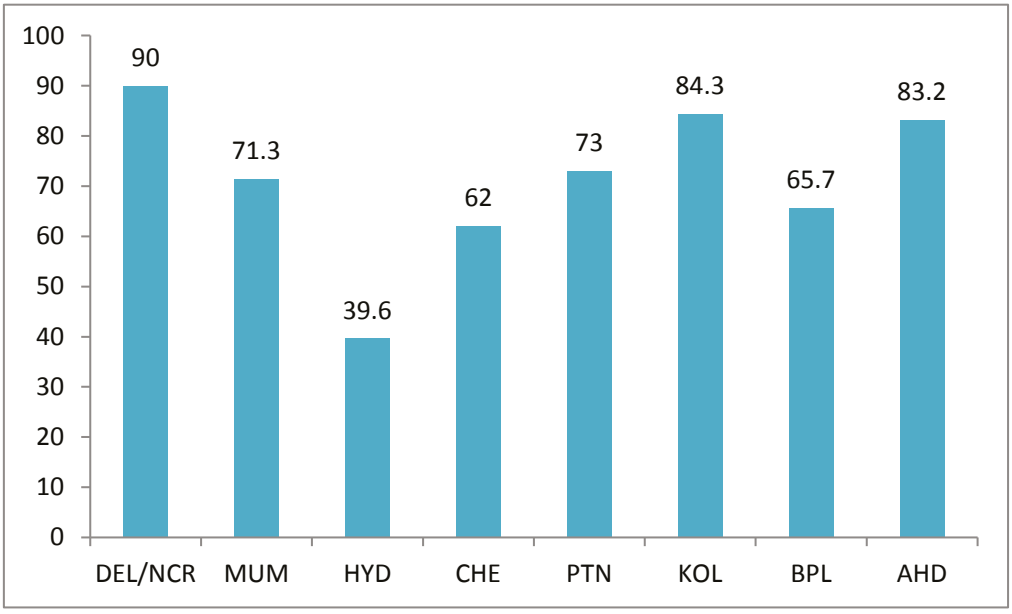


Financial dependency is the highest in Delhi NCR (90%), followed by Kolkata (84%) and Ahmedabad (83%), and the lowest in Hyderabad (Figure 2.3b).

According to an 82-year-old woman in Chennai, who is not entirely dependent on others to meet her financial requirements:

"Financially I am not dependent on anyone...I get an old age pension. It is enough for me to meet all my basic needs but sometimes my son also takes care of me. I don't have many desires, but in case I need anything, then my son is around to help."

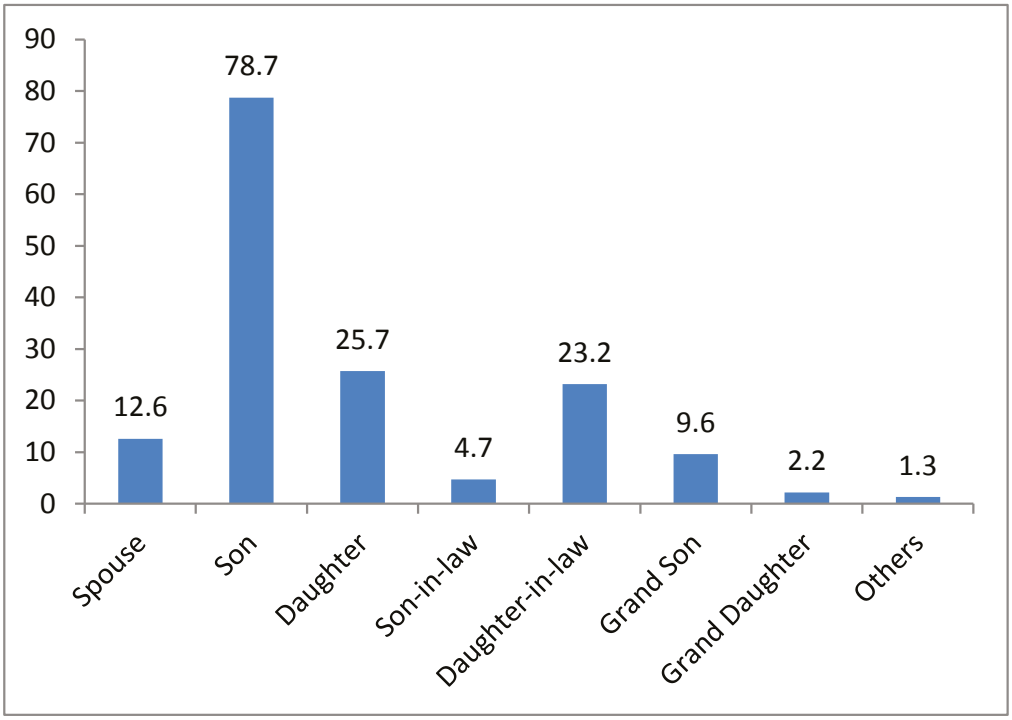
Figure 2.3b - Financial dependency on others by city (%)



Person on whom the Oldest Old is financially dependent

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

Figure 2.3c - Financial dependence on person (%)



Those who do depend on someone for their financial requirements were asked about the person on whom they are dependent. Table 2.3a presents the findings on the Oldest Old who are dependent on their sons. This was found to be the highest in Patna (92%), followed by Mumbai (85%) and Hyderabad (83%). Two-thirds (60%) of the Oldest Old in Hyderabad and half of those in Chennai are dependent on their daughters. About half (46%) of the Oldest Old in Mumbai and are financially dependent on their daughters-in-law, while this figure is one-third in Bhopal.

Table 2.3a - Financial dependence (%)

Person Dependent	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	-	-
Total N	108	72	40	62	73	86	71	84

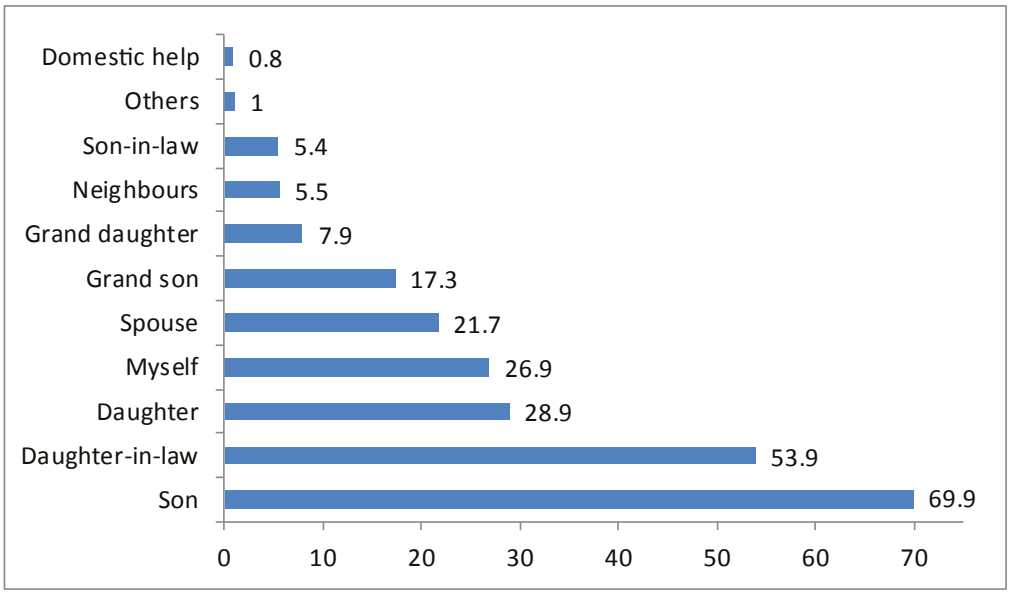
Note: Total adds to more than 100 because of multiple responses

Dependency at time of ill health

The Oldest Old were asked about their health-related problems and the person who takes care of them. More than two-thirds (70%) of the Oldest Old reported that their son takes care of them when they face health-related problems (Figure2.3d).

Though the overall findings suggest that family members do take care of the Oldest Old when they face health related issues, there are many instances where children do not care for them. More than one-fourth of the Oldest Old reported that sometimes they are forced to manage the problem either on their own or with the help of their spouse.

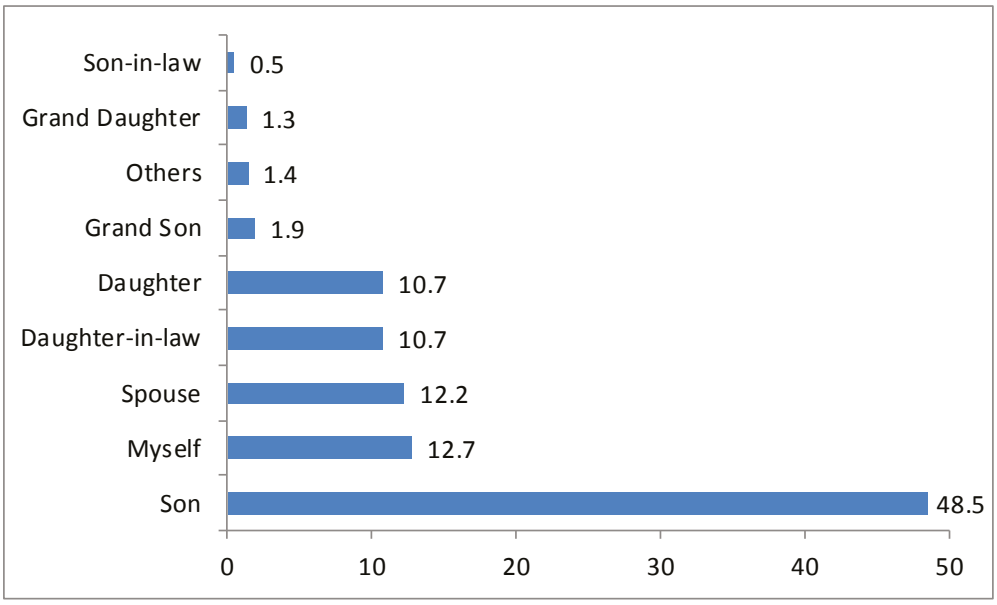
Figure 2.3d - Person taking care at the time of ill health



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

The Oldest Old were further asked to rank their primary caretakers. The ranking indicates that it is their sons who mainly take care of their old parents.

Figure 2.3e - Ranking of primary caretakers at the time of ill health (%)



Note: The table presents the findings only 1st rank

About four-fifths of the Oldest Old in Hyderabad and Delhi NCR reported that their son takes care of them in times of ill health. This proportion was half in both Chennai and Kolkata. The daughter-in-law is next according to the rankings (Table 2.3b).

Table 2.3b - Person taking care at the time of ill health (%)

Person	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	-

The ranking also indicates that one-tenth of the Oldest Old depend on their spouse, himself/herself and daughter-in-law to take care of them.

Table 2.3c - Ranking of primary caretakers at the time of ill health by city (%)

Person taking care	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

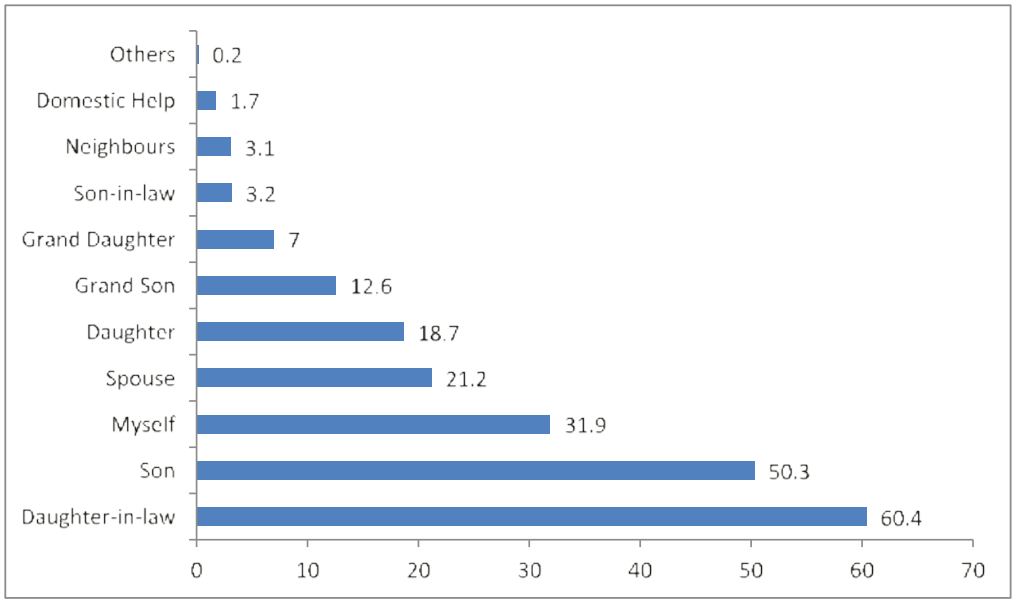
Person taking care	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Grand Daughter	2.5	-	3	2	-	2	0.9	-
Myself	3.3	7.9	3	38	11	10.8	17.6	11.9
Others	-	-	2	-	1	6.9	0.9	1
Total N	120	101	101	100	100	102	108	101

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

Dependency for carrying out daily routine activities

The Oldest Old were asked about the person who assists them in carrying out daily routine activities, e.g. washing clothes, timely meals, bringing medicines and materials from the market. About three- fifth of the Oldest Old reported their dependency on their daughter-in-law, while nearly half reported that their son was their caretaker (Figure 2.3f).

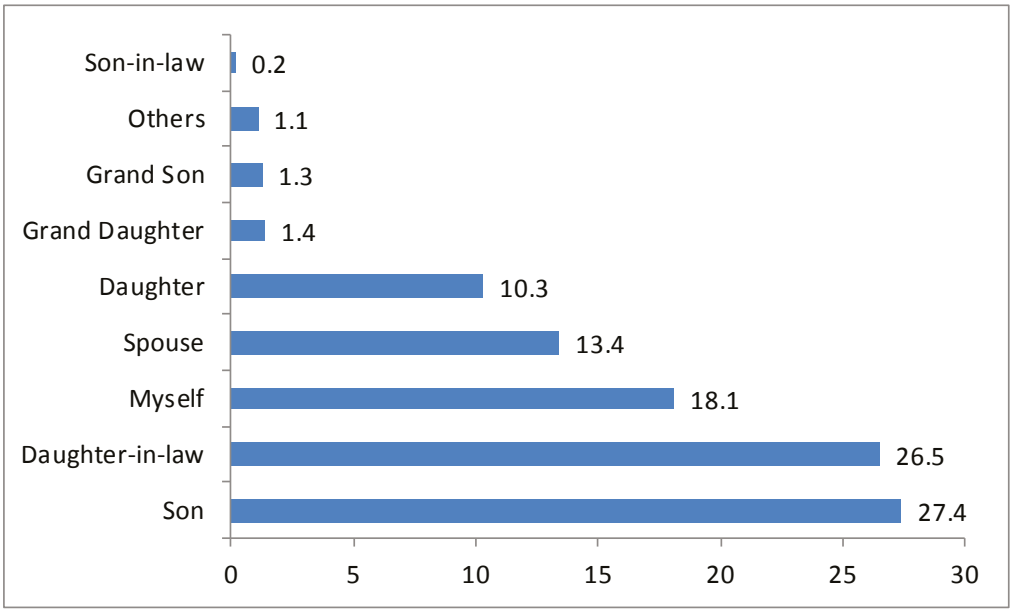
Figure 2.3f - Dependency for carrying out daily routine activities (%)



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

Figure 2.3g presents the ranking of persons on whom the Oldest Old reportedly depend for carrying out daily routine activities. Although the son or daughter-in-law mostly helps them perform such activities, the ranking shows that the majority of them do not get any support from anyone except their spouse and daughter.

Table 2.3g - Ranking of primary caretakers for carrying out daily routine activities (%)



Note: The table presents the findings only 1st rank

Dependency on a son is the highest in Delhi NCR (60%). More than three-fourth of the Oldest Old mentioned their daughter-in-law as their caretaker, the highest being in Delhi NCR (77%) and Hyderabad (76%), followed by Patna (71%). Two-fifths (44%) of the Oldest Old in Hyderabad cited their spouse as their caretaker who helps out with routine, everyday activities (Table 2.3d).

The study also suggests that at older ages, the son, daughter-in-law and spouse are always ready to help them. An 83-year-old woman from Chennai talked about her experience:

"*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, I am not able to work and sometimes I can't even walk. But my daughter-in-law always takes care of me.*"

Table 2.3d - Person dependent on for carrying out daily routine activities (%)

Person	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	-	-
Total N	120	101	101	100	100	102	108	101

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

Table 2.3e provides a rank-wise list of persons on whom the Oldest Old rely on for carrying out daily routine activities.

Table 2.3e - Ranking of dependency for carrying out daily routine activities (%)

Person	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	-
Total N	120	101	101	100	100	102	108	101

2.4 Elder Abuse at Family Level

Abuse experienced by Oldest Old

The respondents were asked whether they have ever faced abuse. As Figure 2.4a indicates, about one-fifth have experienced some kind of abuse.

Figure 2.4a - Oldest Old who faced abuse (%)

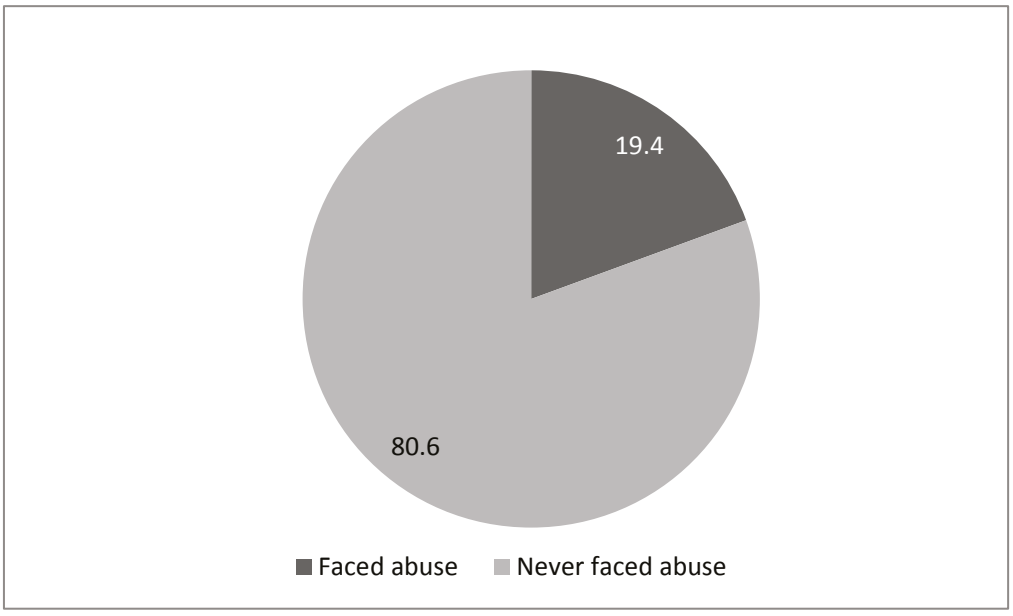


Figure 2.4b indicates that the proportion of Oldest Old who admitted to having faced abuse was highest in Patna (60%), followed by Kolkata (36%) and Mumbai (23%). None of the Oldest Old in Ahmedabad seem to have faced any kind of abuse.

Kind of abuse faced

On being further asked to qualify the abuse they had faced, the Oldest Old reportedly cited various types of abuse. 'Verbal abuse' was reported to be the most common form, followed by neglect, disrespect, emotional abuse and economic abuse (Figure 2.4c).

Next, they were asked about the person who abused them. The daughter-in-law and son emerged as the major abusers, as attested by 75% and 60% of the Oldest Old respectively. In one-tenth of the cases, the daughter and grandson were reported as the abusers (Figure 2.4d).

Figure 2.4b - Oldest Old who faced abuse by city (%)

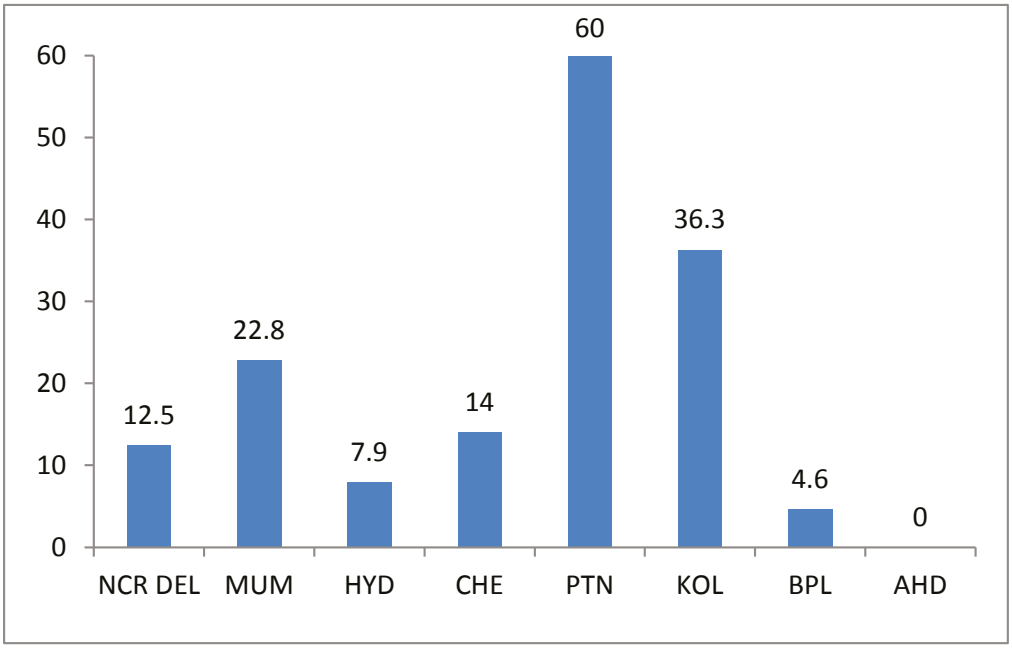
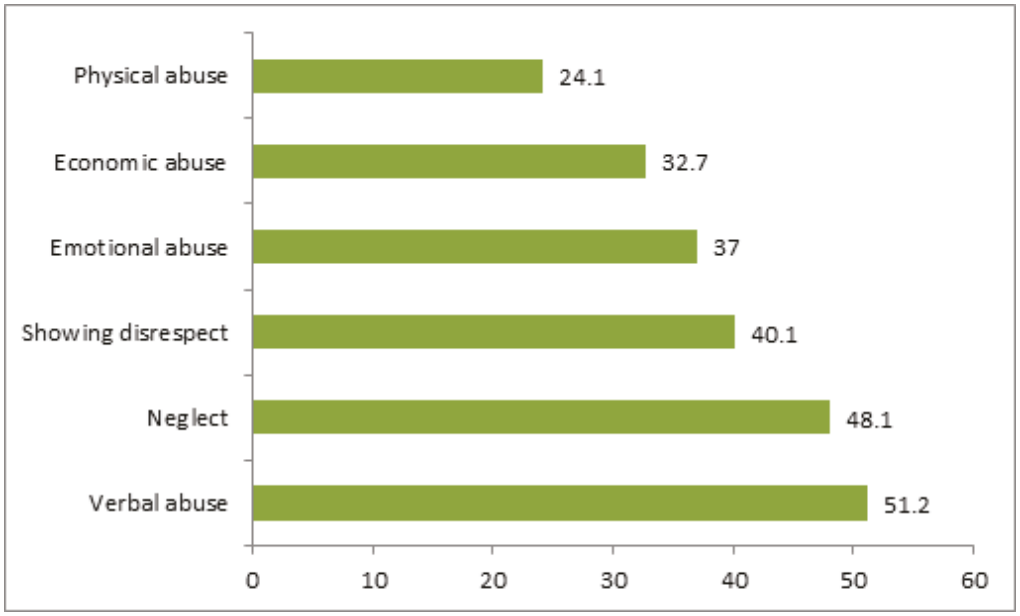
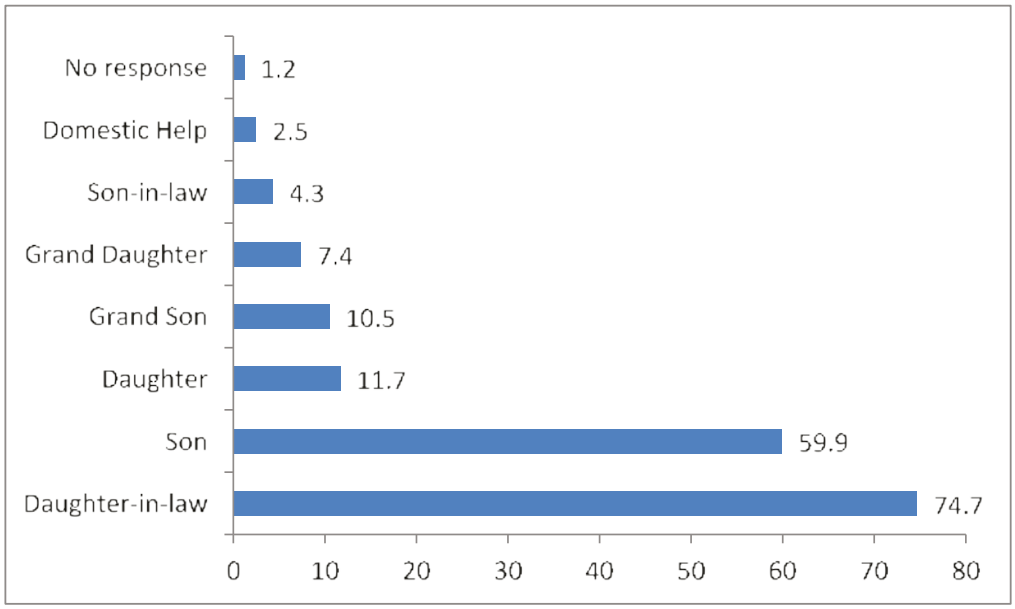


Figure 2.4c - Kind of abuse faced at household level (%)



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

Figure 2.4d - Person abusing at household level (%)



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

Verbal abuse was reported more in Chennai and Hyderabad, while negligence of the Oldest Old seems to be more common in Bhopal, Hyderabad and Mumbai. There were more instances of emotional abuse in Bhopal and Delhi NCR, while a greater number of cases of physical abuse were reported in Bhopal and Hyderabad (Table 2.4a).

Excerpts from the field

Abuse by the daughter-in-law was reported more in Hyderabad, Delhi NCR and Patna, while abuse by the son was reported more in Hyderabad, Bhopal and Chennai (Table 2.4b).

An 86-year-old woman from Patna testified:

The analysis of qualitative data reveals that some of the Oldest Old do face abuse while some do not face it. According to an 81-year-old man from Hyderabad:

> *"…I have never faced any kind of abuse from my family; my son and my daughter-in-law always support me, so I have not gone through this problem."*

Another elderly woman, 84, from Bhopal mentioned:

> *"My son and daughter-in-law scold me sometimes…because I don't do anything and constantly seek their help."*

"…My daughter-in law scolds me often; she always insults me in front of others, irritates me, and snatches my pension every month without giving me any out of it; no one takes care of me."

Another elderly woman, 82, from Patna reported:

"I staying alone with my nephew...I have my own house and one portion of the house is on rent. We don't have any source of income other than rent. My tenants' behaviour is very bad. They keep abusing me and do not pay their rent on time. They know I am old and alone and cannot do anything."

Table 2.4a - Kind of abuse faced at household level (%)

Kind of abuse	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

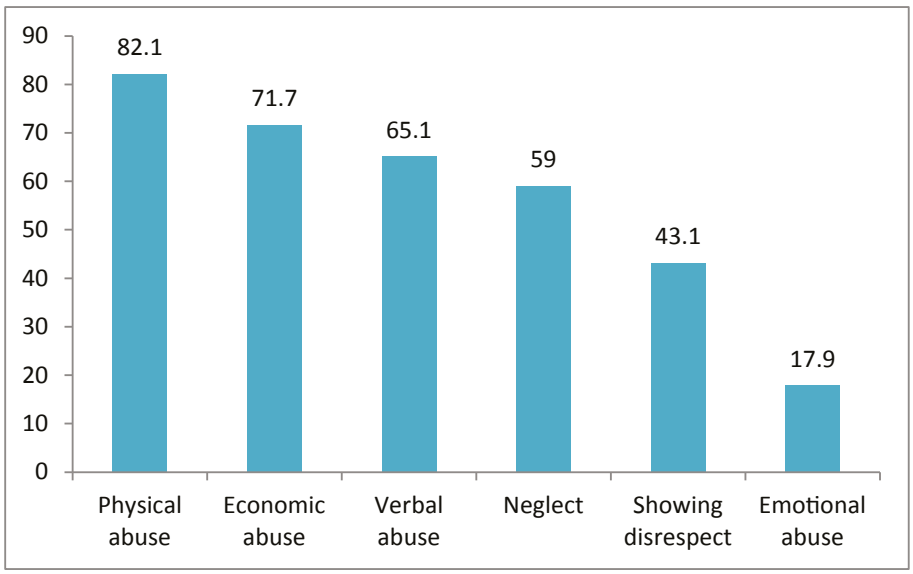
Table 2.4b - Person abusing at household level (%)

Person abusing	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	-	-
Total N	15	23	8	14	60	37	5

Health problem due to abuse

The Oldest Old who have experienced abuse were asked whether it has ever resulted in any health problems. Physical as well as verbal abuse most commonly leads to health problems, as reported by 82% and 65% of Oldest Old, respectively (Figure 2.4e).

Figure 2.4 - Causes leading to health problems (%)

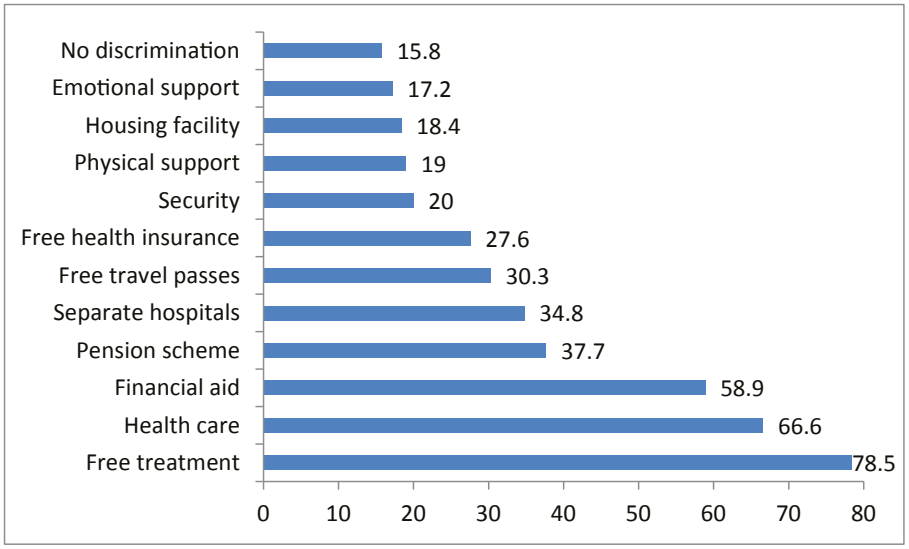


Note: Total adds to more than 100 because of multiple response Results need to be interpreted with care due to small base

2.5 Needs

In the present study, attempts have also been made to assess the needs and requirements of the Oldest Old. Figure 2.5a shows that more than three-fourths of the Oldest Old would like to get free treatment. More than two-thirds need health care, while about three-fifths need financial aid. Nearly two-fifths and one-third of the Oldest Old need pension schemes and separate hospitals, respectively.

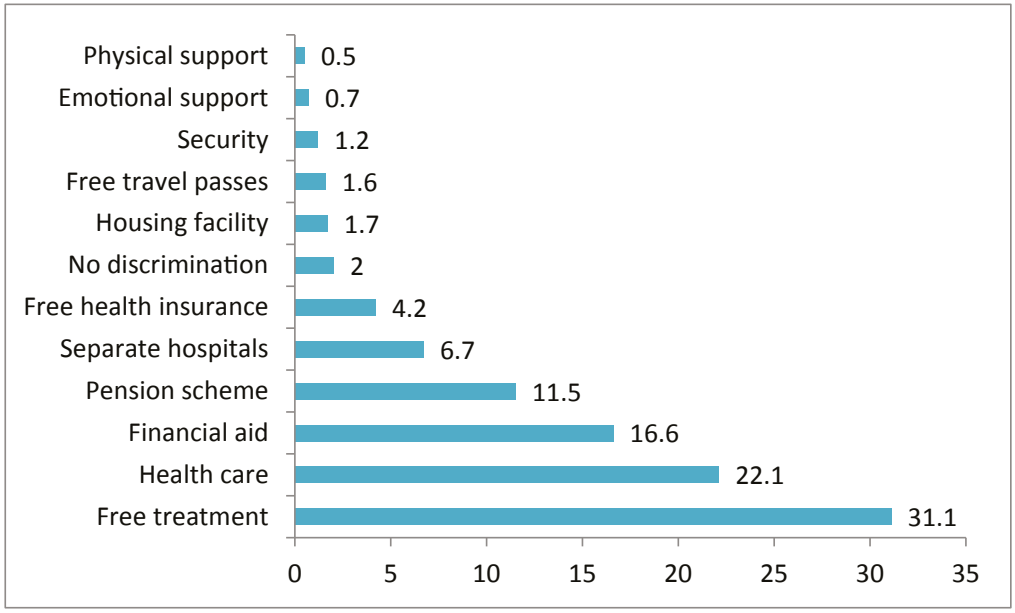
Figure 2.5a - Needs of the Oldest Old



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

These figures indicate that the most prominent needs reported by the Oldest Old include free treatment, followed by health care and financial aid.

Figure 2.5b - Ranking of needs (%)



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

Table 2.5a shows that across cities, the major requirements of the Oldest old are free treatment, health care and financial aid.

Table 2.5a - Needs of the Oldest Old by city (%)

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 hospitals	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	44.2	42.6	51.5	18	41	25.5	67.6	7.9

Needs	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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	50.8	31.7	75.2	18	12	1	11.1	39.6
No discrimination	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
Total N	120	101	101	100	100	102	108	101

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

The figure indicates a similar pattern of needs across cities. Free treatment is the primary need of the Oldest Old in Mumbai, Chennai and Patna. Healthcare was the first priority in Delhi NCR and Hyderabad, while in Kolkata and Ahmedabad, financial aid was ranked first. In Bhopal, on the other hand, pension scheme was considered the biggest need.

Table 2.5b - Ranking of needs by city (%)

Needs	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Health care	39.2	12.9	36.6	29	22	2	25	6.9
Separate hospitals	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	5.8	14.9	9.9	-	13	6.9	39.8	1
Security	2.5	1	1	-	1	-	-	4
Housing facility	-	2	4	2	3	1	-	2
Free travel passes	2.5	1	-	-	1	-	-	7.9

Needs	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
No discrimination	6.7	3	-	-	2	2	0.9	1
Emotional support	3.3	-	1	-	0	1	-	-
Physical support	0.8	1	-	-	2	-	-	-
Total N	120	101	101	100	100	102	108	101

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

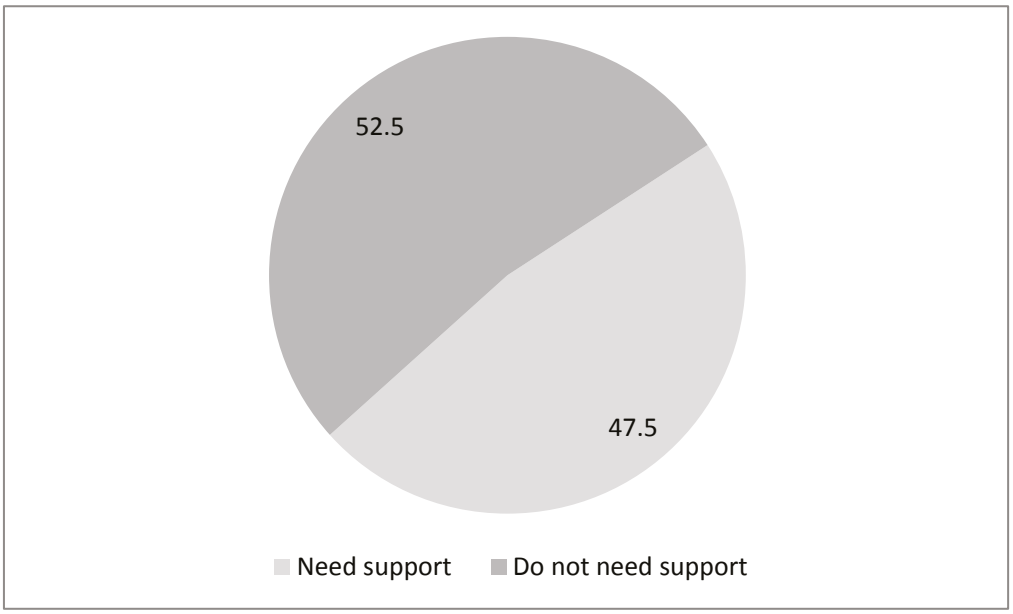
2.6 Support System

This section deals with the support systems available to the Oldest Old at the community level.

Need for community support

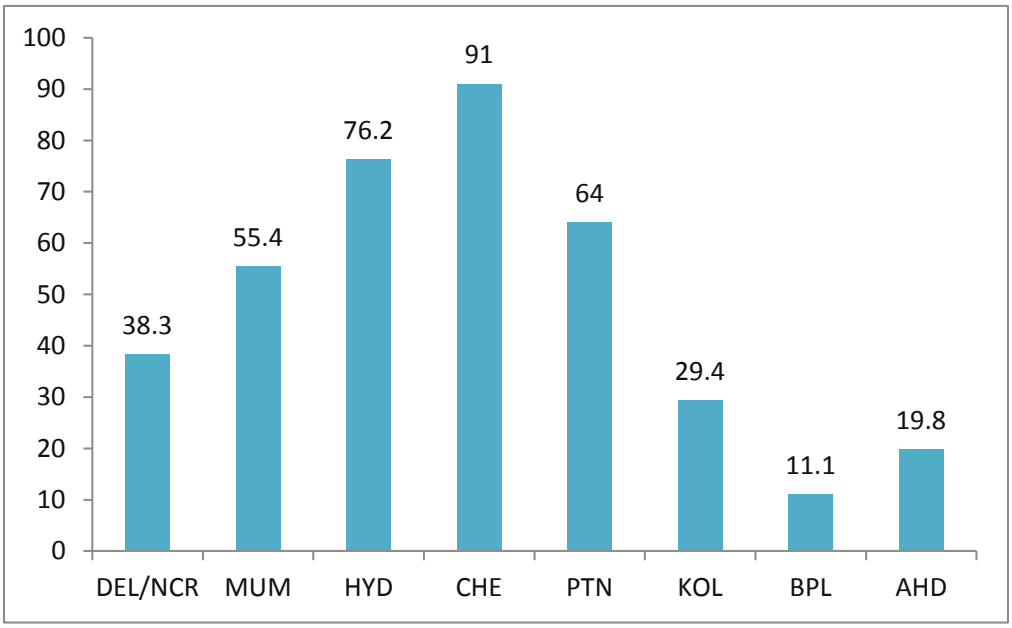
On being asked if they need support from the community, almost half of the Oldest Old responded in the affirmative.

Figure 2.6a - Need of community support (%)



The highest concentration of the Oldest Old who confessed to needing support from their respective communities was in Chennai (91%), followed by Hyderabad (76%) and Patna (64%). In Bhopal, this need was felt by much fewer (11%).

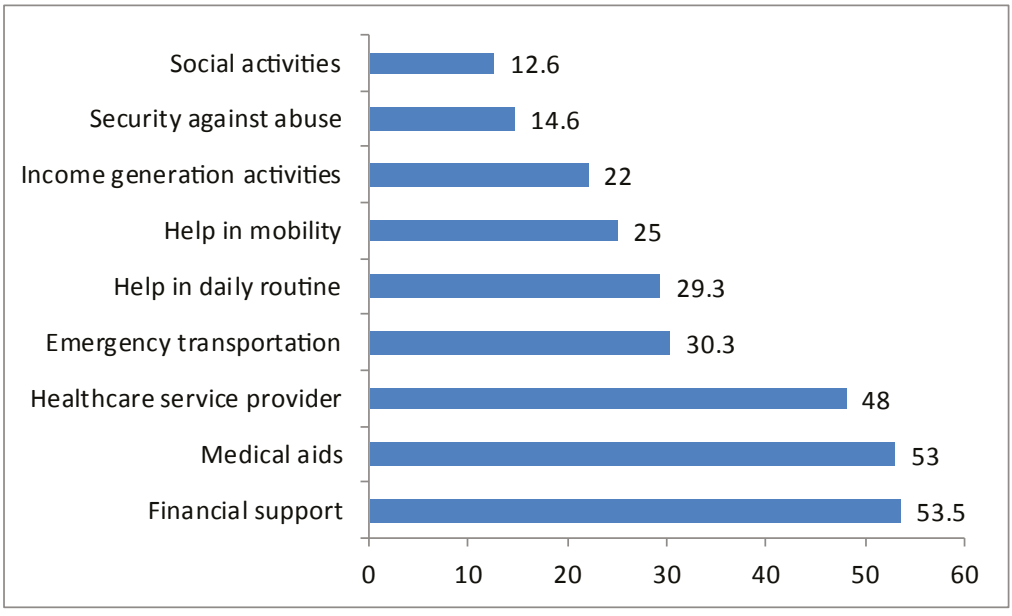
Figure 2.6b - Need of community support by city (%)



Kind of support sought from the community

This study assessed the needs of the Oldest Old at the community level. The Oldest Old who feel the need for support from their communities were asked about the specific kind of support they sought. The responses included financial support, provision of medical aid, healthcare provider service, support in emergency, providing transportation in case of an emergency, help with daily routines, help with mobility, and providing income generating activities.

Figure 2.6c - Kind of community support (%)



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

Table 2.6a shows that need for financial support is high in Ahmedabad (90%), Kolkata (87%) and Delhi NCR (74%). The need for medical aid and health care providers is high in Chennai (93% and 88%, respectively).

Table 2.6a - Kind of community support needed by city (%)

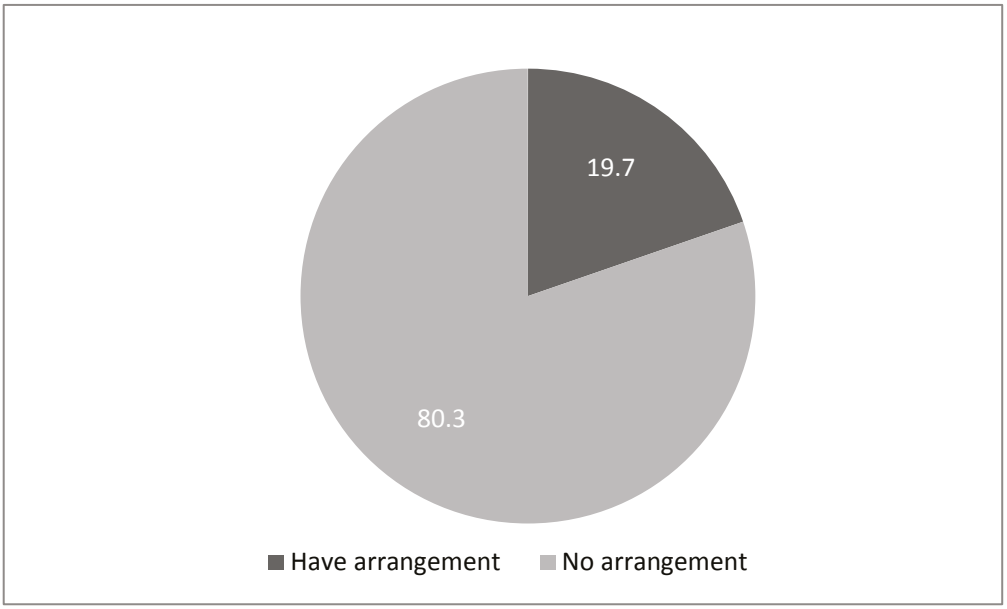
Kind of support	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Help in daily routine	13	41.1	41.6	19.8	26.6	20	83.3	20
Help in mobility	30.4	26.8	39	23.1	4.7	20	83.3	-
Medical aids	63	32.1	72.7	93.4	3.1	46.7	50	-
Security against abuse	6.5	19.6	19.5	2.2	34.4	6.7	16.7	5
Financial support	73.9	30.4	61	31.9	54.7	86.7	50	90
Emergency transportation	45.7	51.8	36.4	30.8	15.6	3.3	25	-
Social activities	-	16.1	49.4	-	1.6	3.3	8.3	-
Income generation activities	23.9	21.4	20.8	3.3	60.9	0	41.7	5
Healthcare service provider	73.9	48.2	13	87.9	34.4	26.7	75	-
Total N	46	56	77	91	64	30	12	20

Community support

Only one-fifth of the Oldest Old reported that their communities have some sort of beneficial arrangements for them.

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

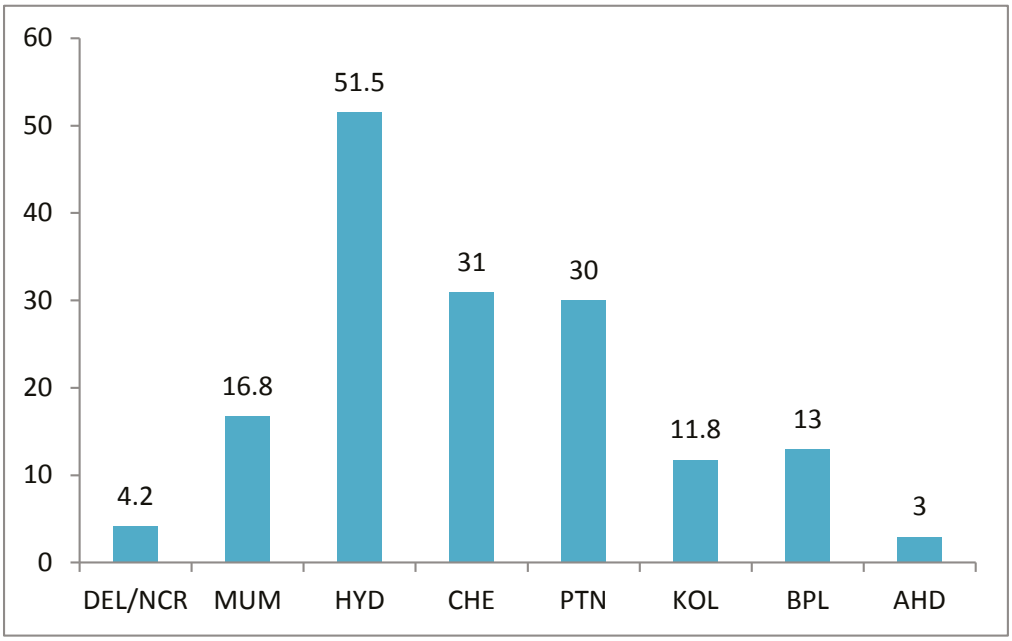
Figure 2.6d - Availability of community support (%)



While discussing the arrangements for the Oldest Old at the community level, an 82-year-old man from Mumbai said:

"In our community there is no support system but we all help each other. I have good neighbours; whenever I fall ill or need anything, they help me out, but I cannot [repeatedly] ask them for support. I think the government should take some initiative to help the elderly."

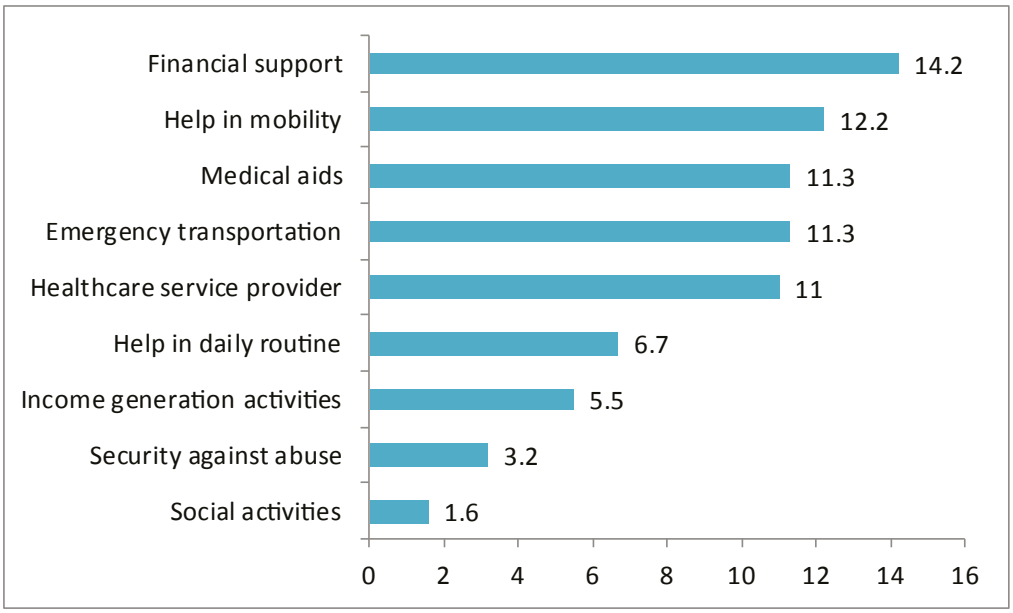
Figure 2.6e - Availability of community support by city (%)



Support provided by community

The Oldest Old who reported that their communities have some sort of arrangements for them were asked to specify the kind of support that is provided. The responses included financial support, help in mobility, provision of medical aid, transportation in case of emergency, and others.

Figure 2.6f - Kind of support provided by the community (%)



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

There were greater instances of financial support being extended by the community in Hyderabad (52%), while in Chennai, help in mobility was reported more (55%). Community support in terms of provision of medical aid and emergency transportation were highest in Chennai (64% and 68%, respectively).

Table 2.6b - Kind of support provided by the community by city (%)

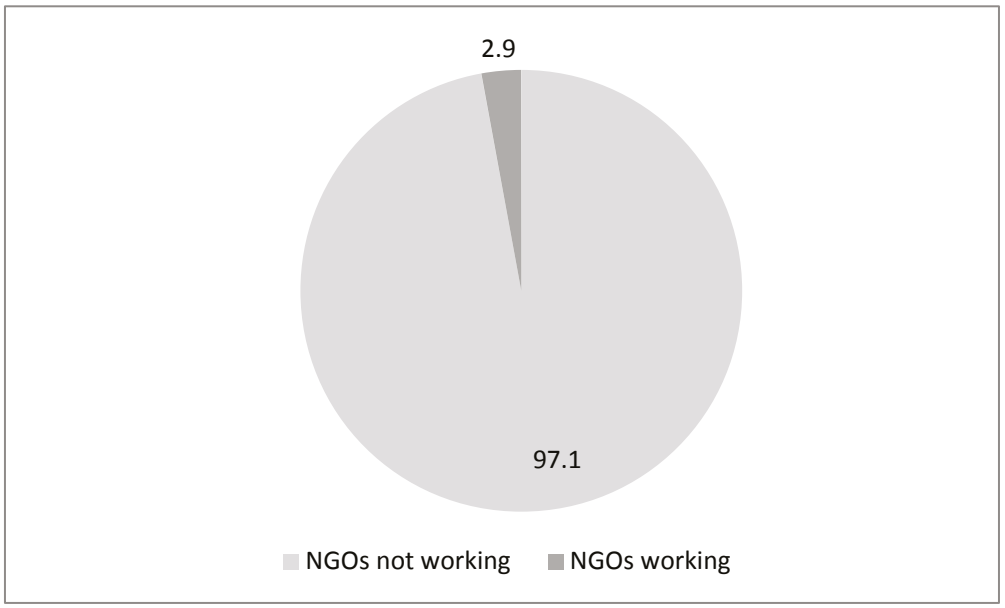
Type of support	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Help in daily routine	1.7	6.9	-	24	4	3.9	12	2
Help in mobility	5	12.9	1	55	7	6.9	11.1	1

Type of support	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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
Emergency transportation	5.8	10.9	-	68	3	1	3.7	-
Social activities	-	3	3	1	5	-	0.9	-
Income generation activities	2.5	4	1	26	4	2	5.6	-
Healthcare service provider	1.7	3	21.8	48	7	2	7.4	-
Total N	120	101	101	100	100	102	108	101

NGOs working for the oldest old

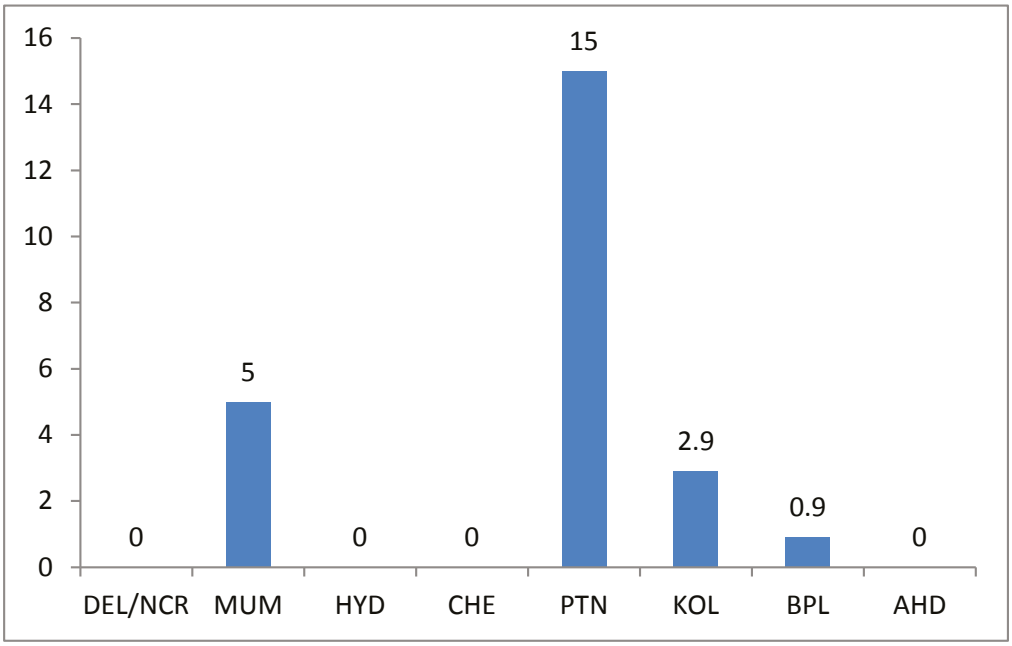
Only 3% of the Oldest Old feel that NGOs are helping them. This indicates very low involvement of NGOs in work related to the Oldest Old.

Figure 2.6g - NGOs working for the Oldest Old (%)



Studies indicate that there is very little availability of support systems at the NGO level in all cities. Less than one-fifth (15%) of the Oldest Old in Patna reported that there are NGOs working towards their welfare. In Mumbai and Kolkata, these figures were only about 3–5%.

Figure 2.6h - NGOs working for the Oldest Old by city (%)



Ashtami Pramanik, 82 years, at the HelpAge Mobile Medical Unit health camp at Tarda Village, 24 Paraganas, West Bengal

Chapter 3

Health Problems and Treatment Seeking Behavior

Background

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

In 2010 HelpAge India carried out a survey in 8 cities of India, covering 833 respondents, all from the Oldest Old i.e 80+ years in age. The cities covered were Delhi & NCR, Mumbai, Hyderabad, Chennai, Patna, Kolkata, Bhopal and Ahmedabad.

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 for their responses as per four pre-defined categories:

Good: No health problems as such

Average: Seasonal health problems

Poor: At least one chronic disease such as diabetes, hypertension and arthritis

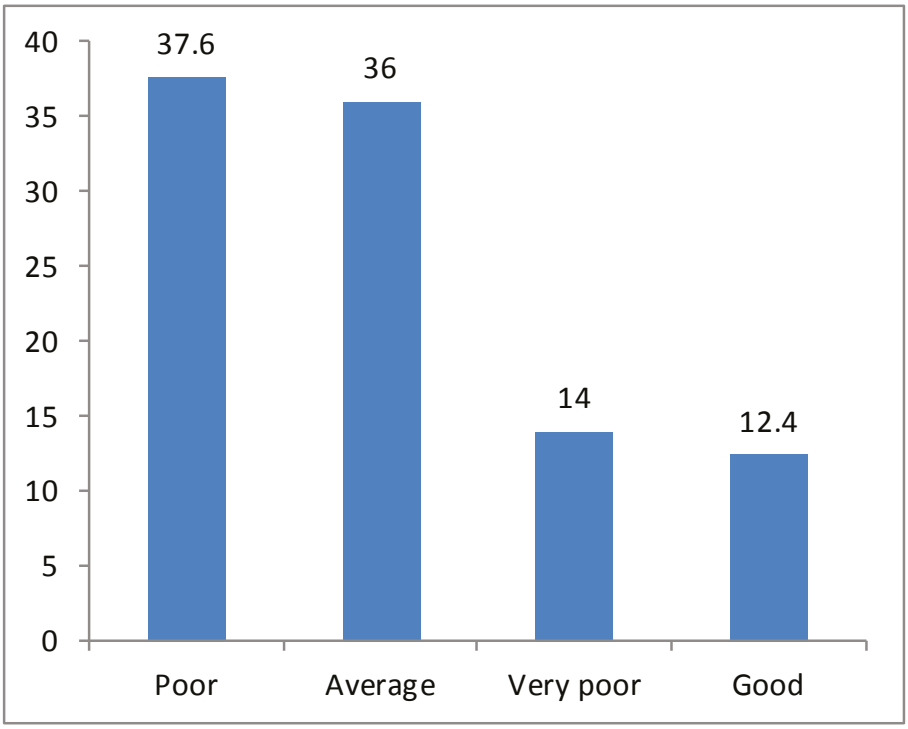
Very poor: More than one chronic disease such as diabetes, hypertension and arthritis

About half of the interviewees consider their health status as either poor or very poor. The remaining half considers their health status either good or average.

About three-fifths of the Oldest Old consider their health status either poor or very poor in Chennai, Hyderabad, and Mumbai, while as many as half in Kolkata reported so. There is a major difference in the perception of good health. Less than one-tenth of the Oldest Old in Patna, Kolkata and Mumbai considered themselves to be in good health at the time of the survey. None in Chennai and Bhopal felt so. Just about one-third of the Oldest Old in Delhi NCR, Hyderabad and Ahmedabad reported their health status to be good.

Source: Economic and Health Survey on India's Oldest Old – a HelpAge India survey (2010)

Figure 3.1a - Health status (%)



N=833

Table 3.1a - City-wise health status (%)

Health status	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
Total N	120	101	101	100	100	102	108	101

Health care providers were also interviewed under the study and they added that the poor health condition of the Oldest Old is due to insufficient food, negligence of family, and improper treatment. This was echoed by an 85-year-old man from Mumbai:

> *"I am unable to earn money for good food, so how can I get my health treatment? The government should think about us. We should at least have a good diet so we can stay healthy."*

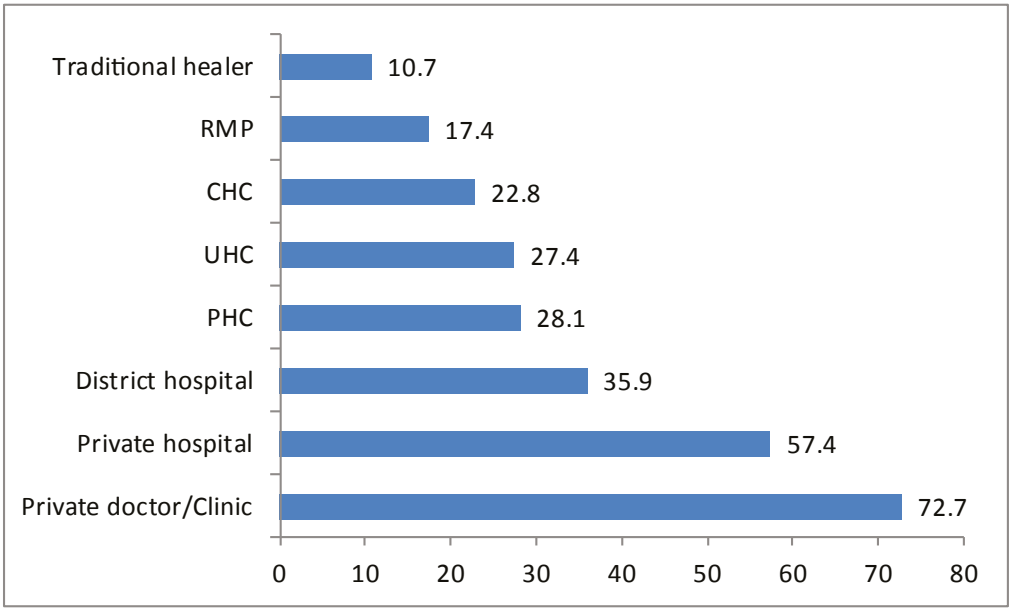
3.2 Treatment seeking behaviour

This section presents the findings on the availability of health care facilities and the treatment seeking behaviour of the Oldest Old. It also provides 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 to them in their respective areas. Nearly three-fourth (73%) and three-fifth (57%) of the Oldest Old turned out to have a private doctor/clinic and a private hospital, respectively, in their vicinity. As for the availability of other health facilities like an Urban Health Centre (UHC), Primary Health Centre (PHC), Community Health Centre (CHC) and District Hospital, the figure was 23–35%.

Figure 3.2a - Availability of health facility (%)



Note1: Total adds to more than 100 because of multiple responses
Note 2: RMP stands for Registered medical practitioner
CHC stands for Community Health Centre
UHC stands for Urban Health Centre
PHC stands for Primary Health Centre

A city-wise analysis shows that most of the Oldest Old in each city had a private doctor/clinic in their area. This statistic is the highest in Mumbai (93%) and lowest in Kolkata (48%). Meanwhile, the availability of PHCs and CHCs was reported more in Chennai and Bhopal. About 20–30% of the Oldest

Old in Delhi NCR and Mumbai indicated the presence of a traditional healer in their area, while in others cities, this was true of less than one-tenth.

A qualitative study also indicates that private doctor/clinic and private hospitals are available in their vicinity. As attested by a 90-year-old-man from Delhi:

> *"There is no health facility near my house except for the private hospital where I can go for treatment immediately… I have no choice but to go to the private hospital, where the treatment and the medicines are very costly."*

Table 3.2a - Availability of health facility by city (%)

Health Facility	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
Total N	120	101	101	100	100	102	108	101

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

Utilisation of health facilities for common ailments

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

The pattern of utilisation of different health care facilities is barely different across the cities. In Delhi NCR, Mumbai and Patna, most of the Oldest Old visit private doctors/clinics. On the other hand, chemist/pharmacy, CHC, District hospital, PHC and UHC are mostly utilised in Hyderabad, Chennai, Kolkata, Bhopal and Ahmedabad, respectively.

Figure 3.2b - Utilisation of health facilities for common ailments (%)

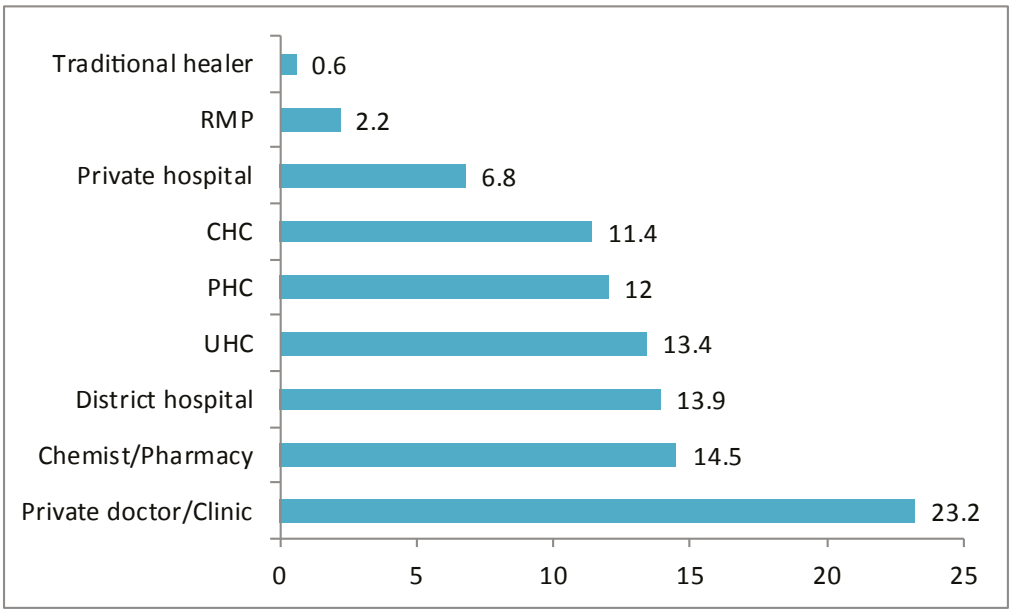


Table 3.2b - Utilisation of health facilities for common ailments by city (%)

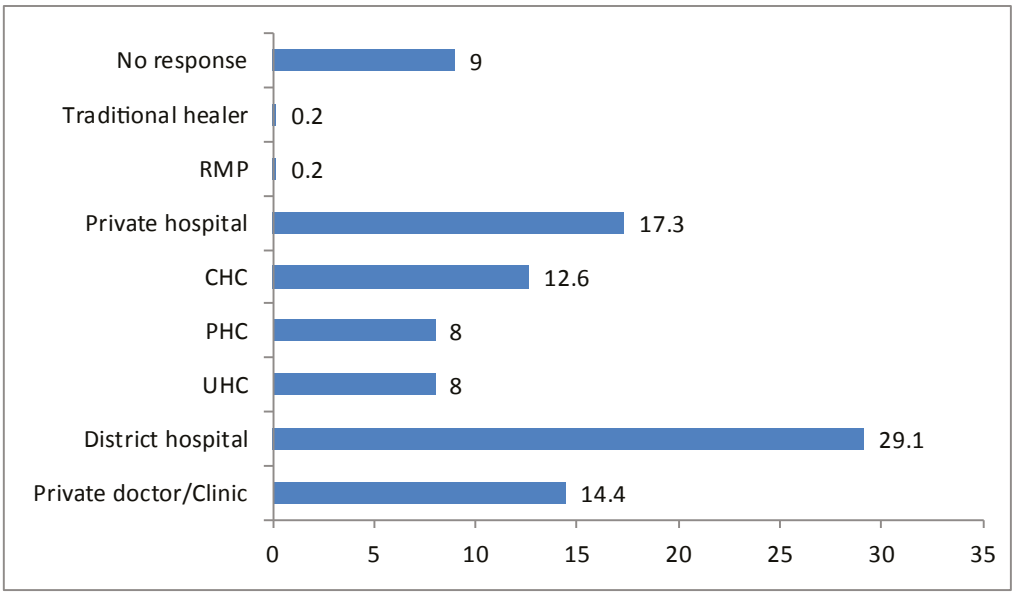
Health facility	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
UHC	8.3	-	2	-	-	7.8	21.3	68.3
PHC	10.8	-	-	28	1	4.9	49.1	-
CHC	3.3	-	-	70	2	1	16.7	-
District hospital	24.2	34.7	2	-	9	39.2	-	1
RMP	5.8	3	7.9	-	-	-	-	-
Traditional healer	-	1	-	-	1	2.9	-	-
Chemist/Pharmacy	7.5	-	79.2	-	22	2.9	1.9	-
Private doctor/ Clinic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

Utilisation of health facilities for chronic problems

The Oldest Old were also asked about the health care facilities they use for treatment of chronic problems. The findings are presented in Figure 3.2c.

The major health facilities used in this regard are the district hospital (30%), private hospital (17%) and private doctor/clinic (14%). Despite the existence of an urban health centre and PHC within the community area, the utilisation of these facilities is very limited, as reported by 8% of the Oldest Old.

Figure 3.2c - Utilisation of health facilities for chronic problems (%)



According to Table 3.2c., district hospital, private hospitals and private doctors/clinics are the most preferred health facilities utilised for seeking treatment of chronic problems by the Oldest Old across cities. The District hospital is most visited in Mumbai (62%), followed by Kolkata (44%), while the private hospital is mostly preferred in Hyderabad (58%). More than four-fifths and half of the Oldest Old in Chennai and Bhopal seem to use the CHC and PHC, respectively, for chronic problems.

From the qualitative findings, we conclude that government facilities are utilised the most by the Oldest Old for chronic problems. An 81-year-old man from Delhi suggested:

> *"…There are lots of private health facilities like clinics, hospitals and nursing homes, but I go to the government hospital as I can't afford the costly treatment offered in private hospitals."*

Another elderly man of 85 from Mumbai shared his experiences:

> *"…I am not staying with my family, [but I] share food with four-five people. I don't have a source of income to go in for further treatment, but I have a Bima Card so I usually just go to BMC hospital."*

Table 3.2c - Utilisation of health facilities for chronic problems by city (%)

Health facility	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
UHC	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
Total N	120	101	101	100	100	102	108	101

Diseases for which treatment is sought

The Oldest Old who perceived their health to be poor or very poor at the time of survey (presented in Figure 3.1a) were asked whether they are undergoing treatment for any of their health problems. The major health problems reported include body pain (55%), eye-related problems (50%) and hypertension (32%). About one-fourth of the Oldest Old complained of Asthma and arthritis.

The case study presents an instance of an old man living in Patna, who shares his thoughts and perceptions about his life and family. He wants to live a healthy and happy life, while also confessing that his economic conditions are so poor that he was forced to sell his land for his treatment. This case study further highlights the fact that older persons do not get care within the family. Due to unemployment and poverty he is unable to live a healthy life.

> *"I am staying with my sons. I am totally dependent on [them]…I have no income source, except a piece of land. Whenever I have a major expense I sell a part of it."*

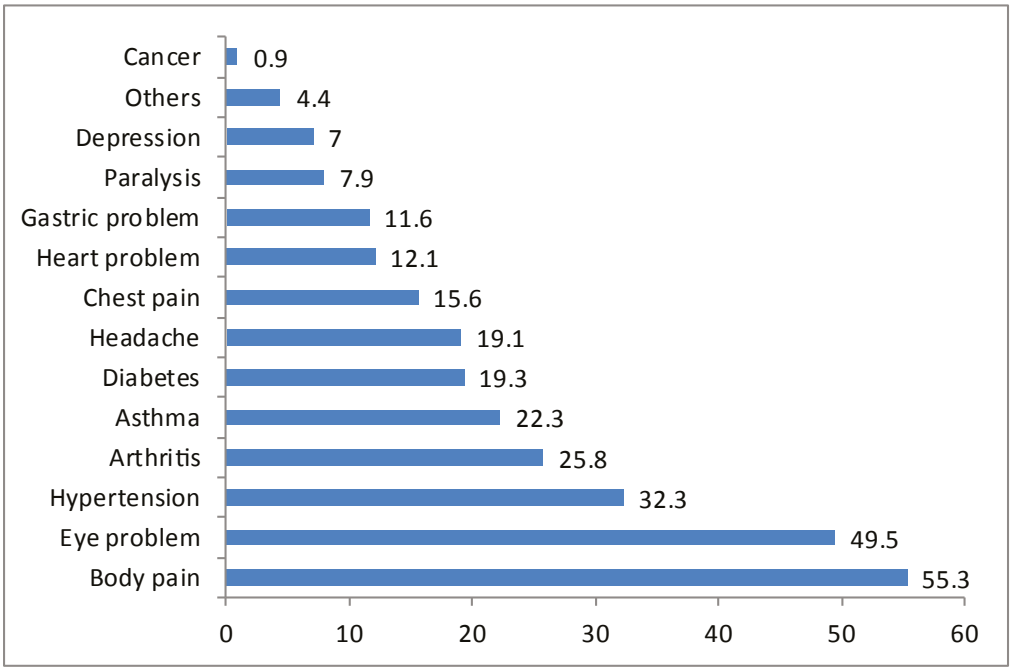
> *"…I cannot walk properly without the help of a stick. My sons do not usually give me any money on their own; only when I ask for something do they give me some money."*

"…A few days ago I sold my land to pay for the treatment of my asthma problem. Now it is fine, but sometimes I feel very bad about my land and my diseases…"

"…My family members are not very good to me, but still, they give me food and clothes and take care of me when I am ill."

"…Although I do not have any major disease at present, I still visit the hospital two-three times in a month. Some medicines are provided by the hospital free of cost, but there are some that I have to purchase from the market, which costs me a lot. I am fed up with our poverty. Sometimes my sons do not get any work, making us more destitute."

Figure 3.2d - Type of health problem for which taking treatment (%)



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

3.2d - Type of health problem for which taking treatment (%)

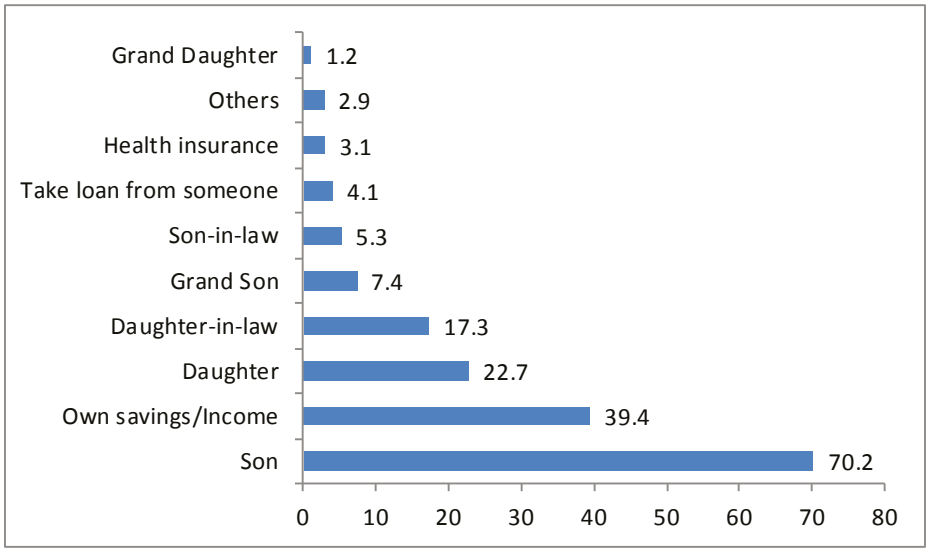
Health Problem	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
Diabetes	12.5	39.7	15.2	23.1	4.8	18.6	7.4	35.3
Hypertension	25	23.8	31.8	71.8	23.8	24.3	11.1	23.5
Arthritis	15	1.6	1.5	88.5	40.5	20	5.6	-
Cancer	-	3.2	1.5	1.3	-	-	-	-

Health Problem	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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	-
Total N	40	63	66	78	42	70	54	17

Source of funding to meet health care expenses

The Oldest Old were asked how they meet their health care expenses. The analysis of data presented in Figure 3.2e reveals that more than two-third (70%) of the Oldest Old depend on money they receive from their son. The second most important source for meeting such expenses is their own savings, as reported by two-fifths of the Oldest Old.

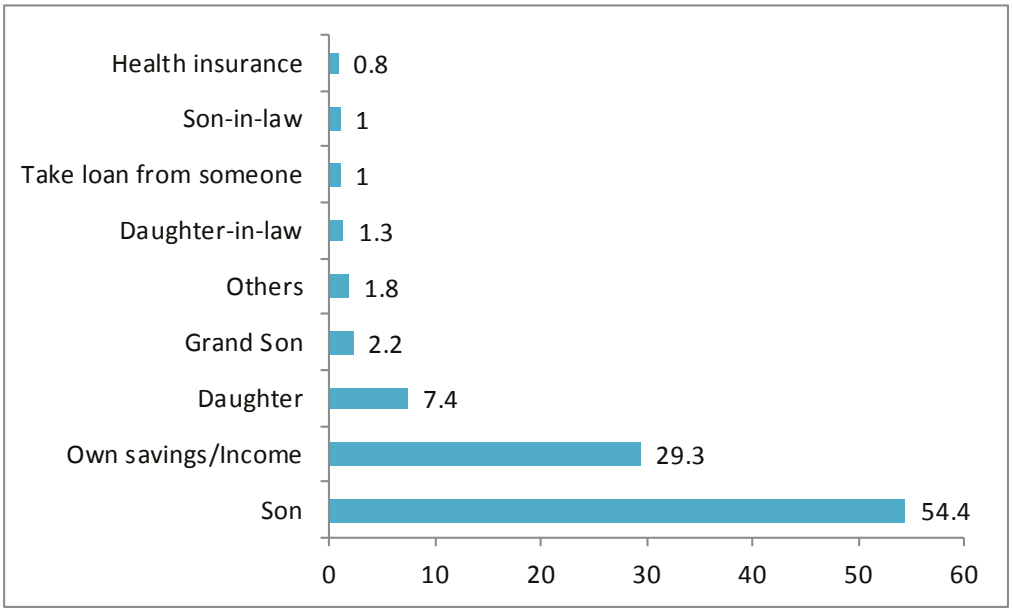
Figure 3.2e - Sources of funding (%)



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

The Oldest Old were also asked to rank the sources from where they meet their health care expenses. More than half (54%) of the Oldest Old assigned first rank to the son as the prime source of funding, whereas only 29% reply primarily on personal savings/income.

Figure 3.2f - Ranking of sources of funding (%)



Note: The table presents the findings for only 1st rank

The analysis of data presented in Table 3.2e reveals that more than two-thirds of the Oldest Old rely mainly on their son to pay for their health care expenses in all cities except Chennai (46%) and Patna (55%). In Chennai, most (95%) of the Oldest Old primarily depend on their own savings/income for health care expenses.

One of the respondents of the qualitative study, an 87-year-old man from Ahmedabad said in this regard:

> *"I usually visit the nearby government hospital for my health treatment and my son has to bear my expenses.... I receive a pension of Rs 400 per month, which is not sufficient. I get some medicines free of cost at the hospital but I have to buy the rest from elsewhere."*

Another male respondent, 83, in Mumbai said:

> *"I am an illiterate farmer.... I do not know much, but whenever I fall ill, I sell food grains and meet my routine medical expenses. But once, when I had a serious health problem (disease), I had to sell a piece of my land."*

Table 3.2e - Source of funding - city-wise (%)

Source	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
Total N	120	101	101	100	100	102	108	101

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

The Oldest Old were also asked to rank the sources from where they meet their health care expenses. More than half of the Oldest Old assigned first rank to their son in all cities except Chennai (9%). In Chennai, the primary source was personal savings/income, as reported by about four-fifths (79%) of the Oldest Old.

Table 3.2f - Highest ranking of sources of funding - city-wise (%)

Health facility	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 someone	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

Health facility	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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	-
Total N	120	101	101	100	100	102	108	101

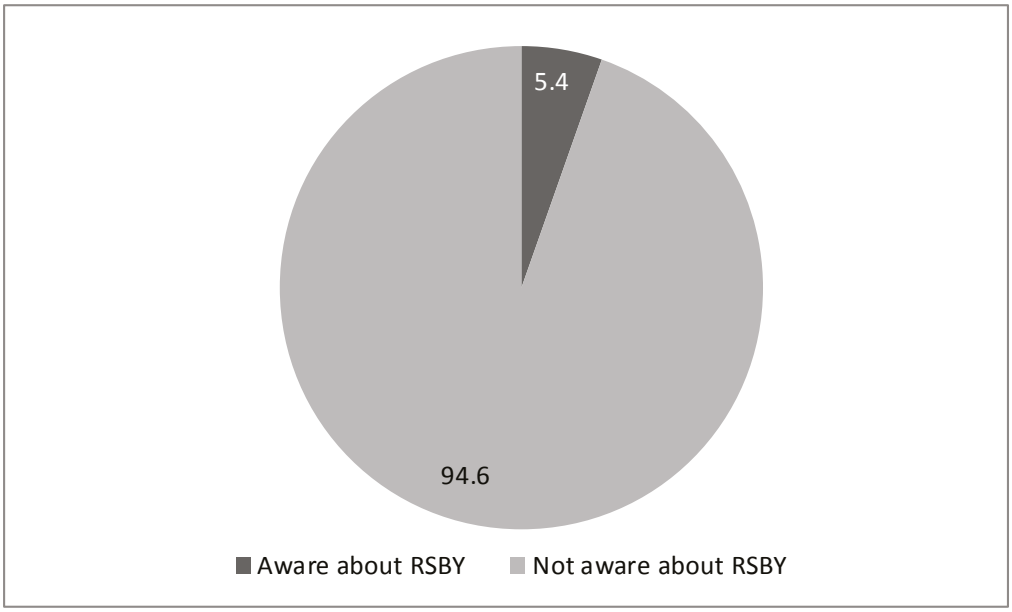
3.3 - Awareness and utilisation of health insurance services

A concerted attempt has 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 these.

Awareness of health insurance schemes such as RSBY*

Figure 3.3a presents the proportion of the Oldest Old respondents who have heard about the Rashtriya Swasthya Bima Yojna (RSBY). Awareness about RSBY seems to be very low, at a mere 5%.

Figure 3.3a - Awareness of RSBY (%)



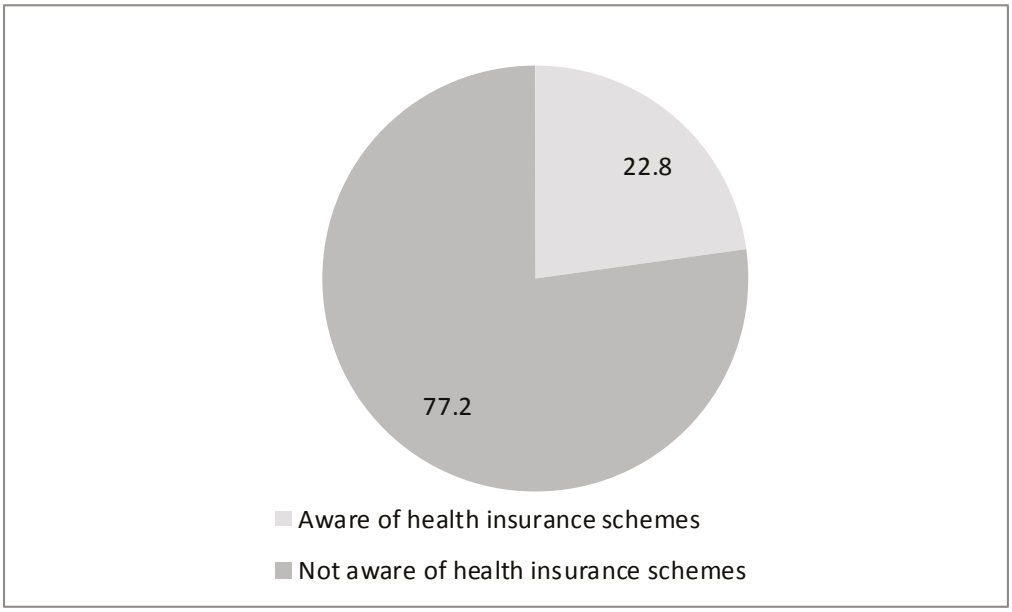
N=833

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

Awareness of health insurance

As depicted in Figure 3.3b, about 23% of the Oldest Old seem to have heard about any Health Insurance Scheme.

Figure 3.3b - Awareness on health insurance schemes (%)



N = 190

As suggested in Table 3.3a, Hyderabad, Mumbai and Chennai are the only cities whose Oldest Old are aware of the various government health related welfare schemes meant for them (59%, 17% and 3%, respectively). In the rest of the cities, none of the Oldest Old seem familiar with the government health welfare schemes meant for them.

Table 3.3a also gives the proportion of the Oldest Old who had 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 it is negligible in Kolkata, Ahmedabad, Delhi NCR and Bhopal.

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

Table 3.3a shows that only 17% of the Oldest Old are covered under any health insurance scheme in Chennai, while in Mumbai and Hyderabad, this figure is 7–8%.

Table 3.3a – City-wise awareness of health insurance schemes (%)

Scheme	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
Total N	120	101	101	100	100	102	108	101

Awareness of health welfare schemes

As can be seen in Table 3.3b, three-fifths of the Oldest Old in Hyderabad reported that they were aware of the Rajiv Arogya Sri scheme, and 4–5% in Mumbai had heard of HDFC Health Insurance, LIC Health Plan and Nirdhan Yojna.

Table 3.3b - Awareness of health welfare schemes (%)

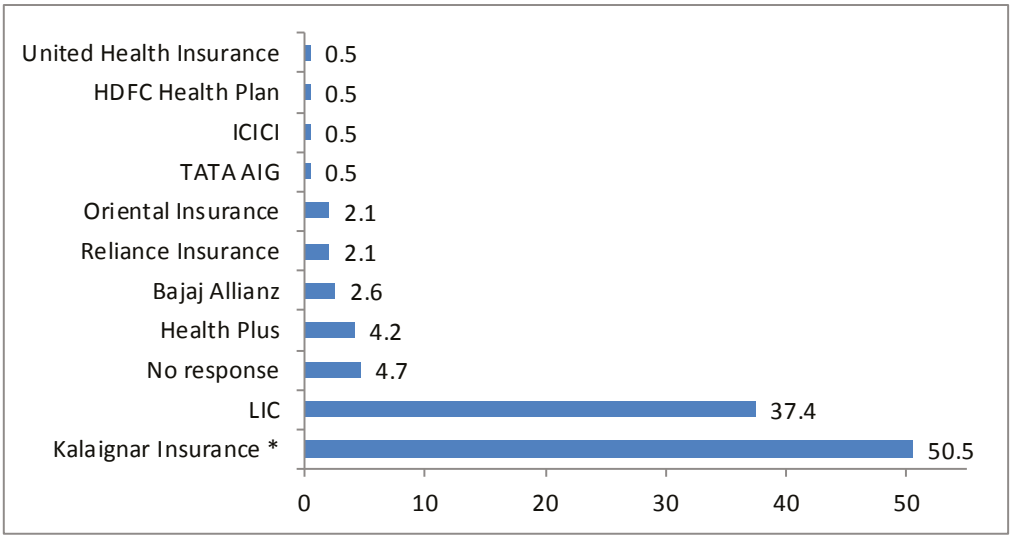
Scheme	MUM	HYD	CHE
LIC Health Plan	4	3	0
HDFC Health Insurance	5	0	0
Kalyan Insurance Scheme	0	0	1
Rajiv Arogya Sri*	0	59.4	0
Nirdhan Yojna	4	0	0
Indian National Age Old Health Scheme	1	0	0
Sr. Citizen Swasthya Kendra	2	1	0
Manav Kalyan Kendra	1	0	0
Sanjay Gandhi Niradhar Swasthya Yojna	1	0	0
Bajaj Allianz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

* Rajiv Arogya Sri: This is a health insurance scheme being implemented in Andhra Pradesh to assist poor families with catastrophic health expenditure. The scheme has a unique Public Private Partnership (PPP) model in the field of health insurance, tailor-made to the health requirements of poor patients, while providing end-to-end cashless services for identified diseases through a network of service providers from the government and private sector.

Awareness of Health insurance scheme

The Oldest Old who are aware of any of the health insurance schemes were asked to specify which ones they were familiar with. Almost half of them named the Kalaignar Insurance Scheme, while more than one-third (37%) had heard of LIC. The rest of the health insurance schemes were mentioned by not more than 5% of the Oldest Old.

Figure 3.3c - Awareness of health Insurance schemes among the Oldest Old (%)



N = 190

Total adds to more than 100 because of multiple response

* Kalaignar Insurance Scheme: The Tamil Nadu state government introduced the Kalaignar Insurance Scheme for Life Saving Treatments in July 2009. Since its launch, it has been one of the most sought after schemes. It has been implemented in collaboration with Star Health and Allied Insurance Company. The state government has undertaken to pay the entire insurance premium.

Table 3.3c reveals that 96% of the Oldest Old in Chennai specified that they were aware of the Kalaignar Insurance Scheme. In Mumbai and Patna, 31% and 22% (respectively) were familiar with LIC.

Table 3.3c – City-wise awareness of health insurance scheme (%)

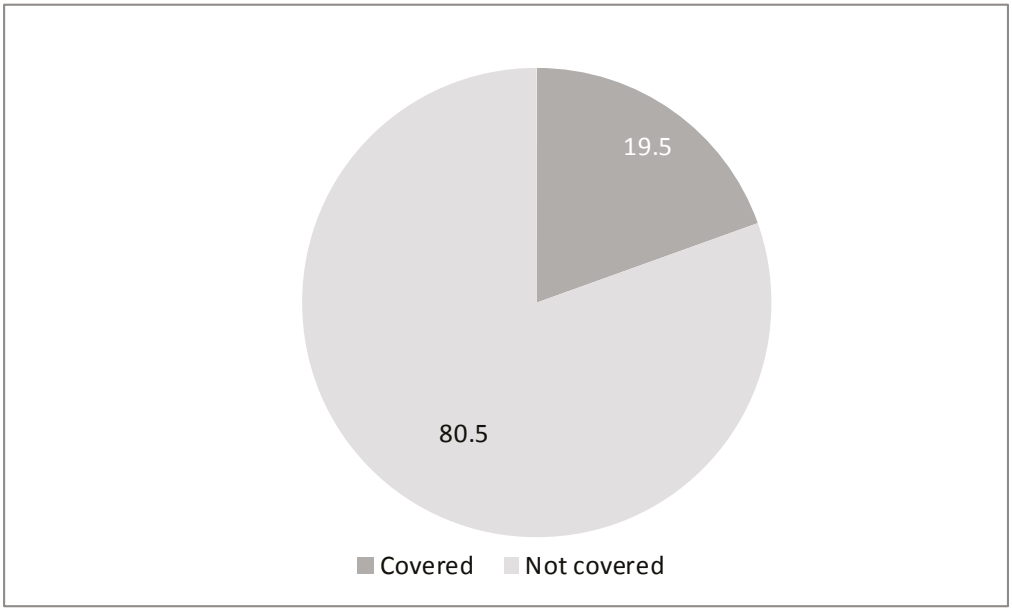
Scheme	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
LIC	2.5	30.7	11.9	0	22	1	0	2
Health Plus	1.7	5	1	0	0	0	0	0
Reliance Insurance	0	0	1	0	3	0	0	0

Scheme	DEL NCR	MUM	HYD	CHE	PTN	KOL	BPL	AHD
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
Total N	120	101	101	100	100	102	108	101

Health insurance

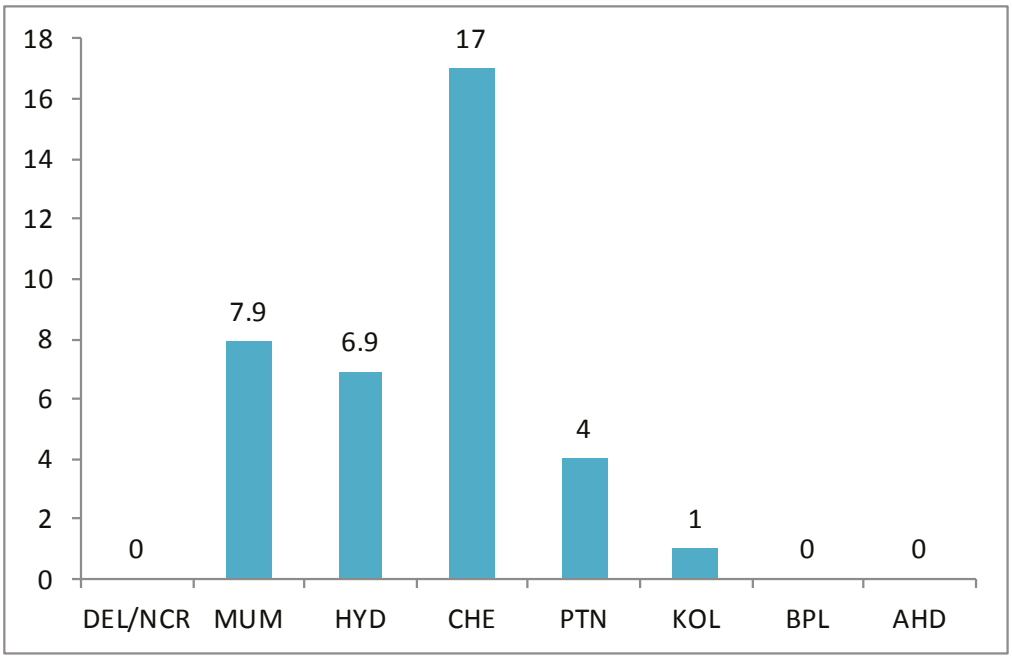
The Oldest Old who were aware of any health insurance scheme/s were asked whether they are covered under any of them. In all, about one-fifth of them responded in the affirmative.

Figure 3.3d - Coverage under any health insurance scheme (%)



Note : Results need to be interpreted with care due to small base of 190

Figure 3.3e - Coverage under any health insurance schemes by city (%)



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 of ages 80 years and above need respect and support from their family; they need security as well as emotional and mental supportto be able to lead a healthy life.
- Some cultural activities should be organised for them to keep them active and healthy.
- Their health care needs need to be met.
- If the economic condition of the family is poor, the government should make some provision to provide the Oldest Old with adequate financial support.
- The actual benefits of government schemes do not manage to reach the intended beneficiaries. Therefore, greater efforts need to be made to resolve this problem.
- Healthy foods need be provided to the Oldest Old.
- There is also a need to offer health education and to provide separate geriatric care centres for the Oldest Old.

- The government should initiate sound health related schemes meant specially for the Oldest Old, and all new and existing schemes should be made available at each and every hospital.
- A nurse or caretaker must be made available in old age homes to help in case of an emergency.
- Firstly we should identify the health care and other needs of the Oldest Old and resolve the same on priority basis
- Medical treatment and medicines for the Oldest Old need to be provided free of cost by the government.
- A free bus service needs to be initiated for the Oldest Old who are unwell, so that they can easily get to the hospital. The number of seats reserved for senior citizens in buses should be increased in general buses too.

3.5 Suggestions put forth by the Oldest Old to meet their needs

The key suggestions put forth by the Oldest Old to meet their requirements are presented below:

- They should be provided free health treatment, free food, free medicines and clothes.
- Family members and others should obey their elders. The Oldest Old need family support.
- They should be provided with food and medicines on time.
- Elders should have some cash in hand.
- Any kind of pension allowance would be beneficial.
- Children should take care of their parents.
- The government and NGOs should look after them; or there should be an organisation that specifically takes care of the elderly.
- Daughters-in-law should be respectful.
- Should keep a separate house for themselves at older age
- Sons are useless they do not care, should have daughters only
- There should be enough old age homes.
- Free vehicles/transport should be provided for going to the bank, post office, hospital, nursing home and visits to the doctor.
- Separate clinics should be opened for senior citizens.
- A separate authority should be established to listen to and understand the problems of the Oldest Old.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Bharpai, 74 years, signs on the HelpAge petition for the Right to Social Pension under the Age Demands Action campaign at Rohtak Village, Haryana

Chapter 4

State of Old Age Pensions in India

DR PRASHANT PRAKASH, Centre for Budget and Governance Accountability

Introduction to old age pensions

The aim of this factsheet is to:

- Introduce statistics pertaining to the elderly population across India and their economic vulnerability, based on estimates provided by the Census of India, 2011 and NSSO 60th Round.
- Introduce and compare old age pension provisions in India under both the central and state governments.
- Compare the current budgetary expenditure on old age pensions and estimate the additional expenditure required for achieving universal elderly coverage and to emulate the recent Rajasthan Model, which provides coverage to the entire economically dependent section of the elderly population.
- Calculate and compare the 'expenditure per elderly per month' and the 'expenditure on old age pension as proportion of expenditure on pension and retirement benefits of government employees' by the centre and state governments.

Elderly population in India and their economic vulnerability

According to the latest Census of India, 2011 (see Appendix Table A.1 for details), India is home to around 1429.76 lakh elderly people (aged above 54 years) across 28 States and seven Union Territories. However, the state-wise figures for the elderly population vary from 209 lakh (15%% of the total elderly population) in Uttar Pradesh, to 0.58 lakh (0.07%% of the total elderly population) in Sikkim. In addition, while only six states viz. Uttar Pradesh (209 lakh), Maharashtra (150 lakh), Andhra Pradesh (112 lakh), West Bengal (110 lakh), Tamil Nadu (106 lakh) and Bihar (105 lakh) account for 55% of the total elderly population, there are some states like Mizoram (1 lakh),

Arunachal Pradesh (1 lakh) and Sikkim (0.58 lakh), which have only one lakh or fewer elderly people. Among the Union Territories, while NCT Delhi has 17 lakh elderly people (1.16% of the total elderly population), Lakshadweep has 0.08 lakh (0.01% of the total elderly population).

Economic vulnerability of the elderly

In terms of economic vulnerability, the proportion of the elderly (those of age >59 years) who are totally dependent on others for sustenance varies drastically among males and females. According to NSS 60th Round (See Appendix Table A.2 for details), while 32% of elderly males in rural areas and 30% of males in urban areas were fully dependent on others, the same figures stood at 72% for females. Among males, dependency varied from 43.2% in rural Kerala to 6% in rural Arunachal Pradesh, and from 37.9% in urban Bihar to 4.5% in urban Meghalaya. As for the Union Territories, figures varied from 56% (Lakshadweep) to 0% (Chandigarh) in rural areas and 42.4% (Daman and Diu) to 3.8% (Chandigarh) in urban areas.

Among females, dependency varied from 82% in rural West Bengal to 32.6% in rural Nagaland, and 83.2% in urban Jammu and Kashmir to 37.9% in urban Sikkim. Among Union Territories, these figures stood at 81.6% (Daman and Diu) to 9.8% (Andaman and Nicobar) in rural areas, and 87.5% (Daman and Diu) to 53.9% (Lakshadweep) in urban areas.

The main observation from the dependency figures is the irrelevance of Below Poverty Line (BPL) figures for judging economic dependency, as the elderly population within non-BPL families can also be completely economically dependent on others. The BPL figures are particularly irrelevant for capturing the dependency and vulnerability of females as the estimates show that the proportion of females totally dependent on others is as high a figure as 84%.

Old age pension schemes under the centre and states

Old Age Pensions (OAP), as a policy subject, comes under the domain of the *concurrent list* according to the Constitution of India. Hence OAP falls within the purview of both the centre and state governments in India. Towards bearing this responsibility, while the Union government has formulated the Indira Gandhi National Old Age Pension (IGNOAPS) under a more comprehensive National Social Assistance Programme (NSAP), various states implement their own old age pension schemes. Also, within the IGNOAP, while the centre provides Rs 200 per month as pension to the elderly (those aged above 59 years) belonging to BPL families, it has also, based on the BPL survey conducted in 2002, asked the states to share this

responsibility, as mandated by the Constitution of India, by contributing an equal amount for each elderly person.

While some of the states have been contributing an equal amount per elderly person under this scheme, some others contribute more than the centre's share; there are yet others who contribute less than the centre. In addition, while some states may be contributing the same amount as the centre, they have considerably relaxed the criteria for identifying the beneficiaries on the basis of economic vulnerability and/or age, resulting in greater inclusion and more beneficiaries than those identified by the BPL survey, as allowed under the centre's IGNOAPS. Also, some states have OAP programmes completely independent of IGNOAPS—thereby making

zero additional contributions to it—based on their own identification criteria and monthly pension amounts. Then there are states with more comprehensive OAPs, whereby the centre's contribution towards IGNOAPS is subsumed under the state programme. Hence, as a result of the concurrent responsibility of social security in India, OAP provisions vary considerably across the states.

Also, even the coverage provided by centre's IGNOAPS differs significantly across the states as beneficiaries are identified according to the BPL survey conducted in each state. A state-level analysis of IGNOAPS (See Appendix Table A.3 for details) reveals that the number of beneficiaries differs across states, with only four states—Uttar Pradesh (18%), Bihar(16%), West Bengal (9%) and Odisha (8%) accounting for around 51% of the total 213.8 lakh beneficiaries.

In addition to the centre's IGNOAPS, the various pension provisions across Indian states and Union Territories are as follows (See Appendix Table A.4 for detailed data source for table below):

Table 4.1 - Old age pension schemes

State	Pension scheme	Maximum, fully state sponsored, elderly pension (Rs per month)	Age criteria (Years)	Income criteria
Government of India (Centre)	IGNOAPS	200	60 and above	Below Poverty Line (BPL)
States				
Andhra Pradesh	Indiramma Old Age Pension Scheme	200	65	BPL
Arunachal Pradesh	State Plan Old Age Pension Scheme	0		
Assam	IGNOAPS State Share	50	65	BPL
Bihar	State Social Security Pension	200	60–64	Personal Annual Income (PAY) Rs 5,000 (Rural), Rs 5,500 (Urban)

Chhattisgarh	Social Security Pension Scheme	200	60	Destitute
Goa	Dayanand Social Security Scheme	2000	60	Universal pension
Gujarat	State Finance Assistance	200	60	PAY Rs 2,400, Family Annual Income (FAY) Rs 4,500
Haryana	Old Age Samman Allowance	500	60	Couple Annual Income Rs 2 lakh
Himachal Pradesh	State old Age Pension Scheme	500	60	Destitute, PAY Rs 9,000 or FAY Rs 25,000
Jammu and Kashmir	Integrated Social Security Scheme	200	55 F, 60 M	No source of income
Jharkhand	State Social Security Scheme	400	60	PAY Rs 5,000 (Rural), Rs 5,500 (Urban)
Karnataka	State Government Scheme / Sandhya Surakasha Scheme	400	65	Combined AY with spouse Rs 20,000
Kerala	IGNOAPS	500	65	FAY Rs 11,000
Madhya Pradesh	Sparsh Social Security Pension	150	60	Destitute
Maharashtra	Shravan Bal Rajya Seva Nivruti Vetan Yojana / Sanjay Gandhi Niradhar Anudan Yojana	600	Sanjay GNAY below 65, Sharavan BRSNVY above 64	AY Rs 21,000
Manipur	Manipur Old Age Pension Scheme	200	55 F, 60 M	Low income

Meghalaya	IGNOAPS state share	50	65	BPL
Mizoram	IGNOAPS State Share	50	65	BPL
Nagaland	IGNOAPS state share	100	60	BPL
Odisha	Madhu Babu Pension Yojana	200	60	FAY Rs 12,000
Punjab	Old Age Pension Scheme	250	58 F, 65 M	PAY Rs 12,000, couple AY Rs 18,000 or son AY Rs 36,000
Rajasthan	Rajasthan Social Security Old Age Pension	500	55 F, 58 M	No Regular Income
Sikkim	IGNOAPS State Share	400	60	BPL
Tamil Nadu	IGNOAPS State Share	800	65	BPL
Tripura	IGNOAPS State Share	200	65	BPL
Uttar Pradesh	Old Age / Farmer Pension subsuming IGNOAPS	100	60	BPL
Uttarakhand	State old Age Pension Scheme	400	60–64	Non-BPL Destitute with PAY Rs 12,000
West Bengal	IGNOAPS state share	200	60 F, 65 M	BPL
Union Territories				
Andaman & Nicobar Island	Old Age Pension	2,000	60	Rs 12,000
Chandigarh	State Old Age Pension under State Sponsored Social Assitance Scheme	500	60	PAY Rs 12,000 or PAY Rs 18,000 if spouse living

Dadra & Nagar Haveli	IGNOAPS state share	300	65	BPL
Daman & Diu	Senior Citizen Pension (UT Plan Fund) (Subsumes IGNOAPS)	500	65	Rs 1 lakh
Lakshadweep	Pension to Old Destitute	500	60	Weaker and financially deprived sectors
NCT Delhi	Senior Citizen Pension Scheme	1,000	60	FAY Rs 60,000 excluding independent sons/daughters, but cap System restricting beneficiaries to 3.5 lakh only
Puducherry	Old Age & Destitute Pension	1,000	56	PAY or person legally bound to maintain AY Rs 24,000

Source: Appendix Table A.4

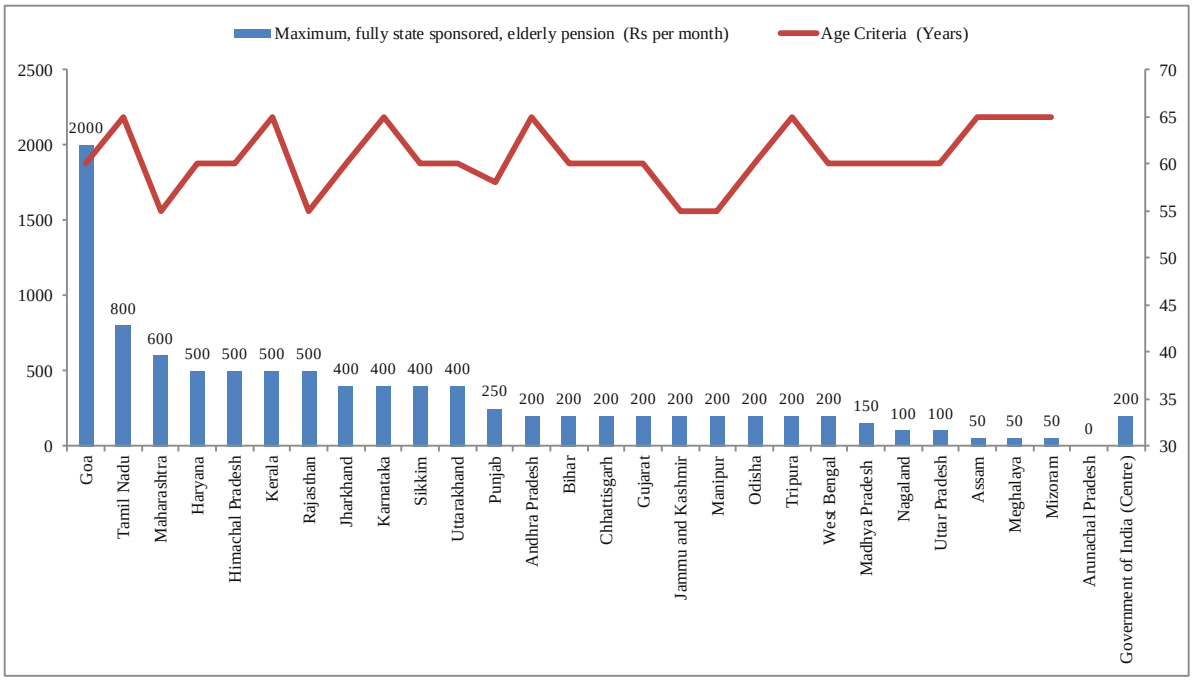
Note:

1. Monthly pensions by Centre and State are different, as eligibility criteria differ for both schemes.
2. There are some umbrella schemes in the states that cover the population meant for IGNOAPS.
3. In some states, and in the case of the centre's IGNOAPS, the pension amount for octogenarians (aged > 79 years) or those aged >70 years is greater than the amounts mentioned.
4. In Kerala, Tamil Nadu, West Bengal (Males), Assam, Meghalaya, Mizoram, Tripura, and Dadra and Nagar Haveli, where OAPS is very much in sync with IGNOAPS, it is not clear from available resources if the state has also lowered the eligibility for old age pension to 60 years following the central government's decision to do so in 2011.

5. Arunachal Pradesh has an IGNOAPS share of Rs 150, but only for the elderly belonging to scheduled tribes and living BPL.

6. In West Bengal, the Annual Plan mentions the age criteria for old pensions for schedule tribes as 60 years. It is not clear if this holds true for elderly males in the general category.

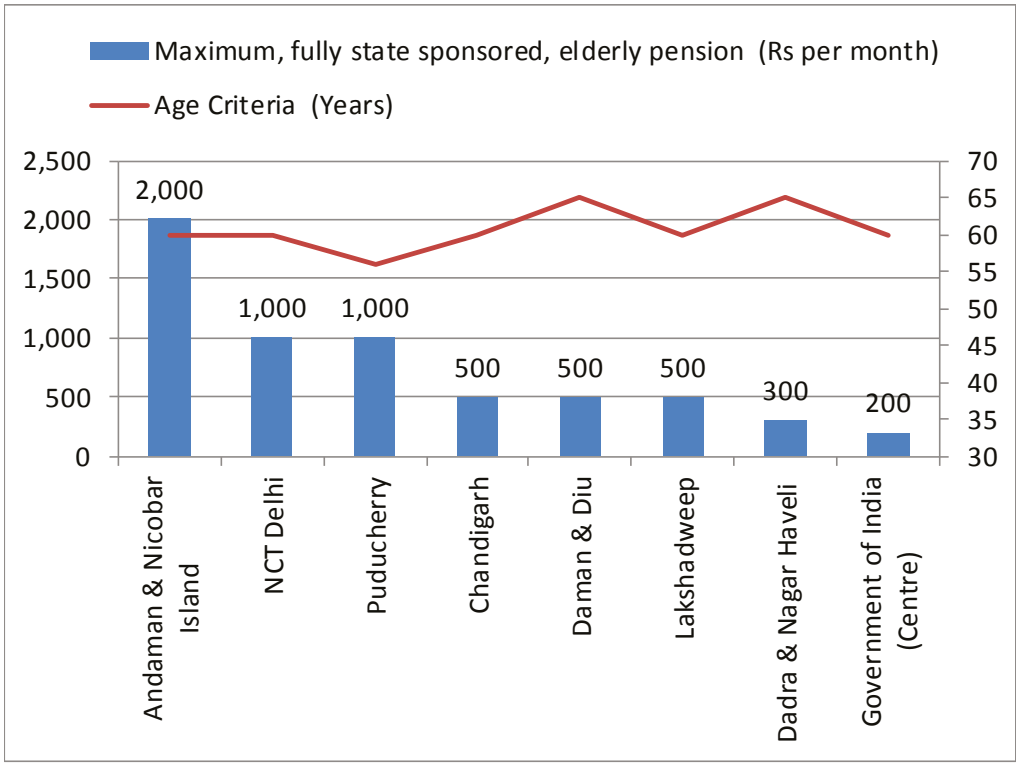
Figure 4.1 - Pension schemes across states



Source: See Appendix Table A.4

An analysis of the status of OAPs across states and UTs, as presented in Table 1, Chart 1 and Chart 2 above, reveals that the monthly pension amount, minimum eligibility age and maximum income limit to be eligible for pension are some of the key variables for comparing the comprehensiveness of OAP provisions across states and UTs. Some of the observations in relation to these variables from the above table and charts follow.

Figure 4.2 - Old Age Pension Schemes across Union Territories



Source: See Appendix Table A.4

Monthly pension amount

The monthly pension figures vary from Rs 2,000 for Goa to nil for Arunachal Pradesh (the state does have a pension worth Rs 150, but only for the elderly who are BPL and belong to Scheduled Tribes). Among UTs, pension provisions vary from Rs 2,000 for Andaman and Nicobar Island, to Rs 300 for Dadra and Nagar Haveli. While 12 states offer more than what the centre provides (Rs 200 per month), seven provide less. All UTs provide pension amounts that are higher than the centre's.

Minimum eligibility age

While provisions among most states have adopted the centre's recommended age of 60 years (for IGNOAPS), only three states i.e. Jammu and Kashmir, Rajasthan and Maharashtra have an eligibility age of 55 years, though only for females. For males, all the states have 60 years as the cut-off age, with Rajasthan as the only state with 58 years as the eligibility age. Puducherry has the lowest age cut-off—56 years, irrespective of gender. There is a pressing need to draw attention towards the lowering of the eligibility age to around 55 years, mainly in light of the fact that average life

expectancy in India is only around 65 years, compared to around 80 years in many developed countries.

While Andhra Pradesh and Karnataka have a high eligibility age, at 65 years, there are states and UTs like Kerala, Tamil Nadu, West Bengal (males), Assam, Meghalaya, Mizoram, Tripura, Dadra and Nagar Haveli, and whose pension programmes follow IGNOAPS, where it is not clear if the eligibility age has been lowered to 60 years, for their contribution to IGNOAPS, as per central guidelines, since the present data and literature sources (Appendix Table A.4) do not support this fact.

Maximum income limit criteria

Goa leads the way with no income criteria and universal old age pension. Other states that have relatively higher income criteria, include Haryana (annual income limit of Rs 2 lakh per couple), Maharashtra (income limit: Rs 21,000) and Karnataka (couple income limit: Rs 20,000). While most of the states follow the BPL criteria for determining eligibility, Gujarat performs poorly, with the lowest personal annual income limit: only Rs 2,400. Among UTs, Daman has the highest income limit of Rs 1 lakh, followed by NCT Delhi (family annual income: Rs 60,000) and Puducherry (personal annual income: Rs 24,000). Dadra and Nagar Haveli is the only UT that follows the BPL criteria for determining beneficiaries.

Based on an analysis of pension amount, age and income criteria, it can be said that among the states, Goa emerges as a role model for old age security, with a universal pension scheme which offers Rs 2,000 per month. The only drawback is the eligibility age of 60 years. Goa seems to be followed by Rajasthan in terms of low eligibility age—55 for females and 58 years for males, and flexible income criteria, which practically makes any person with no regular income eligible for pension. Tamil Nadu, Karnataka and Kerala, where the monthly pension amount is comparatively higher, also have a higher eligibility age—65 years—which considerably limits the coverage and impact of their schemes. In Tamil Nadu the coverage is further reduced since the scheme is limited to BPL households.

Among UTs, Puducherry has an impressive scheme, with a monthly pension of Rs 1,000, and age eligibility at 56 years and above; but the annual income limit of Rs 24,000 acts as a hindrance, making it fall short of universal coverage, like in Goa.

Another observation that emerged from the analysis is, given the multiple variables involved in determining the efficacy of old age pension, and the considerable variation across states with respect to these, a comparable analysis of old age security across states would require a comprehensive index. At present, this factsheet proposes pension expenditure per elderly (aged above 54 years) as one of the variables for judging the commitment

of various states and central government to old age security. The factsheet proposes comparing expenditure across the centre and states for old age pensions and for pension and retirement benefits of government employees, to compare the discrepancy in the government's commitment towards old age security provisions in the unorganised and organised sectors.

Towards this aim, the next section contains an analysis of budgetary allocations for old age pensions by the centre and states. It also tries to estimate the amount of additional expenditure required to achieve universal old age pension at Rs 500 per month across states. An effort has been made to estimate the additional budgetary provisions to emulate the Rajasthan model of old age pensions at Rs 500 per month for aged people (females: 55 years, and males: 58 years) with no regular source of income.

A state-wise analysis of additional expenditure requirement

Universal elderly coverage - Rajasthan model

In order to analyse the budgetary provisions for OAP by the centre and states, this fact sheet depends on the respective state budget documents and the Union of India (centre) budget document. As for state budgets, any expenditure relating to the pension of elderly have been collated and added to arrive at state pension figures.

Estimates of the additional funds required at the central and state level to achieve universal old age pension at Rs 500 per month, and those required to apply the Rajasthan model, i.e. Rs 500 for the elderly (female above 54 years of age, and males above 57 years), who are fully economically dependent on others, are given in Appendix Table A.5. The respective figures have been arrived at by multiplying the number of elderly to be covered under various scenarios by an annual pension amount of Rs 6,000 (i.e. Rs 500 per month). To arrive at figures regarding the number of elderly who are fully dependent on others, results from the NSS 60th round (mentioned above and provided in Appendix Table A.2) have been used.

As Table A.5 shows, for the year 2011–12 (actual) India (centre and states combined) incurred an expenditure of Rs 14,370 crore. The state-wise expenditure has been provided in Table A.5. Also, while an estimated *additional* expenditure of Rs 71,287 crore is required to provide a universal monthly pension of Rs 500 for all elderly aged above 54 years, estimated additional expenditure required to emulate the Rajasthan Model (i.e. monthly old age pension for all economically dependent females aged above 54 years and males above 57 years) is Rs 27,667 crore.

Rajasthan aims to achieve this comprehensive old age pension scheme by increasing its 2011–12 expenditure on old age pensions by around

255%. While eight states (Goa, Haryana, Sikkim, Nagaland, Uttarakhand, Himachal Pradesh, Tripura and Mizoram) and two UTs (Puducherry and NCT Delhi) are already incurring expenditure on old age pension in excess of those stipulated under the Rajasthan model, five states (Uttar Pradesh, Bihar, Jammu and Kashmir, Arunachal Pradesh and Gujarat) will require a relatively higher increase in expenditure as a proportion of their present expenditure—the highest being in Gujarat, at around 1097% (see Appendix Table A.5 and Chart.3 below for state-wise details).

Expenditure on old age pension vis-a-vis pension and retirement benefits of government employees

As mentioned above and reported in Appendix Table A.5, the combined expenditure incurred on old age pensions by the centre and states in 2011–12 (actual) was Rs 14,370 crore. However, to estimate the distribution of the responsibility between the centre and states, it is necessary to segregate the expenditure on OAPS incurred by the centre and states.

Segregating the centre and states' share in expenditure on old age pension

For IGNOAPS, funds are released by the central government under the common head of National Social Assistance Programme (NSAP) which has four components namely Indira Gandhi National Widows Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National Family Benefit Scheme (NFBS) and Annapurna scheme. Funds released for IGNOAPS are not reported separately, but under the common head of NSAP. However, the number of beneficiaries under the various schemes of NSAP is available (See Appendix Table A.3) and can be used to estimate the proportion of funds allocated to IGNOAPS under NSAP. The estimated state-wise expenditure on IGNOAPS is provided in Appendix Table A.6, which shows that on an average the amount released and reported as expenditure by states under IGNOAPS can range from 98% of NSAP (Gujarat) to 65% of NSAP (Maharashtra), yielding an all-India average allocation to IGNOAPS of around 79% of NSAP.

The expenditure incurred by the Centre alone, on old age pension exclusively, is estimated at Rs 4,916 crore (2011–12 actual), along with Uttar Pradesh (18%), Bihar (13%), West Bengal (9%) and Andhra Pradesh (7%) alone accounting for around 50% of the expenditure incurred by the central government on IGNOAPS. This lopsided expenditure incurred by the Centre is because of the number of BPL families listed by these states. This has implications for all states which have synced their old age pension schemes with the central scheme (IGNOAPS).

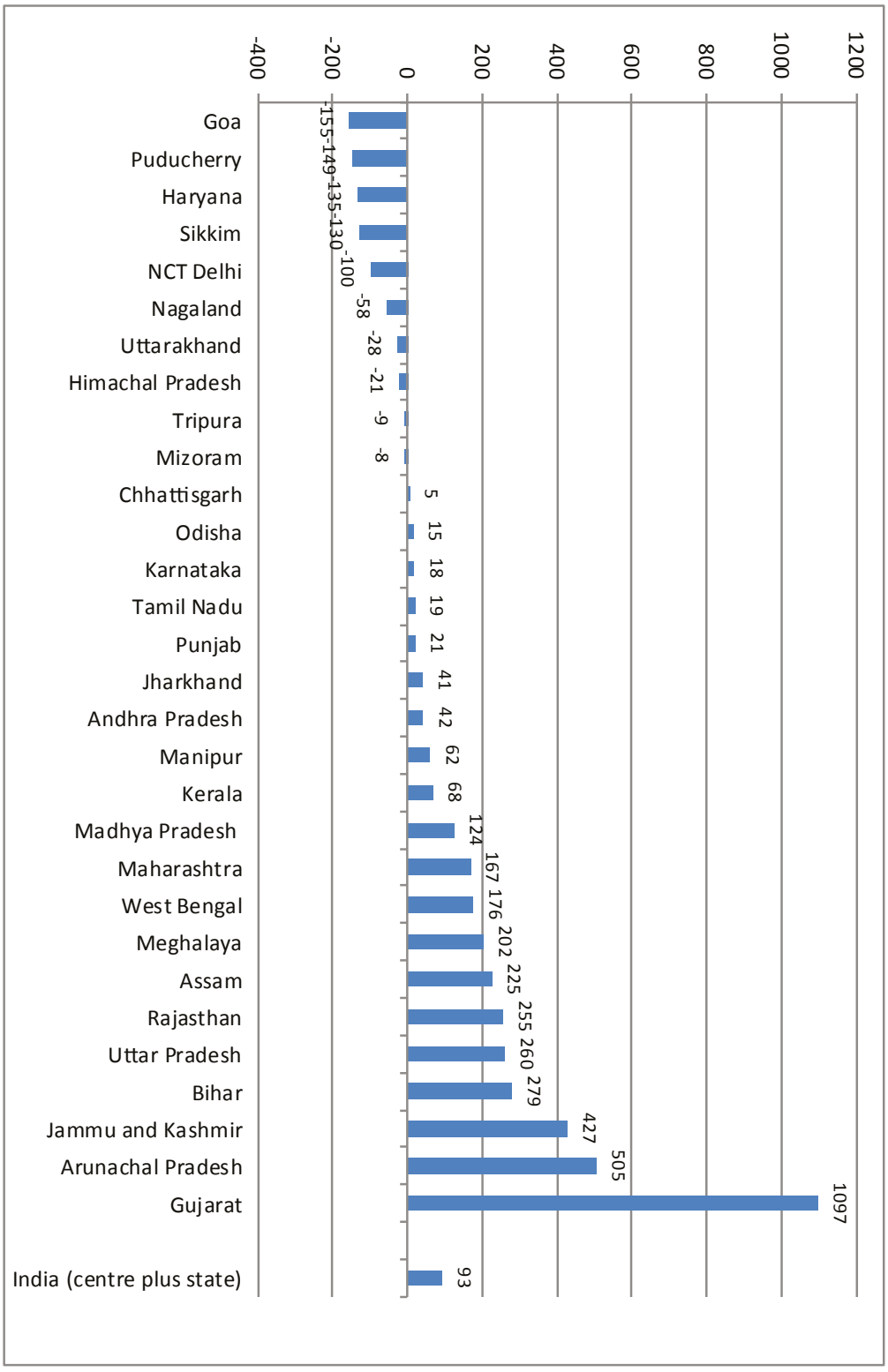
Isolating the expenditure incurred by the central government on old age pension from total old age pension expenditures reported in respective state government budgets, helps us arrive at an estimated figure for the expenditure incurred exclusively by the states on pensions. At the national level, while the combined expenditure incurred by the centre and states on pensions in 2011–12 was Rs 14,370 crore, the Centre's share in the same was around Rs 4,916 crore, i.e. around 34% of the total expenditure on pensions. Hence the states spent about 66% of the total expenditure on old age pension. This clearly shows that the responsibility is not being borne equally by the centre and states, since the centre's contribution is only roughly one-third of the total expenditure.

A similar exercise was carried out for all the states, and the results can be seen in Appendix Table A.7, which provides estimates regarding the expenditure per elderly per month incurred by the centre and state exclusively. While the central government spent Rs 4,916 crore on 14.29 crore elderly (aged above 54 years), which amounts to Rs 28.7 per elderly per month, the average among the states stood at Rs 55, which amounts to an Indian average of Rs 83.8 by the centre and states combined.

Comparing the coverage enjoyed by the elderly population across different states and UTs in terms of expenditure (Centre and State combined) per elderly per month, as can be seen in Chart 4 (Appendix Table A.7), reveals that Goa ranks first, at Rs 446 per elderly per month, followed by Puducherry (Rs 435), Rajasthan New Scheme (Rs 272), Haryana (Rs 260) and NCT Delhi (Rs 237). Among the low ranking states and UTs are Bihar (Rs 52), Arunachal Pradesh (Rs 48), Meghalaya (Rs 45), Jammu and Kashmir (Rs 38), and Gujarat (Rs 21).

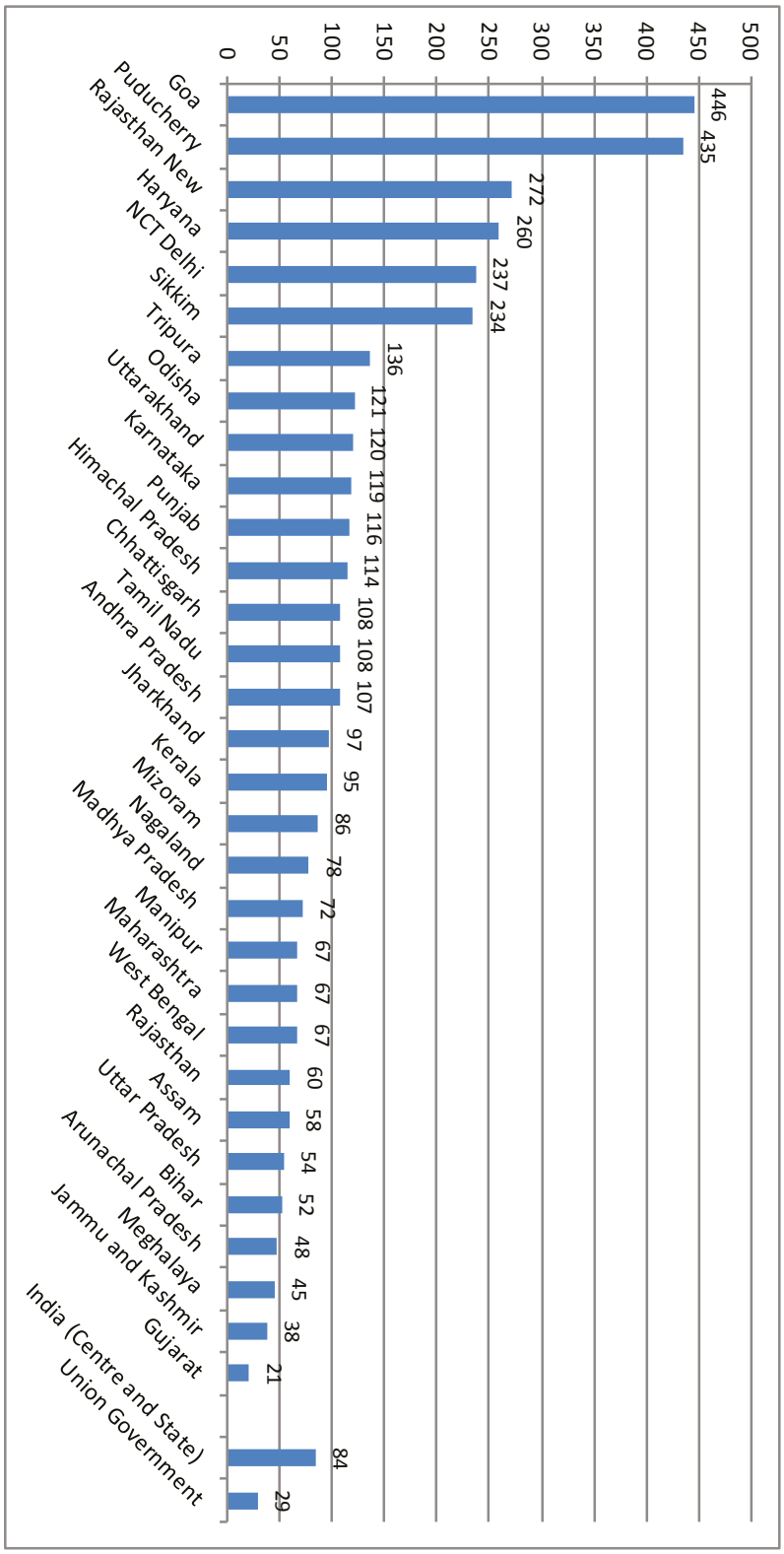
Punjab and Kerala, while doing fairly well in terms of state contribution, rank lower because of lower contributions by the Centre, as compared to other high ranking states. Tripura, Odisha, Uttarakhand, Chhattisgarh and Jharkhand would have not high ranks as these states cover less number of older persons under the scheme. Among low ranking states, Uttar Pradesh, Bihar, Arunachal Pradesh and Meghalaya would have ranked even lower than Gujarat had it not been for the relatively higher coverage provided by the centre. Gujarat's poor performance is explained by low fund transfer from the centre to the state, among other problems.

Figure 4.3 - Required extent of increase in pension expenditure (%)



Source: Appendix Table A.5

Figure 4.4 - Expenditure per Elderly across States as of 2011–12 (taking into account the total elderly population) (Rs per month)

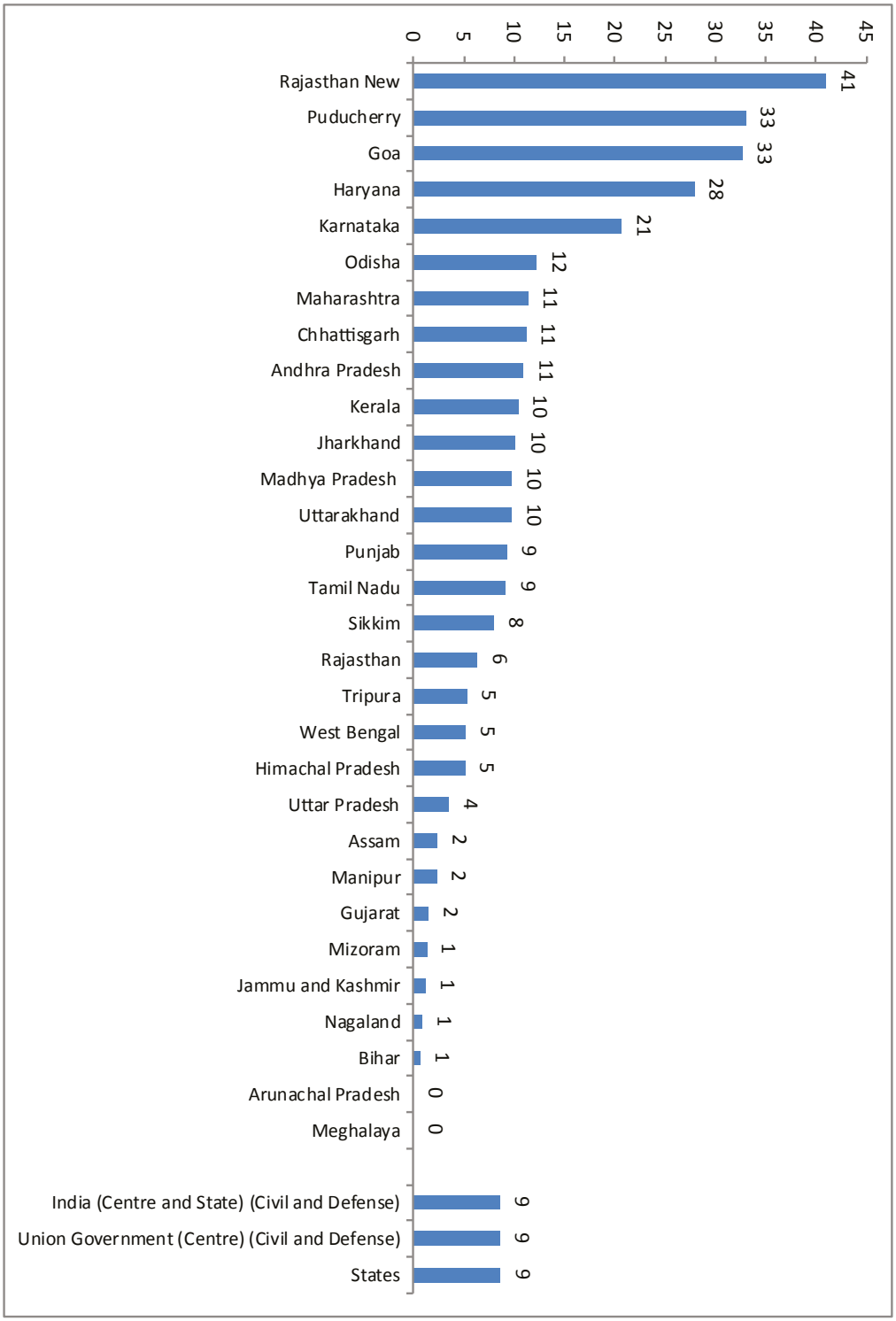


Source: Appendix Table A.7
Data is tabulated taking into account the total elderly population

Expenditure on old age pension as a proportion of the expenditure on pension and retirement benefits enjoyed by government employees

The appendix Table A.8 and Chart 5 below give the amount of expenditure incurred by the centre and states on old age pensions and on pension and retirement benefits enjoyed by the government employees of the respective states.

Figure 4.5 - Expenditure per elderly - 2011-12 (Rs per month)



Source: Appendix Table A.8
India numbers are for centre and state
Union Government numbers are only for centre

While the central government spent Rs 4,916 crore on old age pensions, it incurred an expenditure of Rs 57,405 crore (civil and defense combined) on pension and retirement benefits for government employees. Hence the expenditure on old age pension constitutes 8.6% of the expenditure on pension and retirement benefits for central government employee. The same figure stood at 8.7% for all states combined and 8.6% for India as a whole.

At the state level, the Rajasthan New Scheme resulted in the highest expenditure on old age pension (41%) as a proportion of the expenditure on pension and retirement benefits for state government employees. This was followed by Puducherry (33%), Goa (33%), Haryana (28%) and Karnataka (21%) as the top five states. Hence, though Rajasthan ranks lower than Goa and Puducherry in terms of coverage and expenditure per elderly, it ranks better in terms of relative equality of old age security enjoyed by the elderly across non-government and organized government sectors. On the other hand, Gujarat (1.5%), Jammu and Kashmir (1.2%), Nagaland (0.9%), Bihar (0.7per cent), Meghalaya (nil) and Arunachal Pradesh (nil) incurred the lowest expenditure on old age pensions as a proportion of the expenditure on pension and retirement benefits for government employees. Sikkim (8%) and Tripura (5.3%), while ranking higher in terms of expenditure per elderly, fare poorly in terms of expenditure on old age pension as a proportion of expenditure on pension and retirement benefits for government employees.

This shows that expenditure per elderly per month in itself is not a sufficient variable to capture the old age pension scenario in any state and should be complemented with statistics on the expenditure on old age pensions as a proportion of expenditures on government employees' pension and retirement benefits, in order to get a more comprehensive picture.

Data Sources for the tables in the Appendix section

Census of India 2011
NSS 60th Round
Respective States Annual Budget Documents
Union of India Annual Budget
Combined Finance and Revenue Accounts of Union and the State Government in India (CFRA), CAG

Appendix

Table A1: Elderly population

	Number of Elderly (Lakh)									Share in Total Elderly (Aged > 54 years) Population
	Rural				Urban				Total	per cent
	Males (Aged >54 years)	Male (Aged > 57 years)	Females (Aged >54 years)	Total Rural (Aged >54 years)	Males (Aged >54 years)	Male (Aged > 57 years)	Females (Aged >54 years)	Total Urban (Aged >54 years)	Total (Aged > 54 years)	
India	485.2371	394.6349	506.1253	991.3624	219.9405	172.8094	218.4571	438.3976	1429.76	
Uttar Pradesh	84.38	69.93	81.75	166.13	22.25	17.51	20.66	42.91	209.04	14.62
Maharashtra	42.78	35.44	48.09	90.87	29.50	23.26	29.56	59.06	149.93	10.49
Andhra Pradesh	37.51	31.13	43.32	80.83	15.06	11.82	15.99	31.05	111.88	7.82
West Bengal	34.78	26.79	34.68	69.46	21.21	16.62	19.45	40.65	110.11	7.70
Tamil Nadu	27.39	21.97	28.68	56.08	24.63	19.46	25.40	50.03	106.11	7.42
Bihar	48.09	39.39	45.10	93.19	6.28	4.98	5.57	11.85	105.04	7.35
Karnataka	24.69	20.28	27.52	52.21	13.34	10.56	13.79	27.13	79.34	5.55
Madhya Pradesh	27.32	22.08	28.99	56.32	10.67	8.38	10.72	21.40	77.71	5.44
Rajasthan	25.21	20.19	27.86	53.08	8.47	6.57	8.55	17.02	70.10	4.90
Gujarat	18.97	14.97	21.49	40.46	13.87	10.72	14.08	27.95	68.42	4.79
Kerala	14.37	11.57	16.64	31.01	13.08	10.54	15.27	28.35	59.36	4.15
Odisha	23.22	18.90	23.54	46.75	4.17	3.22	3.76	7.93	54.68	3.82
Punjab	12.68	10.62	12.59	25.27	6.62	5.21	6.34	12.96	38.22	2.67
Jharkhand	12.49	9.94	13.05	25.53	4.21	3.22	3.68	7.89	33.42	2.34
Haryana	9.69	8.09	10.06	19.76	4.93	3.90	4.75	9.69	29.45	2.06
Assam	12.56	9.86	11.94	24.50	2.57	1.98	2.28	4.85	29.35	2.05

	Number of Elderly (Lakh)									Share in Total Elderly (Aged > 54 years) Population
	Rural				Urban				Total	per cent
	Males (Aged >54 years)	Male (Aged > 57 years)	Females (Aged >54 years)	Total Rural (Aged >54 years)	Males (Aged >54 years)	Male (Aged > 57 years)	Females (Aged >54 years)	Total Urban (Aged >54 years)	Total (Aged > 54 years)	
Chhattisgarh	10.26	8.14	11.75	22.02	2.91	2.23	3.01	5.92	27.93	1.95
NCT Delhi	0.19	0.15	0.19	0.37	8.27	6.46	7.92	16.19	16.56	1.16
Jammu and Kashmir	4.57	3.70	4.22	8.79	1.98	1.57	1.85	3.83	12.63	0.88
Uttarakhand	4.27	3.58	4.71	8.97	1.67	1.32	1.55	3.22	12.19	0.85
Himachal Pradesh	4.33	3.53	4.56	8.89	0.43	0.32	0.38	0.80	9.70	0.68
Tripura	1.41	1.13	1.41	2.83	0.62	0.48	0.61	1.24	4.06	0.28
Manipur	0.87	0.69	0.85	1.72	0.48	0.38	0.51	0.98	2.70	0.19
Goa	0.41	0.34	0.50	0.91	0.65	0.53	0.73	1.38	2.29	0.16
Meghalaya	0.77	0.62	0.78	1.55	0.20	0.15	0.23	0.44	1.99	0.14
Puducherry	0.23	0.18	0.28	0.51	0.55	0.44	0.65	1.19	1.71	0.12
Nagaland	0.60	0.49	0.53	1.13	0.19	0.14	0.15	0.33	1.46	0.10
Chandigarh	0.01	0.01	0.01	0.02	0.54	0.40	0.47	1.00	1.02	0.07
Mizoram	0.25	0.19	0.23	0.47	0.26	0.21	0.27	0.53	1.00	0.07
Arunachal Pradesh	0.43	0.34	0.38	0.81	0.08	0.05	0.05	0.13	0.94	0.07
Sikkim	0.26	0.21	0.21	0.46	0.07	0.05	0.05	0.12	0.58	0.04
Andaman & Nicobar Island	0.15	0.12	0.12	0.27	0.07	0.05	0.05	0.13	0.39	0.03
Dadra & Nagar Haveli	0.06	0.04	0.07	0.13	0.04	0.03	0.04	0.08	0.21	0.01
Daman & Diu	0.02	0.02	0.03	0.05	0.05	0.04	0.06	0.11	0.16	0.01
Lakshadweep	0.01	0.01	0.01	0.02	0.03	0.03	0.03	0.06	0.08	0.01

Source: Calculated from Census of India 2011
1 million = 10 lakh

Table A2: Economic dependence of elderly (as of 2004-2005)

State/ UT	Fully Economically Dependent Elderly (aged > 59 years) per 1000 Elderly			
	Rural		Urban	
	Male	Female	Male	Female
Andaman & Nicobar Islands	122	98	114	766
Andhra Pradesh	394	729	327	646
Arunachal Pradesh	60	347	274	657
Assam	279	814	286	673
Bihar	248	696	379	731
Chandigarh	0	600	38	563
Chhattisgarh	329	608	243	663
Dadra & Nagar Haveli	297	327	424	866
Daman & Diu	0	746	372	875
Goa	76	618	274	614
Gujarat	354	772	362	784
Haryana	243	444	305	502
Himachal Pradesh	222	635	200	545
Jammu and Kashmir	205	760	285	832
Jharkhand	271	706	279	783
Karnataka	321	731	349	786
Kerala	432	700	345	640
Lakshadweep	564	816	275	539
Madhya Pradesh	297	698	276	669
Maharashtra	341	682	293	742
Manipur	231	485	168	623
Meghalaya	217	544	45	634
Mizoram	142	531	142	577
Nagaland	162	326	14	479

State/ UT	Fully Economically Dependent Elderly (aged > 59 years) per 1000 Elderly			
	Rural		Urban	
	Male	Female	Male	Female
NCT Delhi	340	713	295	731
Odisha	324	774	333	800
Puducherry	254	240	411	724
Punjab	363	709	337	805
Rajasthan	377	778	310	789
Sikkim	179	618	149	379
Tamil Nadu	355	642	318	688
Tripura	353	815	295	688
Uttar Pradesh	279	770	290	765
Uttarakhand	277	593	114	711
West Bengal	331	820	227	723
India	320	720	301	721

Source: Morbidity, Health Care and Condition of the Aged: NSS 60th Round, MOSPI 2006

Table A3: IGNOAPS and other components of National Social Assistance Programme (2011–12)

	Number of Beneficiaries under National Social Assistance Programme (NSAP) for the year 2011–12					Number of beneficiaries under IGNOAPS as percentage of total beneficiaries under NSAP	State share in total IGNOAPS beneficiaries
	IGNOAPS	IGNWPS	IGNDPS	NFBS	Annapurna	per cent	per cent
India	21384404	3628467	794249	330240	778682	79.4	100.0
Uttar Pradesh	3799208	584781	56300	94023		83.8	17.8

	Number of Beneficiaries under National Social Assistance Programme (NSAP) for the year 2011–12					Number of beneficiaries under IGNOAPS as percentage of total beneficiaries under NSAP	State share in total IGNOAPS beneficiaries
	IGNOAPS	IGNWPS	IGNDPS	NFBS	Annapurna	per cent	per cent
Bihar	3525109	360242	20072	36804	142576	86.3	16.5
West Bengal	1883799	389432	36306	25099	65068	78.5	8.8
Odisha	1777083	194379	110822	14861	64800	82.2	8.3
Andhra Pradesh	1386401	303945	64595	22369	93200	74.1	6.5
Madhya Pradesh	1281512	354652	148956	36648		70.3	6.0
Tamil Nadu	1204245	335103	45180	13082	65113	72.4	5.6
Maharashtra	1071000	323000	114000	17000	108000	65.6	5.0
Karnataka	933891	202186	56283	18684		77.1	4.4
Jharkhand	732991	121311	15266	9369	54539	78.5	3.4
Rajasthan	632860	99658	15442	105293		74.2	3.0
Chhattisgarh	600957	116134	30426	10471	19015	77.3	2.8
Assam	598965	44087	7534	8830	25308	87.5	2.8
Gujarat	355087	1406	3828	1406		98.2	1.7
Kerala	254397	34244	15686	1974		83.1	1.2
Uttarakhand	252827	11865	2257	1908		94.0	1.2
Punjab	177040	14745	3653	519		90.3	0.8
Tripura	152550	10605	2411	1900	14552	83.8	0.7
NCT Delhi	140791	58522	20705	1168		63.7	0.7
Haryana	131326	31202	12202	5668		72.8	0.6
Jammu and Kashmir	126914	4517	3732	3000		91.9	0.6
Himachal Pradesh	94220	8891	381	1287	2645	87.7	0.4
Manipur	72514	4675	1341			92.3	0.3
Meghalaya	48112	6749	1326	2000	9263	71.3	0.2
Nagaland	46483	1961	1276	600	6727	81.5	0.2

	Number of Beneficiaries under National Social Assistance Programme (NSAP) for the year 2011–12					Number of beneficiaries under IGNOAPS as percentage of total beneficiaries under NSAP	State share in total IGNOAPS beneficiaries
	IGNOAPS	IGNWPS	IGNDPS	NFBS	Annapurna	per cent	per cent
Arunachal	31209	1849	1802	500	NR	88.3	0.1
Mizoram	26359	891	544	365	2583	85.7	0.1
Puducherry	23607	4199	1585			80.3	0.1
Sikkim	17027	326	241	56		96.5	0.1
Chandigarh	3784	2910	97	80		55.1	0.0
Goa	2136	569				79.0	0.0
Andaman and Nicobar Islands							
Dadra and Nagar Haveli							
Daman and Diu							
Lakshadweep							

Source: MoRD Annual Report 2012–13

Table A4: Data sources on Old Age Pension Schemes in India

	Website			
Government of India		MoRD Annual Report 2011–12, Annex 7.10		
States				
Andhra Pradesh	Department of Rural Develoment, Andhra Pradesh Social Security Pensions	Evaluation of IGNOAPS in Andhra Pradesh , CMR India 2012		
Arunachal Pradesh	Department of Social Welfare, Women and Child Development			
Assam		MoRD Annual Report 2011–12, Annex 7.10		

	Website			
Bihar		Bihar Annual Report 2011–12, Department of Social Welfare Annual Report 2011–12		
Chhattisgarh		Samaj Kalyan Vibhag Annual Report 2012–13		
Goa		Goa Economic Survey 2012–13		
Gujarat	Social Welfare Department, Director Social Defense, Economic Upliftment Schemes			
Haryana	Department of Social Justice and Empowerment	'Haryana raises upper limit for old age pension', *Times of India*, 8 Feb 2012	Proposed Haryana Annual Plan 2013–14	
Himachal Pradesh	Samajik Nayay Evam Adhikarita Vibhag			
Jammu and Kashmir	Department of Social Welfare (ISSS), and Department of Social Welfare (NSAP)			
Jharkhand		Proposed Annual Plan 2011–12, Department of Labour, Employment and Training	Swavalamban Old Age Pension Payment and Monitoring System Appendix	Jharkhand Annual Plan 2012–13
Karnataka	Directorate of Welfare of Disabled and Senior Citizens	Evaluation of IGNOAPS in Karnataka , CMR India 2012		
Kerala	Sevana Pension Portal	'Kerala Raises Welfare Pension' Businessline, July 2013	Kerala Economic Review 2012, Chapter 4	
Madhya Pradesh	Social Justice Department, SPARSH Project			
Maharashtra	Social Justice and Special Assistance Department			

	Website			
Manipur	Social Welfare Department, Scheme for aged and infirmed	MoRD Annual Report 2011–12, Annex 7.10 gives NIL	Manipur Annual Plan 2013-14	
Meghalaya		MoRD Annual Report 2011–12, Annex 7.10		
Mizoram		MoRD Annual Report 2011–12, Annex 7.10		
Nagaland	Nagaland State Information Commission, Department of Social Welfare			
Odisha	Women and Child Development Department			
Punjab	Directorate of Social Security, Women and Child Development	RTI Proactive Disclosure Manual 1, 2012–13	'Punjab Reduces Age Limit for Women in Pension Scheme', September 2011, Day and Night News	Ministry of Rural Development (MoRD) Annual Report 2011–12 Annex 7.10
Rajasthan	Social Justice and Empowerment Department			
Sikkim	Social Welfare Division, Social Justice, Empowerment & Welfare Department	Sikkim Annual Plan Social Welfare Division 2013–14		
Tamil Nadu		Evaluation of IGNOAPS in Tamil Nadu , CMR India 2012	Implemented by Revenue Department	
Tripura	Directorate of Social Welfare and Social Eduaction, Pension Scheme Bengali	Tripura Commission for Women, Melarmath Agartala, Tripura		
Uttar Pradesh	Social Welfare Department (Samaj Kalyan Vibhag), Economic Assistance Schemes			

	Website			
Uttarakhand		Uttarakhand Annnual Plan 2013–14 (Volume-II) , State Planning Department		
West Bengal	Department of Panchayat and Rural Development (2005–6 website)	'Panchayat Poll Delay Will Hit Poor Hardest', *Statesman / Darjeeling Times*, June 2013	MoRD Annual Report 2011–12, Annex 7.10	
Union Territories				
Andaman & Nicobar Island		'Schemes Implemented by Social Welfare Department', Andaman Sheekha Newspaper, May 2013	Citizen Charter 2012, Directorate of Social Welfare, Andaman and Nicobar Administration	
Chandigarh	Social Welfare Website	IGNOAPS, MoRD Annual Report 2011–12, Annex 7.10	State Sponsored Social Assistance Scheme Report, State Old Age Pension	
Dadra & Nagar Haveli	District Rural Development Agency	MoRD Annual Report 2011–12, Annex 7.10		
Daman & Diu		Draft Annual Plan 2013–14, Department of Planning & Statistics, UT Administration of Daman & Diu		
Lakshadweep	Social Security and Welfare			
NCT Delhi	Department of Social Welfare, Finance Assistance Section, FAQs	Department of Social Welfare, Annual Plan 2011–12 (on site map)	*Indian Express*, May 2013	Delhi Economic Survey 2012-13
Puducherry	Department of Women and Child Development			

Table A5: Estimates of additional expenditure requirement (Rs Crore)

*Classified according to required Increase in expenditure as percentage of present expenditure for emulating Rajasthan Model

	Estimated Annual expenditure required for Rs 500 per month pension				Estimated Additional Annual expenditure required for Rs 500 per month pension			Required Increase in Expenditure as Percent of Present Expenditure	
	Scenario 1	Scenario 2	Scenario 3		Scenario 1	Scenario 2	Scenario 3	Scenario 1	Scenario 3
	Universal coverage of all elderly (aged >54 years)	Coverage of fully economically dependent male and female (aged > 54 years)	Coverage of fully economic dependent males (aged >57 years) and females (aged >54 years) (Rajasthan Model)	Present Expenditure on Old Age Pensions (2011-12 Actual)	Universal coverage of all elderly (aged >54 years)	Coverage of fully economically dependent male and female (aged > 54 years)	Coverage of fully economically dependent males (aged >57 years) and females (aged >54 years) (Rajasthan Model)	Universal coverage of all elderly (aged >54 years)	Coverage of fully economically dependent males (aged >57 years) and females (aged >54 years) (Rajasthan Model)
India (centre plus state)	85785.6	44577.4	41989.5	14370.75	71287.9	30243.9	27667.7	396.1	92.5
Goa	137.4	57.9	55.5	122.5	14.9	-64.6	-67.0	-87.8	-154.7
Puducherry	102.3	49.1	45.6	89.1	13.2	-40.0	-43.5	-85.2	-148.8
Haryana	1766.8	643.0	600.6	918.1	848.7	-275.1	-317.5	-7.6	-134.6
Sikkim	35.0	12.2	11.5	16.4	18.6	-4.2	-4.9	13.3	-129.8
NCT Delhi	993.8	505.5	472.6	470.9	522.9022	34.579	1.691616	11.0	-99.6
Nagaland	87.7	20.6	19.4	13.63	74.0	6.9	5.8	443.2	-57.5
Uttarakhand	731.6	315.8	302.1	175.4	556.2	140.4	126.7	217.1	-27.7
Himachal Pradesh	581.9	248.9	237.0	132.7	449.2	116.2	104.3	238.5	-21.4
Tripura	243.9	135.4	126.8	66.4	177.5	69.0	60.4	167.2	-9.1
Mizoram	59.9	20.8	19.9	10.34	49.5	10.4	9.5	379.1	-7.9
Chhattisgarh	1676.0	793.3	741.4	361.9	1314.1	431.4	379.5	263.1	4.9
Odisha	3280.9	1808.1	1705.3	793.3	2487.6	1014.8	912.0	213.6	15.0
Karnataka	4760.1	2612.0	2468.9	1130.8	3629.3	1481.2	1338.1	221.0	18.3
Tamil Nadu	6366.5	3206.9	2992.8	1369.7	4996.8	1837.2	1623.1	264.8	18.5
Punjab	2293.4	1251.7	1178.2	534	1759.4	717.7	644.2	229.5	20.6
Jharkhand	2005.1	998.9	941.1	390.8	1614.3	608.1	550.3	313.1	40.8
Andhra Pradesh	6712.7	3696.8	3482.3	1439.6	5273.1	2257.2	2042.7	266.3	41.9
Manipur	162.3	60.5	57.0	21.79	140.5	38.7	35.2	544.6	61.5
Kerala	3561.5	1928.4	1803.1	673.8	2887.7	1254.6	1129.3	328.6	67.6
Madhya Pradesh	4662.8	2308.3	2176.9	671.44	3991.4	1636.9	1505.5	494.5	124.2
Maharashtra	8995.6	4677.7	4417.8	1203.2	7792.4	3474.5	3214.6	547.6	167.2
West Bengal	6606.6	3529.4	3308.4	879.2	5727.4	2650.2	2429.2	551.4	176.3
Meghalaya	119.4	45.0	42.8	10.65	108.8	34.3	32.2	921.2	202.3

	Estimated Annual expenditure required for Rs 500 per month pension				Estimated Additional Annual expenditure required for Rs 500 per month pension			Required Increase in Expenditure as Percent of Present Expenditure	
	Scenario 1	Scenario 2	Scenario 3		Scenario 1	Scenario 2	Scenario 3	Scenario 1	Scenario 3
	Universal coverage of all elderly (aged >54 years)	Coverage of fully economically dependent male and female (aged > 54 years)	Coverage of fully economic dependent males (aged >57 years) and females (aged >54 years) (Rajasthan Model)	Present Expenditure on Old Age Pensions (2011-12 Actual)	Universal coverage of all elderly (aged >54 years)	Coverage of fully economically dependent male and female (aged > 54 years)	Coverage of fully economically dependent males (aged >57 years) and females (aged >54 years) (Rajasthan Model)	Universal coverage of all elderly (aged >54 years)	Coverage of fully economically dependent males (aged >57 years) and females (aged >54 years) (Rajasthan Model)
Assam	1761.2	929.7	874.3	205.6	1555.6	724.1	668.7	656.6	225.2
Rajasthan	4205.8	2433.3	2284.5	501.8	3704.0	1931.5	1782.7	638.1	255.3
Uttar Pradesh	12542.4	6524.7	6200.2	1348.1	11194.3	5176.6	4852.1	730.4	259.9
Bihar	6302.3	2986.0	2827.1	590.6	5711.7	2395.4	2236.5	867.1	278.7
Jammu and Kashmir	757.6	375.1	357.4	57	700.6	318.1	300.4	1129.1	427.0
Arunachal Pradesh	56.1	12.7	12.0	1.7	54.4	11.0	10.3	3100.9	504.7
Gujarat	4104.9	2362.2	2208.9	170.3	3934.6	2191.9	2038.6	2210.4	1097.1
Andaman & Nicobar	23.5	4.8	4.4						
Chandigarh	61.2	17.3	16.9						
Dadra & Nagar Haveli	12.5	5.5	5.0						
Daman & Diu	9.9	5.7	5.4						
Lakshadweep	4.9	2.3	2.1						

Source: Calculated using respective State / UT (with legislature) Budget Documents, Union Budget Documents, Census of India 2011 and NSS 60th Round

Note:

Present expenditure figures for Punjab, Uttarakhand, Manipur, Nagaland and Sikkim are for the year 2012–13.
Present expenditure figures for Assam pertain to NSAP, District Level Programme.
Present expenditure figures for Manipur and Nagaland are for Old Age Pension and NSAP combined for the year 2012–13.
Present expenditure figures for Meghalaya are for IGNOAPS estimated from Table A.6.

Table A6: Share and amount of expenditure on IGNOAPS in total NSAP expenditure (2011-12)

*Sorted by Estimated Expenditure under IGNOAPS

State / UT	NSAP		Number of beneficiary under IGNOAPS as% of total beneficiary under NSAP	Estimated Expenditure under IGNOAPS	Share in Estimated IGNOAPS Expenditure
	Total Release	Total Expenditure	Proxy for IGNOAP share in NSAP expenditure		
	Rs Crore	Rs Crore	per cent	Rs Crore	per cent
India	6596.47	6188.67	79.45	4916.81	100
Uttar Pradesh	1316.79	1083.69	83.79	908.01	18.47
Bihar	971.48	751.86	86.30	648.84	13.20
West	475.05	584.11	78.50	458.53	9.33
Odisha	510.86	364.53	82.20	299.64	6.09
Andhra Pradesh	409.49	514.71	74.12	381.50	7.76
Madhya Pradesh	539.73	428.57	70.34	301.48	6.13
Tamil Nadu	319.09	392.68	72.43	284.40	5.78
Maharashtra	205.06	295.67	65.58	193.92	3.94
Karnataka	397.83	374.49	77.11	288.78	5.87
Jharkhand	277.28	228.34	78.52	179.30	3.65
Rajasthan	255.38	230.35	74.17	170.85	3.47
Chhattisgarh	235.07	205.18	77.34	158.69	3.23
Assam	112.08	168.76	87.48	147.62	3.00
Gujarat	89.98	83.45	98.16	81.91	1.67
Kerala	85.94	87.19	83.05	72.42	1.47
Uttarakhand	75.78	68.03	94.04	63.97	1.30
Punjab	44.14	43.66	90.35	39.44	0.80
Tripura	39.78	38.17	83.81	31.99	0.65
NCT Delhi	37.09	37.09	63.65	23.61	0.48
Haryana	69.30	74.04	72.80	53.90	1.10

State / UT	NSAP		Number of beneficiary under IGNOAPS as% of total beneficiary under NSAP	Estimated Expenditure under IGNOAPS	Share in Estimated IGNOAPS Expenditure
	Total Release	Total Expenditure	Proxy for IGNOAP share in NSAP expenditure		
	Rs Crore	Rs Crore	per cent	Rs Crore	per cent
Jammu and Kashmir	23.72	32.80	91.86	30.13	0.61
Himachal Pradesh	29.34	27.96	87.71	24.52	0.50
Manipur	18.94	13.74	92.34	12.69	0.26
Meghalaya	14.86	14.92	71.33	10.65	0.22
Nagaland	10.28	13.16	81.48	10.72	0.22
Arunachal Pradesh	5.04	6.05	88.26	5.34	0.11
Mizoram	7.93	8.37	85.74	7.18	0.15
Puducherry	6.82	6.82	80.32	5.48	0.11
Sikkim	4.56	3.71	96.47	3.58	0.07
Chandigarh	1.58	1.68	55.07	0.92	0.02
Goa	1.29	0.00	78.96	0.00	
Andaman and Nicobar	1.98	1.98			
Dadra and Nagar Haveli	2.38	2.38			
Daman and Diu	0.32	0.32	50.00		
Lakshadweep	0.22	0.22			

Source: Calculated from Annual Report 2012-13, MoRD

Table A7: Monthly pension expenditure per elderly

Sorted by Expenditure per Elderly per month Total

State / UT	Expenditure on Old Age Pension	Estimated Exclusive Centre Expenditure on IGNOAPS	Exclusive State / UT Expenditure on Old Age Pensions	No of Elderly (aged > 54 years)	Expenditure per Elderly (aged above 54 years) per month		
					Centre	State	Total
	Rs Crore	Rs Crore	Rs Crore	Lakhs	Rs	Rs	Rs
India (Centre and State)	14370.75	4916.81	9436.12	1429.76	28.7	55.0	83.8
Union Government	4916.81	4916.81	0.00	1429.76	28.7	0.0	28.7
Goa	122.50	0.10	122.40	2.29	0.4	445.3	445.7
Puducherry	89.10	5.48	83.62	1.71	26.8	408.6	435.4
Rajasthan New	2284.50	170.85	2113.65	70.10	20.3	251.3	271.6
Haryana	918.10	53.90	864.20	29.45	15.3	244.6	259.8
NCT Delhi	470.90	23.61	447.29	16.56	11.9	225.0	236.9
Sikkim	16.40	3.58	12.82	0.58	51.1	183.3	234.4
Tripura	66.40	31.99	34.41	4.06	65.6	70.6	136.1
Odisha	793.30	299.64	493.66	54.68	45.7	75.2	120.9
Uttarakhand	175.40	63.97	111.43	12.19	43.7	76.2	119.9
Karnataka	1130.80	288.78	842.02	79.34	30.3	88.4	118.8
Punjab	534.00	39.44	494.56	38.22	8.6	107.8	116.4
Himachal Pradesh	132.70	24.52	108.18	9.70	21.1	93.0	114.0
Chhattisgarh	361.90	158.69	203.21	27.93	47.3	60.6	108.0
Tamil Nadu	1369.70	284.40	1085.30	106.11	22.3	85.2	107.6
Andhra Pradesh	1439.60	381.50	1058.10	111.88	28.4	78.8	107.2
Jharkhand	390.80	179.30	211.50	33.42	44.7	52.7	97.4
Kerala	673.80	72.42	601.38	59.36	10.2	84.4	94.6
Mizoram	10.35	7.18	3.17	1.00	59.9	26.5	86.4
Nagaland	13.63	10.72	2.91	1.46	61.1	16.6	77.7
Madhya Pradesh	671.44	301.48	369.96	77.71	32.3	39.7	72.0

State / UT	Expenditure on Old Age Pension	Estimated Exclusive Centre Expenditure on IGNOAPS	Exclusive State / UT Expenditure on Old Age Pensions	No of Elderly (aged > 54 years)	Expenditure per Elderly (aged above 54 years) per month		
					Centre	State	Total
	Rs Crore	Rs Crore	Rs Crore	Lakhs	Rs	Rs	Rs
Manipur	21.79	12.69	9.10	2.70	39.1	28.1	67.1
Maharashtra	1203.20	193.92	1009.28	149.93	10.8	56.1	66.9
West Bengal	879.20	458.53	420.67	110.11	34.7	31.8	66.5
Rajasthan	501.80	170.85	330.95	70.10	20.3	39.3	59.7
Assam	205.60	147.62	57.98	29.35	41.9	16.5	58.4
Uttar Pradesh	1348.10	908.01	440.09	209.04	36.2	17.5	53.7
Bihar	590.60	648.84	-58.24	105.04	51.5		51.5
Arunachal Pradesh	1.70	5.34	-3.64	0.94	47.5		47.5
Meghalaya		10.65		1.99	44.6		44.6
Jammu and Kashmir	57.00	30.13	26.87	12.63	19.9	17.7	37.6
Gujarat	170.30	81.91	88.39	68.42	10.0	10.8	20.7
Chandigarh		0.92		1.02	7.5		
Lakshadweep				0.08			
Andaman & Nicobar Islands				0.39			
Dadra & Nagar Haveli				0.21			
Daman & Diu				0.16			

Source: Calculated using respective State / UT (with legislature) Budget Documents, Union Budget Documents and Census of India 2011

Note:

Negative figures for exclusive state expenditure on OAP for Bihar and Arunachal Pradesh, though a result of accounting discrepancy, should not come as a surprise as the state and centre's expenditure on IGNOAPS is NIL in both states. Hence the value of state expenditures can be treated as NIL for two states. Also, the state budget of Bihar shows that it incurred expenditure of around Rs 40 crore on State Old Age Pension (limited to the age group of 60–64), constituting just 7% of the total expenditure of Rs 591 crore—the lowest proportion compared to other states except Arunachal Pradesh.

Figures for combined OAP expenditure for Punjab, Uttarakhand, Manipur, Nagaland, Sikkim are for the year 2012–13.
Figures for the combined OAP expenditure for Assam are for NSAP, District Level Programme.
Figures for the combined OAP expenditure for Manipur, Nagaland are for OAP and NSAP combined and for 2012–13.
Present expenditure figures for Meghalaya are for IGNOAPS, estimated from Table A.6.

Table A8: Expenditure on pension expenditure vis-a-vis government employees' pension and retirement benefits (2011-12)

Sorted by Expenditure on Old Age Pension as proportion of expenditure on Government Employee Pension and Retirement Benefits

State / UT	Expenditure on Old Age Pension (Exclusively by the Centre or States or UTs)	Expenditure on Government Employee Pension and Retirement Benefits	Expenditure on Old Age Pension as proportion of Expenditure on Government Employee Pension and Retirement Benefits
	Rs Crore	Rs Crore	per cent
India (Centre and State) (Civil)	14349.76	128833.41	11.2
India (Centre and State) (Civil and Defense)	14349.76	166169.82	8.6
Union Government (Centre) (Civil)	4916.81	20069.03	24.5
Union Government (Centre) (Defense)	4916.81	37336.41	13.2
Union Government (Centre) (Civil and Defense)	4916.81	57405.44	8.6
States	9432.95	108764.38	8.7
Rajasthan New	2113.65	5150.65	41.0
Puducherry	83.62	253.61	33.0
Goa	122.40	373.81	32.7

State / UT	Expenditure on Old Age Pension (Exclusively by the Centre or States or UTs)	Expenditure on Government Employee Pension and Retirement Benefits	Expenditure on Old Age Pension as proportion of Expenditure on Government Employee Pension and Retirement Benefits
Haryana	864.20	3094.26	27.9
Karnataka	842.02	4069.94	20.7
Odisha	493.66	4010.99	12.3
Maharashtra	1009.28	8883.96	11.4
Chhattisgarh	203.21	1810.32	11.2
Andhra Pradesh	1058.10	9609.42	11.0
Kerala	601.38	5767.49	10.4
Jharkhand	211.50	2081.09	10.2
Madhya Pradesh	369.96	3766.52	9.8
Uttarakhand	111.43	1141.71	9.8
Punjab	494.56	5309.31	9.3
Tamil Nadu	1085.30	11768.11	9.2
Sikkim	12.82	160.13	8.0
Rajasthan	330.95	5150.65	6.4
Tripura	34.41	654.76	5.3
West Bengal	420.67	8077.96	5.2
Himachal Pradesh	108.18	2105.38	5.1
Uttar Pradesh	440.09	12617.83	3.5
Assam	57.98	2384.52	2.4
Manipur	9.10	400.14	2.3
Gujarat	88.39	5779.42	1.5
Mizoram	3.17	249.53	1.3
Jammu and Kashmir	26.87	2241.83	1.2

State / UT	Expenditure on Old Age Pension (Exclusively by the Centre or States or UTs)	Expenditure on Government Employee Pension and Retirement Benefits	Expenditure on Old Age Pension as proportion of Expenditure on Government Employee Pension and Retirement Benefits
Nagaland	2.91	335.97	0.9
Bihar	40.00	6143.86	0.7
Arunachal Pradesh		222.24	0.0
Meghalaya		299.62	0.0
Andaman & Nicobar Islands			
Chandigarh			
Dadra & Nagar Haveli			
Daman & Diu			
Lakshadweep			
NCT Delhi	447.29	0.00	

Source: Calculated using respective State / UT (with legislature) Budget Documents, Union Budget Documents and Combined Finance and Revenue Accounts of Union and the State Governments in India, 2012.

Note:

Figures for Bihar (carried out in Table A.7) have been taken from the Bihar state budget. Due to accounting discrepancy it appears negative.
Figures for the combined OAP expenditure in Punjab, Uttarakhand, Manipur, Nagaland and Sikkim are for the year 2012–13.
Figures for the combined OAP expenditure in Assam are for NSAP, District Level Programme.
Figures for the combined OAP expenditure in Manipur and Nagaland are for OAP and NSAP combined, in 2012–13.
Figures for the government employee pension and retirement benefits are from the year 2010–11. Hence, old age pension as a proportion of retirement benefits is expected to be slightly lower than estimated above for the year 2011–12.

Post cyclone ration distribution to the poorest of poor elderly at Muniguda Village, Rayagada District, Odisha

Chapter 5

Destitution and Ageing

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Population ageing is often taken to be one of the greatest triumphs of humanity. Social planners and policy makers, meanwhile, consider it an important challenge. The rapid growth of the elderly population is specially relevant in terms of public policy, since there are increasing health, welfare and social security needs that need to be catered to. About two-thirds of all older persons live in the developing world and by 2025 their proportion is expected to be three-fourths of the entire elderly population. According to data, the population of those aged 65 and older is projected to increase from 516 million in 2009 to 1.53 billion in 2050. Additionally, the number of those over 80 years will increase from 86 million in 2005 to 394 million in 2080 (US Census Bureau, 2008). Population ageing is a result of medical advancements and better public health systems, which have reduced the death rate and increased life expectancy. China and India account for one-third of the world's elderly population.

In India, the proportion of the elderly population is rapidly increasing and it is estimated to rise from 95 million in 2011 to 120 million by 2014, and 200 million by the year 2025. The US Census Bureau (2008) projects that India's older population will quadruple by mid-century, while that of the world is expected to triple. Today India is home to one out of every 10 senior citizens of the world. In the future, the elderly population of India will see a rise in both absolute and relative terms. The old age dependency ratio is slowly increasing in both rural and urban areas, which is indeed a matter of concern for the State, communities and families.

India has been a traditional society where the elderly have enjoyed unconditional respect and reverence. In medieval times, the joint family system and agriculture based economy ensured a high status and security

to the elderly in a variety of ways. The elderly played an important role in family decision-making and controlled the family property. In ancient times, the social milieu was favourable to the elderly. They enjoyed ascribed status in the family and community. Their experience and skills were relevant to the then agricultural economy. Several historical developments like industrialization, urbanization, modernization and globalization drastically altered the social systems that guaranteed security and respect for the aged, thereby jeopardizing their well-being. The status of the elderly has changed with changes in family composition and functioning. The modern economy, coupled with rapid technological advancements, has rendered the traditional knowledge of the elderly somewhat redundant. Especially among those who have struggled to meet their basic needs in their youth, old age is a matter of dread.

Gerontologists have often taken illiteracy and work participation as indicators to measure vulnerability, dependence and destitution among the aged population. According to the NSSO survey 2007–8 the literacy rate among elderly males is 50% while among elderly females, it is merely 20% through formal schooling. This shows that nearly 80% of aged women seem to lack awareness about interventions about the well-being of the elderly that comes through education. The NSSO data further reflects that 60% of males and 19% of females in the category of older people are working, despite the cultural association of old age as an age of superannuation. In the urban context, only 7% females have been found to be economically active, as compared to 39% of their male counterparts. The nationwide dependency ratio of the elderly to the general population, according to Census 2001, is 13.1%. Census data shows that the female old-age dependency ratio as well as the gap between female and male old-age dependency ratio are increasing over time; in 2001 these figures were 13.8% and 12.5%, respectively, which is a matter of grave concern. Meanwhile, in the case of Delhi, which is the sample area of the present study, the dependency ratio is 8.4%.

Given the trend of population aging in the country, the elderly population faces a number of problems and adjusts to them in varying degrees. These range from the lack of an assured and sufficient income to support themselves and their dependents, to ill health, absence of social security, loss of social role and recognition, and the non-availability of opportunities for creative use of free time. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. As people live longer and approach advanced age (say 75 years and over), they need more intensive and long-term care, which in turn may increase financial stress for the family.

While ageing is a universal phenomenon, the actual experience of old age widely varies on account of a range of social and economic factors. The rich and poor, educated and illiterate, professionals and non-workers, men and women—all have certain similarities in terms of biological aging but the social aspects of aging differs considerably. Old age brings with it diminishing strength and vigour, and as a result, most of the poor who have in their past relied on their physical capabilities to earn a livelihood suffer the most. It is in this context that the increasing cases of destitution among the aged need to be seen in India, especially in cosmopolitan and metropolitan settings.

Of the total elderly population, 22% live in urban areas. The urban setting is, as such, is unfavourable for the elderly, given the fast pace of life, cut-throat competition in almost all walks of life, high economic disparity, impersonality, and the like. It has been observed that the urban environment further accentuates the problems of the elderly. For an elderly living below poverty line, such a situation can be devastating. The present paper sketches the plight of elderly in such a social milieu.

Health Vulnerability: The health status of an elderly person is dependent on factors like lifestyle, eating habits, nutrition, type of work, quality of civic amenities available, mental health, and the like. In the case of poor elderly in an urban setting, factors such as a prolonged state of malnutrition in childhood and youth, poor sanitary conditions and unhygienic surroundings, lack of adequate health facilities, and unsafe drinking water take a heavy toll on their health condition. Given the hard physical labour they perform throughout their life physical movement becomes a problem during old age, exacerbated by deteriorating sensory capabilities (cataract, etc.). When old age forces them to leave their occupation, on account of their declining health condition, the chances of destitution become very high. Survival becomes an uphill task. Families living below poverty line have no means to support their younger family members and the elderly are second on the priority list.

A related issue is access to health care services and health related expenditure. Getliz (1996) finds that health-related expenditure increases eightfold in old age as compared to youth. The elderly poor often do not have enough money to avail of adequate health services.

Economic vulnerability: Among the several problems faced by the elderly in India, economic issues occupy an important position. Mass poverty is a reality and the vast majority of families have incomes far below the level required to ensure a reasonable standard of living. Nearly 90% of the country's total workforce is employed in the unorganised sector, where poor people often have to retire involuntarily on account of poor health. Moreover, they have to do so without any financial security like

pension and other post-retirement benefits (Vijay Kumar, 2000). For many poor people, therefore, old age invariably brings destitution.

According to the Ministry of Social Justice and Empowerment, Government of India (1999) in its document on the National Policy for Older Persons (1999), one-third of the elderly population (1993–94) is below the poverty line and about one-third is just above it, i.e., they belong to the lower income group. Taken together, the number of poor older persons comes to about 23 million (Kaushik, 2009). The most vulnerable are those who do not own productive assets, have little or no savings or income from investments made earlier, have no pension or retirement benefits, and are not taken care of by their children; or they live in families that have low and uncertain incomes and a large number of dependents (Bose, 1996). Data further shows that nearly half of the elderly are fully dependent on others, while another 20% are partially dependent (NSSO, 1998).

For elder persons living with their families—which is still the dominant living arrangement—economic security and well-being are largely contingent on the economic capacity of the family unit. Disability, fragility, landlessness, unskilled labour, unemployment, abject poverty, etc., accentuate their vulnerability, often pushing them towards destitution.

Poverty and elderly: In the context of old age, poverty has many specific effects in the forms of deprivation and misery. Studies on poverty define and scale urban poor as *core poor*, *intermediate poor*, and *transitional poor*. Another study classifies them as *declining poor, coping poor*, and *improving poor*, with different orders of priority assigned to the three basic needs: survival, security, and quality of life. Sadly, elderly people who suffer from poverty are not, more often than not, assessed in terms of capability. Largely speaking, they do not form a part of the *coping poor* or *improving poor.* The aspects of vulnerability and deprivation among the urban elderly poor have been identified as follows:

Housing Vulnerability: Lack of/poor quality shelter without ownership rights, no access to individual water connection/toilets, lack of safe drinking water, unhealthy and unsanitary living conditions;.

Economic Vulnerability: No/irregular/casual employment, low paid work, no/ineffective social safety net, lack of access to credit on reasonable terms, low ownership of productive assets;

Social Vulnerability: Low education, lack of skills, low social capital and inadequate access to food security programmes, issues of availability, affordability and accessibility with respect to health and welfare services;

Personal Vulnerability: Proneness to violence, gender disability, lack of information, lack of access to justice.

Poverty has remained one of the major concerns for social planners

and policy makers over time. Urban India has a high incidence of poverty despite the documented successes and progress in the development process. According to available data, 81 million people live in urban areas on incomes that are below the poverty line. The pace of urbanization in India is set to increase, and with it, the problems of urban poverty and urban slums. Estimates suggest that by 2030, 41% of India's population will be living in urban areas, compared to the present level of 286 million and 28% (Urban Poverty Report 2009). In the context of urban poverty, there is a pressing need to study how poor people in old age cope with multiple and multi-dimensional vulnerabilities.

Destitution amongst elderly

Let us understand the concept and consequences of destitution in the context of old age. In socio-economic terms, the poorest of the poor are taken as destitute. The word 'destitution' denotes deprivation—the absence of any control over assets and the loss of access to income from one's own labour. It is a multifactorial process of loss that deprives a person of control over assets and income. Social aspects of destitution deal with the collapse or draining away of social support systems. There is the inability to meet the basic needs of life—food, shelter and clothing. In effect, destitution is an extreme condition of income poverty and destitute people are often socially excluded as well as deprived in the capability dimensions of poverty. There is a high probability that those deprived in all dimensions will be destitute. Long-term destitution often leads to death.

It would be pertinent, in this context, to also discuss the similar issue of vulnerability. Vulnerability is a condition whereby some persons or groups live with a greater probability of being harmed by social, environmental or health problems than the rest of the population as a whole. It may be defined in terms of the contingent conditions that hamper the well-being and social functioning of individuals who therefore require additional support systems to mitigate the factors that, if not addressed in a timely manner, may lead them to destitution.

Destitution is a major problem prevailing in the country among elderly. The elderly destitute are defined as the older people,

- Who are below the poverty line
- Who do not have their basic needs (food, shelter, financial, health and security) of life met
- Who have no regular source of income
- Who have no family support
- Who have failing health and have no access to health services
- Who are deprived of their rights and entitlements

Schemes and services

Let us take a look into the state intervention in terms of services and programmes for the elderly, with particular reference to the destitute aged, before appraising the awareness, accessibility and affordability issues vis-à-vis elderly availing these services.

The Constitution of India, in **Article 41 of the Directive Principles of State Policy**, highlights the significance of social security for the elderly. The Article states: 'the State shall, within the limits of its economic capacity and development, make effective provisions for securing the right to...public assistance in the case of…old age…'.

Further, there are many legal provisions for protection and ensuring the dignity and well-being of elderly persons, for instance the **Code of Criminal Procedure, 1973,** Section 125 (1)(2), which makes it incumbent for a person having sufficient means to maintain his father or mother who is unable to maintain himself or herself; and the **Hindu Adoption and Maintenance Act, 1956**, Section 20(1), which states that every Hindu son or daughter is under obligation to maintain aged and infirm parent/s otherwise unable to maintain himself or herself. Further, **Maintenance and Welfare of Parents and Senior Citizens Act, 2007,** which is applicable to everyone across religious groups, aims to ensure the rightful place of the elderly in the household and community; offspring are supposed to be penalized for not providing care and support to their elderly parents.

The National Policy on Older Persons, 1999, aims to assure older persons that their problems are national concerns and that they will not have to live unprotected, ignored or marginalised. It sets out guiding principles for financial security, health care and nutrition, shelter, education, welfare and research and training as the main components for the well-being of the elderly. The Policy provides a broad framework for inter-sectoral cooperation and collaboration, both within the government as well as between governmental and non-governmental agencies.

Old age pension seems to be the most popular scheme among the aged. As a part of the commitment to economic security, the Indira Gandhi National Old Age Pension scheme provides social assistance to the needy elderly. Some of the eligibility conditions of the pension scheme are related to domicile, sex, age and absence of close relatives. Residents of Delhi who are entitled to this scheme are supposed to receive Rs 1,000 per month.

In the year 2000, the Ministry of Rural Development, Government of India launched the Annapurna scheme, which aims to provide food security to those aged individuals who are eligible but have remained uncovered by the National Old Age Pension Scheme (NOAPS). The scheme is implemented

by the Food, Civil Supplies & Consumer Protection Department. Eighteen kilograms of food grain (rice or wheat or both) is provided free of cost to the beneficiaries. Apart from these, there are concessions for transportation (railways/bus services), and subsidized/free of cost medicines available at government-run healthcare centres.

Social assistance programmes run by the government have stringent qualifying conditions, as a result of which most of the needy elderly are excluded from receiving Old Age Pension. Urban areas, most often, lack institutions for enhancing social integration of the aged. Though there are existing support systems for the poor elderly thanks to the government and

civil society, these do not take into account issues of diminishing accessibility and affordability among people in old age. Social assistance schemes too have stringent qualifying conditions. The legal framework is not yet strong enough to provide relief to the poor elderly.

Study to assess the condition of destitute elderly persons

In this context, the present sample study aims to explore the condition of destitute elderly persons trying to survive in the city of Delhi, in terms of health, economic and social vulnerabilities and issues related to the availability, accessibility and affordability of health and welfare services. The study has appraised the efficacy of services meant to reduce incidences of destitution among the aged.

Selecting a site/sample area that is the closest representation of the study requirement was a long process. Based on secondary data (Delhi Human Development Report, 2006), the nine zones of Delhi were plotted against the matrix of five social indicators and five investment indicators (provided in Table 5.1).

Table 5.1

Social indicators	Investment indicators
Literacy level	Water supply
Gender	Health service
No/marginal workers	Power Supply
Personal Safety	Sanitation
Below poverty line	Public transport

Subsequently, three districts—Dasghara, Jahangirpuri and Seelampur—with low investment indicators and high vulnerability (social) indicators were selected. In all, 98 respondents were interviewed, using a structured interview schedule.

Findings

Out of a total 97 respondents, 31 were male and 66 female. The fact that the proportion of aged females is twice that of their male counterparts, indicates the feminization of ageing as well as of poverty. There are 13.6% elderly women and 2.1% elderly men above 70 years who are illiterate. They are amongst the most vulnerable, as increasing age and the relatively lower spends on health care takes a heavy toll on their health condition.

Gender vulnerability

Feminization of ageing is a worldwide phenomenon. While literature survey brings out the insufficiency of the existing body of information on aged women in the country, demographic projections show that elderly females will far outnumber their male counterparts in the next few decades. During the decade 1991–2001, the population of elderly women in India rose by 47%, as against 34% among elderly men. The average age of the elderly women has been found to be 67 years, while that of their husbands is at 70 years. The higher incidence of widowhood, illiteracy, malnutrition, and high economic dependency underscore the vulnerability of elderly females. The present study shows that elderly women are proportionally as well as socio-culturally more vulnerable to destitution in comparison to their male counterparts.

According to data on work status among the destitute elderly respondents, the majority (53%) of them are not working. There are 15% who cannot work due to their health condition. Further, 17% respondents are working and 13% of the non-workers are willing to work but have been unable to find opportunities or do not have skills to earn their livelihood. In the study, looking at the combined data, nearly two-thirds of the elderly are assisted, and 18.6% are working. **Table 5.2** depicts the gender-wise economic vulnerability among the respondents. The proportion of aged women in the category of assisted elderly is almost one and a half times higher than their male counterparts, while in the category of working elderly it is less than half. The reasons for this variation can be traced back to the patriarchal social structure where females, since childhood, are socialized to learn dependence on male family members.

Table 5.2 - Gender-wise economic vulnerability

Total			Assisted		Dependent		Working	
	M	F	M	F	M	F	M	F
No.	31	66	15	48	7	9	9	9
%	32.0	68.0	48.2	74.7	22.6	13.6	29.0	13.6
Total	100		64.9		16.5		18.6	

Marital status is a crucial indicator in old age as it influences role allocation and status in the family and community. In the study 45.4% elderly are married and 54.6% widowed/separated. Only 23.7% elderly women are married and 44.3% are widows. Among the males, 22% are married and 11% widowed. There is a marginal difference in the proportion of married women and men, but the experience of widowhood among women is proportionally four folds more than their male counterparts. Since most elderly women are dependent on their male family members, there are enormous financial and psychosocial problems that arise after widowhood. Since women's economic position depends largely on marital status, women who are widowed and living alone are found to be the worst off among the poor and vulnerable. This clearly reflects that vulnerability for destitution is accentuated among women. In the context of India, widowhood increases the vulnerability of women to destitution considerably (Panda, 2005).

Literacy and education play a crucial role in creating awareness and enhancing accessibility to resources and act as an antidote to destitution. Out of the 97 elderly covered by the study, 73.2% are illiterate—81% females and 19% males. At any rate, illiteracy clearly adds to vulnerability. Here too, the vulnerability of elderly women is clearly much more than their male

counterparts. Added to this, elderly women also lag behind in terms of 'capabilities' and 'skills' that can help them overcome the clutches of poverty and destitution. This, again, has its roots in the patriarchal social structure where sons are preferred over daughters in terms of the families' resource allocation and opportunities for development like providing education. Consequently, elderly females are left with no skills that can be used for eking out a livelihood and preventing a state of destitution.

Provision of civic amenities is the responsibility of the State but destitution often leads to difficulties in accessing such amenities. Study results show that 41% of aged respondents use public hand-pumps and 72% use public toilets. Moreover, almost all (95.5%) have a ration card, 74.2% have a gas connection, and 92.4% have an electricity connection (though illegal). It may be noted while the ration card entitles people to get food grains at highly subsidized rates, the Targeted Public Distribution System is plagued by red-tapism and corruption.

Health and elderly

During old age health becomes a critical factor. Hypertension and arthritis are the most common ailments. Arthritis restricts mobility and may have repercussions on the earning ability of the elderly or reduce their contribution to the household or even inhibit activities of daily living. Cataract and diabetes are also common. Restricted dietary intake, coupled with poverty, are known to have a serious impact on ailments in old age.

Table 5.3 - Health profile of elderly

Diseases	%yes
Diabetes	23.7
Cataract	24.7
Tuberculosis	3.1
Arthritis	36.1
Hypertension	42.3
Allergies/Asthma	16.5
Ulcers/Gastric	1.0
Paralysis	2.1
Memory loss	0.0
Cancer	0.0

While it may seem surprising to hear about drug abuse among the elderly, historical evidence shows that traditionally, the use of *hukka* (smoking), *paan* (betel chewing), *beedi* (tobacco-smoking), *madira* (alcohol) has been quite widespread among people, including the elderly. Add to this the consumption of less harmful substances like liquor, smoking, etc.—habits that often continue in old age and are generally quite hard to break. Moreover, never before in the history of mankind have the elderly experienced a greater degree of stress, abuse, exploitation, cut-throat competition, or threat to survival, and many of them may resort to drug addiction as a coping strategy. In the present study, 43.3% aged are addicted to or regularly chew betel leaf; those who smoke *beedi* or cigarettes account for 9.3% of the elderly. These habits take a heavy toll on the health and well-being of the aged.

The respondents were asked whether they have someone to care for them when they are sick and infirm. Data shows that among the dependent elderly, only 21.4% males and 12.5% females have someone to provide them with care and support. With no one to take care of them when they are ailing, these elderly often face the very real threat of destitution.

The State has initiated many services and programmes for the needy and destitute elderly. However, for various reasons, aged adults are not aware of these interventions. Awareness regarding old age pension is maximum (58.8%) while none of the respondents was aware of the landmark legislation, **Maintenance and Welfare of Parents and Senior Citizens Act, 2007**, a potentially effective tool against vulnerability and destitution. Likewise, policy level awareness is almost negligible. Only a few are aware of facilities like bus and railway concessions.

Table 5.4 - Awareness about services and programmes

Key concessions / Policies	Know %	Don't know %
Old Age Pension Eligibility	58.8	41.2
National Policy on Older Persons	1.0	99.0
Maintenance of Parents Act	0.0	100.0
Bus Concessions	4.1	95.9
Railway Concessions	14.4	85.6

The lack of access to resources and services needed for basic living leads to destitution. In this regard, access to services may be looked into. Analysis shows that none of the respondents have access to major interventions like Indira Awas Yojana meant for housing and shelter, widow pension,

disability pension, Janata Insurance, Rashtriya Swasthaya Bima Yojana for health insurance, National Rural Employment Guarantee Act for livelihood, Annapurna (specifically meant for destitute elderly, which entitles them to receive 18 kg of rice or wheat). Even old age pension is paid only to 20% of the elderly. The diagram further depicts that 36.1% elderly respondents do not have a BPL (below poverty line) card and 12.4% do not have a voter's identity card. None of the elderly destitute respondents are being covered under any of the schemes.

This implies that there is a vast gap between the needs and problems of the destitute elderly, and the services and programmes meant to ameliorate their conditions. It also paints a sad picture of the future when the number and proportion of elderly will have increased significantly (as will the number of aged individuals in poverty and destitution), and insufficient coverage of the services will further aggravate the situation unless certain strict measures are put in place that ensure the well-being and empowerment of the elderly.

It is often held that illiteracy and lack of awareness about available resources and services go hand in hand. Illiterate aged respondents are only aware of old age pension. Also, only 5.4% of them knew about bus concessions and 18.9% about railway concessions. The illiterate respondents were unaware of policies (National Policy for Older Persons), legislations (Maintenance of Parents Act), services and schemes. This lack of awareness prevents the benefits of interventions from reaching the target groups, that is, the destitute elderly.

Conclusion and suggestions

Destitution is a nightmare for the poor and needy elderly, especially in an urban setting, where there is often little or no community support. When the poor elderly become unproductive and do not have family support or someone to take care of them, they are often pushed towards destitution. They resort to begging, or try hard to survive by engaging in physically strenuous activities like casual labour, rickshaw pulling, street vending, and the like. The situation of elderly women in poverty is all the more grave. Living a life of dependence and not having any sellable skills to earn a livelihood, and deteriorating health condition, aged women are more prone to destitution.

The destitute elderly also lose out on benefits of civic amenities. Most of the elderly are illiterate and lack awareness about many schemes and programmes meant for their betterment. Old Age Pension seems to be quite popular among the elderly, despite literacy levels. There is hardly any knowledge about the National Policy for Older Persons or the Maintenance Act. When it comes to availing services, only two among 10 destitute elderly

receive a pension. This indicates the extremely poor coverage of social security schemes. It also raises doubts over the efficacy of services and programmes targeted at preventing or ameliorating destitution in the future, when the number of elderly in need of such services will have shot up. Schemes related to food security, housing, health insurance, livelihood, etc., are almost non-existent for the destitute elderly in the study.

In conclusion, the results of the study reveal that the number of beneficiaries among older persons for various schemes and programmes initiated by the government is very insignificant in comparison to the size of the needy elderly population. Keeping this in mind, some possible interventions have been suggested, which are as follows:

The rapid ageing of the population will necessarily lead to social and economic transformation. A holistic approach is needed to promote the development of policies and programmes for dealing with an ageing society. In the Indian context, social security has to be integrated with anti-poverty programmes.

There is a need to protect and strengthen the institution of the family and provide support services that will enable the family to cope with its responsibility of taking care of elderly relatives. It is also important to provide financial support to low-income families having one or more elderly persons. Along with proper and effective professional welfare services, there is a need to provide counselling services both to the elderly and to their family members.

Income-generation schemes should be formulated for providing physically less demanding work for self-employment of elderly women, so as to reduce their economic dependence.

Execution and monitoring by established and reputed NGOs should be done for income generation among the needy elderly. The NGOs may conduct feasibility studies, organize training programmes for skill development and may establish backward and forward linkages. Some respite to old-age economic worries could be made possible, if loans are granted to the elderly at low rates of interest. This could ease the process of establishing an enterprise and aid Self Help Groups, availing crop loans, medical loans, and other income-generating activities, etc.

At the policy level, Integrated Child Development Services programme (one of the most extensive programmes of Asia where, among other facilities, nutrition and health care services are provided to children of economically weaker sections on a daily basis) should initiate a provision for adequate nutritious food to the elderly belonging to BPL families.

Geriatric care should form a part of National Health Missions and can cover preventive, curative and disease management of health care. A geriatric care unit should be established in all Community Health Centres

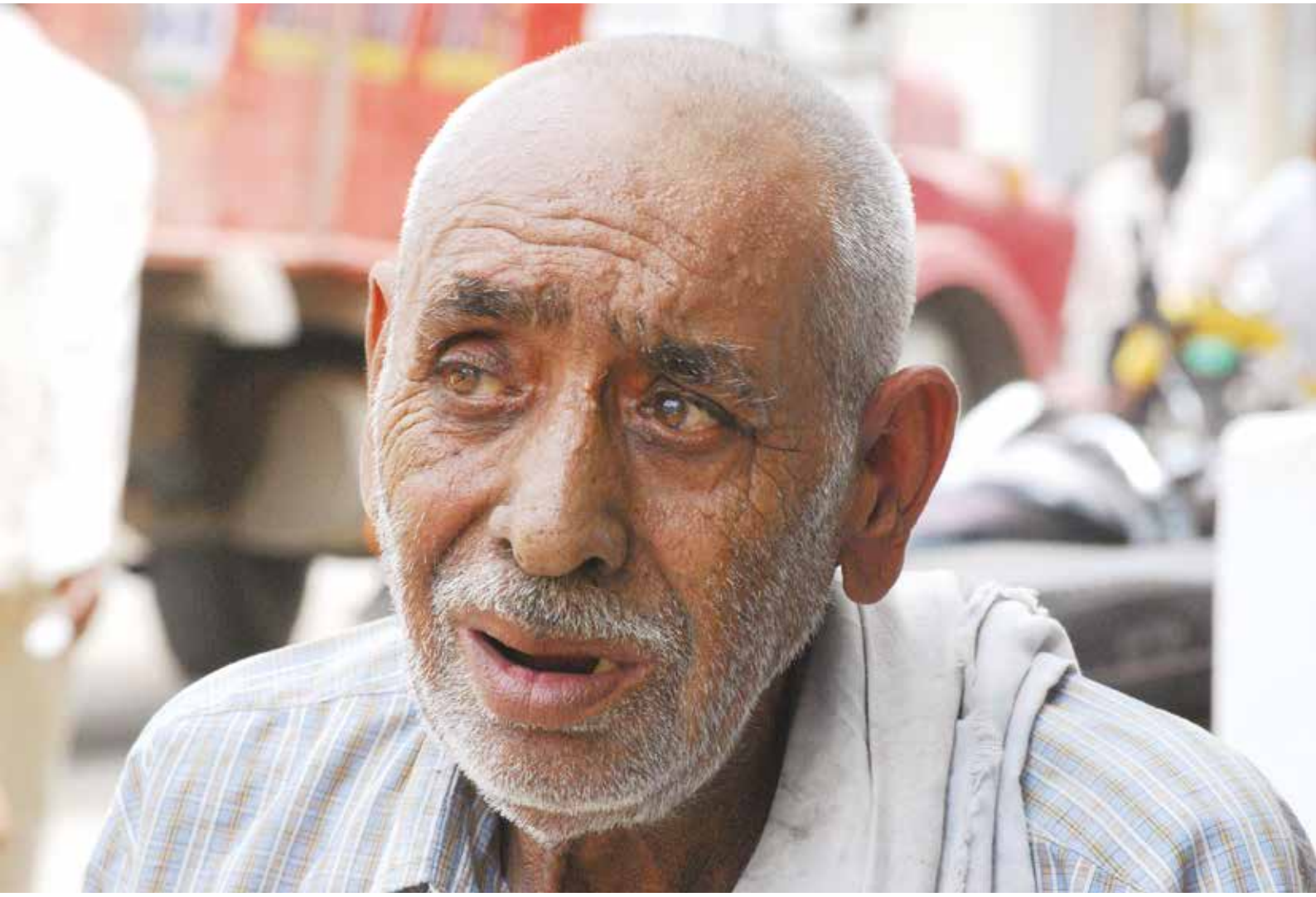
to provide specialized medical care to them including ambulatory services.

Health security is a must. Free of cost health services, primarily through Mobile Medicare Units, should be initiated. A provision for budget allocation should be made in this regard by the Planning Commission.

At the policy level, Ministry of Health & Family Welfare, Government of India, should initiate a scheme on health insurance with affordable premium for catering to the medical needs of the elderly.

Government and private schools, as part of their co-curricular activities under Socially Useful and Productive Work (SUPW), may take up the responsibility to inculcate respect for elderly persons.

The National Policy on Older Persons of 1999 provides several welfare facilities for the elderly. It is found that a majority of elderly do not know of the existence of such policy and welfare schemes. Thus it is essential to undertake urgent steps that could help in spreading awareness about the



policy and welfare schemes at the ground level, so as to enable them to reap their benefits.

One of the shortcomings of the National Policy for Older persons is that it has not specified the actual total number of older persons Below Poverty Line (BPL), which it intends to serve. Thus it would be beneficial if a comprehensive survey is conducted to identify the total number of elderly persons belonging to BPL families.

It is imperative that the Finance Commission, Planning Commission, and other competent authorities pay special attention while allocating financial resources for the welfare and development of the elderly. The Annapurna scheme needs to be implemented more vigorously by spreading mass awareness and by simplifying procedures, so that a larger number of elderly persons are able to benefit from it. Further, the distribution of food grains under the scheme should be made more regular, and the quality of grains should be improved.The criteria for granting Old Age Pension (OAP) need to be relaxed. Red-tapism and corruption in the disbursal of old age pension should be strictly checked.

Finally, it provides some suggestive measures so that the 'golden age' does not become synonymous with 'destitution' for about two-thirds of the elderly population in the country.

These measures will go a long way towards ensuring that two thirds of the 100 million elderly population today does not slide into destitution.

The authors sincerely thank HelpAge India, particularly Mr. Rajeshwar Devarakonda, Head–Age Care and Emergencies, HelpAge India, for his inputs in the present study.

References

Bose, A.B. 1996: 'Economic and Social Conditions of the Elderly, with a Special Focus on Women: Needs and Capabilities of the Elderly.' Implications of Asia's population future for older people in the family (ESCAP Asian Population Studies Series # 145). Bangkok: ESCAP, cited in Vijay Kumar, S. 2003: 'Economic Security for the Elderly in India: An Overview', *An Aging India: Perspectives, Prospects and Policies*, New York: The Haworth Press, pp. 45–65.

Government of India 1999 National Policy on Older Persons. Ministry of Social Justice and Empowerment, New Delhi.

National Sample Survey Organisation 1998 Morbidity and Treatment of Ailments July, 1995-June, 1996 (NSS 52nd Round) Report No. 441, New Delhi, Government of India.

Ministry of Statistics and Programme Implementation. 2011. Situational Analysis of Elderly in India. Central Statistics Office, Ministry SPI.

Siva Raju, S. 2002: 'Health Status of the Urban Elderly: A Medico-Social Study', Delhi: B.R. Publishing Co.

Siva Raju, S. 2002: 'Meeting the Needs of the Poor and Excluded in India', Situation and Voices, The Older Poor and Excluded in South Africa and India, UNFPA, Population and Development Strategies, No. 2, 93–110.

Siva Raju, S. 2004: 'Profile of Elderly and Organisations Working for their Care: A Study in Mumbai', Family Welfare Agency, Mumbai (Mimeo); Vijay Kumar, S. 2000: 'Social Security in Indian Context', cited in Vijay Kumar, S. 2003: 'Economic Security for the Elderly in India: An Overview', *An Aging India: Perspectives, Prospects and Policies*, New York: The Haworth Press, pp. 45–65.

Vijay Kumar, S. 2003: 'Economic Security for the Elderly in India: An Overview', *An Aging India: Perspectives, Prospects and Policies*, New York: The Haworth Press, pp. 45–65.

Irudaya Rajan, S. (2001): 'Social Assistance for Poor Elderly: How Effective?' *Economic and Political Weekly*, 24 February, 613–617.

UNDP. 2009. UNDP Report. Retrieved on 2 November 2011 from www.undp.org.in/India_Urban_Poverty_Report.

A lonely elder resident at an old age home in Bengaluru, Karnataka

Elder Abuse in India

Background

India has around 100 million elderly at present and the number is expected to increase to 324 million, constituting 20 % of the total population, by 2050.

As a result of the current ageing scenario, there is pressure on all aspects of care for the older persons namely, financial, health and shelter. With older people living longer, the households are getting smaller and congested, causing stress in joint and extended families. Even where they are co-residing, marginalization, isolation and insecurity is felt among the older persons due to the generation gap and change in lifestyles. Increase in lifespan also results in chronic functional disabilities creating a need for assistance required by the older person to manage simple chores as the activities of daily living, which too increases on the family.

HelpAge India is continuously working on issues related to elderly population. Elder Abuse is one of the focus areas. For the past few years Elder Abuse surveys have been conducted to understand the nature, extent and depth of abuse.

Survey 2014

A survey was carried out to identify symptoms of Elder Abuse, find out its existence and reasons for the same, understand the personal experience of abuse, types of abuse, the details of the abuser, and reasons for abuse, reporting and redressal mechanisms. The survey also attempted to find perceptions of elderly regarding abuse.

The survey was carried out in 12 cities across India with sample a size of 100 elders per city with equal ratio of male & female. In Depth Interviews were also carried out.

Source: HelpAge India Elder Abuse Survey Report 2014

Table 6.1 - List of cities covered

Sr. No.	State	Cities
1	Karnataka	Bengaluru
2	Karnataka	Mangalore
3	Tamil Nadu	Chennai
4	Tamil Nadu	Madurai
5	Delhi	Delhi
6	Assam	Guwahati
7	Andhra Pradesh	Hyderabad
8	Andhra Pradesh	Visakhapatnam
9	Uttar Pradesh	Kanpur
10	West Bengal	Kolkata
11	Maharashtra	Mumbai
12	Maharashtra	Nagpur

Personal experience of abuse

Across the cities, 50% of the elders admitted to having personally experienced abuse, though 83% of all elders surveyed, are of the view that it is prevalent in society.

The above stated 50% is a quantum jump from last year's average of 23% of admission of personal experience of abuse. A higher percentage of females (53%) reported abuse, as against males (48%).

Figure 6.1a – Experience of abuse among elderly – National (%)

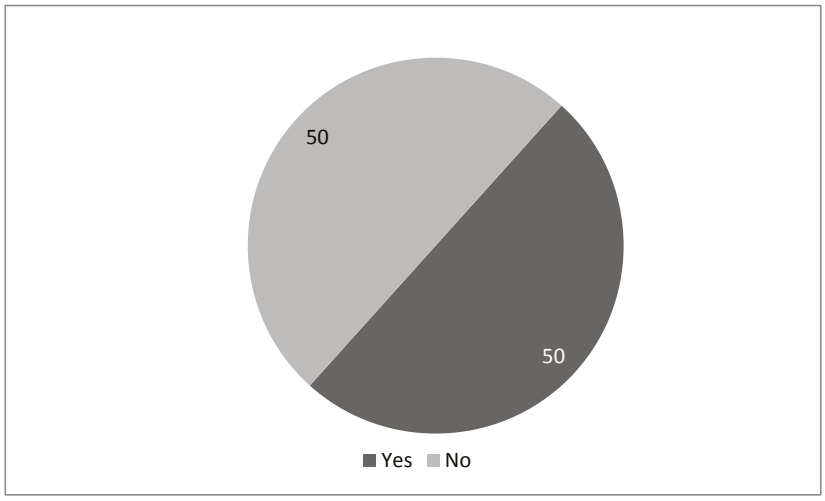


Figure 6.1b – Experience of abuse among elderly – National (Year wise) (%)

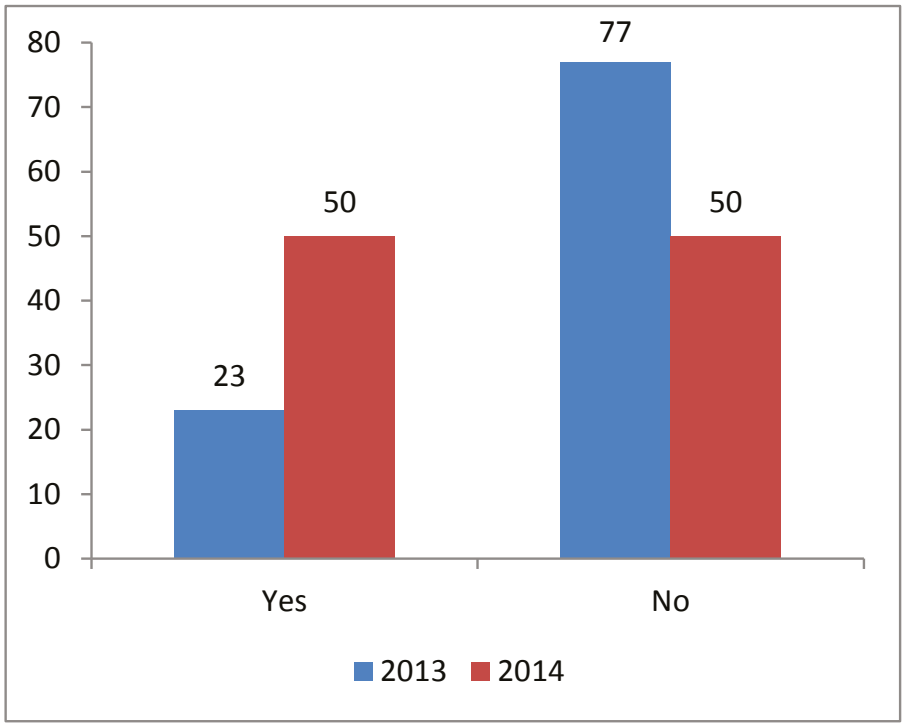


Figure 6.1c – Abuse experienced by female elderly (%)

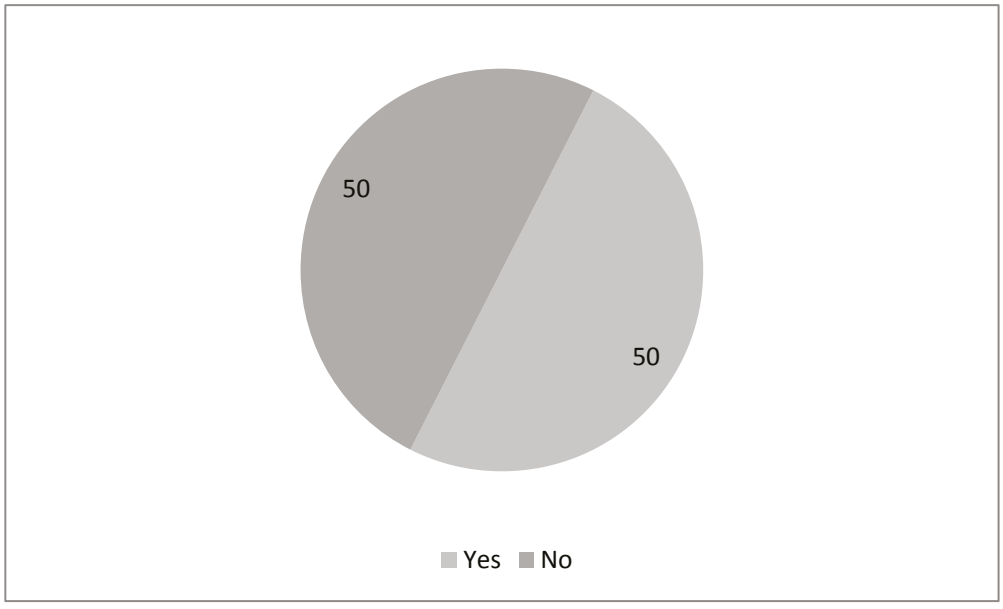


Figure 6.1d – Abuse experienced by male elderly (%)

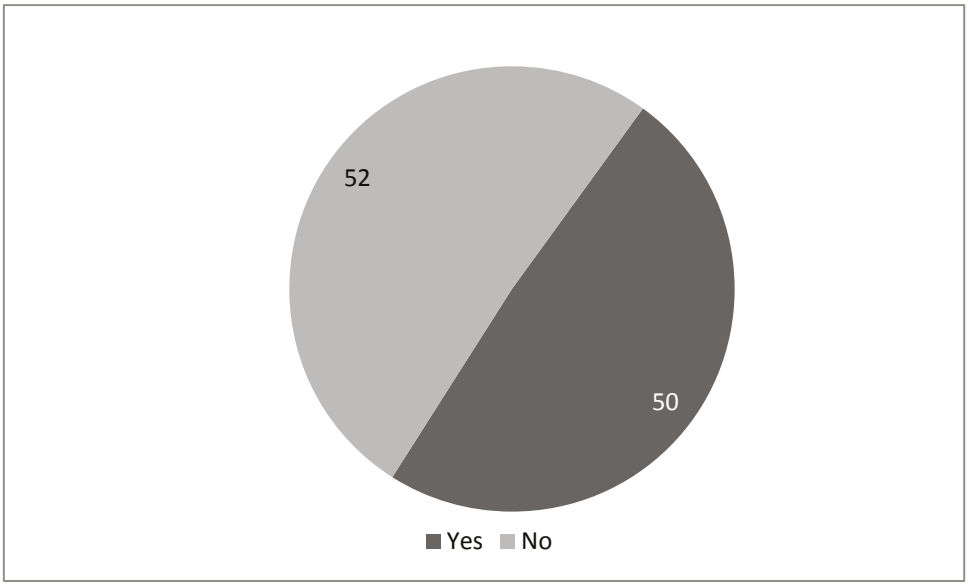
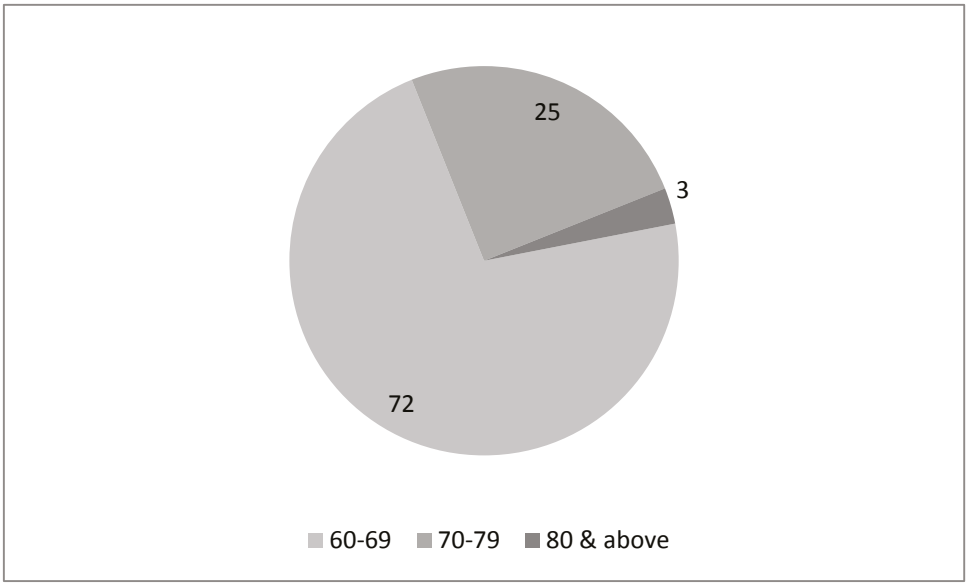


Figure 6.1e - Age disaggregation –National (%)



About 72% of those who experienced abuse belong to the age group 60-69 years while 25% belong to age group 70-79 years. Facing abuse was reported more by females (53%) than males (48%).

Abuse experienced city-wise

The actual experience of abuse is higher (50%) as opposed to the perception of 'High' prevalence of abuse at 34%.

Interestingly, Kolkata & Bengaluru have the highest 'Actual 'Incidence' of

Elder Abuse at 60% and 75% as against the 'Perceived' 'High' extent of Elder Abuse at only 38% and 9%. Further, Hyderabad rates at 9% for 'Perceived' 'High' extent of Elder Abuse as against 'Actual' Incidence of Abuse at 40%.

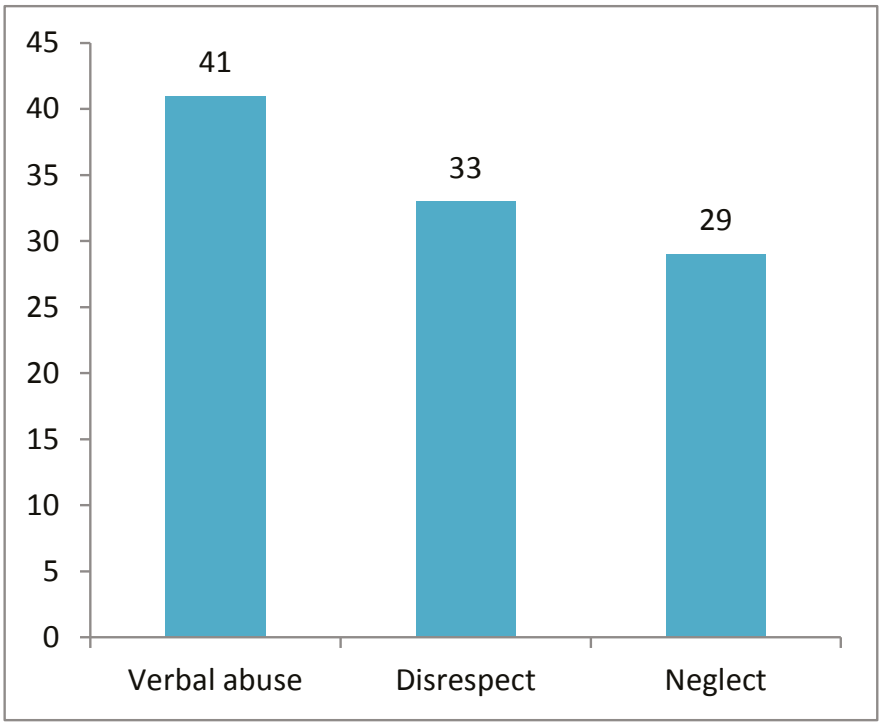
Bengaluru has the highest percentage of Elder Abuse amongst Tier I cities at 75%, Kolkata 60 % and the least case of abuse is reported from Delhi with just 22 % of elderly facing abuse.

Nagpur has the highest prevalence of Elder Abuse (85%) followed by Mangalore (73%). Kanpur recorded the lowest experience of Elder Abuse (13%).

Type of abuse

Across the cities, Verbal abuse (41 %), Disrespect (33%) and Neglect (29%) were the major types of abuse faced by the elderly. The top most percentage of each rank was represented to give the most ranked responses.

Figure 6.2a – Ranking (%)



The total percentage is more than 100 because of multiple responses

Among the elderly who were abused, 34% from Kolkata faced Disrespect, while in Guwahati and Visakhapatnam 38% and 49% respectively faced Verbal Abuse and 26% from Hyderabad faced Neglect.

Type of abuse – Tier I (%)

Figure 6.2b – Ranking details by city (%)

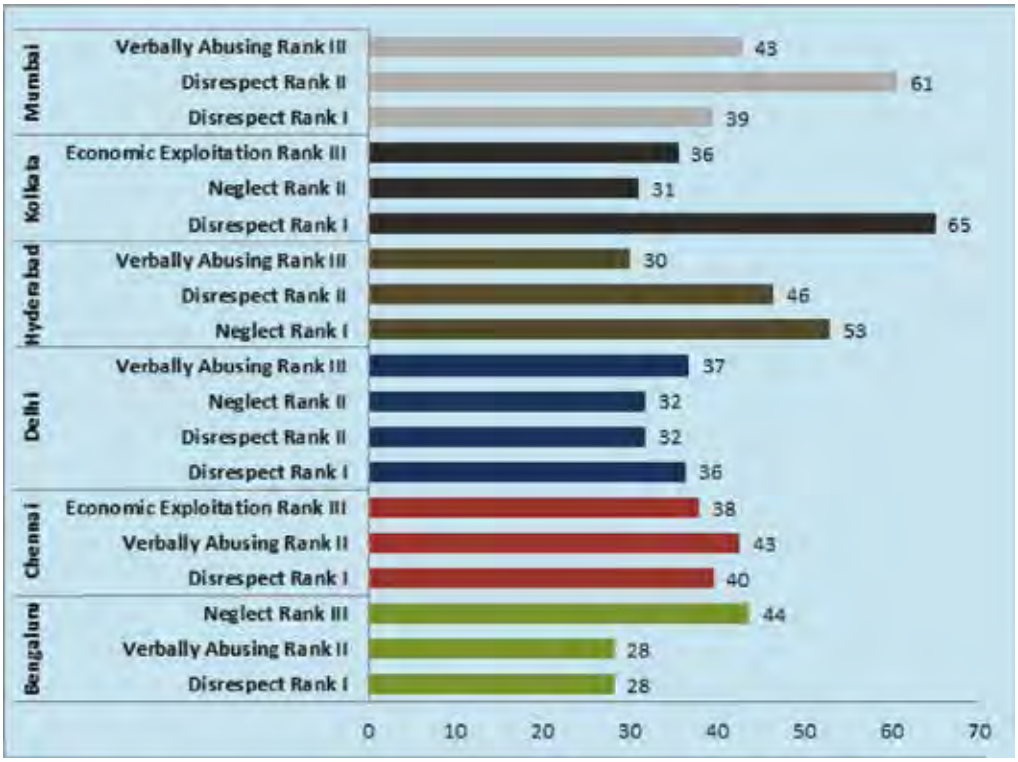
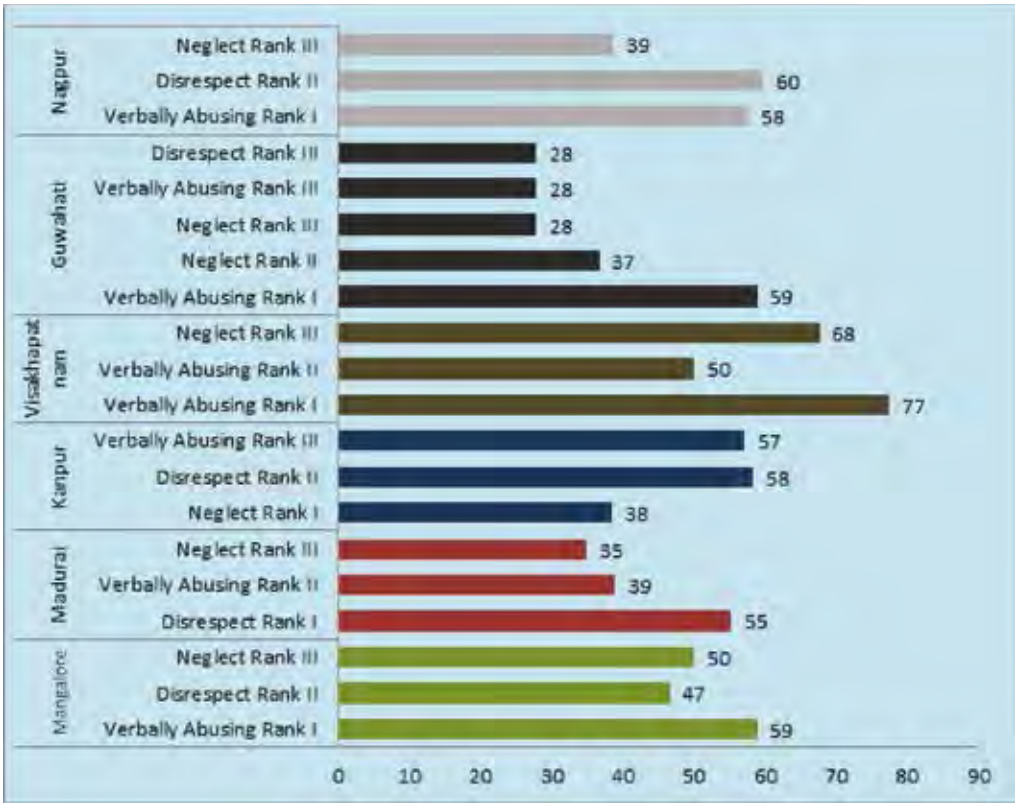


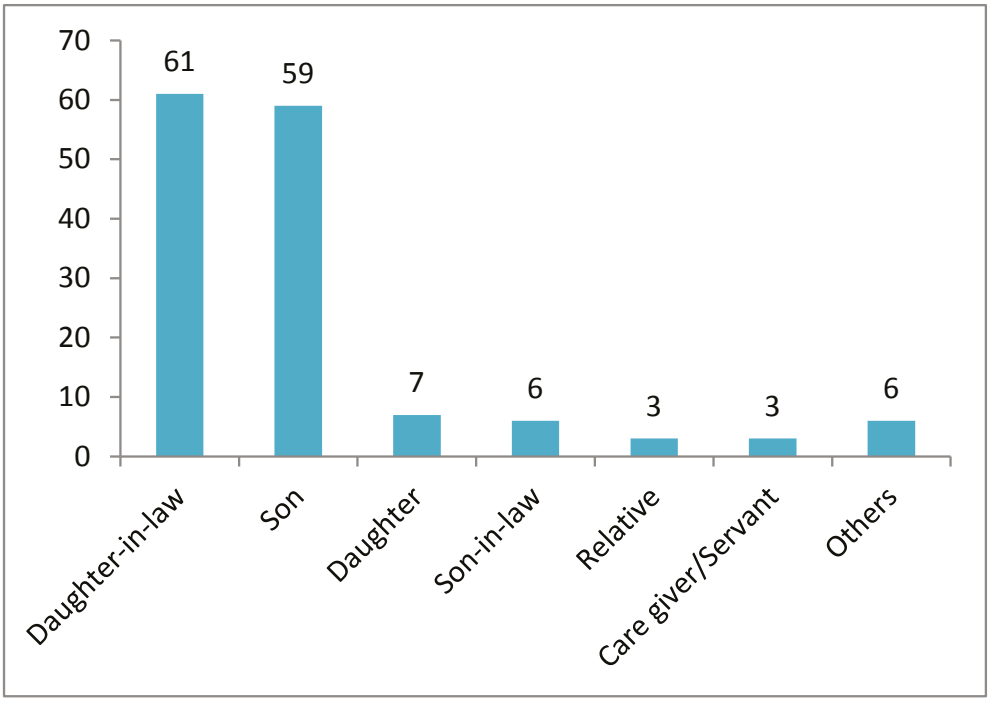
Figure 6.2c – Types of abuse – Tier II (%)



Perpetrators of abuse

Elders across cities were asked about the abusers within their family. The Daughter-in-law (61%) and Son (59%) emerged as the top most perpetrators. This is a trend that is continuing from the previous years. Not surprisingly, 77% of those surveyed, live with their families.

Figure 6.3a - Main perpetrators of abuse - National (%)



Amongst Tier I cities, Mumbai rates Daughter-in-law as the main perpetrator of abuse at 92% while Hyderabad rates the Daughter-in-law at a lowest of 40%. The Son rates the highest at 65% in Bengaluru and a lowest of 21% in Mumbai and 23% in Delhi.

In Tier II cities, Mangalore has the highest percentage of Daughter-in-law at 97 % with a lowest of 51% in Visakhapatnam. The Son was rated the highest at 95% at Mangalore and a lowest of 23% in Kanpur.

Son and Daughter-in-law emerge as the main perpetrators of abuse in case of male elderly and female elderly respectively.

Across the 12 cities, 65 % elderly female and 57 % elderly male responded Daughter-in-law as their perpetrator while 60% elderly male and 58 % elderly female responded that their Son as their perpetrator.

Figure 6.3b - Perpetrators of abuse – Tier I cities (%)

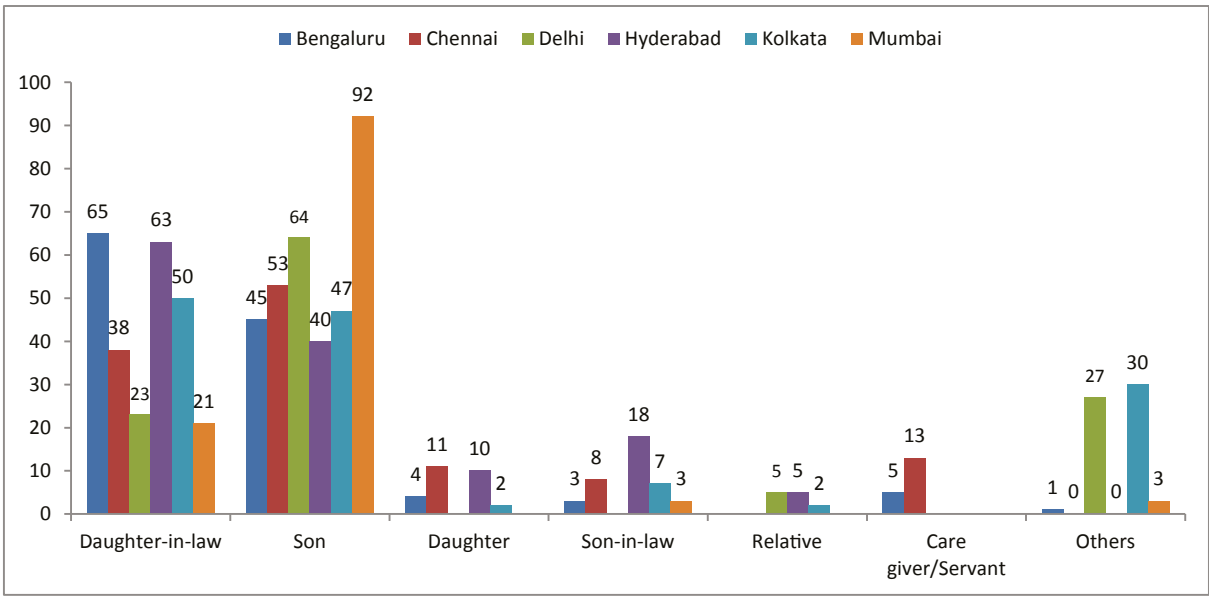


Figure 6.3c - Perpetrators of abuse – Tier II cities (%)

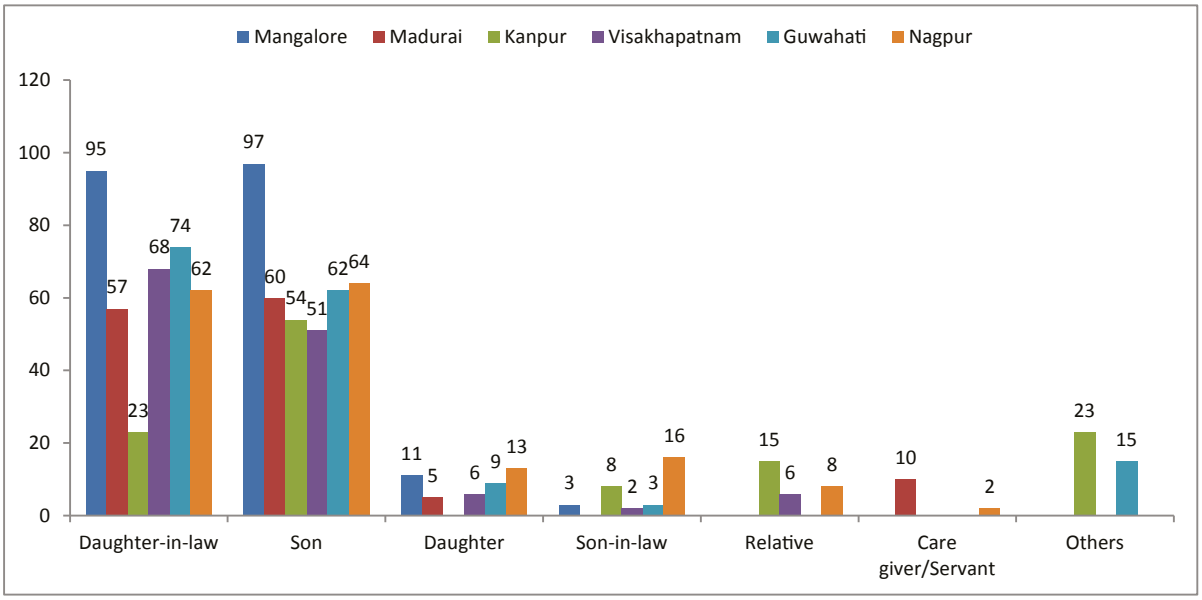
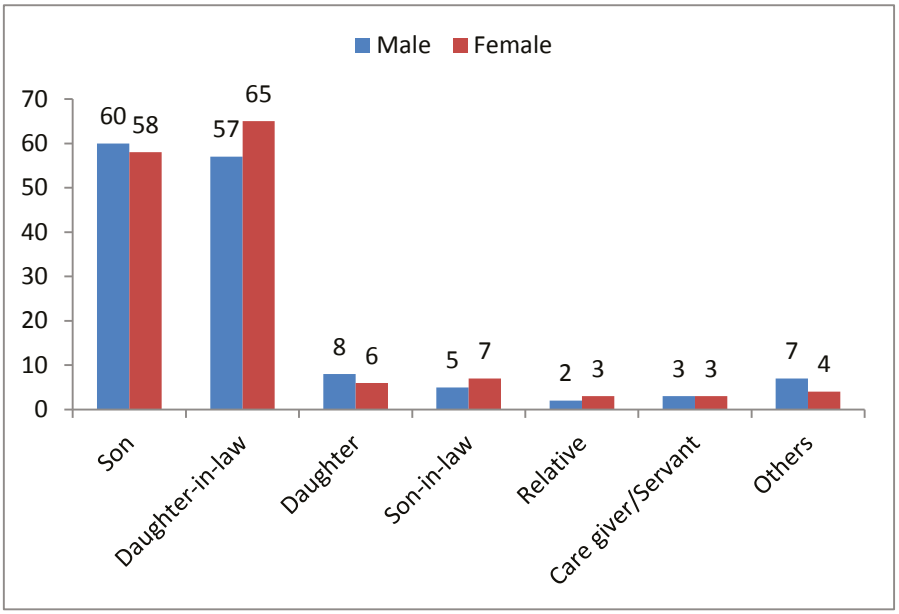


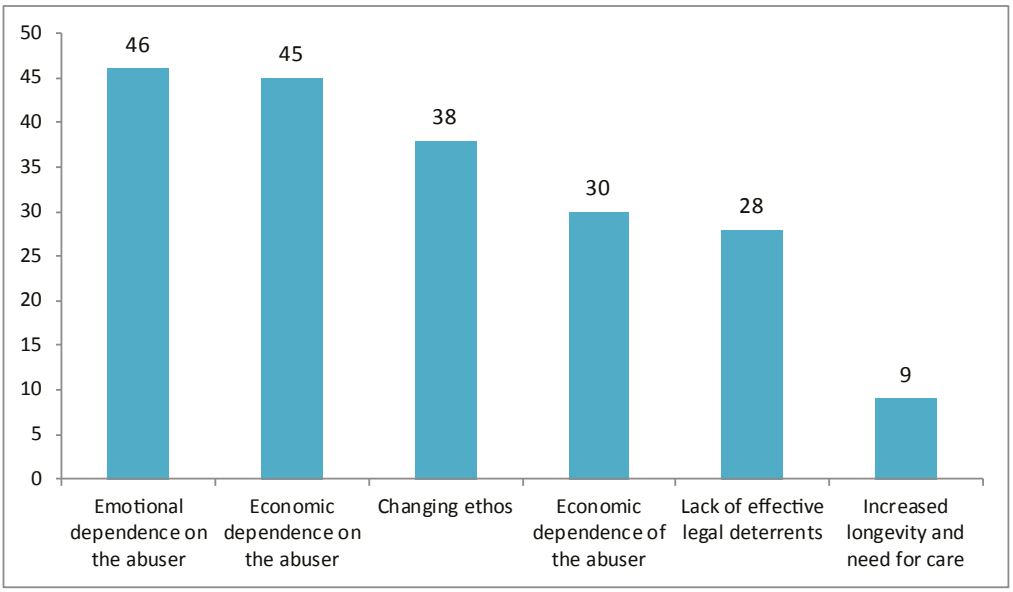
Figure 6.3d - Gender-wise response on perpetrators of abuse - National (%)



Reasons for abuse as per victims

Across the cities, 'Emotional dependence on the abuser' (46%) and 'Economic dependence on the abuser' (45%) are the major reasons for them being abused.

Figure 6.4a – Reasons for abuse as per victims – National (%)



The total exceeds 100 due to multiple responses

About 44% of male elders reported that they were being abused because of their 'emotional dependence on the abuser' and 'changing ethos'. About 48% of female elders mentioned about their 'economic and emotional dependence on the abuser' as causes of the abuse.

The elderly females are clearly facing abuse due to 'dependence on others', both 'economic & emotional', whereas the males are clearly facing abuse due to 'emotional dependence' & 'changing ethos' in society. It can be inferred from the above, that the males do not face 'economic dependence'.

In Tier I cities, the 'economic dependence of the victim' ranges from 64% in Delhi to 24% in Bengaluru. However, the 'economic dependence of the abuser' is high at 55% in Bengaluru and low at 23% at Hyderabad. The 'emotional dependence of the victim' is highest at 85% in Chennai and lowest at 18% in Delhi.

Figure 6.4b – Reasons for abuse as per victims – City-wise (Tier I) (%)

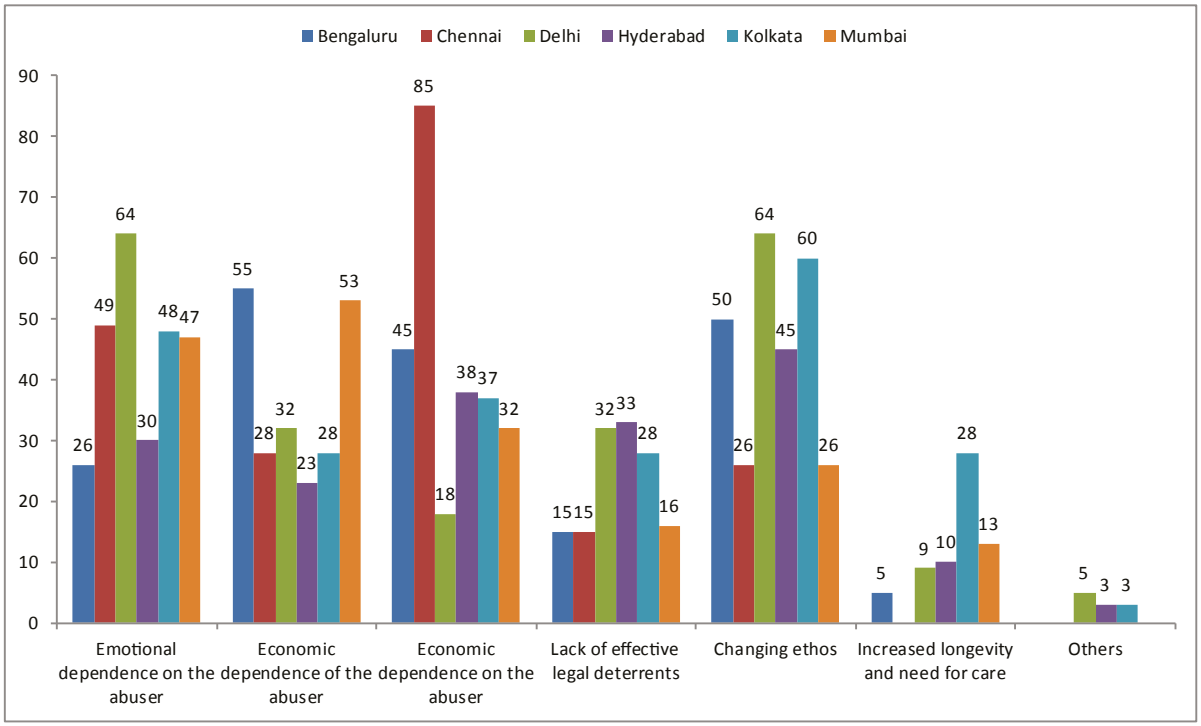
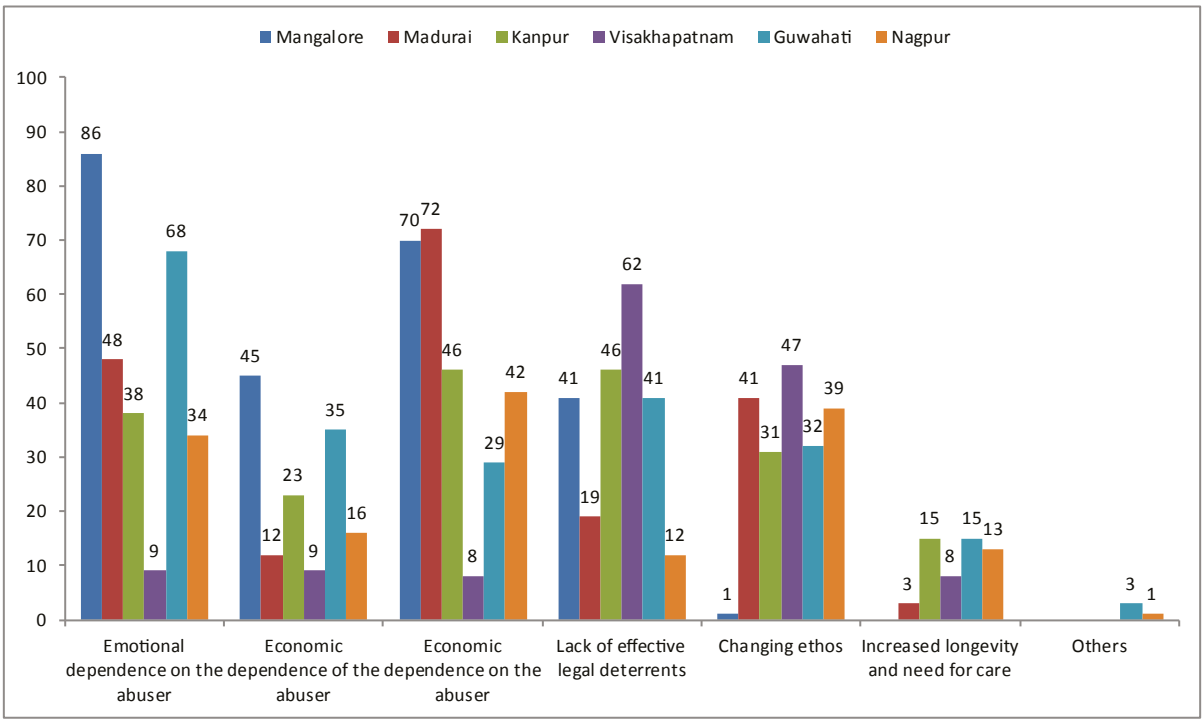


Figure 6.4c - Reasons for abuse as per victims – City-wise (Tier II) %



Duration of abuse

Among the elderly who faced abuse, 46% reported to be facing abuse for 3-5 years, while 25% reported the duration as 1-2 years. About 4% of the elderly are facing abuse for more than 15 years. The mean duration of abuse is 5.2 years.

If we look at the comparative figures for the year 2014, we find that there is a sharp increase from 28% to 46% in the cases of the duration 3-5 years of abuse.

The highest number of cases of abuse for the longest duration interval of abuse 11-15 years was reported from Hyderabad and Nagpur. Mumbai shows the highest incidence of 3-5 years.

Figure 6.5a - Duration of facing abuse - National (%)

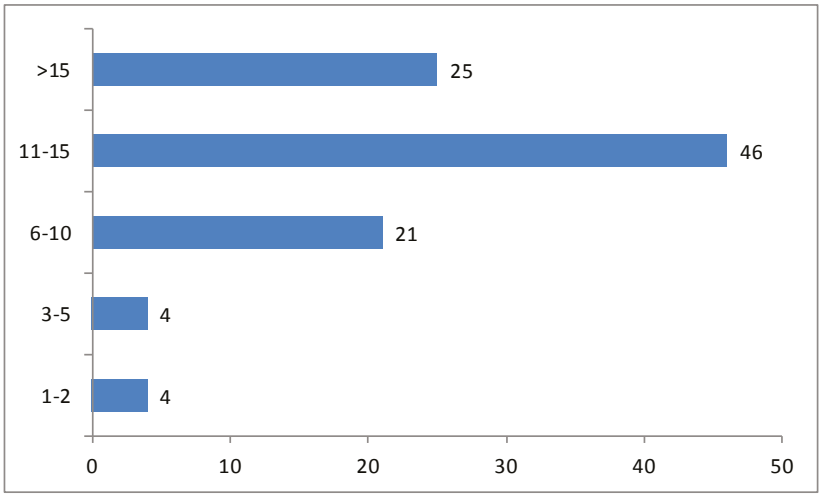
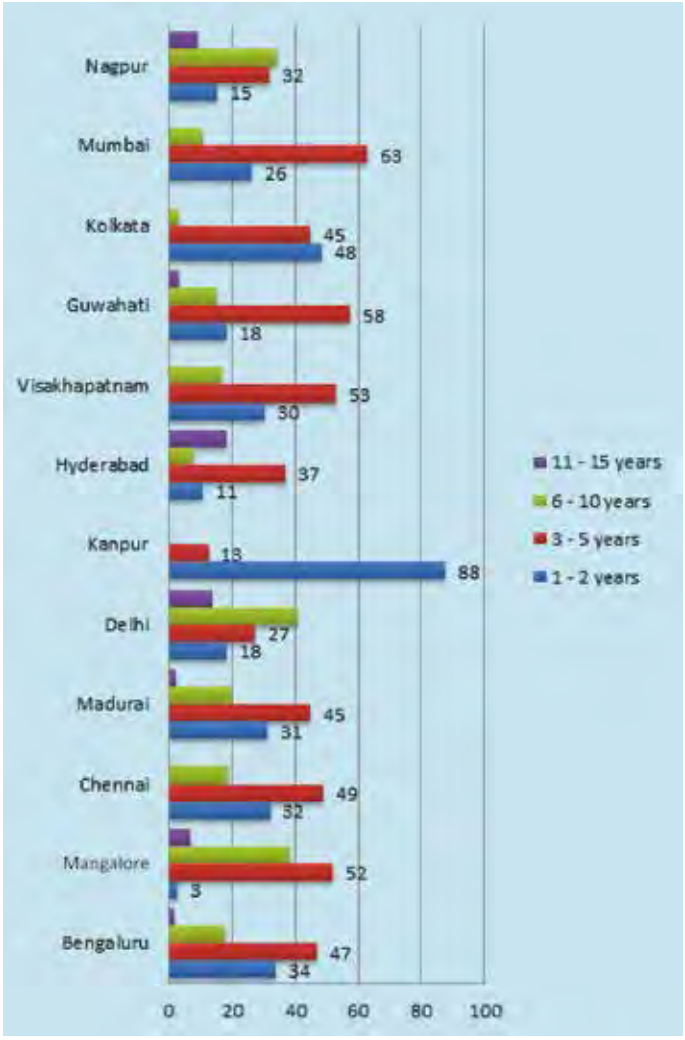


Figure 6.5b - Duration of abuse – City-wise (%)



Frequency of abuse

Of the elderly who faced abuse, 35% reported that they were abused at least 'once a week', 20% reported to have faced abuse 'once a month' and 17% reportedly faced it 'almost daily'.

Figure 6.6a - Frequency of abuse – National (%)

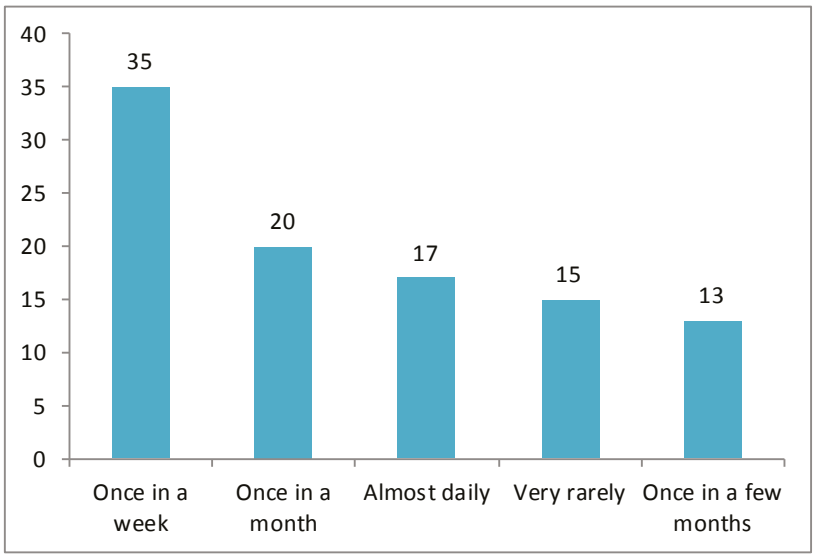
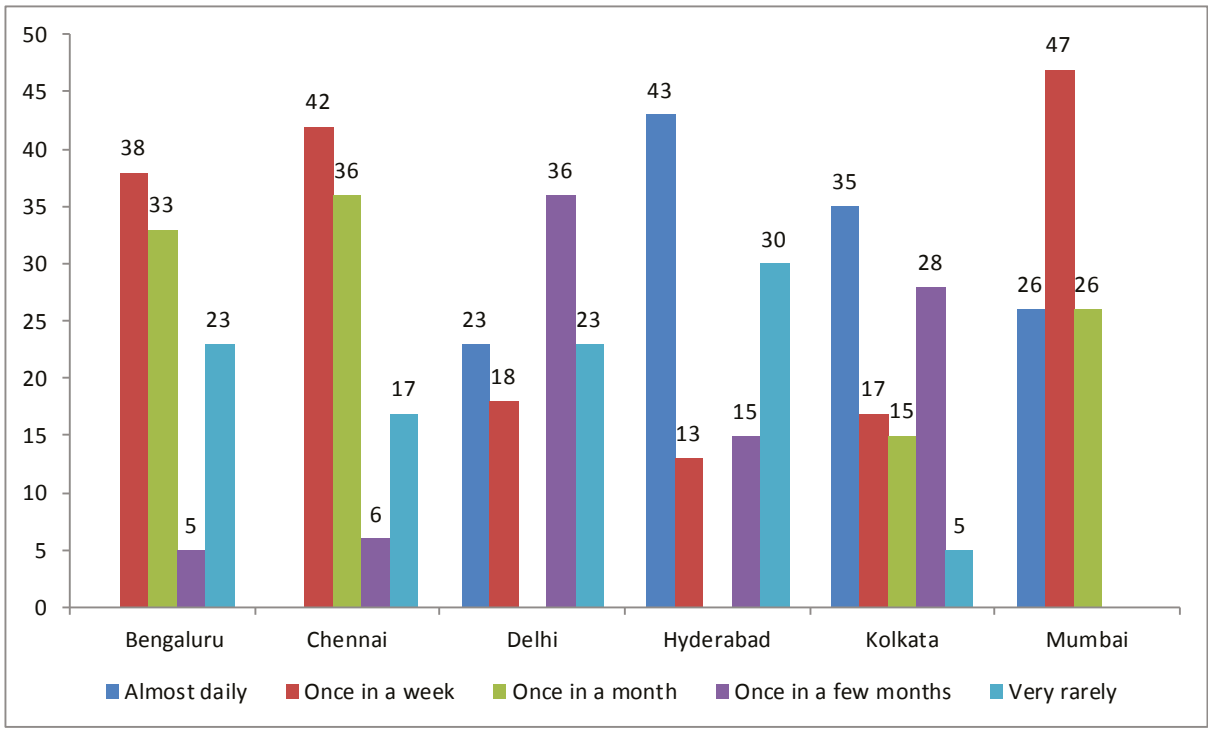
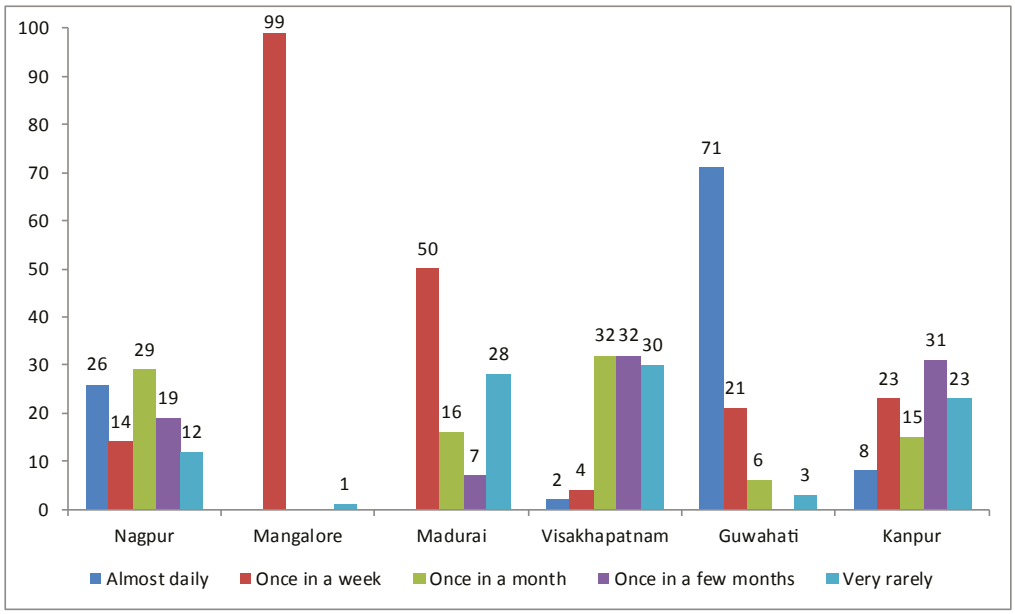


Figure 6.6b - Frequency of facing abuse – City-wise (Tier I) (%)



Elders who faced abuse 'almost daily' in Tier I cities, is highest in Hyderabad (42%) and lowest in Mumbai (26%).Those facing abuse 'once a week' are highest in Mumbai (47%) and lowest in Hyderabad (13%).

Figure 6.6c - Frequency of facing abuse – City-wise (Tier II) (%)



Elders who faced abuse 'almost daily' in Tier II cities, is highest in Guwahati (71%) and those facing abuse 'once a week' are highest in Mangalore (99%).

Reporting of elder abuse

Among those who experienced abuse, 41% did not report the abuse to anyone. Reporting of abuse is highest in Mangalore (88%) and lowest in Kolkata (12%).

Figure 6.7a - Reporting of abuse – National (%)

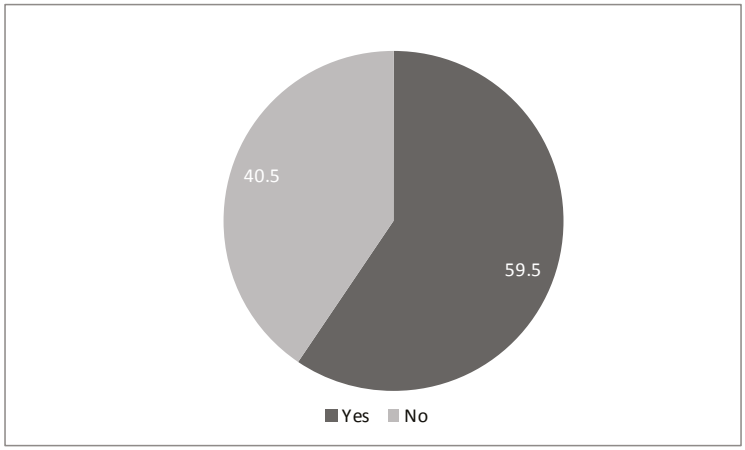
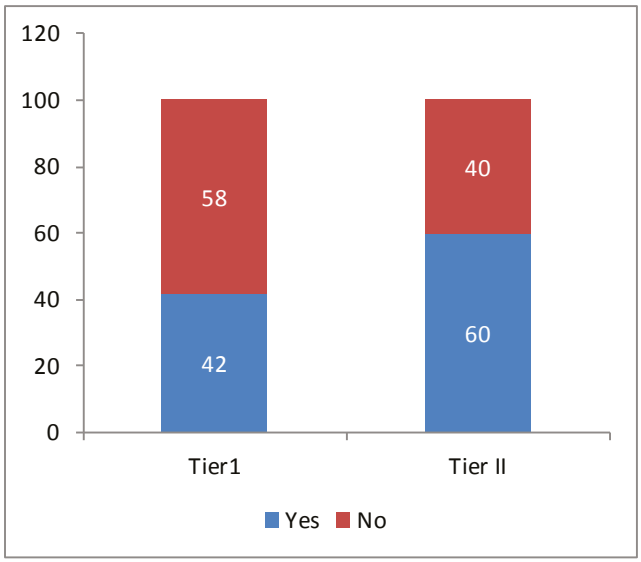


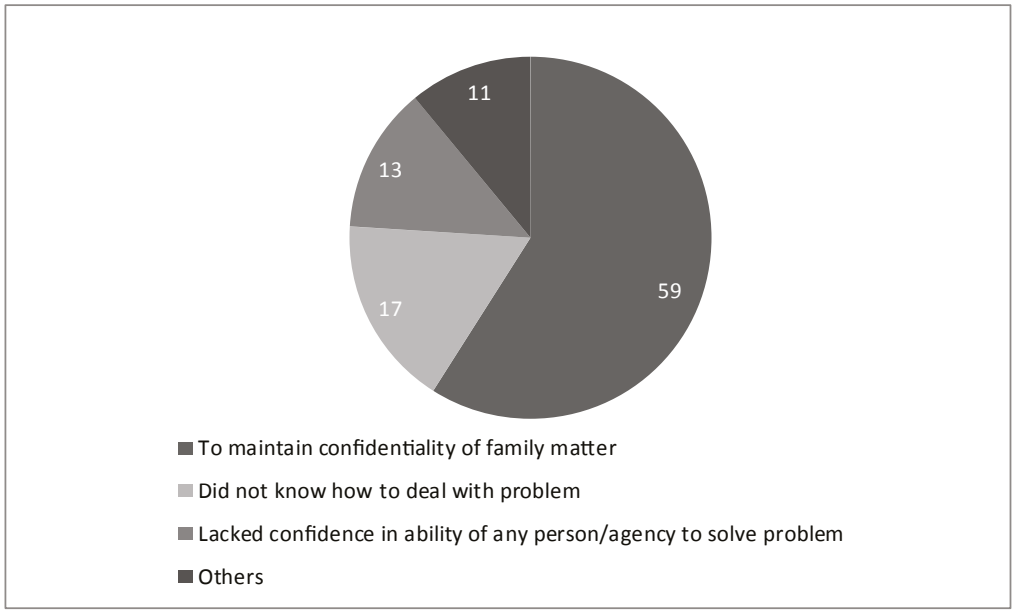
Figure 6.7b - Reporting of abuse - National (Tier I & Tier II) %



Reasons for not reporting abuse

The elderly who were abused, but, did not report were asked about the reasons for the same. The majority stated that they wanted "To maintain confidentiality of family matter" (59%). 17 %"Did not know how to deal with the problem."

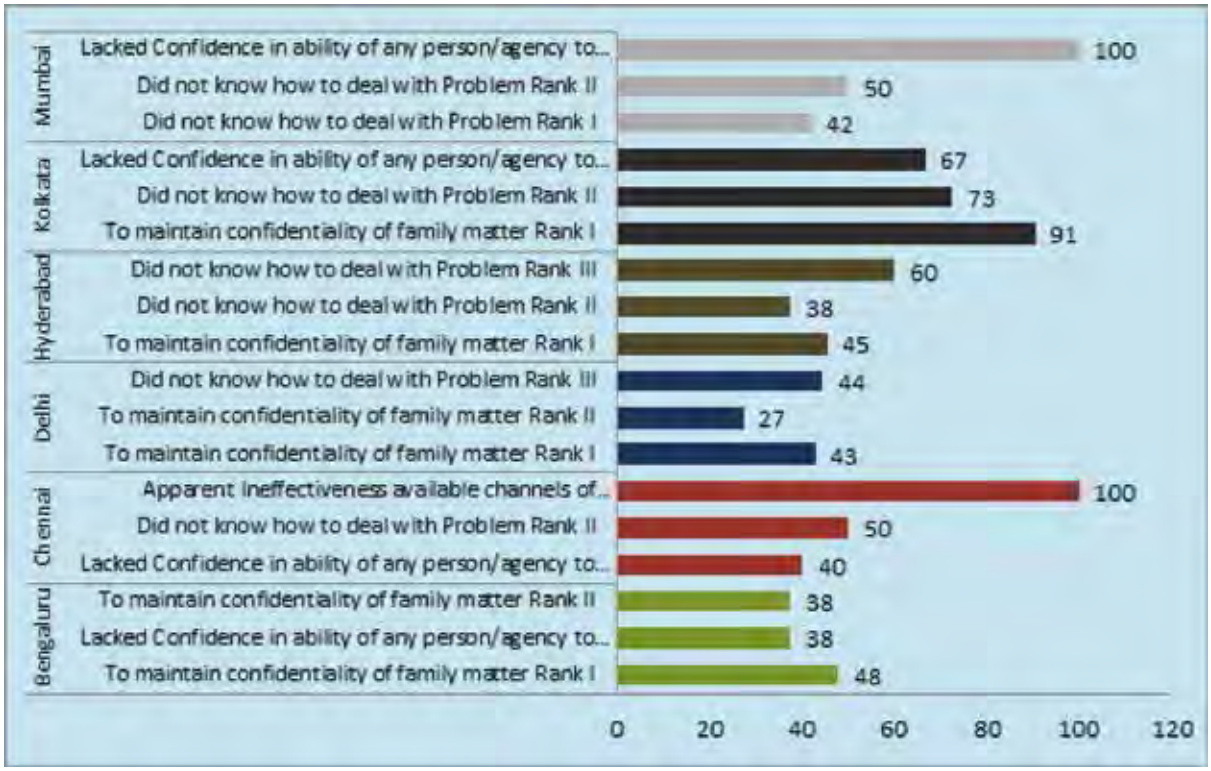
Figure 6.7c - Reasons for not reporting abuse – National (%)



*Others include apparent ineffectiveness of reporting and redressal channels, fear of retaliation and no responses

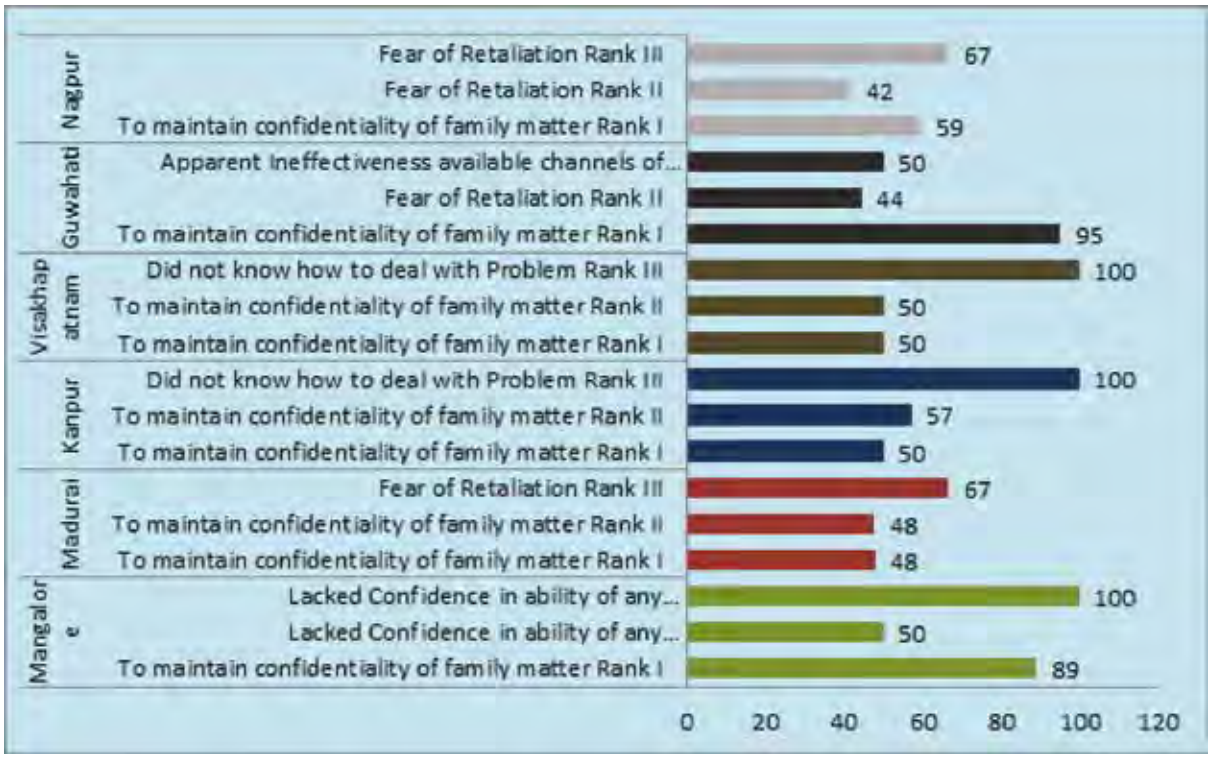
An interesting observation is that in Metro cities there is marked 'lack of confidence in the any person or agency to deal with the problem' and also there seems to be a general feeling of "did not know how to deal with the abuse".

Figure 6.7d - Reasons for not reporting abuse – City-wise (Tier I) (%)



A new finding is that "Fear of retaliation" appears in 3 out of 6 Tier II cities, unlike the Tier I cities.

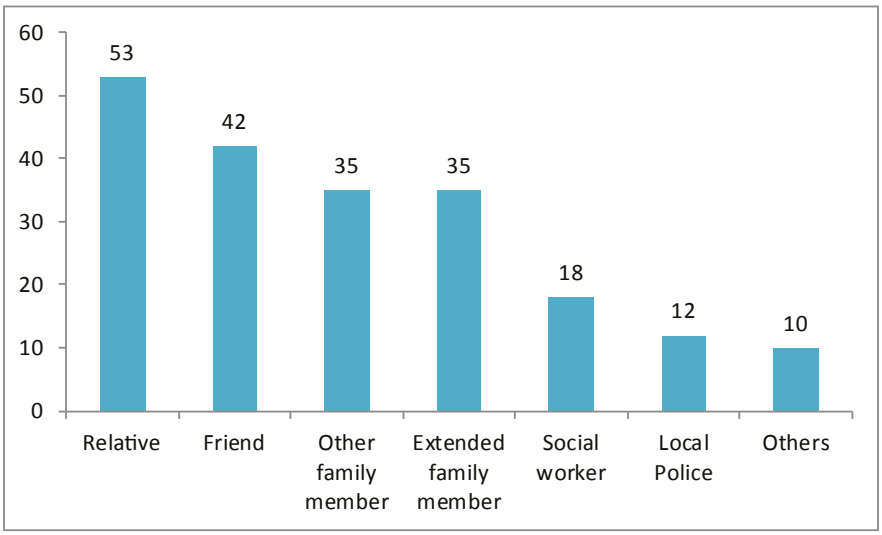
Figure 6.7e - Reasons for not reporting – City-wise (Tier II) (%)



Persons approached to report abuse

Of those who were abused, 53% approached a relative, 42% approached their friends, while 35% approached either a family member or an extended family member to report the abuse.

Figure 6.8a - Persons approached to report abuse - National (%)



*Others Include NGO and Community

The following graph gives a detail of person or persons the abused approached to either report the abuse or seek counsel. The highest reporting to a relative is seen in Kolkata and Guwahati. The highest percentages of reporting to other family members are in Kanpur and Nagpur. Approaching a family member to report abuse was reported the most in Kanpur (80%). About 13% from Delhi reported that they have approached an NGO to report abuse.

Figure 6.8b - Persons approached to report abuse – City-wise (Tier I) (%)

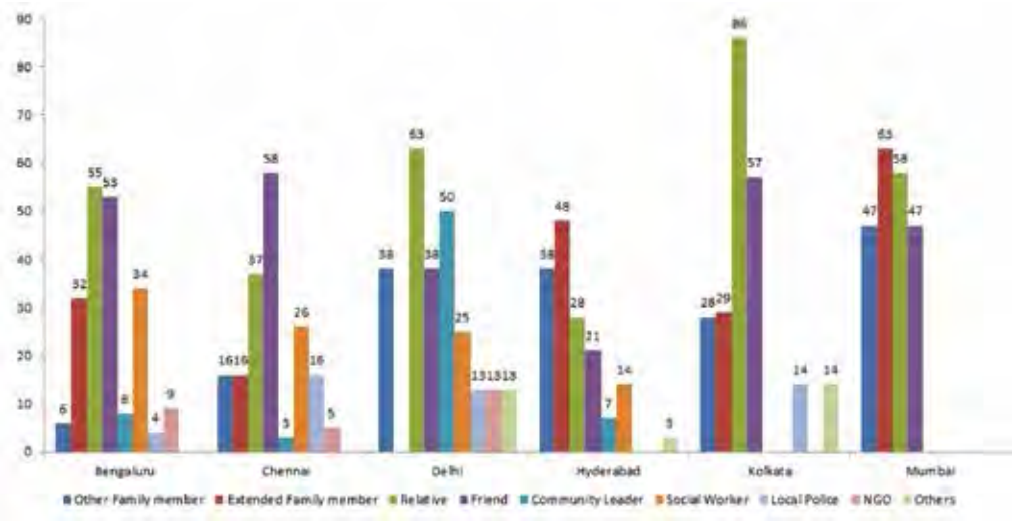
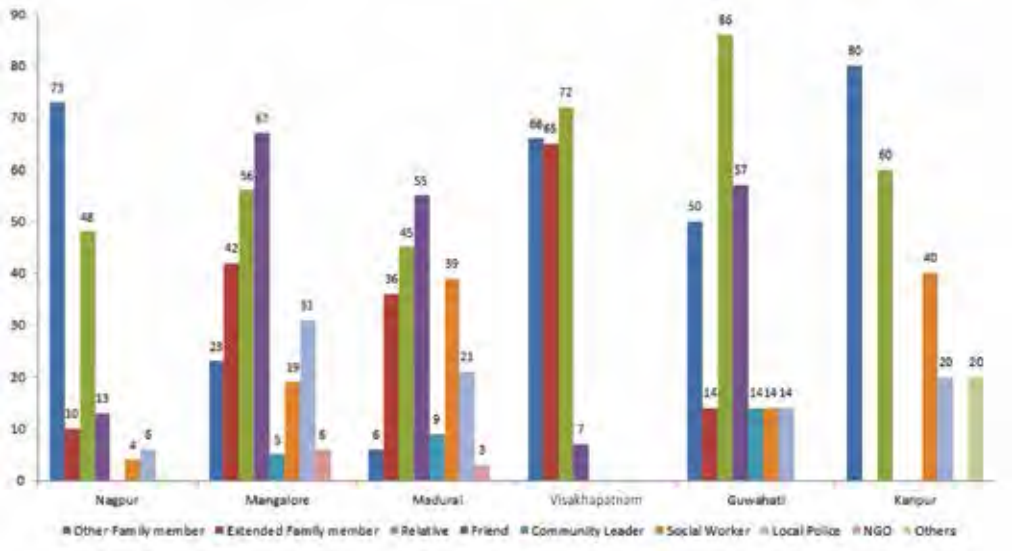


Figure 6.8c - Persons approached to report abuse – City-wise (Tier II) (%)



Awareness of victims about redressal mechanisms

The highest awareness of a Redressal Mechanism is the Police Helplines at 64%, 14% are aware of the Maintenance Act and 9% are even aware of the HelpAge India Elder Helplines. However, 18% are not aware of any mechanism.

Figure 6.9a – Awareness of victims of abuse about redressal mechanisms – National (%)

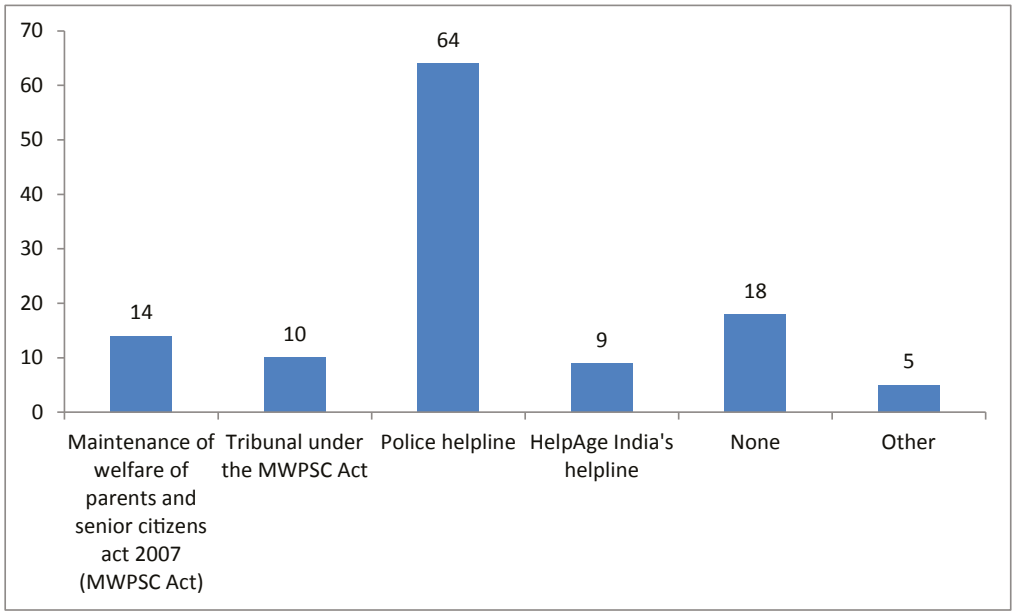


Figure 6.9b – Awareness of victims of abuse about redressal mechanisms – Tier I (%)

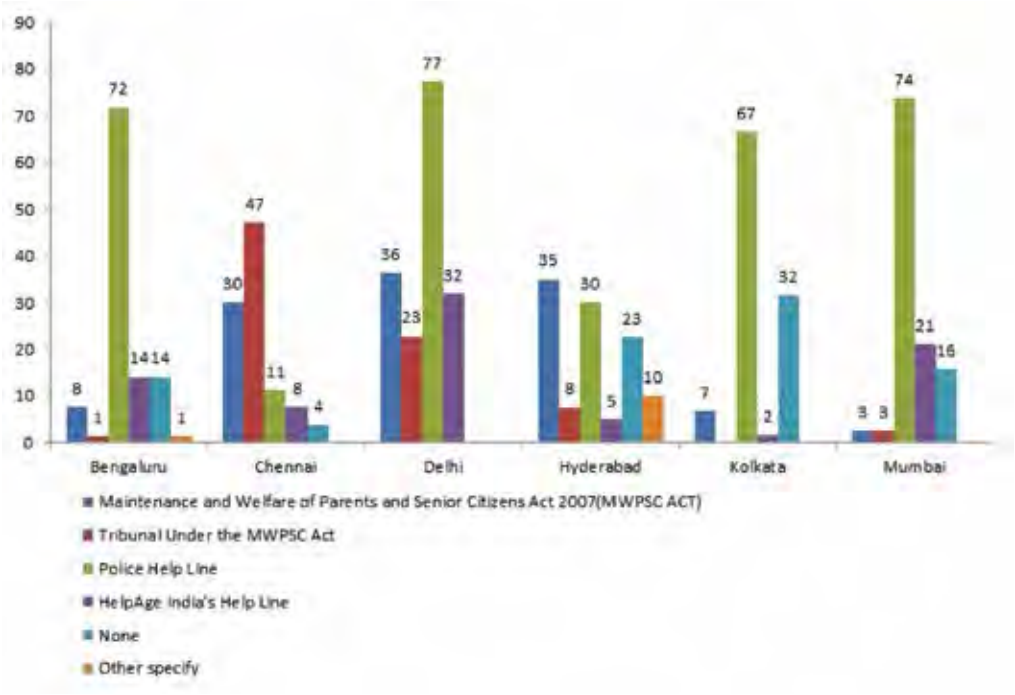
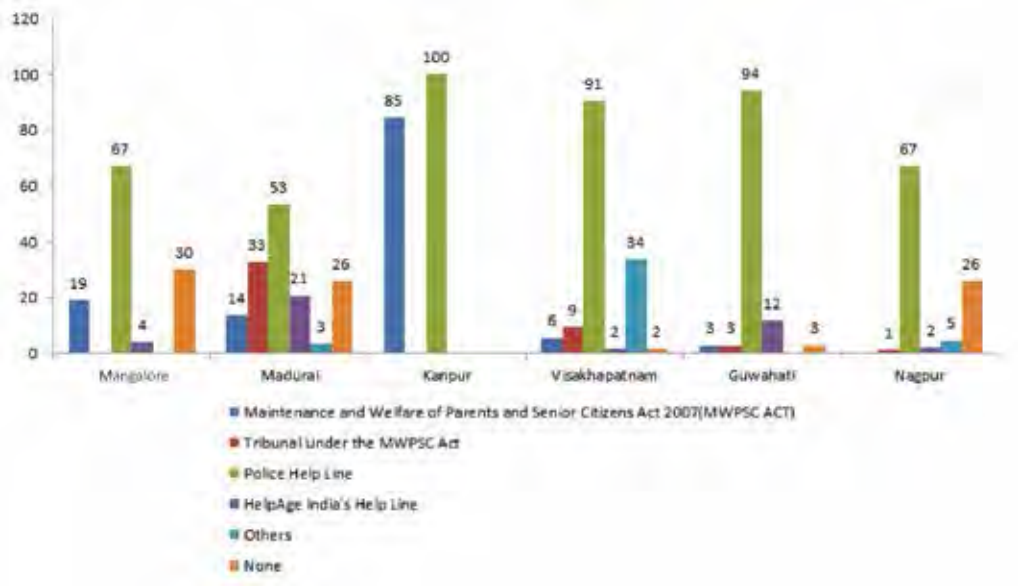


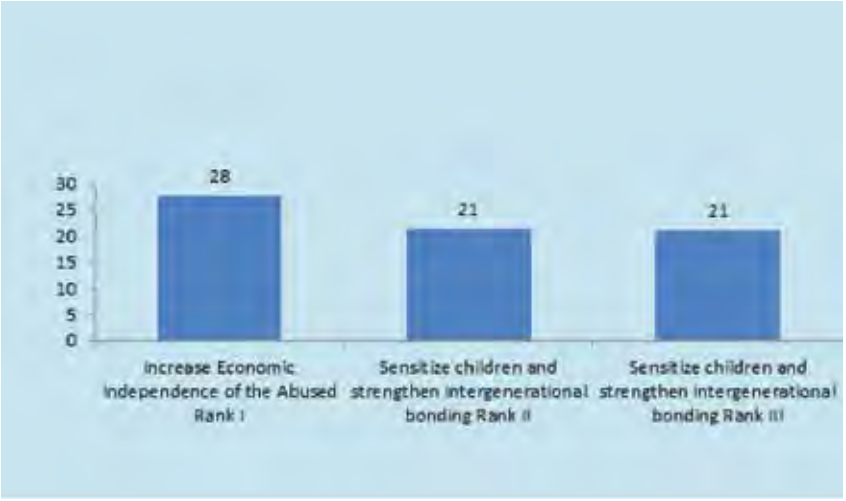
Figure 6.9c - Awareness of victims of abuse about redressal mechanisms - Tier II (%)



Effective measures to deal with abuse – as per victims

There is not much difference in the opinion of the victims on this issue. The effective measures identified were: 'increasing economic independence of the victim' and 'sensitizing the younger generation', when we look at the ranking of the top 3 choices.

Figure 6.10a - Effective measures to deal with abuse as per victims – National (%)



*Figures given in percentages do not add up to 100 due to multiple responses

However, there is one measure which is not reflected in the National Aggregate figure i.e. “Developing an effective legal reporting & redressal system” which is pointed out as an important step for effectively dealing with Elder Abuse by respondents in Bengaluru, Delhi, Mumbai, Hyderabad & Kolkata in Tier I cities. Similarly amongst Tier II cities - Mangalore, Madurai & Kanpur, the victims stated the same.

Figure 6.10b - Effective measures to deal with abuse as per victims – City-wise (Tier I) (%)

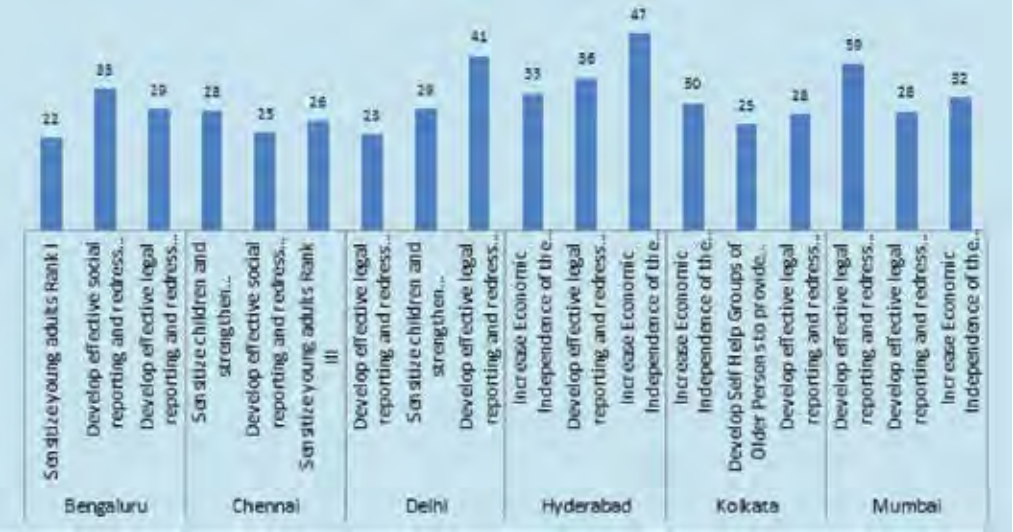
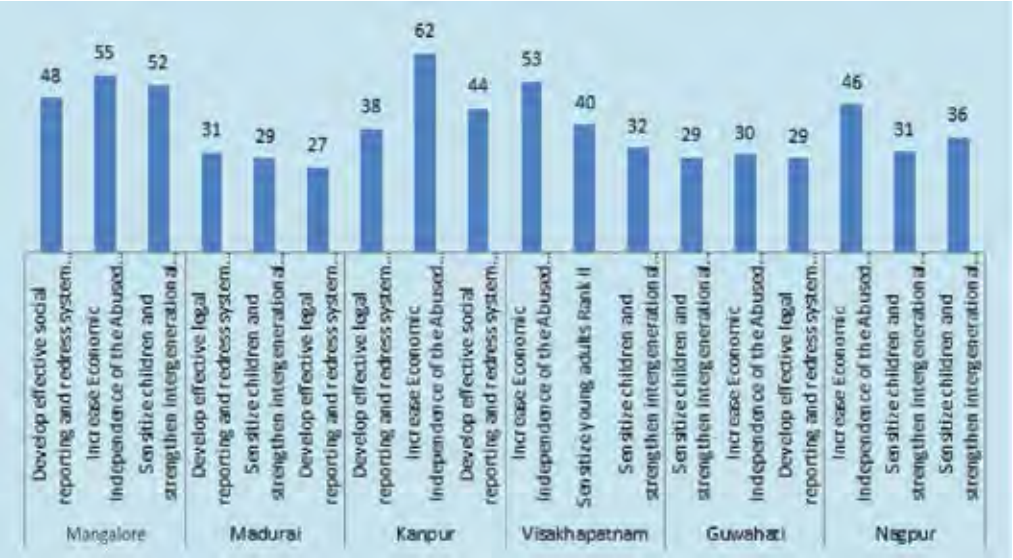


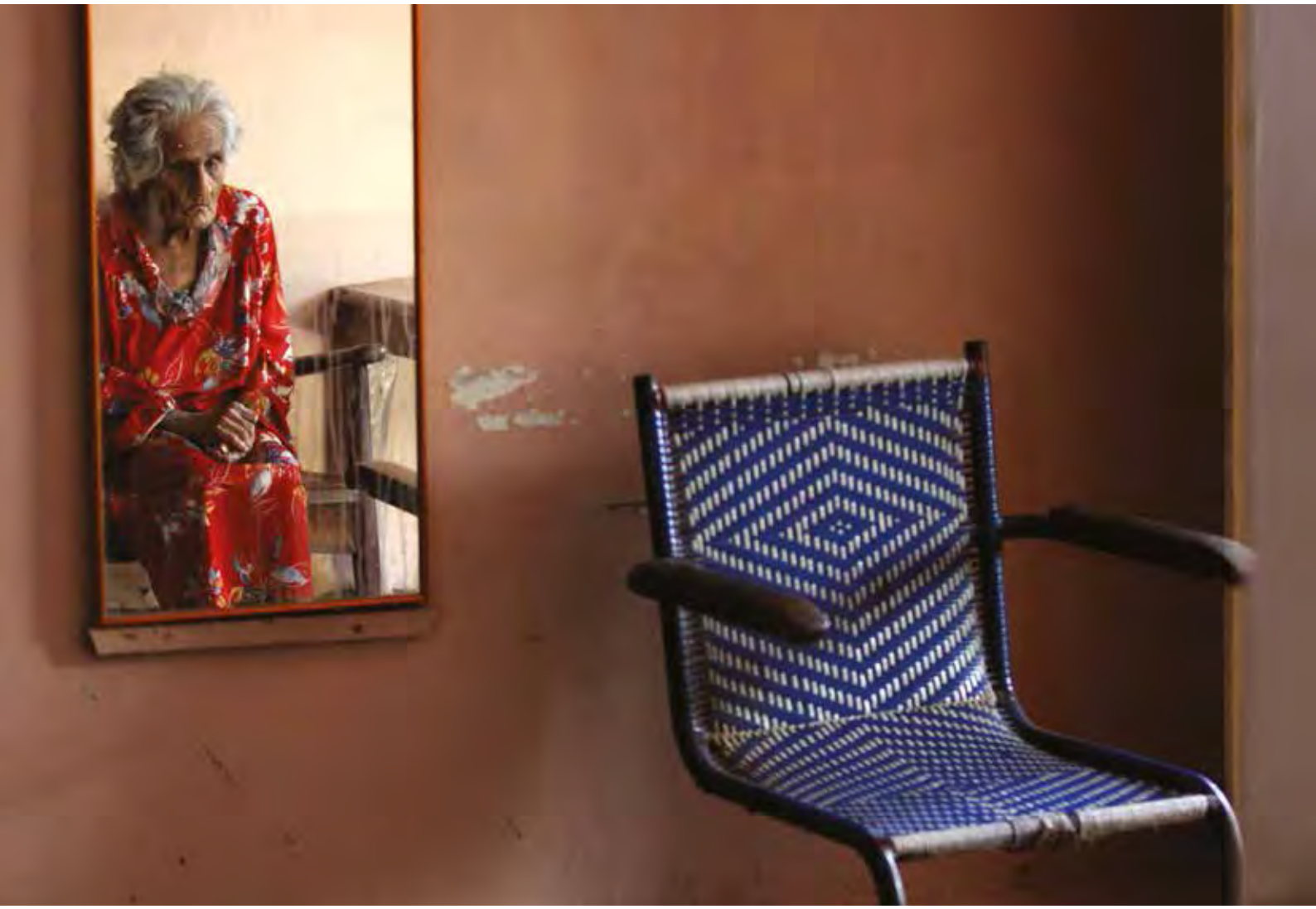
Figure 6.10c - Effective measures to deal with abuse as per victims – City-wise (Tier II) (%)



Conclusion

The 2014 survey indicates that the harsh reality of elder abuse does not show any signs of abating. If at all, the stress and strain of modern, urban living exacerbates the problem. The solution does not lie in better policing but societal change.

HelpAge India in a very small way attempts to sensitize school children through value education. Attempts are also being made to urge young working adults to take a look within their own homes and neighborhood, take time out and understand the needs of the older generation. While many elderly do need financial and medical support, there is an equally large population in need of emotional support. The aim of such reports is to highlight an issue like this that is often pushed under the carpet.



Abandoned by family, this 75 year old lives on the streets on Kolkata, West Bengal

Chapter 7

Understanding the Maintenance and Welfare Act for Senior Citizens

Background

Socio-cultural scenario

Traditionally in India, the elderly have enjoyed great respect and have occupied a prominent position in the family. Children have felt duty bound to serve them, often seeking their counsel before making major decisions and placing family resources at their disposal for prudent handling.

During the last century, in the light of socio-economic transformations, this value system has slowly been eroded. More and more married couples are working full-time, families have become smaller and nuclear, and migration and consumerism have become the order of the day. At the same time, the life expectancy of the elderly has gone up from 32 years in 1947 to more than 67 years for males and 69 years for females in 2011 All these factors have contributed to growing pressures on families that often result in the abuse, neglect and abandonment of the elderly. While most elderly are well looked after, many suffer from poverty, loneliness, neglect, abuse and abandonment and find it difficult to mobilise resources for their most basic needs as their children are either unable or unwilling to maintain them. The problems faced by widows, widowers and the childless elderly are even more acute.

Legal provisions

All Indian citizens are entitled to fundamental rights guaranteed to them by the Indian Constitution. Senior citizens are no exception. However, the fundamental rights to life and personal liberty, freedom of speech and equality before law, among others, are often difficult for them to achieve for a variety of reasons.

Source: HelpAge India Publication and part Elder Abuse in India report (2011)

Most personal laws, including the Hindu Adoptions and Maintenance Act, 1956, recognise the duty of children to maintain their aged parents and the right of parents to maintenance. Section 125 of the Criminal Procedure Code, 1973 specifically provides for maintenance from children if parents are unable to maintain themselves, but cases are rarely filed by parents, given their love and affection, fear of stigma, and the time and money required for legal proceedings. A need has been felt for long for a simpler and faster means to achieve these ends, and HelpAge India, as part of its work for the cause and care of the elderly, has been advocating the provision of care and maintenance of the elderly amongst other measures.

State of Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The government has come to the rescue of the elderly in bringing about 'An Act to provide for more effective provisions for the maintenance and welfare of parents and senior citizens guaranteed and recognised under the Constitution and for matters connected therewith or incidental thereto.' The details of this legislation are as follows:

Title of the Act: 'The Maintenance and Welfare of Parents and Senior Citizens Act, 2007'.

Applicability: 'It extends to the whole of India except the State of Jammu and Kashmir and it applies also to citizens of India outside India.'

Effective Date: The Act shall come into force in a State from the date fixed and notified by the concerned State Government in the Official Gazette.

Provisions

The Act has provisions detailed under the following chapters:

I. Definitions

II. Maintenance of Parents & Senior Citizens

III. Establishment of Old Age Homes

IV. Medical Care

V. Protection of Life and Property

VI. Offences

Summary of the provisions

Who is a Senior Citizen, Parent, Child or Relative under the Act?

'Senior citizen' refers to any citizen of India of 60 years and above, whether or not he/she resides in India.

'Parent' refers to the father or mother, even if he/she is below 60 years of age.

'Children' include adult son/s, daughter/s, grandson/s and granddaughter/s.

'Relatives' are those who are either in possession of the property of the senior citizen or will inherit it.

Who can demand maintenance under the Act?

Parents and grandparents who are unable to maintain themselves from their own income can demand maintenance from their children as defined above.

'Childless Senior Citizens' who are unable to maintain themselves from their own income can also demand maintenance from their relatives as defined above.

What is Maintenance?

Maintenance includes provision for food, clothing, residence, medical attendance and treatment. The maximum amount which may be ordered for maintenance of a senior citizen by the Tribunal shall be such as prescribed by the State Government which shall not exceed Rs 10,000 per month.

Who is entitled to Maintenance?

Parents, grandparents and senior citizens who are unable to maintain themselves from their own income and property are entitled to demand maintenance from their children and specified relatives, respectively, with sufficient means.

Whose obligation is it to maintain the elderly?

It is the obligation of the children and specified relatives with sufficient means to provide maintenance for their parents and childless senior citizen, respectively.

How is an Application for Maintenance made and decided?

An application for maintenance may be made by the senior citizen or parent to the Tribunal under Section 4 in layperson's language, giving names, full details and addresses of the persons from whom they are demanding maintenance. If there is more than one child or relative, they may claim maintenance from one or all of them, depending on their means of income.

Maintenance proceedings may be initiated against any child/children or relative in any district where the parent or senior citizen lives or last lived or where the child/children or relative live.

If such applicants are incapable of making an application themselves, any other person or registered voluntary organisation authorised by him/her can make the application or the Tribunal can take suo motu cognizance and proceed. Upon receipt of the application, the Tribunal is to issue notices to the children, conduct hearings, take evidence and order maintenance. The Tribunal may also refer the case for reconciliation or pass interim orders for maintenance.

If the children or relatives fail to pay the prescribed maintenance without sufficient reason for three months after the due date, the senior citizen can approach the Tribunal again, which may impose a fine or order imprisonment

of the child/relative up to a month or until the payment is made, whichever is earlier.

What if the elderly themselves and their children and specified relatives do not have sufficient means to maintain them?

State Governments may establish, in a phased manner, sufficient senior citizen homes and maintain the same for the indigent or abandoned and neglected (by their kith and kin), beginning with at least one Old Age Home in each district sufficient to accommodate a minimum of 150 elderly. State Governments may also prescribe a scheme for the management of old age homes, set standards and prescribe minimum services for medical care and entertainment of the elderly in the Old Age Homes.

Abandonment

Under Section 24, if anybody who has responsibility for the care or protection of a senior citizen leaves him/her in any place, with the intention of wholly abandoning him/her, such person shall be punishable under the Act with imprisonment of either three months or fine up to Rs 5,000 or both. The offence will be cognizable and will be tried by a Magistrate.

Conditional transfer of property

An important provision has been made for the elderly to claim their property back from their children, if given conditionally after the commencement of the Act, with the promise of looking after their needs and amenities, if such promise is not fulfilled. Under Section 23, if after commencement of the Act, any parents or senior citizens have transferred their property to their children or relatives on the condition that they would provide certain maintenance and amenities to the senior citizen but subsequently neglect or refuse to do so, the parents or senior citizens can get such transfers voided (cancelled) at their option by having the transfer treated as a fraudulent or coercive acquisition, and seek return of their property so transferred.

Government's role

- Constitution of Maintenance Tribunals and Appellate Tribunals by the State Governments in all Sub Divisions and States within six months of the commencement of the Act.
- State Governments may make rules for carrying out the purposes of the Act through a notification in the Official Gazette.
- Summary trials by the Tribunals for passing orders for maintenance.
- Lawyers to be excluded from the proceedings.
- The elderly can choose to seek maintenance either under this Act or under the provisions of the Criminal Procedure Code, 1973, if applicable, but not under both provisions.
- 'No Civil Court to have jurisdiction in respect of any matter to which any provision of this Act applies.'
- 'No injunction shall be granted by any Civil Court in respect of anything which is done or intended to be done by or under this Act.' (Section 27)
- The State Government is to designate District Social Welfare Officer or an equivalent officer as Maintenance Officer.
- The Maintenance Officer can represent a parent or senior citizen if the latter wishes.
- State Government may establish and maintain sufficient senior citizen

homes for the indigent or abandoned and neglected (by their kith and kin), beginning with one in each district which can accommodate 150 elderly persons.

- The State Government may prescribe a scheme for the management of old age homes, setting standards and minimum services necessary for medical care and entertainment of the elderly.
- The State Government is to establish specific medical facilities, allocate doctors/hospital beds, expand treatment for chronic, terminal and degenerative diseases, and conduct research on ailments of the elderly and ageing.
- The State Government is to take all measures to sensitise and orient the police and judiciary regarding the protection of life and property of the elderly and provisions of this act.

This is a model legislation passed by the Central Government for adaptation and application by the States. The Act will be applicable in a State from the date fixed and notified by the State in the official gazette.[1]

Protection measures such as the Act discussed above and its implementation have been tardy. Some States have not implemented the Act at all. In others, Tribunals are yet to be constituted.

Conclusion

The government passed the The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, in the wake of the increasing incidence of abuse of the elderly and being an enabling legislation, this was a welcome step. However, after it has been notified by 26 states and seven Union Territories and all consequent steps have been completed by 15 states and seven Union Territories, it is imperative that we examine the usefulness of the Act for the target group.

The major lacuna is that adoption of this law and taking subsequent steps have been left to the discretion of the State Governments; hence its unsatisfactory implementation on ground. The punishment prescribed in the Act is not stringent enough to deter rogue children and relatives. No government or aided hospital has made any provision for geriatric care and care units and other concessions mentioned in the Act.

Old age homes for destitute older persons have not been built so far and no concrete proposal is in the pipeline so far.

There have been no concerted efforts to run mass campaigns for

1 *Source*: Website of the Ministry of Social Justice & Empowerment: http://socialjustice.nic.in/oldageact.php

educating the target group or deterring adult children from abusing the elderly.

If we look at the data available on the number of cases brought to the Tribunals in various states, we can safely conclude that it has not even touched the tip of the iceberg.

We urge the Central and State Governments to adopt a proactive stance to protect the life and dignity of senior citizens. There should be a mass campaign to create awareness and also simultaneous strengthening of the implementation mechanism so that the aggrieved older person is confident of a respectful hearing and meaningful solution.

APPENDIX

Implementation Status Update of Maintenance of Parents and Senior Citizens Act

Implementation Status Update of Maintenance of Parents and Senior Citizens Act 2007[2]

(i) States/ UTs which have taken all the necessary steps

14 States			
Assam	Bihar	Chhattisgarh	Goa
Gujarat	Haryana	Karnataka	Kerala
Madhya Pradesh	Odisha	Rajasthan	Tamil Nadu
Tripura	West Bengal		
5 UTs			
A & N Islands	Chandigarh	Daman & Diu	Delhi
Puducherry			

(ii) States/ UTs yet to take all the necessary steps

3 States			
Mizoram	Nagaland	Uttar Pradesh	
1 UT			
Lakshadweep			

(iii) States/ UTs which have framed Rules

18 States			
Andhra Pradesh	Assam	Bihar	Chhattisgarh
Goa	Gujarat	Haryana	Karnataka
Kerala	Madhya Pradesh	Maharashtra	Manipur

2 Data shared by Ministry of Social Justice and Empowerment in November 2012 at the National Conference on Ageing.

18 States			
Odisha	Rajasthan	Tamil Nadu	Tripura
Uttarakhand	West Bengal		
5 UTs			
A & N Islands	Chandigarh	Daman & Diu	Delhi
Puducherry			

(iv) States/ UTs which have appointed Maintenance Officers

19 States			
Assam	Bihar	Chhattisgarh	Goa
Gujarat	Haryana	Jharkhand	Karnataka
Kerala	Madhya Pradesh	Manipur	Meghalaya
Odisha	Punjab	Rajasthan	Sikkim
Tamil Nadu	Tripura	West Bengal	
6 UTs			
A & N Islands	Chandigarh	Daman & Diu	Dadra & Nagar Haveli
Delhi	Puducherry		

(v) States/UTs which have constituted Maintenance Tribunals

19 States			
Andhra Pradesh	Assam	Bihar	Chhattisgarh
Goa	Gujarat	Haryana	Jharkhand
Karnataka	Kerala	Madhya Pradesh	Odisha
Punjab	Rajasthan	Sikkim	Tamil Nadu
Tripura	Uttarakhand	West Bengal	
5 UTs			
A & N Islands	Chandigarh	Daman & Diu	Delhi
Puducherry			

(vi) States/UTs which have constituted Appellate Tribunals

19 States			
Andhra Pradesh	Arunachal Pradesh	Bihar	Chhattisgarh
Goa	Gujarat	Haryana	Jharkhand
Karnataka	Kerala	Madhya Pradesh	Meghalaya
Odisha	Punjab	Rajasthan	Sikkim
Tamil Nadu	Tripura	West Bengal	
6 UTs			
A & N Islands	Chandigarh	Daman & Diu	Dadra & Nagar Haveli
Delhi	Puducherry		

Status of Implementation of MWPSC Act as on 31.03.2013[3]

S. No.	Steps in implementation of the Act	No. of States/UTs which have taken the steps
1.	Notification	26 States and 7 UTs
2.	Taken All Consequential Steps under the Act	15 States & 6 UTs
(i)	Rules Framed under the Act	19 States and 6 UTs
(ii)	Appointment of Maintenance Officers	19 States and 6 UTs
(iii)	Constitution of Maintenance Tribunals	19 States and 6 UTs
(iv)	Constitution of Appellate Tribunals	20 States and 6 UTs

3 Extract from 39th Report of Parliamentary Standing Committee on Social Justice and Empowerment on Implementation of Schemes for Welfare of Senior Citizens.

An elder resident of *Gharonda* old age home, Delhi, keeps up with the daily news

Chapter 8

Budgetary Allocations and the Elderly

Introduction

Even while being poised to be one of the newly emerging economies, India is likely to face tough socio-economic and demographic challenges in the next three to four decades—not a long time in the life of a nation. While some of these challenges will be unprecedented and some difficult decisions will have to be taken, the situation is compounded by the fact that India—the nation and the society—is largely unprepared. Since the mid-1950s, the country has been focused on primarily improving the quality of lives of the increasing number of youth. In other words, our policies, programmes and schemes, whether related to food, health or employment, have focused exclusively on children and youth. Somewhere along the line, however, certain implications of these policies—which have resulted in increased longevity and increased number of older persons—have either escaped the attention of all concerned, or have not been given adequate attention. The demographic statistics identified by the government and various independent and international agencies have predicted trends of an increase in the population of older persons in India at a fairly alarming rate. Unfortunately, besides a few weak and half-hearted attempts at dealing with this demographic challenge, the rapid pace of the ageing of India's population has not yet registered with the legislature or the executive wings of the Government.

Historical background

Article 41 of the Constitution of India, the 'Right to work, to education and to public assistance in certain cases' states:

> *The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.*

Source: HelpAge India Research Team

The Constitution of India is not unmindful of the concern for social security in old age, but as times have changed, the needs of older persons have also increased. When it comes to old age, social security is still the most important question, but there are other pressing issues like health care, emotional security, active and productive ageing and even more crucial questions of effective implementation of policies and schemes to provide benefits to the last-mile population. All these and many other issues were addressed by the National Policy on Older Persons (NPOP), which was adopted by the Government of India in January 1999.

If we examine the country's Five Year Plans to gauge the importance accorded to issues pertaining to older persons in a systematic manner and at the macro level, from the First Five Year Plan in 1951 to the Twelfth Plan in 2012, we see that the issue of social security in old age has been addressed in various degrees by all. The other issue that has received some attention is health, but only as late as the Eleventh Five Year Plan. The Tenth Plan is the most prominent document as far as issues pertaining to ageing are

concerned, as it lists out a whole range of areas of intervention. The document appears to be inspired by the then newly adopted National Policy on Older Persons. The other aspect that needs attention is the financial allocation for the various commitments made in these plans and the schemes of the Central Government.

Even for social security, there has been no serious, consistent policy approach for providing social security to the unorganised sector of the workforce, the employed and the unemployable (such as the old and the handicapped). The size and proportion of the excluded sector (well over 90% of the population) makes this inexcusable, while the daunting magnitude and complexity of the problem also explains, in part, the policy blindness. A review of Plan documents will indicate how fitful and feeble the references to social security for the unorganised poor have been.

In the First (1951–56) and Second Plans (1956–61) social security was discussed solely in relation to the organised sector. For the first time, the Third Plan (1961–66) referred to the social security needs of wage earners outside the organised industry viz., the physically handicapped, older persons unable to work, and women and children were identified as deserving special attention. The burden of assisting them was placed on 'voluntary and charitable organizations, municipal bodies, Panchayat Samitis and Panchayats'. The role of the State was minimally confined to the following statement: 'with a view to giving them a ***little*** support, it ***might*** be useful to constitute a ***small*** relief and assistance fund' (Third Five Year Plan, p. 257).

The Fourth Plan (1969–74) refers to the poorest decile in the following terms:

> *this segment of the population consists mostly of destitute, disabled persons, pensioners and others who are not fully in the stream of economic activity. They constitute a special class whose income and living standards cannot be expected to rise with the growth of the economy in the absence of special assistance*
>
> *Fourth Five Year Plan, pp. 33–34*

However, the document is silent on which forms of special assistance would be necessary and feasible.

The Approach document to the Fifth Plan (1974–79) confines itself to the following combination of recognition and retreat:

> *a sizeable segment of the poor consists of the property less, unemployable—widows, orphans, the aged, the infirm, the invalid,*

> *the handicapped and the derelict. Their poverty has to be relieved essentially by measures of social assistance. Since the unemployable run into millions, it is not possible for the country, at the present level of development, to take good care of them. But it would not be consistent with our objective of the removal of abject poverty to ignore them either. The Fifth Plan, therefore, seeks to afford them as much relief as possible within the limited resources.*

The Draft Plan for 1978–83 did not go much further:

> *the social security measures have so far been confined to the organized sector of employment. 90% of the workforce who are already in a disadvantageous position in the matter of wages and employment have no social security protection. It is imperative that these sectors receive special attention and towards this end steps are being initiated to cover them with protective legislation wherever feasible (p. 275).*

The Sixth Plan (1980–85) and the Seventh Plan (1985–90) that followed are entirely silent on social security for unorganised workers and the poor, while the Approach document to the Eighth Plan (1990) was content to note:

> *A number of social security schemes—like old age and widows' pensions, accident insurance and the like—have been introduced by several states in a piecemeal and ad hoc fashion. The accumulated experience of schemes already introduced will need to be assessed critically. A number of ideas on the subject are available and provide a good basis for designing a better thought out, comprehensive and affordable system"*
>
> *Approach to Eighth FiveYear Plan, p. 38*

The Eighth Plan (1992–97) once again recognised that 'suitable organizational arrangements would need to be developed to provide a minimum measure of social security for unorganized workers' (p. 156). It refers in this connection to a few models that were available but does not include any concrete programmes based on them. Nor does it contain any reference to social security for the unemployed and the unemployable.

Announcement of National Policy and change in approach

In the year 1995, the Government of India announced the National Social Assistance Programme (NSAP), and under that, a component for Old Age pension. This included a central contribution of Rs 75 per month per person.

The State Government was expected to extend a matching grant. The eligibility criteria were: 65+ age and destitution.

A partial explanation for the neglect of social security in India stems from the fact that under the Indian Constitution, social security and social insurance, welfare of labour including conditions of work, provident funds, employees' liability, workmen's compensation, invalidity and old-age pensions and maternity benefits are the joint or 'concurrent' responsibility of the Central and State governments (Seventh Schedule, List III entries

23, 24). Under the Directive Principles of State Policy, the governments at both levels have the obligation '**within the limits of economic capacity and development**, to make effective provisions for the right to work, to education and to public assistance in the case of unemployment, old age, sickness and disablement, and in other cases of under-served want' (Constitution of India, Article 41) (emphasis added).

While in several other federations (e.g. USA, Canada, Germany and Australia) national governments have played a crucial role in setting nationwide standards and in assisting and persuading sub-national governments to conform to them, the Central Government in India, with some recent exceptions, has confined itself to conventional social security legislation for organised industrial workers—a role it had to necessarily play in view of the need for uniform labour standards throughout India, which is a common market for the movement of capital and labour.

Social assistance for the poor has been treated as a residual to be provided by State Governments. As such, there is a very wide variation among the states in perceptions and responses to social security needs. Moreover, the states, in turn, have been notably reluctant to decentralise the delivery of social assistance to local authorities. This has limited effective access in many ways. Awareness of the availability of benefits is low, procedures for obtaining them are cumbersome and it has not, so far, been possible to mobilise local and community resources for social security.

In the year 1999, the Government of India adopted a National Policy on Older Persons with elaborate provisions on identified principal areas of intervention: financial security, health care and nutrition, shelter, education, welfare, protection of life and property, etc. The Ministry of Social Justice and Empowerment was designated as the nodal ministry with the responsibility to ensure that other ministries were not unmindful of the concerns of older persons in their respective subjects. The Nodal Ministry is directly responsible for implementing the Integrated Programme on Older Person, a grant-in aid scheme to give funds for identified projects to voluntary organisations and Panchayati Raj Institutions (PRIs).

Issues concerning older persons in India found mention in the Tenth Five Year Plan (2002–7).To ensure health and nutrition, the Plan sought to screen for non-communicable diseases like cancer, geriatric nutrition (ensuring appropriate dietary intake, low intake of vegetables, foodrich in micronutrients, anaemia and Vitamin B complex calciumdeficiencies) and fill the gaps in the authentic data on the incidence of such problems. The Plan document emphasised the need to create a database on the magnitude of the nutritional problems among the elderly (under-nutrition, micronutrient deficiency and obesity). Based on the findings, appropriate area-specific

intervention programmes were to be designed, with inputs from nutritionists, which were to be implemented with the participation of families, community and PRIs.

The Tenth Plan made an explicit reference and commitment to fulfil the mandate of care and empowerment of older persons under NPOP. It acknowledged the need for the government to play a pro-active role in the care and empowerment of the elderly. It made a commitment to implement the provisions of NPOP by strengthening and expanding the ongoing services and introducing new interventions. The requisite Plan of Action was expected to guide both the effective implementation of the National Policy and cater to the specific needs of older persons, particularly those related to shelter, health care, financial security, protection of life and property.

The following were identified as priority areas:

- Expansion of existing programmes on old age homes and centres with additional inputs of vocational training, work therapy, recreation and interactive centres, etc., in order to provide both physical and emotional rehabilitation for older persons, the ultimate objective being at least one Integrated Old Age Home in each district; strengthening of NGOs as partners through capacity building, manpower training and co-ordination with related welfare services of the concerned agencies.
- Initiating immediate steps for the protection of life and property of older persons, either by amending the Indian Penal Code or by enacting a new legislation.
- The launch of a nationwide programme to sensitise the police, and create awareness among families and the community about the safety of the aged.

Other areas of action included a commitment to:

- Improve the reach of affordable health services for older persons, by strengthening geriatriccare and facilities in the public health system such as Primary Health Centres (PHCs), public hospitals, hospices, etc., throughimproved training in geriatric nursing, special wardsand transport facilities to access these centres.
- Review and rationalise the ongoing National Old Age Pension Scheme (NOAPS) to provide at least the barest minimum subsistence to older persons and expand its coverage wherever possible; assess. the possibility of merging and streamlining all the ongoing Old Age Pension Schemes offered both by the centre and the states into a single national Old Age Pension Scheme with uniform pattern of assistance.

- Encourage the younger generation to prepare for their old age by organising appropriate post-retirement counselling/insurance programmes for the employees of various organisations through Welfare Associations, Trusts/Funds, Trade Unions, etc.
- Initiate the thinking process of introducing social security for the aged as part of the holistic process of providing social security through encouraging savings in the informal sector.
- Ensure productive ageing through efforts to utilise the physical and mental capacities of large sections of the aged population.
- Encourage various financial corporations which offer concessional financial assistance to different categories of the disadvantaged sections to incorporate specific schemes to cover older persons and extend micro-credit to them.
- Strengthen the traditional family support systems through awareness/ sensitisation programmes to enable better care of their elders.
- Empower older persons to have a voice to express their problems and demands through the formation of self-help groups (SHGs)/ associations for promoting their rights and interests.
- Continue with vigour the initiatives taken in the Ninth Plan to lend a helping hand to older persons to find solutions to their own problems through co-ordination of voluntary efforts and administrative initiatives. These include extending the services of the 'Zilla Aadhars' to reach every district in the country in a phased manner.
- Initiate affirmative action to enable easier access to important public utility facilities for older persons by setting up a special Geriatric Centre in each district hospital and special OPD counters for the aged at PHCs and hospitals.

These claims and commitments, however, did not find an echo in the Plan allocation or in the annual budgets of the various ministries. The Plan outlay for the scheme for Assistance to Voluntary Organizations for Programmes related to Aged under the nodal ministry was increased from Rs 56.42 crore under the Ninth Plan to Rs 104 crore under the Tenth Plan. There was no other financial Plan outlay for any other ministry for any programme for the older persons, except for the Ministry of Rural Development, for NOAPS under the National Social Assistance Programme (NSAP).(The issue of social security will be dealt with in detail in the next section).

The Eleventh Five Year Plan (2007–12) acknowledged the health concerns of older persons, and the need for comprehensive care by providing preventive, curative and rehabilitative servicesfor the growing number of older persons, as well as the impact of nutrition-related disabilities, such as memory disturbances, osteoporosis, etc., among the elderly, particularly women.

Further, it stressed the need for the provision of specialty based clinics in secondary and tertiary care facilities, counselling and medical care facilities and emergency facilities for those in acute need. It made a commitment to provide home health service with enhanced outpatient medical services; The National Rural Health Mission (NRHM) integrated community-based health centres with allocation made specifically for geriatric care, improved hospital based support service and specific provisions for elderly women, particularly widows; training health professionals in geriatrics, research in gerontology and geriatrics and developing two national institutes for Research in Ageing and Health and setting up a National Institute on Geriatrics (based on AYUSH) to provide care for the elderly by developing the traditional rejuvenation and restoration techniques of AYUSH by use of modem scientific methods.

In the Eleventh Plan, The Ministry of Social Justice and Empowerment was allocated Rs 38 crore towards the National Institute of Social Defence, Rs 146 crore for the Integrated Programme for Older Persons (IPOP) and Rs 129 crore for a scheme to assist in the establishment of old age homes for indigent senior citizens.

During this Plan period, in June 2010, the Ministry of Health and Family Welfare launched the National Programme for Health Care of the Elderly (NPHCE) in 100 identified districts across21 States. The basic aim of the programmewas to provide separate and specialised comprehensive health care to senior citizens at various levels, management of illness,manpower development for geriatric services, medical rehabilitation, therapeutic intervention and preparation and dissemination of information, education and communication material

The important components of the programmewere as follows: i) establishment of 30-bedded Department of Geriatrics at eight Regional Medical Institutions; ii) development of 10-bedded geriatric ward at district hospitals in 100 identified districts; iii) development of a rehabilitation unit and provision of a biweekly geriatric clinic at the Community Health Centre (CHC); iv) provision of once-a-week geriatric care at PHC in 100 identified districts; v) provision of supportive equipment like walking sticks, callipers, etc., at sub-centres.

The programme was approved with an outlay or Rs 288 crore for the remaining period of the Eleventh Plan. The expenditure was to be shared by the Central and the State Governments on 80:20 basis. Under the Twelfth Five Year Plan, a total of Rs 1710.13 crore was approved for NPHCE, which is expected to cover 225 additional districts during the period in a phased manner. Twelve more Regional Geriatric Centres in selected medical colleges of the country are also expected to be developed under theprogramme. In addition, National Institutes of Ageing (NIAs) are also being established at

the All India Institute of Medical Science (AIIMS), New Delhi, and Madras Medical College, Chennai, the core functions of which are training of health professionals, research activity and health care delivery in the field of geriatrics.

Twelfth Five Year Plan

The Twelfth Five Year Plan paid special attention to the concerns of older women and promised to address their needs pertaining to health, nutrition and pension. Its focus was on creating awareness about diseases like osteoporosis, breast and cervical cancer and mental health, waiving off of the income eligibility criteria for pension for 75+ women and creation of a pension fund for the benefit of women in the unorganised sector, who are rendered jobless and have no other means of sustenance. It also promised to subsidise the cost of medical procedures for single and poor older persons.

To ensure the wellbeing of older persons, the Twelfth Plan provided for:

- Setting up of a National Commission for Senior Citizens to look into their grievances on priority for redressal and ensure that services and facilities meant for them are being provided
- Establishment of Old Age Homes for Indigent Senior Citizens with integrated multi-facility centres of varying capacity (25, 60 and 120) in 640 districts of the country, through the State Government
- Setting up of a national helpline and district level helplines for older persons
- Setting up of a Bureau for Socio-Economic Empowerment of Senior Citizens at the district level
- Creation of a National Trust for the Aged
- Issue of 'Smart' Identity Cards for senior citizens
- Health insurance for senior citizens

The Planning Commission made an allocation of Rs 15 crore for the implementation of the National Policy on Older Persons, Rs 440 crore for the IPOP, Rs50 crore for creating awareness about the Maintenance and Welfare of Parents and Senior Citizens Act 2007, Rs 20 crore for setting up national and district helplines in 120 districts, Rs 70 crore for setting up the National Commission for Senior Citizens, and Rs 70 crore for setting up the National Trust for the Aged.

Old age pension for poor: Ensuring the basic minimum

The National Old Age Pension scheme (NOAPS) under NSAP, as mentioned earlier, was introduced as a Centrally Sponsored Scheme in the year 1995. The scheme provided a monthly pension of Rs 75 to a destitute older person over the age of 65. The limited coverage of the scheme was basically due to resource constraints since as against 8.71 million eligible beneficiaries, only 5 million could be covered under the scheme using central funds. On 1 April 2000, a new scheme called Annapurna was launched with the objective of providing food security to the destitute who were not being covered under the National Old Age Pension Scheme.This scheme was expected to cover 20% of the older persons eligible for NOAPS. The scheme was not received well by the states as some refused to implement it and others demanded modifications. In the year 2001–2, as against the target of 1.34 million persons, only 15% could be covered.

In 2007, NOAPS was renamed as Indira Gandhi National Old Age Pension Scheme (IGNOAPS) and made applicable to all older persons belonging to families living below the poverty line. The central contribution per beneficiary per month was increased to Rs 200. In the year 2011, the age criterion was reduced to 60 years and the monthly amount was increased to Rs 500 for older persons of age 80 and above. In the year 2002–3, the scheme covered 7.4 million older people and in the year 2010–11, this number was 17 million. In addition 0.8 million were covered under Annapurna in the year 2002–3 and 1 million in the year 2010–11. The inadequacy of the numbers and amount should be seen in the context of population ageing and also in terms of the older persons living below poverty line, along with the rise in the cost of living over the years and lack of facilities like health care.

It is important to mention the recommendations of the Task Force on National Social Assistance Programme, Ministry of Rural Development, which submitted its report in March 2013.

Some of its recommendations are as follows:

- Immediately increase central assistance to Rs 300 per month for the age group 60–79, which will require an additional outlay of Rs 1,762 crore per annum. This will benefit the existing 1.47 crore old age pensioners in this age group.
- Rates of assistance should be indexed to inflation annually using the criteria adopted for payment of Dearness Allowance to Central Government employees.
- Coverage should be expanded over the Twelfth Plan period in a phased manner, with the ultimate objective that all households eligible for benefits under the National Food Security Act will also be provided

pensions under the National Social Assistance Programme by the end of the Plan Period (2016–17). Based on present discussions of the National Food Security Act, coverage is projected to expand to 75% of the population in rural areas, and 50% in urban areas.

Way forward

Population ageing is one of the most serious challenges that India is likely to face in the near future, but unfortunately, the government and society have not woken up to the fact and are still content with paying lip service to the issue. There are only two areas that have received some attention and that too is woefully inadequate given the magnitude of the problem of health care and social security. If in the next three decades, 20% of the population is going to be over 60 years of age, how will we be able to provide them with an enabling environment for productive and active ageing? We need earnest and systematic thinking and programme implementation structureswithadequate financial and human resources required to deal with the challenge of population ageing. India is greying, rapidly and silently, and it is time that we as a nation start the process of planning for old age.

Is it too much to ask the government to commit 1% of the GDP to the various schemes benefiting 10% of the population? Is it too much to ask the government to ensure that each ministry allocates proportionate human and material resources to deal with the respective aspects of age care? Is it too much to ask the refurbished Niti Aayog to continue to include the important concerns of the ageing population in its deliberations? Lastly, but most importantly, is it too much to ask the representatives of the people in the Indian parliament to ask certain pertinent questions on behalf of the voiceless 10 million Indian elderly: What has the government done to improve the condition of older persons in the country and what are its plans to do so in future? Why has the government not mentioned the concerns of older persons in its schemes and budgets? Considering the fact that it is an inevitable stage in everyone's life, this gap is a glaring one.