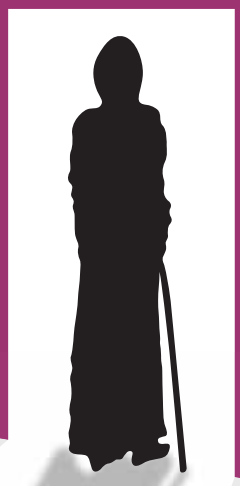
Building a Knowledge Base on
Population Ageing in India



The Status of Elderly in Himachal Pradesh, 2011

UNFPA

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Recently, United Nations Population Fund and its collaborating institutions – Institute for Social and Economic Change (Bangalore), Institute of Economic Growth (Delhi) and Tata Institute of Social Sciences (Mumbai) – have successfully conducted an in-depth survey on 'Building a Knowledge Base on Population Ageing in India (BKPAI)'. The survey was conducted in seven major states of the country, selected on the basis of speedier ageing and relatively higher proportions of the elderly in the population. The successful completion of this survey was largely due to the seminal contributions made by various institutions and individuals including the former UNFPA Representative, Mr. Nesim Tumkaya and current Representative, Ms. Frederika Meijer. The guidance and dynamic leadership provided by Ms. Meijer led to the completion of the survey towards the end of 2011. The Directors of the collaborating institutions have provided extensive support throughout the period of this survey and its subsequent data analysis, which was published in the form of a comprehensive report, *Report on the Status of Elderly in Select States of India*, 2011, in November 2012.

Both during the release ceremony of the report and thereafter, it was strongly felt by the Technical Advisory Committee (TAC) of the project and many other experts that a separate state level report be brought out for each of the seven states included in the report published in 2012. These experts have also advised that the reports be widely disseminated at state level so as to initiate a dialogue not only with civil society organizations but also with the state government and its officials. This volume is largely in response to those suggestions.

The authors are grateful for the overall guidance and technical directions provided by the BKPAI Coordinators. We also express our sincere gratitude to Professor P.M. Kulkarni for providing the technical support that led to the finalization of this report. Our entire team – authors, contributors and researchers – benefitted from the critical insights of a number of luminaries, experts, social scientists and members of our Technical Advisory Committee including Professors K. Srinivasan, S. Irudaya Rajan, Arvind Pandey and Tulsi Patel. We would also like to thank all the participants of the state report finalization workshop organized jointly by the partner institutions at Manesar (Haryana).

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The responsibility for any errors or omissions, however, is ours alone and not that of the individuals or institutions that have so generously supported us.

Authors
December 2014

ACRONYMS

ADL	Activities of Daily Living
AIIMS	All India Institute of Medical Science
APL	Above Poverty Line
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BCM	Business Correspondent Model
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
CHCs	Community Health Centres
COPD	Chronic Obstructive Pulmonary Disease
DC	District Commissioner
DCC	Day Care Centres
DEO	District Election Officer
DK	Don't Know
DWO	District Welfare Officer
EBT	Electronic Benefit Transfer
FM	Frequency Modulation
GHQ	General Health Questionnaire
GoHP	Government of Himachal Pradesh
HCE	Health Care for the Elderly
HH	Household
HR	Human Resource
HRTC	Himachal Road Transport Corporation
ID	Identity Card
IADL	Instrumental Activities of Daily Living
ICF	International Classification of Functioning, Disability and Health
ICSSR	Indian Council of Social Science Research
IEG	Institute of Economic Growth
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IIPS	International Institute for Population Sciences
IPOP	Integrated Programme for Older Persons
ISEC	Institute for Social and Economic Change
IIT	Indian Institute of Technology
IT	Information Technology
LPG	Liquefied Petroleum Gas
MECU	Mobile Elder Care Units
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIPAA	Madrid International Plan of Action on Ageing

MoSJE	Ministry of Social Justice and Empowerment
MPCE	Monthly Per Capita Consumer Expenditure
NA	Not Available
NCDs	Non-communicable Diseases
NFBS	National Family Benefit Scheme
NFHS	National Family Health Survey
NGO	Non Governmental Organization
NLM	National Literacy Mission
NPHCE	National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NSAP	National Social Assistance Plan
NSSO	National Sample Survey Organisation
OAH	Old Age Home
OAPS	Old Age Pension Scheme
OBC	Other Backward Classes
OPD	Out Patient Department
PHCs	Primary Health Centres
PLA	Personal Ledger Account
PO	Post Office
PPS	Probability Proportional to Population Size
PRI	Panchayati Raj Institution
PRC	Population Research Centre
PSU	Primary Sampling Unit
RBI	Reserve Bank of India
RSBY	Rashtriya Swasthya Bima Yojana
SAVE	School Action for Value Education
SBI	State Bank of India
SC	Scheduled Caste
SES	Socio-economic Status
SHGs	Self-Help Groups
SRH	Self-Rated Health
SRS	Sample Registration System
ST	Scheduled Tribe
SUBI	Subjective Well-being Inventory
SWB	Subjective Well-being
TAC	Technical Advisory Committee
TISS	Tata Institute of Social Sciences
TWO	Tehsil Welfare Officer
UHC	Universal Health Coverage
UCO	United Commercial Bank
UNFPA	United Nations Population Fund
WHO	World Health Organization

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1. Background

Population ageing is an inevitable consequence of the demographic transition experienced by all countries across the world. Declining fertility and increasing longevity have resulted in an increasing proportion of elderly persons aged 60 years and above, concomitant with the demographic transition process traversed by most of the now developed countries. India has 104 million elderly persons (8.6% of the population is comprised of 60+ population, Census 2011) and the number is expected to increase to 296.6 million, constituting about 20 per cent of the total population by 2050 (United Nations, 2013). An overwhelming majority of the elderly live in rural areas and there is an increasing proportion of oldest-old age category with feminization of ageing being more pronounced at this age. Nearly three out of five single older women are very poor and about two-thirds of them are completely economically dependent.

Given the nature of demographic transition, such a huge increase in the population of the elderly is bound to create several societal issues, magnified by sheer volume. The demographic changes, and more importantly, the fertility transition, have occurred without adequate changes in the living standard of the people. As a result, a majority of the people aged 60 and above are socially and economically poorer. In addition, there is also extreme heterogeneity in the demographic transition across states in India resulting in vast differences in the implications of demographic change across social, economic and spatial groups. Therefore, it is important to focus immediate attention on creating a cohesive environment and decent living for the elderly, particularly elderly women, in the country.

The Government of India deserves recognition for its foresight in drafting the National Policy on Older Persons (NPOP) in 1999, way ahead of the Madrid International Plan of Action on Ageing (MIPAA), when less than 7 per cent of the population was aged 60 years and above. Being a signatory to the MIPAA, it is committed to ensure that people are able to age and live with dignity from a human rights perspective. Hence, the Government initiated and implemented several programmes and has also revised and updated the 1999 policy that is awaiting final vetting. The United Nations Population Fund (UNFPA) globally and in India, has a specific focus on policy and research in emerging population issues, of which population ageing is one. Thus, the policies and the programmes for ageing require an evidence base for policy and programming and understanding of various aspects of the elderly, given the rapid changes in the social and economic structures.

During the VII cycle of cooperation with the Government of India (2008-12), the UNFPA Country Office embarked on a research project, 'Building a Knowledge Base on Population Ageing in India

(BKPAI)', with two main components: (i) research using secondary data; and (ii) collecting primary data through sample surveys on socio-economic status, health and living conditions of the elderly that can be used for further research, advocacy and policy dialogue. This project was coordinated by the Population Research Centre (PRC) at the Institute for Social and Economic Change (ISEC), Bangalore and the Institute of Economic Growth (IEG), Delhi. Collaboration with the Tata Institute of Social Sciences (TISS), Mumbai was initiated at a later stage for developing an enabling environment through advocacy and networking with stakeholders. In order to fill the knowledge gaps identified by these papers, a primary survey was carried out in seven states – Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu and West Bengal – having a higher percentage of population in the age group 60 years and above compared to the national average.

In this study, the sample for each state was fixed at 1280 elderly households. The sample size was 80 Primary Sampling Units (PSU) equally distributed between rural and urban areas and selected using the Probability Proportion to the Population Size (PPS). The details about the survey like sampling procedures, survey protocols, questionnaire contents and definitions and computations of different indicators are available in the report, *"Report on the Status of Elderly in Select States of India, 2011"* and its subsequent volume, *"Report on the Status of Elderly in Select States of India, 2011 – Sample Design, Survey Instruments and Estimates of Sampling Errors".*

The present report is the outcome of the survey carried out in Himachal Pradesh from June to September 2011. The report consists of seven sections, where the first section provides a brief introduction; the second section discusses the profile of elderly households and individual respondents; the third section is on work, income and asset holdings among the elderly; section four covers the living arrangements and family relations; section five provides information on the health status of the elderly including subjective and mental health, morbidity – acute and chronic – and hospitalization, access to health care and financing; section six covers social security in old age; and the last section is devoted to way forward.

About the State

Himachal Pradesh was designated as a Union Territory on 26 January 1950 and became the eighteenth major state of the Indian Republic on 25 January 1971 (Government of Himachal Pradesh). The state's name is derived from the Sanskrit word *Hima* which means 'snow' and the literal meaning is *"in the lap of the Himalayas"*. Himachal Pradesh is located in the northern part of the country and its neighbouring states include Jammu and Kashmir in the north, Punjab in the west and southwest, Uttarakhand in the east and Haryana in the southeast. The state has a land area of over 55,673 sq. kilometres and had a total population of 6.9 million as per Census 2011. Nearly 90 per cent of the state's inhabitants reside in rural areas and the sex ratio in the state is 972 females per 1000 males (Census 2011).

Over the last few decades, the fertility-mortality parameters of Himachal Pradesh have declined steadily and life expectancy in the state has also increased considerably, following a pattern comparable to many other demographically better performing states in the country. The average life expectancy at birth is 70 years and at the age of 60-65 years it is 20 years. The sex-wise life expectancy at 60-65 is given as 17.9 years for males and 20.9 years for females. This clearly shows that the state may suffer from feminization of ageing in the coming years (SRS, 2012).

2. Sample Households and Elderly Population

Like many other states in India, the population of Himachal Pradesh is greying rapidly and the elderly population in the state was 703,009 in 2011, which is about 10 per cent of the state's total population (Fig. 2.1A). The elderly population is not evenly distributed among all districts of Himachal Pradesh. The districts with a higher concentration of elderly are Hamirpur (13.8%), Bilaspur (11.9%), Kangra (11.7%), Una (11.5%), Mandi (10.6%) and Lahul & Spiti (10.5%) (Fig. 2.1B). In addition, the majority of the elderly population resides in rural areas (92%) and the proportion of elderly females (52%) is higher than that of males. This population cohort is expected to grow by 3.1 per cent annually in the coming years, taking the total elderly population in the state to about 1.1 million by 2026 or about 15 per cent of the total population (National Commission on Population, 2006).

In terms of socio-economic indicators, a majority of the elderly in Himachal Pradesh are illiterate (70%) and this is particularly true for the women (87%); nearly half the elderly women are widows (52%, Census 2001) and most of the elderly are below poverty line (BPL) [NSSO 68th Round, Schedule 1.0:Consumer Expenditure].

This section provides the socio-economic and demographic characteristics of the sample households and their elderly members (aged 60 years and above) in Himachal Pradesh. The BKPAI Survey (2011) gathered information on the various household characteristics and housing

Figure 2.1A: Population aged 60 years and above, 2001 and 2011

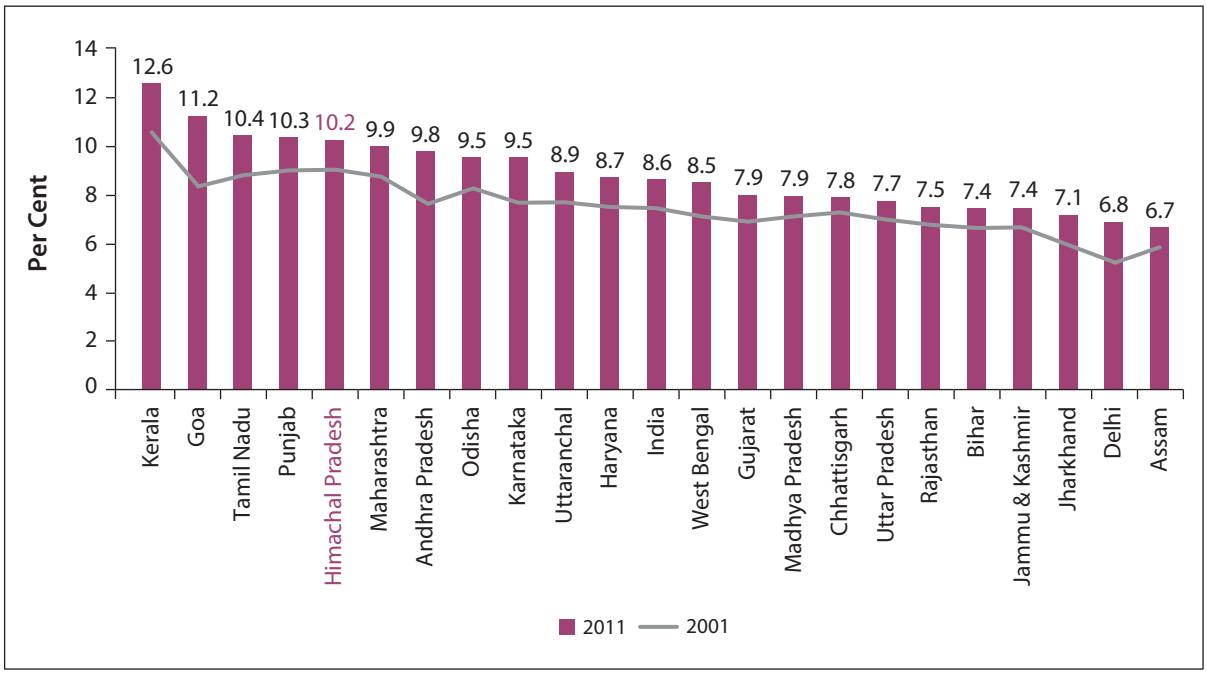
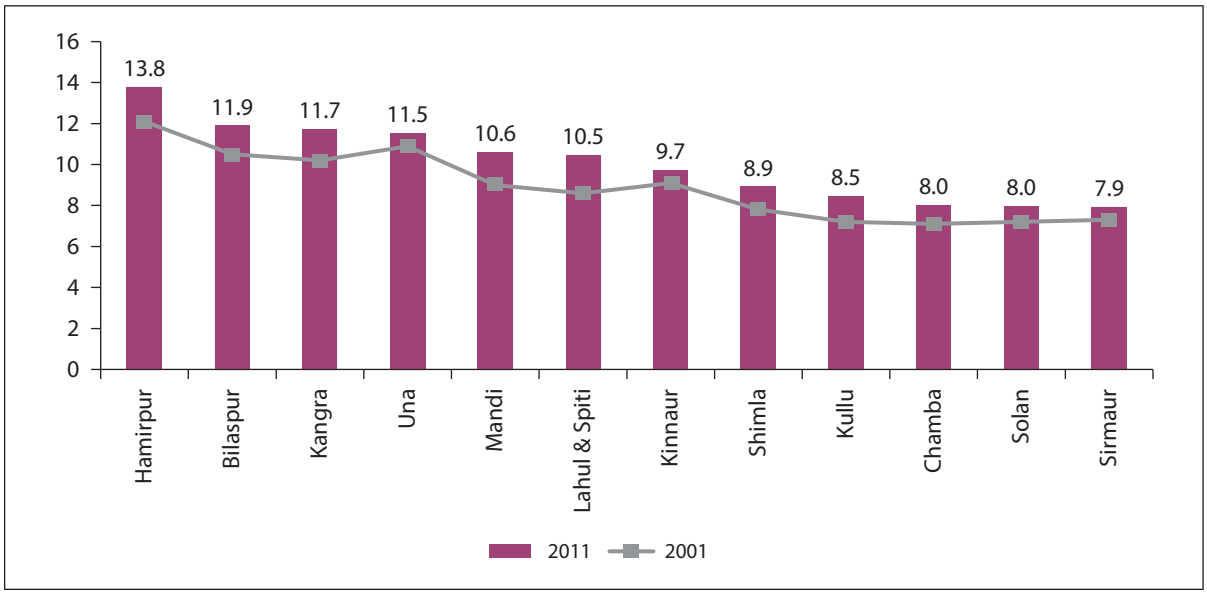


Figure 2.1B: District-wise population 60 years and above in Himachal, 2001 and 2011



conditions which provide the context for studying the condition of the elderly population in the state. Overall 1,252 households were selected for the interview with 1,542 elderly individuals. The survey covered 1,175 households which had at least one elderly person and a total of 1,482 elderly people were interviewed. The response rate was 93.9 per cent for households and 96.1 per cent for elderly individuals.

2.1 Household Characteristics

Of the 1,175 elderly households surveyed, there was an almost equal proportion in rural and urban areas – 52 and 48 per cent respectively. Appendix Table A 2.1 shows that while an average household comprised of five (mean = 5.0) members, households with six or more members also existed and their number was found to be higher in rural (42%) than in urban (34%) areas. Information on the size of the elderly households and overall population is similar to the results of the Census 2011 (Mean hh size = 4.6), indicating that the joint family norm still exists in Himachal Pradesh. Overall, 62 per cent of the households were headed by elderly males and 17 per cent by elderly females.

Scheduled Castes (SC) constituted 20 per cent of households and 65 per cent were other (general) castes; 94 per cent of the households were Hindu. Appendix Table A 2.1 also shows that 57 per cent of households had *pucca* houses, with more than four fifths (83%) of such households being in urban areas. About 59 per cent of the houses have more than four rooms. Nearly 84 per cent of the households have access to piped drinking water, and about one tenth (9%) gets its drinking water from bore wells. Notably, 20 per cent of the households overall and just over one fifth (21%) in rural areas have no access to toilet facilities. Only 74 per cent of the households have flush toilets. Over 70 per cent of the rural households and nearly 17 per cent of urban households use fuels other than LPG/natural gas as their major cooking fuel (Appendix Table A 2.1).

Households Possessions, Loan and Household Support System

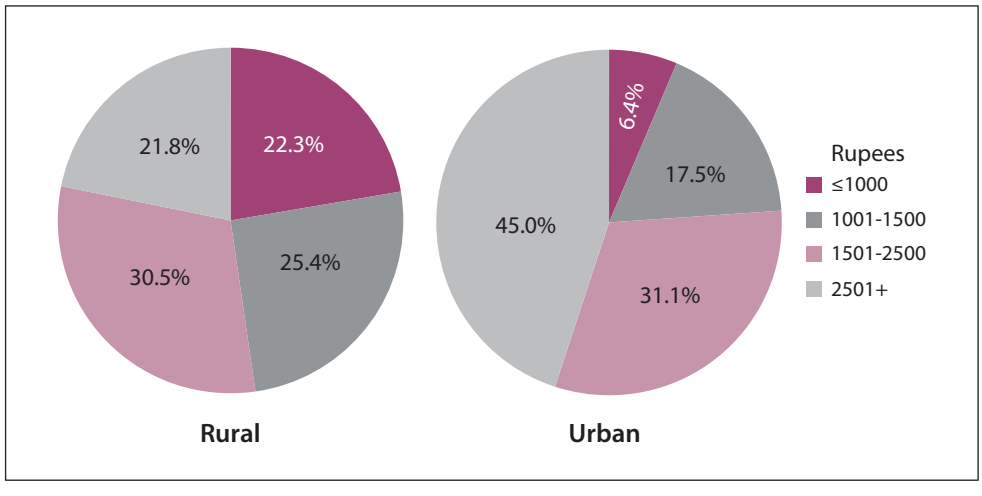
To assess the living standards of the households, the survey collected information on household ownership of 24 different types of consumer goods as well as possession of a bank account. A majority of the elderly households (more than 90%) were found to have electricity, mattresses, pressure cookers and cots/beds. More than 70 per cent were using modern gadgets like electric fans, colour televisions and mobile phones. Households also possessed sewing machines (56%) and clocks (66%). In addition, around 88 per cent of households reported having an account in a bank or post office. By contrast, less than 30 per cent of the households held assets such as refrigerators, bicycles and motorcycles or scooters. Computers and internet were not common among the sampled households.

The Wealth Index, which is an indicator of the economic status of households, is consistent with expenditure and income measures (Rutstein, 1999). This index was constructed using information on household assets and housing characteristics. In Himachal Pradesh, 28 per cent of the elderly households belong to the two lowest wealth quintiles. In urban areas, 47 per cent of the households are in the highest quintile while in rural areas, they account for only 12 per cent (Appendix Table A 2.2).

Apart from assets, BKPAI survey also gathered information on consumer expenditure, household poverty status and household debt. The survey results suggest that in rural Himachal Pradesh about 48 per cent of the elderly households had a daily per capita consumption expenditure of less than Rs. 50, as compared to 24 per cent of the urban households. A higher proportion of households with monthly per capita expenditure (MPCE) more than Rs. 2500 were found in urban areas (45%) than in rural areas (22%) [Fig. 2.2].

About one fifth of the households possess a below poverty line (BPL) card and a similar proportion have no land holdings. More than 90 per cent of the households do not receive any

Figure 2.2: Monthly per capita consumption expenditure according to place of residence, Himachal Pradesh 2011



remittances from India or abroad (BKPAI Survey data, 2011). Nevertheless, over 80 per cent of the households currently do not have any outstanding loans and a possible explanation could be the introduction of loan waivers by the Government of India in the year 2009 (Budget 2008-09, GOI).

2.2 Profile of the Elderly

This section presents the demographic and socio-economic characteristics of the elderly respondents interviewed in the survey, which includes age distribution, marital status, educational qualifications and migration. Elderly age-wise distribution is more concentrated among the young old (60-69 years) who account for 50 per cent of the total surveyed elderly, while 17 per cent of them belong to the oldest old (80+ years) category (Appendix Table A 2.3). Overall, there are more women than men in the age group 60 years and above and the sex ratio among the elderly is 1036 women per thousand men. Similarly, in the age group 70-79 years, elderly women outnumber men. However, the sex ratio is reversed for the age groups 60-69 and 80+ years (Fig. 2.3). Nevertheless, Census 2011 results suggests that feminization of ageing is very much in evidence at state level.

The distribution of elderly by completed years of education reveals a high level of illiteracy (58%), which is worse among elderly women (82%). As far as educational attainment is concerned, about 41 per cent of the elderly men have more than eight years of formal education as compared to only 8 per cent of the women (Appendix Table A 2.3).

The current marital status of the elderly in the state indicates that 51 per cent of the women are widowed as compared to only 12 per cent of men (Fig. 2.4). The findings clearly indicate the vulnerability of elderly women. The survey also captured the extent of re-marriage among the elderly during their lifetime. Overall, 3.3 per cent of the elderly are re-married. However, there are

Figure 2.3: Sex ratio, Himachal Pradesh 2011

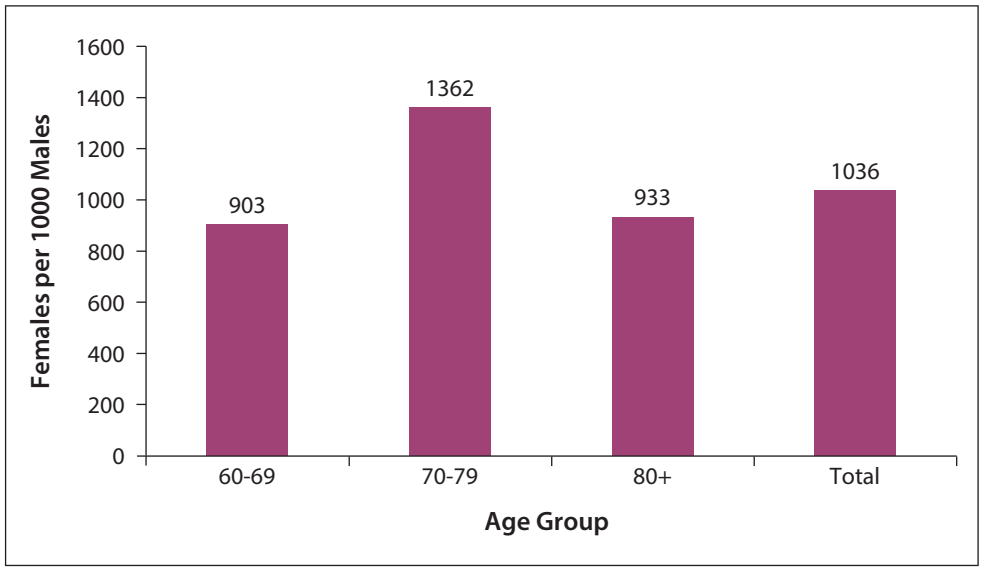
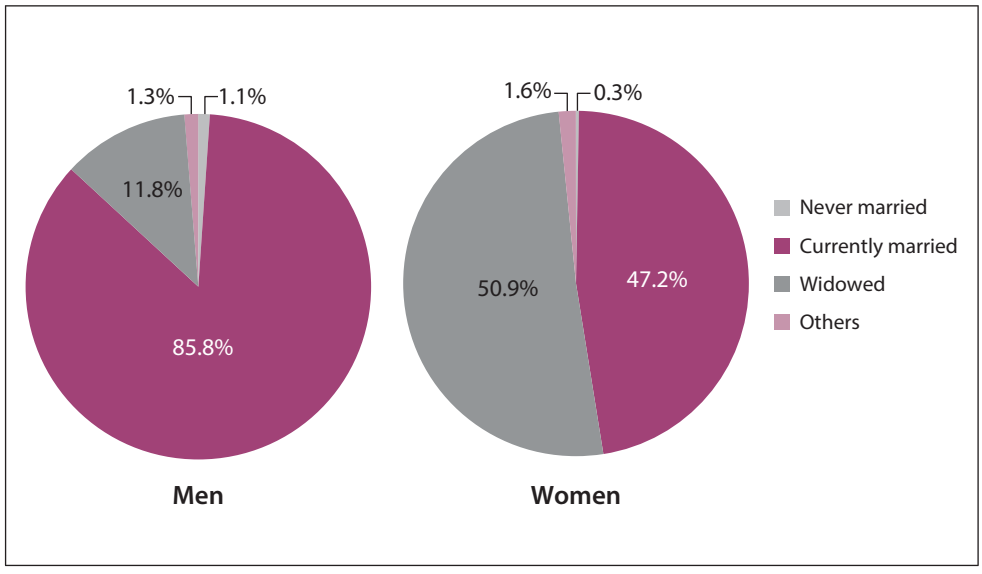


Figure 2.4: Elderly by marital status according to sex, Himachal Pradesh 2011



significant gender differentials as well as rural-urban differences in the re-marriage rate. The rate of re-marriage among elderly people is slightly higher in rural than in urban areas and is also higher among elderly men than elderly women, but overall the percentage is less than 5 per cent (Appendix Table A 2.3).

The survey analysed the percentage of elderly staying with at least one child as well as elderly with at least one child living away from them. The findings indicate that 71 per cent of the elderly are staying with their children. In other words, slightly more than one fourth of elderly is not living with any of their children (BKPAI Survey data, 2011). However, recent studies suggest that the proportion of elderly staying with their children is declining over time (Jadhav et al., 2013).

The review of available literature suggests that elderly migration is not very high (Prasad, 2011). Similarly, the survey results also suggest that about 56 per cent of the elderly migrated before completing 60 years of age and the proportion is higher in the case of women (90%). By contrast, nearly three-quarters of elderly men reported zero migration in their lifetime (Appendix Table A 2.3).

To summarize, more than 40 per cent of the rural elderly (44%) resides in a *kachcha* or semi *kachcha* house and about a fifth of the total households do not have a toilet facility. This is true for virtually all rural households. About 20 per cent of households have no access to piped drinking water. Wood is the most widely used cooking fuel among rural households (67%). There was near universal access to electricity (98%) by both rural and urban elderly households. One fifth of the rural households (20%) did not own any agricultural land. Overall, 28 per cent of the elderly belonged to the two lowest wealth quintiles and only one out of 10 belonged to the highest wealth quintile. Significant variation was observed in the MPCE across rural and urban areas – 45 per cent of the elderly households had an MPCE of Rs. 2500+ in urban areas, as compared to 22 per cent in rural areas.

Nearly a quarter of rural households (22%) had an MPCE of less than Rs. 1000. Seventeen per cent of the elderly households had an outstanding loan and 8 per cent of such loans were sought to meet the health expenditure of the elderly, which is lower than the seven state average (13%).

Nearly half the elderly (51%) are in the age group 60-69 years, confirming ageing as a recent phenomenon requiring immediate attention. Similar to the findings of the seven state report, there is feminization of ageing in Himachal Pradesh, with the sex ratio being 1036 females per 1000 males in the 60+ age group. Almost half the elderly females are widows and the lifetime migration among the elderly women is very high (93%) as compared to men (26%). However, migration after reaching age 60 is just 5.7 per cent for men and 2.7 per cent for women. The remarriage rate is marginally higher in rural locales (3%) than in urban locales (2%). Nearly three fifths of the elderly population (58%) surveyed in the state had no formal education.

3. Work, Income and Assets

In developing countries like India, the labour force participation of the elderly, and particularly of women, is often driven by poverty (Bhalotra and Umana-Aponte, 2010; Bhalla and Kaur, 2011). The major reasons for working till extreme old age are poverty and low level of literacy (Alam and Yadav, 2013). India's occupational structure is dominated by informal sector employment where there is neither a retirement age nor a pension (Unni and Raveendran, 2007). Moreover, social security schemes are at a nascent stage (Economic Times, 23 September 2013).

The BKPAI Survey gathered information relating to the work participation of the elderly, the type of work, the need for work, as well as the retirement benefits that accrue to retirees in Himachal Pradesh. It also asked the elderly who were not working, the reasons for the same. This section presents the analysis of the work participation of the elderly and related details.

3.1 Work Participation Rate and Work Intensity

Elderly work force participation in Himachal Pradesh is about 20 per cent, slightly lower than the seven state combined proportion (24%). However, recent NSS data has revealed that more than 35 per cent of the elderly are working and women workforce participation rate has increased over a period of time at the all India level (Alam and Yadav, 2013). The work participation rate among elderly men is considerably higher (38%) than their female counterparts (3%). However, there is not much variation in case of place of residence (Appendix Table A 3.1). The work participation among the elderly decreases with the advancement of age – almost half (48%) the young old and about one fifth (21%) of the oldest old men are currently working (Fig. 3.1).

Figure 3.1: Currently working elderly by age and sex, Himachal Pradesh 2011

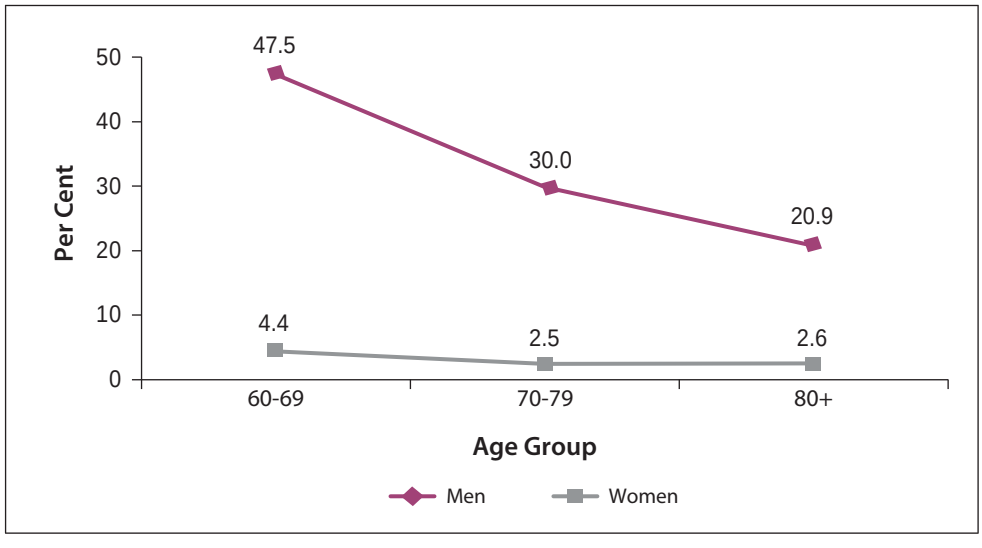
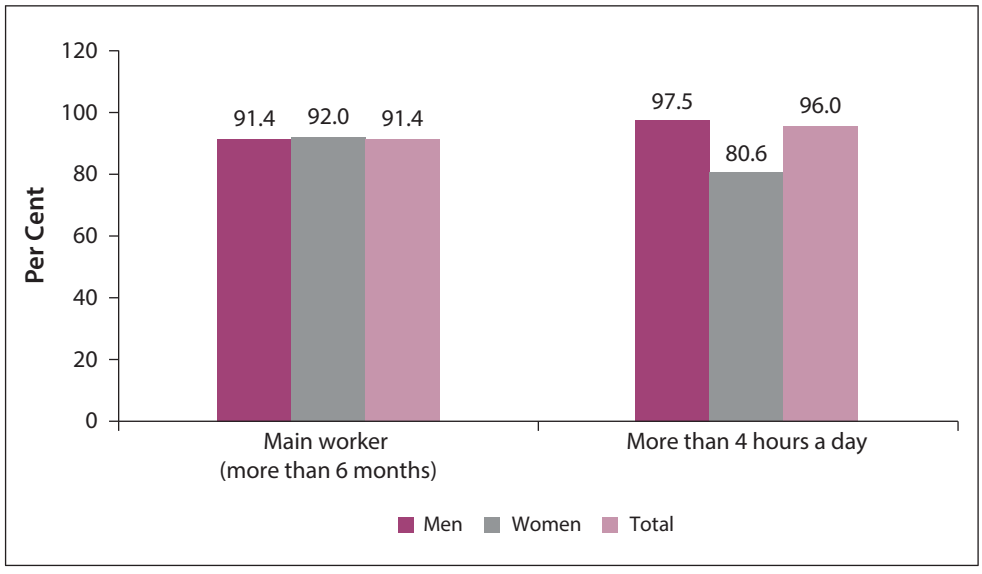


Figure 3.2: Main workers and those working more than four hours a day among elderly workers, Himachal Pradesh 2011



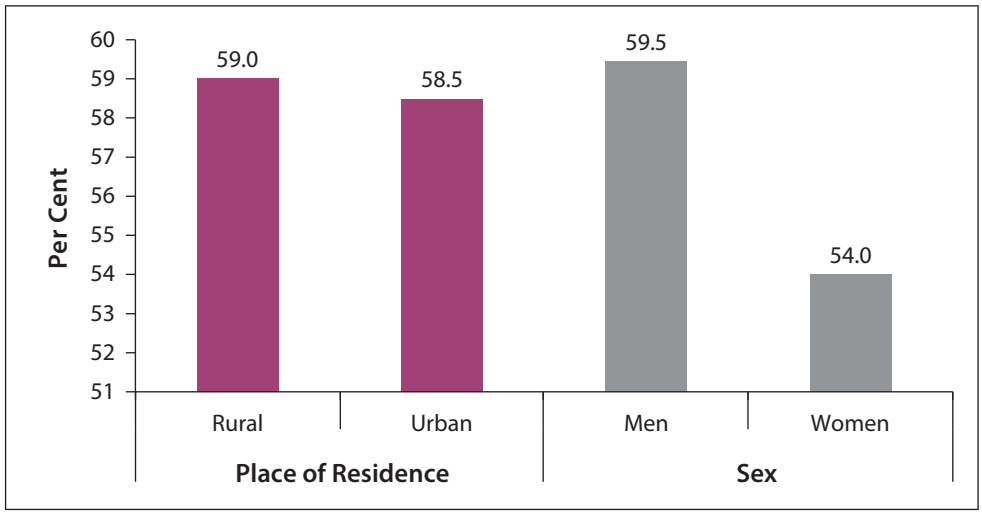
Nine out of 10 elderly are main workers (defined as those working for more than 6 months in a year) among both men and women. A higher proportion of main workers is found in the two lowest wealth quintiles. Work intensity (defined as working for more than 4 hours a day) is higher among elderly belonging to lower social classes, either living with spouse or other family members (Appendix Table A 3.2). This highlights the fact that the work participation of the elderly is driven by economic necessity (Fig. 3.2).

The occupational structure also clearly indicates that a majority of the currently working elderly are engaged in unskilled and informal occupations like cultivators (41%), agricultural labourers (21%), other work (30%) and only 1 per cent is working as technicians/professionals. About two thirds (64%) of the elderly are self-employed and the remaining 36 per cent are in the non-agricultural sector. Employment in farming or cultivation is more common among the rural elderly (43%) while the majority of the urban elderly (61%) are employed in other activities (mining, construction, transportation etc.) (Appendix Table A 3.3).

3.2 Need for Current Work

In order to further investigate the need and motivation for participating in the labour market by the elderly, the survey asked a few specific questions. The responses were categorized under 'working by choice' and 'working due to economic or other compulsions'. Among the working elderly in Himachal Pradesh, a higher percentage reported working due to economic or other compulsions (59%) as compared to those working by choice (41%) (Appendix Table A 3.4). However, it is worth noting that compared to the findings of the seven states, a higher proportion of elderly in Himachal Pradesh (second highest after Kerala), reported working out of choice. The findings on need for work by background characteristics indicate that more elderly males are working out of compulsion

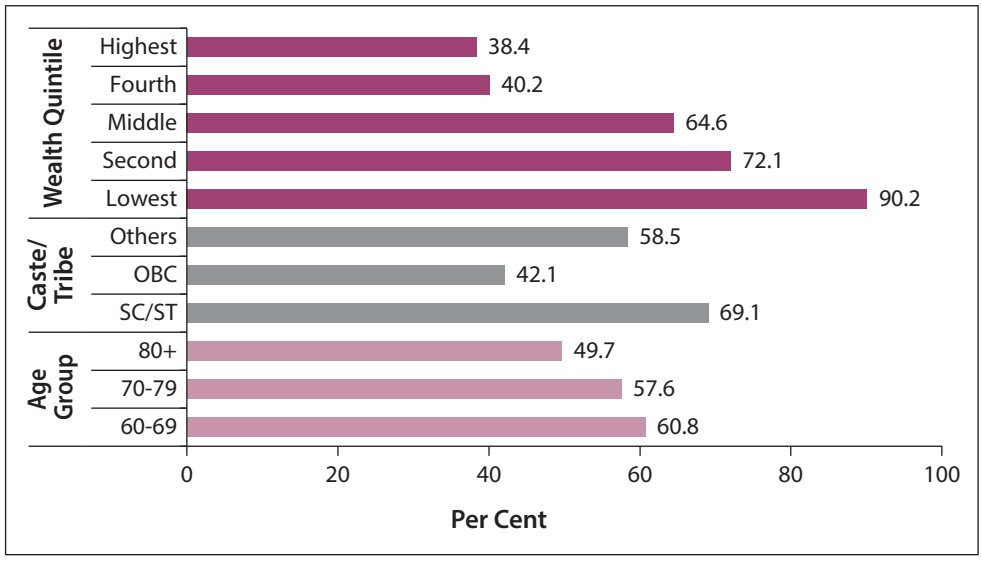
Figure 3.3: Elderly working due to compulsion by place of residence and sex, Himachal Pradesh 2011



as compared to their female counterparts. Such differentials are not visible by place of residence in Himachal Pradesh (Fig. 3.3).

Further, the motivation for work was cross-classified by wealth quintile and it was found that 90 per cent of the lowest and 72 per cent of the second lowest wealth quintile elderly are working because of financial need. This proportion is low (38%) among higher wealth quintile categories. Similarly, around 70 per cent of SCs/STs have reported economic compulsions for currently working as compared to around 59 per cent for other castes. However, it appears that age does not make much difference between working by choice or compulsion in the state. In fact, the compulsion factor is slightly lower for the older old as compared to the young old. Perhaps, as age advances and work becomes routine, the elderly consider it a part of their lives (Fig. 3.4).

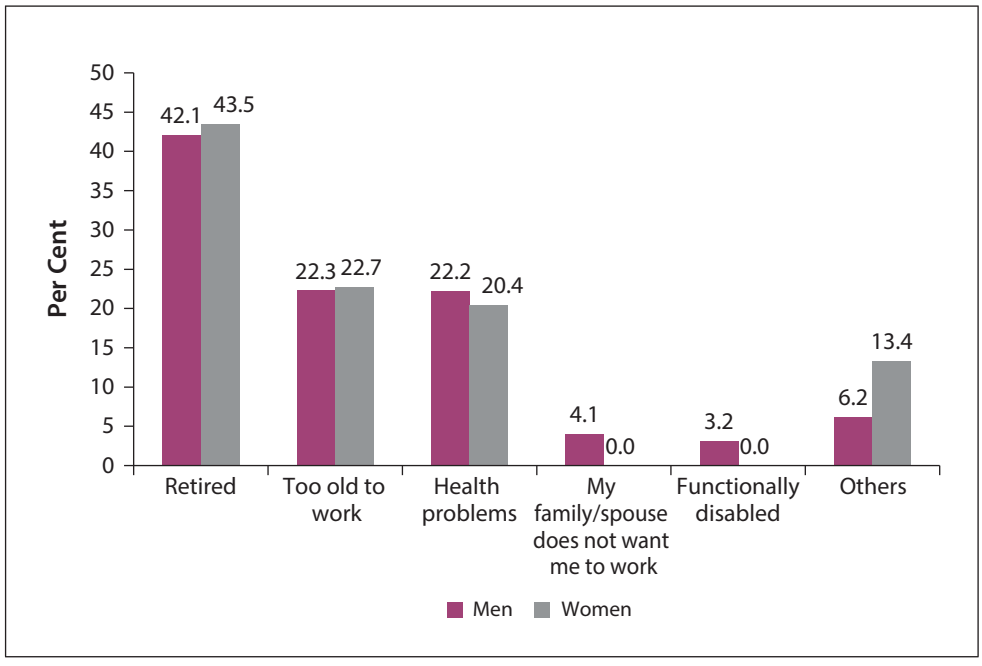
Figure 3.4: Elderly working due to compulsion by age, caste/tribe and wealth quintile, Himachal Pradesh 2011



3.3 Reasons for Not Working

The survey also asked all the elderly who had worked in the past but were not currently working, the reasons for the same. The most important reason is retirement from previous employment (42%), followed by being too old to work (22%) and health problems (22%). In all of the cases cited above, there is not much variation across gender (Fig. 3.5). By contrast, the findings of the seven state survey cited health problems as the main reason for not working in old age (Alam et al., 2012).

Figure 3.5: Five major reasons for currently not working by sex, Himachal Pradesh 2011



3.4 Work Benefits

A majority of the elderly in Himachal Pradesh (98 per cent of women and 65 per cent of men) have reported not receiving any work-related benefits such as prescribed ages for retirement and pensions. Elderly women are not receiving any retirement benefits due to their low workforce participation in working age (NSSO 68th Employment and Unemployment Data). About 34 per cent of the males were receiving retirement or pension benefits and a nearly equal proportion (33.6%) received both (Fig. 3.6). Benefits such as retirement, pension and insurance are rare, largely due to the elderly being employed outside the formal sector (A.K. Sengupta Report, 2007). While 35 per cent of urban elderly received retirement and pension benefits, only 17 per cent rural elderly had access to such benefits. Receipt of work benefits was more common among the highly educated (51%) elderly, followed by those belonging to the highest wealth quintile (39%). However, only 3 per cent of the elderly belonging to the lowest wealth quintile received any employment related benefits (Appendix Table A 3.5).

Figure 3.6: Elderly by work benefits received according to sex, Himachal Pradesh 2011

3.5 Personal Income of the Elderly

Income and assets are important indicators of financial well-being. It is generally expected that individuals who earn an income are better off than those who do not. However, as seen in the previous section, most of the elderly in Himachal Pradesh participate in the labour force because of economic compulsions, mainly driven by poverty. When the primary source of income for the elderly is their work, it is unlikely that they are recipients of post-retirement benefits and very likely that they have to depend on work for survival. Therefore, having a personal income does not always reflect better economic well-being of the elderly. Elderly dependency is very high in India and the same is true for Himachal Pradesh (Rajan, 2010). Most of the elderly in Himachal Pradesh (about 68%) were either self-employed or informally employed and these sectors do not have any provision for old age pensions.

In Himachal Pradesh, 42 per cent of the elderly does not have any income. Significant gender differentials in personal income are evident as more men have some personal income, while 68 per cent of elderly women and only 15 per cent of men have no income (Fig. 3.7). The percentage of elderly with no personal income is higher in rural (42%) as compared to urban areas (34%). Nearly 28 per cent of the elderly in the state have an annual income of more than Rs. 50,000. This proportion is much higher in urban (50%) than rural areas (27%) (Appendix Table A 3.6). The mean annual income of the elderly is the highest in Himachal Pradesh (Rs. 45,830) among the seven states considered in the study, followed by Punjab (Rs. 30,510) (Alam et. al., 2012). It varies greatly by background characteristics such as age, education and wealth quintile. Average income decreases with advancement of age and increases with level of education and wealth quintile. The proportion of elderly with no income is higher among the widowed and those not in the labour force (BKPAI Survey, 2011). Further, nearly one fifth of the elderly men and 56 per cent of the women belonging to the lowest wealth quintile have no personal income (Fig. 3.8).

Figure 3.7: Elderly by annual personal income according to sex, Himachal Pradesh 2011

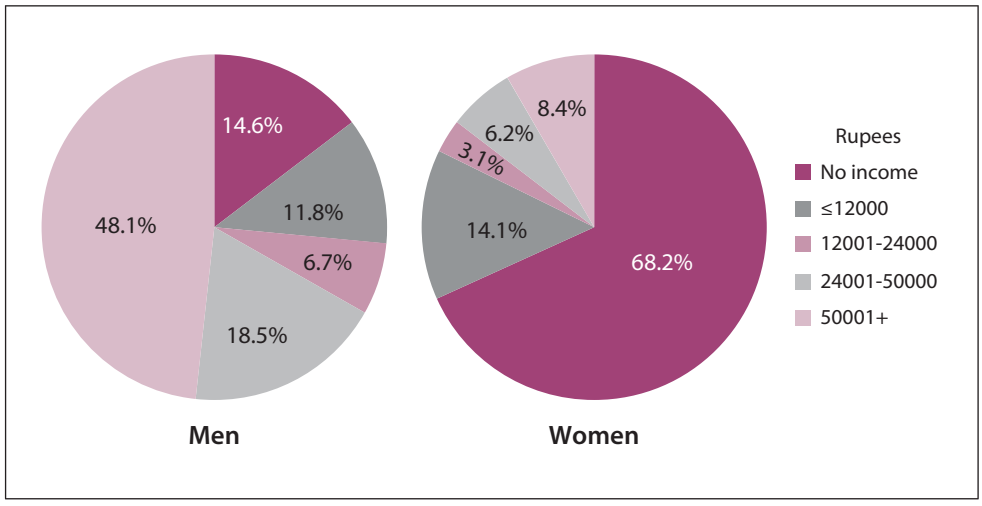
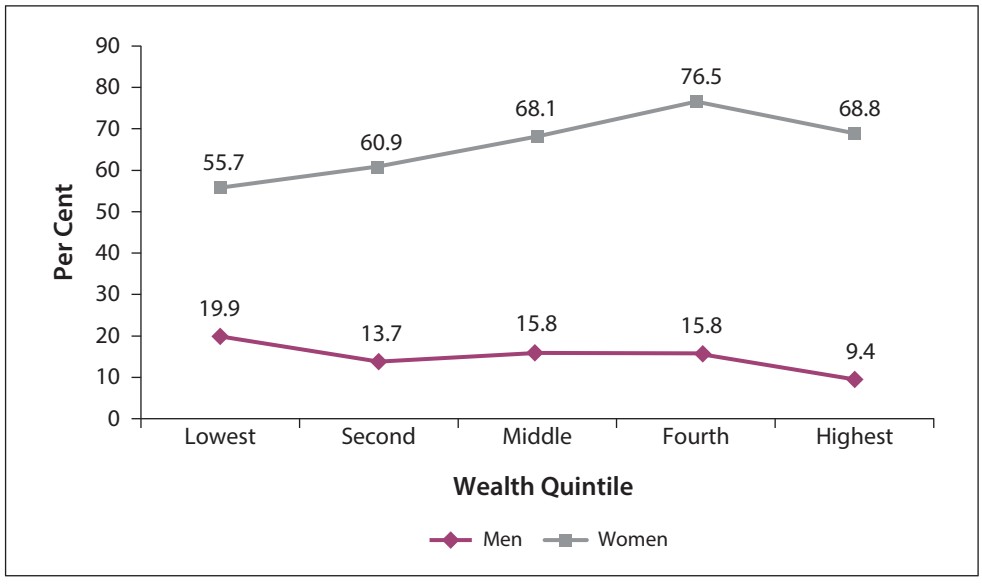


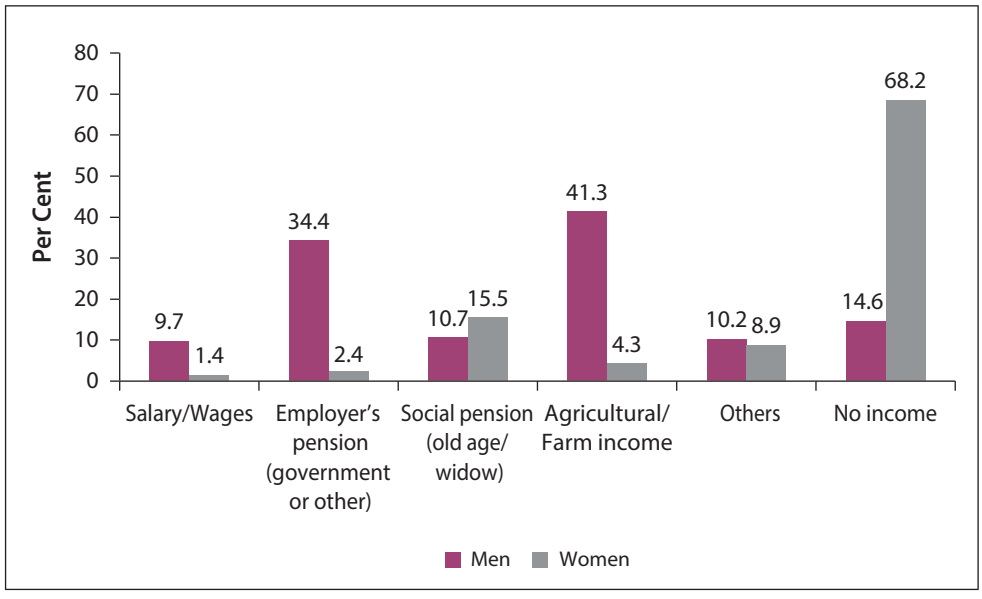
Figure 3.8: Elderly with no income by wealth quintile and sex, Himachal Pradesh 2011



As individuals reach their retirement age, it is generally expected that their income will mainly flow from pensions and assets such as rents, interest on savings, and dividends paid on investments. Sources of income can be divided into two general categories: factor income and transfer income (Root and Tropman, 1984). Factor income includes all earnings from wages or salary as well as asset income (e.g. rent, interest on savings, and dividends paid on investments). Transfer income includes benefits from government programmes as well as private pensions and annuities. The survey found that both factor income and transfer income are important sources of income reported by elderly men, while women are more likely to report transfer income (Fig. 3.9).

It is possible that an elderly person has multiple sources of income. In Himachal Pradesh, 13 per cent reported that they received incomes from social pension, while 22 per cent received agricultural

Figure 3.9: Elderly by sources of current personal income according to sex, Himachal Pradesh 2011



or farm income, 20 per cent received employer's pension, about 6 per cent received income from salary and wages and approximately 10 per cent drew income from other sources including income from rent, interest and petty business (Appendix Table A 3.7). Sources of income vary for elderly men and women and by place of residence. In general, the major source of income reported by elderly women was social pension (nearly 16%) while for elderly men it was agricultural or farm income (41%). While elderly women in both rural and urban areas reported social or other sources as a major source of income, employer's pension appears to be a major source for urban women. Elderly men in rural areas reported income from agriculture or farming (43%) and urban men reported income from employer's pension (49%) (Appendix Table A 3.7).

3.6 Economic Contribution of Elderly to the Family

One-fifth of the elderly work in their old age to support themselves and their family. In order to understand the economic contribution of elderly to the household, the BKPAI Survey asked a series of questions. Elderly men and women who reported having a personal income were asked whether they contributed financially to the total expenditure of the household and if they do, what is the magnitude of their contribution, and the purpose for which it is mostly used. Overall, 53 per cent of the elderly in Himachal Pradesh reported that they contributed their personal income towards the expenditure of the household with a higher percentage of elderly men (81%) than women (26%) doing so (Fig. 3.10). The financial contribution by the elderly was higher in urban areas (63%) as compared to rural areas (52%). Nearly 38 per cent of the elderly men and only 13 per cent of the elderly women in urban areas perceived that they contribute to more than 80 per cent of the total household expenditure (Fig. 3.11). The findings are more are less similar for elderly men and women in rural areas (Appendix Table A 3.8).

Figure 3.10: Elderly contributing to household expenditure by place of residence and sex, Himachal Pradesh 2011

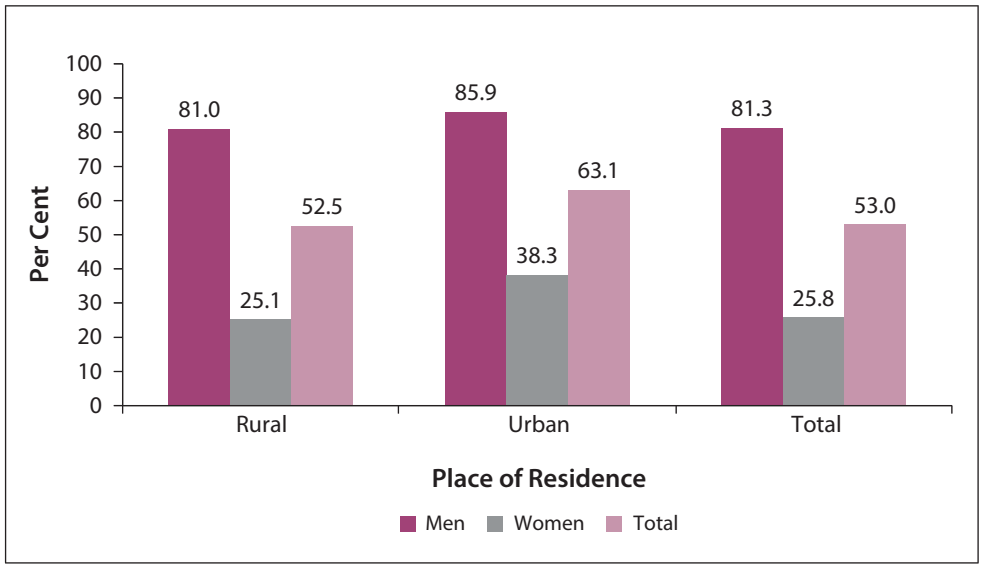
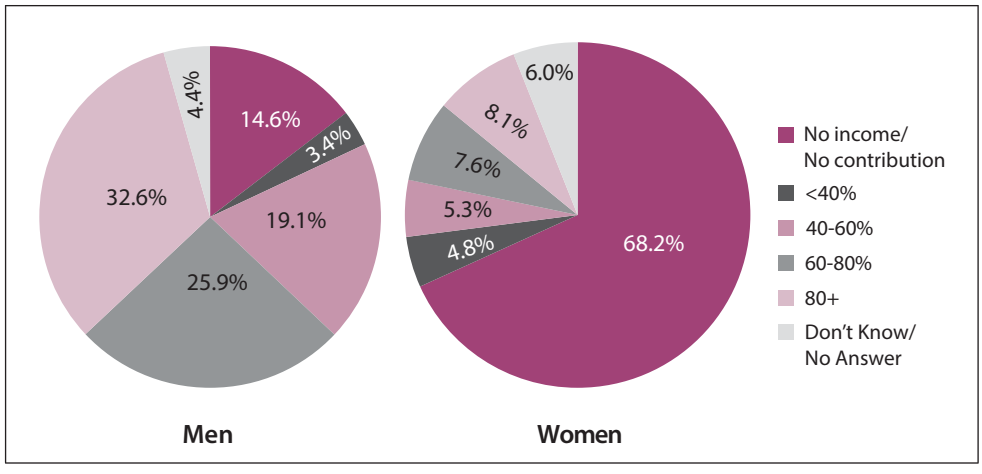


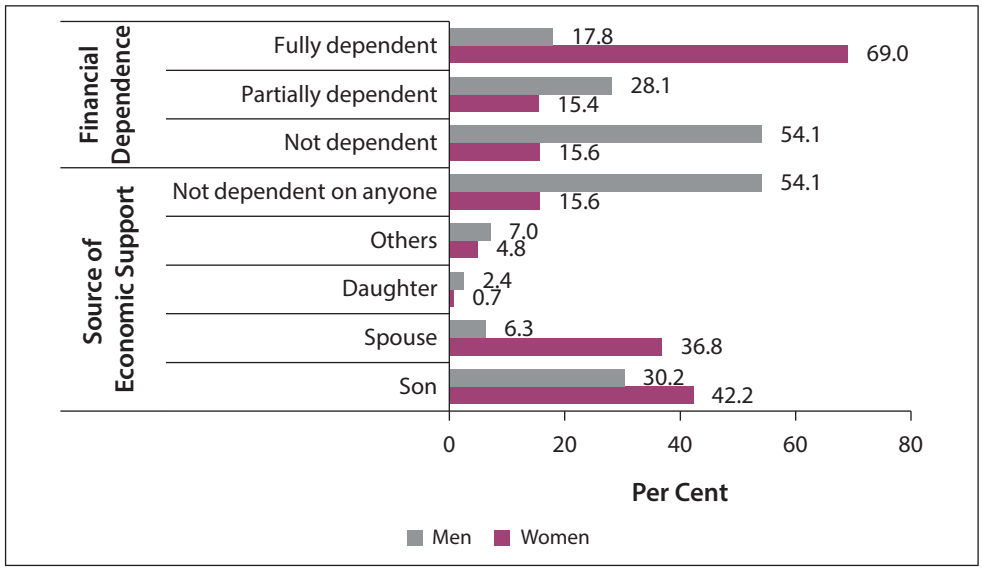
Figure 3.11: Elderly by their perceived magnitude of contribution towards household expenditure according to sex, Himachal Pradesh 2011



3.7 Economic Dependence

Vulnerability among the older population can also be understood by examining their levels of economic dependence on others. If the income earned is sufficient to partially fulfil their basic needs, they will be dependent on others only partially. On the other hand, if the elderly do not have any income or the income earned is not sufficient to fulfil their basic needs, they will be completely dependent. In Himachal Pradesh, 44 per cent of the elderly are completely dependent, the percentage being slightly lower in urban areas (36%). Gender differentials are evident with women significantly worse off than men in terms of economic dependence. Sixty nine per cent of the women are completely dependent on other family members for their basic needs as against 18 per cent of men. However, the percentage that is partially dependent is higher among men (28%) than women (15%) (Appendix Table A 3.9).

Figure 3.12: Elderly by their financial dependency status and main source of economic support according to sex, Himachal Pradesh 2011



In the Indian context, family still plays a major role in providing economic support to the elderly. In the BKPAI Survey the respondents were asked to rank their financial support system. Himachal Pradesh followed a pattern similar to the other states included in the survey: sons were main support providers (36%) followed by spouses (22%), daughters (1.5%) and others (6%) such as son/daughter-in-law, grandchildren, other relatives and friends. There are variations in the support system for the elderly, as old age dependence on sons in urban areas is lower (26%) than in rural areas (37%) (Appendix Table A 3.9). Gender differentials are seen in economic support being provided by sons – 42 per cent of the elderly women receive economic support from their sons as compared to 30 per cent of elderly men (Fig. 3.12). While daughters inherit parents' land and property in some instances (mostly in tribal areas), they are still not considered breadwinners by elderly parents.

3.8 Asset Ownership

The ownership of assets is an important indicator of the financial well-being of individuals. Assets such as land, housing and cash can provide a source of income for the elderly through rent, interest, dividends, etc. This source of income is advantageous since it can provide an income without involving much labour, which is desirable as the elderly are physically more vulnerable. The survey asked about the assets personally owned by the elderly, which they can fall back on in times of need and provide them a financially dignified life, unlike assets belonging to the household.

Among all the elderly surveyed, 16 per cent reported that they do not own any land, housing, jewellery or gold, or any other form of savings. Not surprisingly, more women (27%) than men (4%)

Table 3.1: Percentage of elderly by asset ownership according to place of residence and sex, Himachal Pradesh 2011

Type of Assets	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited land	58.7	20.3	39.1	26.3	9.5	18.2	57.0	19.8	38.0
Self acquired land	26.3	12.4	19.2	15.5	7.3	11.6	25.7	12.2	18.8
Inherited house(s)	40.4	19.4	29.7	38.4	14.4	26.9	40.3	19.1	29.5
Self acquired house(s)	63.4	31.9	47.3	62.1	35.2	49.2	63.3	32.1	47.4
Housing plot(s)	2.8	0.9	1.8	8.3	0.7	4.7	3.1	0.9	2.0
Inherited gold or jewellery	14.7	9.0	11.8	8.9	11.6	10.2	14.4	9.2	11.7
Self acquired gold or jewellery	20.9	30.6	25.8	34.5	39.7	37.0	21.6	31.0	26.4
Savings in bank, post office, cash	65.6	30.6	47.7	68.6	34.7	52.3	65.8	30.8	48.0
Savings in bonds, shares, mutual funds	1.2	0.9	1.0	6.7	1.9	4.4	1.5	0.9	1.2
Life insurance	0.0	0.0	0.0	1.3	0.4	0.9	0.1	0.0	0.0
Don't own any asset	3.0	27.0	15.3	11.2	31.4	20.9	3.5	27.2	15.6
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

face such a situation. The urban elderly are better off than their rural counterparts in terms of self acquired house, jewellery, saving deposits and savings in bonds. However, in rural areas, a larger proportion of the elderly possess inherited or self-acquired lands. Overall, ownership of assets is higher among men than women, except for self-acquired jewellery. These findings clearly reveal that ownership of current assets is relatively lower among the elderly living in rural areas and women in particular (Table 3.1).

In general, a higher level of work participation by the elderly is desirable only if it is by choice and not due to economic or any other compulsion. However, the current rate and pattern of work participation in Himachal Pradesh clearly indicates the link between current work participation and poverty and illiteracy. The survey found that the reasons for work for the majority of the elderly are economic or other compulsions (59%). Further the survey also found that work participation of the elderly continues even beyond the age of 80 years, a strong indication of lack of any social and economic support. The survey shows significant gender differentials in the labour market. Although the work participation rate is lower among females, it appears that those who are working have no choice but to do so, as a large proportion of women reported that the work participation is primarily driven by economic and other compulsions. Women living alone or with spouses have a higher incidence of work participation compared to those living with others. The majority of the elderly who are participating in the labour market are working for more than four hours a day (96%). The occupational structure of the currently working elderly shows that significant

numbers are employed in unskilled and low paid jobs. Pension or retirement benefits are not available to the majority (82%). A negligible proportion of women receive retirement benefits (2%) as compared to 34 per cent among men. This is despite the fact that a large majority of the elderly women are widows.

Over 40 per cent of elderly reported that they have no income, reflecting the dire need for government intervention and improving the monetary support provided to the elderly in the state. Nearly one fourth of the elderly have reported agricultural income as the major source of income followed by employer's pension. One third of the elderly men and 20 per cent of the elderly overall perceive that they contribute more than 80 per cent of the household expenditure. This reaffirms the fact that the elderly are not a burden on the household and make a significant contribution to the household. Forty four per cent of the elderly have reported complete economic dependence on family, citing their son as the major source of economic support. Moreover, 16 per cent of the elderly have reported that they do not own any assets. Findings from this section highlight the economic vulnerability of the elderly, especially the women, which requires policies and programmes by the government in order to address it.

4. Living Arrangements and Family Relations

In India, care of the elderly and their well-being is considered to be the sole responsibility of the families, especially of the sons. They are expected to provide all necessary support – financial, physical, emotional and health care – to their elderly parents. However, with increasing urbanization and employment-related migration within and outside the country, increasing participation of women in the labour force and changing family patterns, care of the elderly has been neglected or minimized. Also fertility transition is contributing to smaller family size (SRS Statistical Report, 2013). The implications of all these shifts for living arrangements are complex. With weak public pension and social security systems as well as changing household structures, planning for the elderly, especially in terms of living arrangements, assumes increasingly greater importance.

In this section the following issues have been covered: type of living arrangements of the elderly, reasons for living alone, satisfaction levels with their current living arrangements, family interaction and monetary transactions by the elderly and their children, engagement in family activities and decision-making and finally social engagement of the elderly.

4.1 Type of Living Arrangement and Reasons for Living Alone

Conforming to expectation, three out of four elderly are co-residing with their spouses, children and grand-children while the remaining one fourth are either living alone or with their spouses only. A higher proportion of elderly women (6%) are living alone as compared to men (Fig. 4.1). The percentage of urban elderly women living alone is slightly higher (7%) than their rural counterparts (4%). State-wise data of the percentage of elderly women living alone indicate that it is lower in

Figure 4.1: Living arrangement of the elderly by sex, Himachal Pradesh 2011

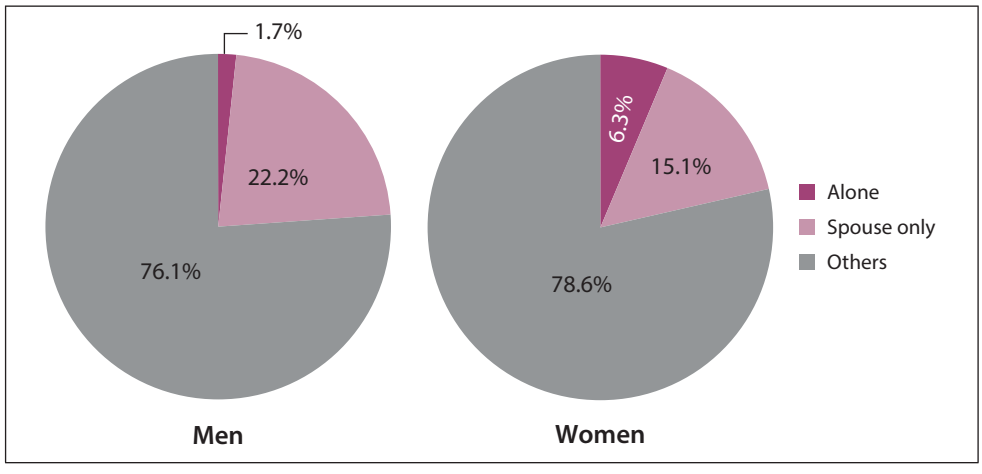
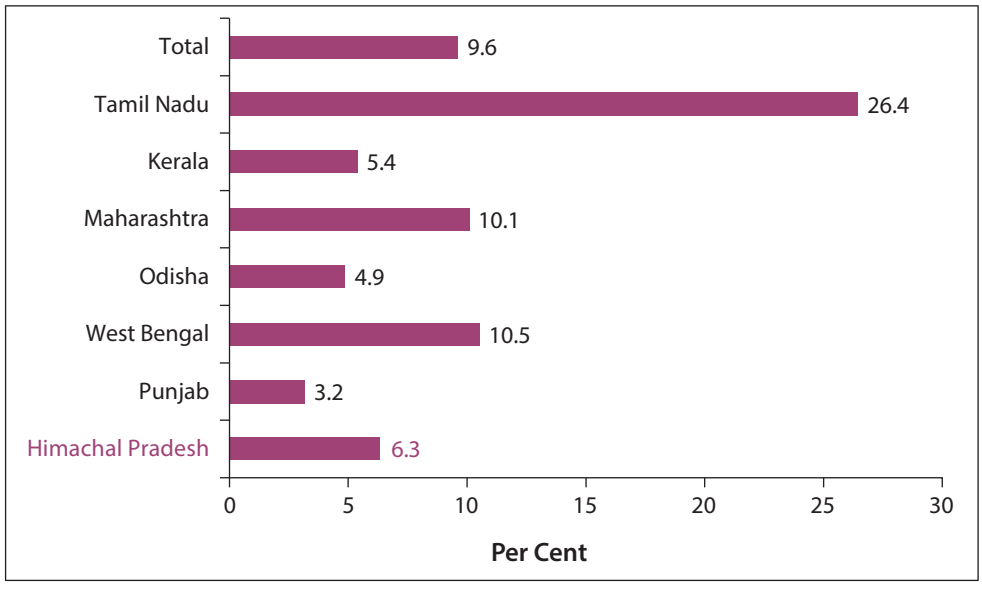


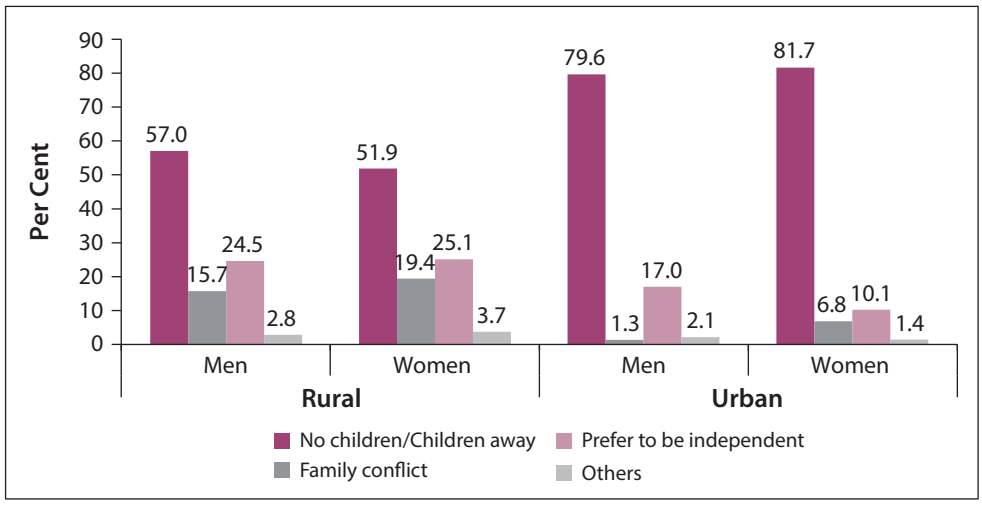
Figure 4.2: Elderly women living alone in seven select states of India, 2011



Himachal Pradesh compared to Tamil Nadu, West Bengal and Maharashtra (Fig. 4.2). Further analysis of the background characteristics of those living alone reveals that they are widowed, less educated and are from the lowest wealth quintile. Hence, it is important that programmes focus on the vulnerability of these segments of the elderly, particularly women (Appendix Table A 4.1).

The main reason for living alone (Fig. 4.3) is not having children or children living elsewhere, which is strikingly more prevalent in urban areas with 80 per cent of men and 82 per cent of women citing this reason as compared to 57 per cent men and 52 per cent women in rural areas. Preference to be independent and family conflict are the other two main factors responsible for the elderly living alone in Himachal Pradesh with more rural elderly citing the former (25% for both men and women) (Fig. 4.3). These results suggest that government responsibility increases in the cases of children having migrated, family conflict and possibly there is a growing demand for day care centres as well as community services to engage the elderly in a socially healthy environment.

Figure 4.3: Main reasons for living alone or with spouse only by place of residence and sex, Himachal Pradesh 2011



4.2 Level of Satisfaction with Present Living Arrangement

For the overall well-being of an individual, it is essential to feel comfortable and satisfied with the current living arrangement. The BKPAI Survey sought the views of the elderly respondents about their satisfaction level with their present living arrangement. The findings reveal that more than 95 per cent of the elderly are comfortable and satisfied with their present living arrangement and this is true across gender and place of residence (Fig. 4.4). These results suggest that there would be less physiological and mental health problems among the elderly, which is borne out by the fact that the elderly in Himachal Pradesh suffer from less mental health problems as compared to the elderly in other states like West Bengal and Kerala (Alam et. al., 2012).

The elderly were questioned regarding how they perceive themselves: whether they are living with their children or vice versa. Differences emerge in this perception by age and marital status (Fig. 4.5).

Figure 4.4: Elderly comfortable or satisfied with present living arrangement by place of residence and sex, Himachal Pradesh 2011

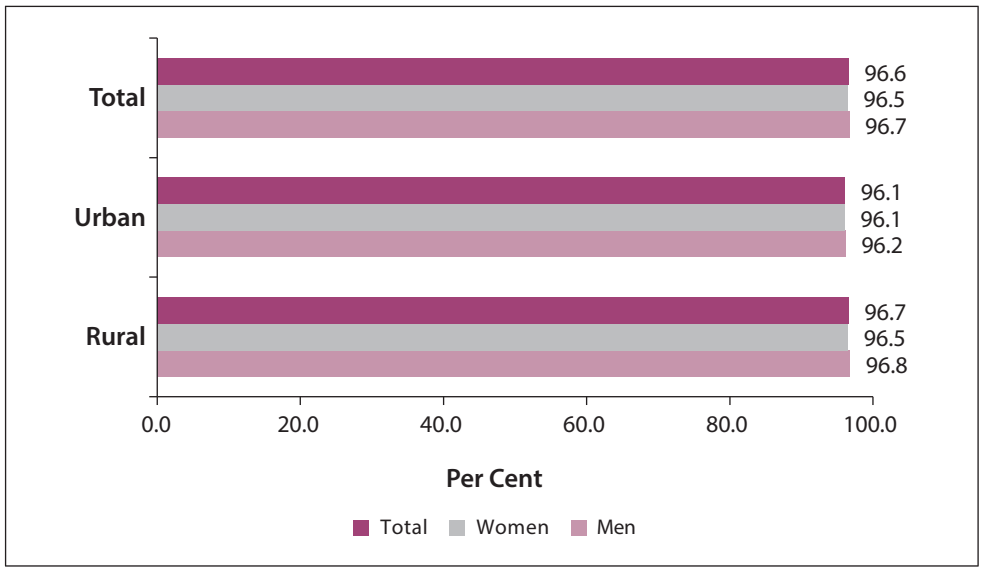
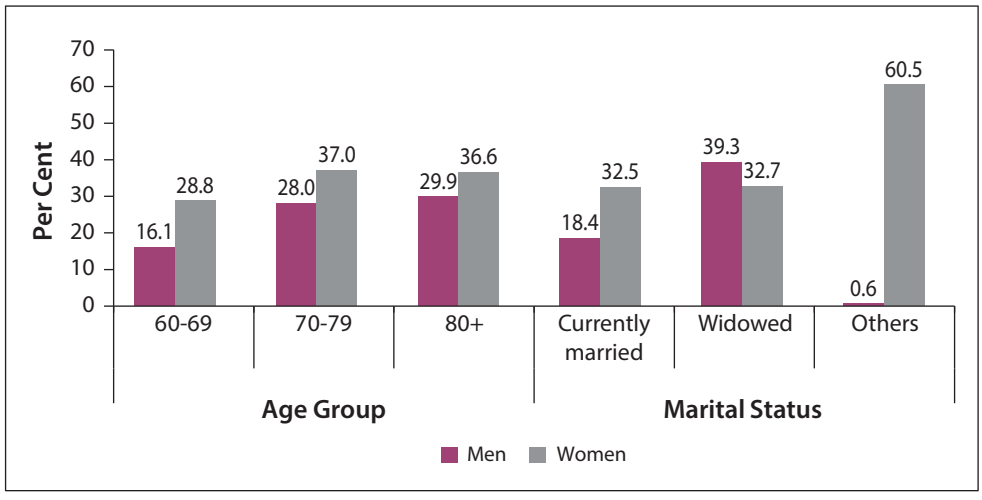


Figure 4.5: Elderly who perceive that they live with their children by age and marital status, Himachal Pradesh 2011

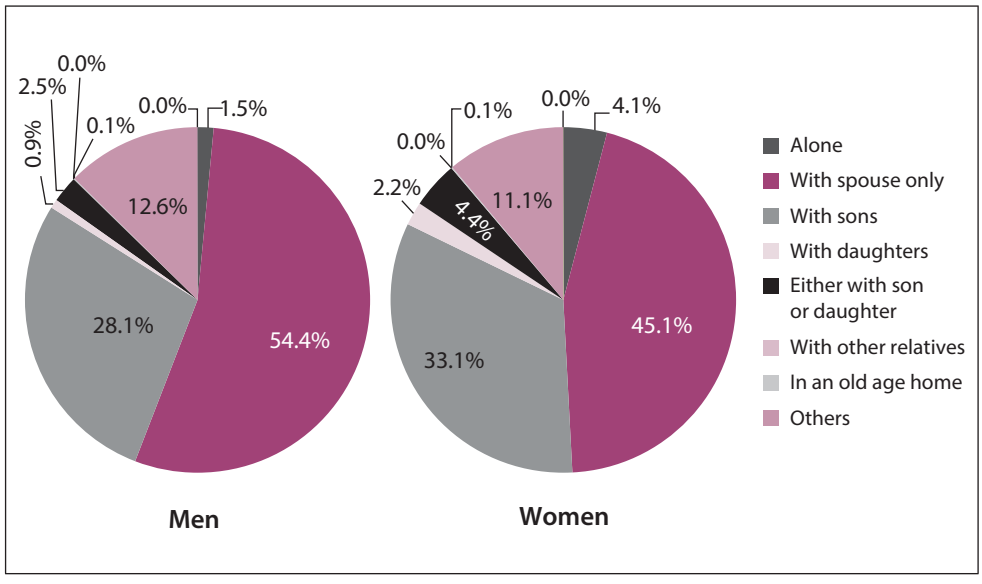


About 16 per cent of elderly men aged 60-69 years think that they are living with their children compared to about 30 per cent men aged 80 years and above. This shift is clear across age categories of women as well, 29 per cent of women in the younger age group and 37 per cent of older women think that they are living with their children. Analysis shows that 18 per cent of married men think that they are living with their children as compared to 39 per cent of the widowers. However, the differences are not as striking among elderly women across marital status. Thus, increasing age and widowhood are critical indicators for a shift in such perception of living dependency for the elderly.

4.3 Preferred Living Arrangements

The majority of the elderly in Himachal Pradesh preferred to live with their spouses (54% men and 45% women), followed by sons (28% of men and 33% of women). Only a negligible proportion of the elderly preferred to live with their daughters. This indicates that the elderly do not consider daughters as a source of support in their old age, in spite of development and modernization, clearly indicating that traditional customs and culture still prevail in Himachal Pradesh. The proportion of elderly preferring to stay in old age homes is negligible (Fig. 4.6). Therefore, there is no current demand for old age homes in the state.

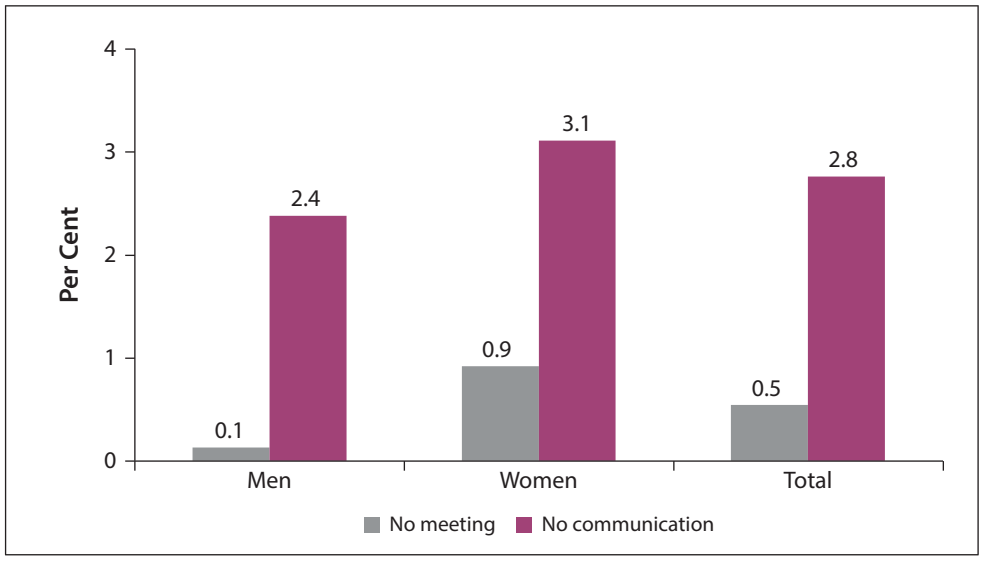
Figure 4.6: Preferred living arrangement by sex, Himachal Pradesh 2011



4.4 Family Interaction and Monetary Transactions

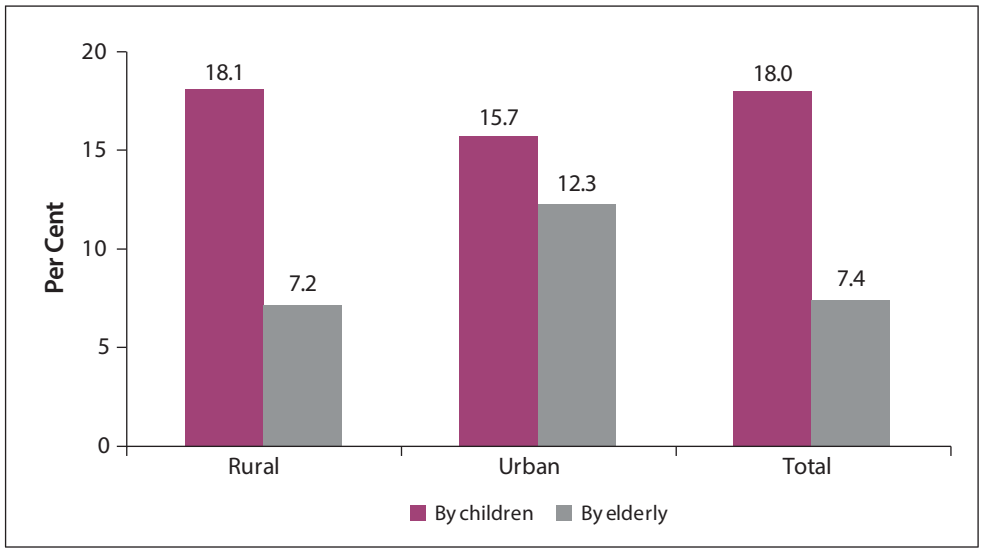
The survey explored the type and extent of interaction between the elderly and their non co-residing children. The mean number of children living with the elderly is 1.0 as compared to 2.6 children living away (BKPAI Survey, 2011). The following analysis is based on the frequency of communication, meeting and money transfer between the elderly and their non co-residing children.

Figure 4.7: No meeting or no communication between elderly and their non co-residing children according to sex, Himachal Pradesh 2011



The findings indicate that only 3 per cent of elderly and their non co-residing children have had no communication in the recent past with a marginal variation across gender. Less than 1 per cent elderly reported not meeting their children (Fig. 4.7). These findings suggest that meetings and communication between children and elderly are universal. Besides this, remittances are received from children (18%) with a slightly higher percentage of rural elderly receiving monetary transfers than their urban counterparts. There is a more or less equal share of money transfer by the elderly (12%) and their children (16%) to each other in the urban setup. These figures suggest that the urban elderly are economically better off and more independent as compared to their rural counterparts (Fig. 4.8). The above results indicate a high level of communication and meetings, but low level of monetary transfers between the elderly and their non co-residing children which is somewhat surprising and therefore requires further investigation.

Figure 4.8: Monetary transfers between elderly and their non co-residing children by place of residence, Himachal Pradesh 2011



4.5 Engagement in Family Activities and Decision-making

There are several household activities performed by the elderly, including advising their children (77%), settling disputes in the family (70%), shopping for the household (61%), and taking care of grandchildren (59%). Besides this, payment of bills (47%) and cooking/cleaning are also performed by the elderly. The survey revealed that the place of residence did not play a pivotal role in the performance of these activities. However, in Himachal Pradesh, there are certain activities which are exclusively performed by males, for example, settling disputes in the family, payment of bills and shopping for the household, while women's activities are taking care of grandchildren and cooking/cleaning (Table 4.1). These results confirm that elderly are not a burden for the household because of their expensive medication and other needs instead, they contribute to the household both financially and as care providers (S. Pal, 2010).

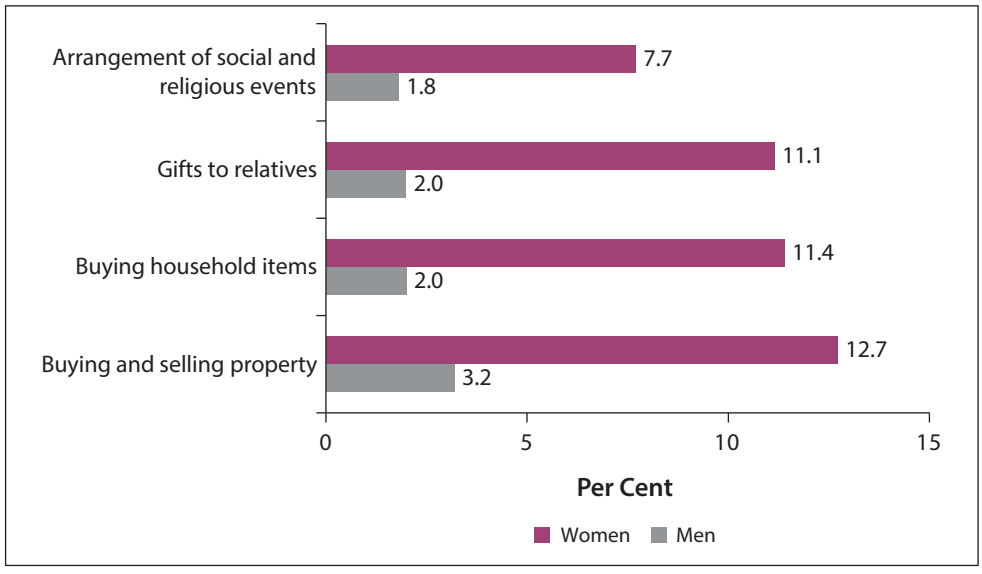
The elderly also play an important role in the decision-making of the households such as arrangements for social and religious events, distribution of gifts to relatives, buying household items and property. However, nearly one tenth of the elderly women are not involved in buying and selling of property, buying household items and gifts to relatives, while men are universally involved in decision-making (Fig. 4.9). To conclude, the elderly are not confined only to serving the households in physically strenuous activities, they also participate actively in the decision-making of the household.

Table 4.1: Percentage of elderly by participation in various activities according to place of residence and sex, Himachal Pradesh 2011

Various Household Activities	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Taking care of grandchildren	53.6	64.2	59.0	53.7	65.8	59.5	53.6	64.3	59.0
Cooking/Cleaning	25.5	64.8	45.6	24.5	66.5	44.6	25.5	64.9	45.5
Shopping for household	71.5	49.4	60.3	68.4	64.5	66.5	71.4	50.2	60.6
Payment of bills	70.9	23.1	46.5	74.5	29.5	52.9	71.1	23.4	46.9
Advice to children	82.1	71.3	76.6	85.2	79.4	82.4	82.3	71.7	76.9
Settling disputes	83.6	57.1	70.1	84.0	56.1	70.6	83.6	57.1	70.1

Note: All row percentages for men refer to 752 cases, for women refer to 730 cases, and for total refer to the complete sample of 1,482 elderly.

Figure 4.9: Elderly reporting no role in various decision-making activities according to sex, Himachal Pradesh 2011



4.6 Social Engagement

The social engagement of the elderly was assessed through a set of questions seeking to know whether they participated in any meetings, community gatherings and social or religious functions and the frequency of such attendance was recorded. As seen from Table 4.2, nearly fifty per cent of the elderly (47%) in Himachal Pradesh have never attended any such meeting in the year preceding the survey. This is comparatively lower than the seven state combined average (73%). This may be because Himachal Pradesh is a hilly state and moving around is difficult, especially for the elderly. Notably, a slightly higher proportion of the elderly in rural areas have attended such meetings; on an average nearly two in every three elderly men attended meetings. Only 3 per cent of the elderly reported going out quite frequently.

However, a different pattern emerges when attendance at religious programmes and services, excluding marriages and funerals is considered (Table 4.3). About 53 per cent males and 45 per cent females have attended such events at least once or twice during the past year. Attending such

Table 4.2: Per cent distribution of elderly by the frequency of attending any public meetings in the 12 months preceding the survey by place of residence and sex, Himachal Pradesh 2011

Frequency of Attendance in Meetings	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	34.9	58.8	47.1	45.0	58.2	51.3	35.5	58.7	47.3
Rarely	34.4	24.8	29.5	35.9	34.4	35.2	34.4	25.2	29.8
Occasionally	25.4	15.3	20.3	15.1	7.1	11.3	24.9	14.9	19.8
Frequently	5.3	1.2	3.2	4.1	0.3	2.3	5.2	1.1	3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table 4.3: Per cent distribution of elderly attending religious programmes or services (excluding weddings and funerals) in the 12 months preceding the survey by place of residence and sex, Himachal Pradesh 2011

Frequency of Attendance in Religious Programmes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	22.4	37.5	30.1	20.8	35.0	27.6	22.3	37.4	30.0
Once or twice per year	52.8	45.2	48.9	58.3	49.2	53.9	53.1	45.4	49.2
Once or twice per month	17.1	13.4	15.2	11.2	8.4	9.9	16.8	13.1	14.9
Once or twice per week	7.4	4.0	5.6	7.8	5.4	6.6	7.4	4.0	5.7
Daily	0.3	0.0	0.2	2.0	2.0	2.0	0.4	0.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

events was found to be slightly higher for urban men (58%) than their rural counterparts (53%) and a similar pattern was observed for urban women (49%) as compared to rural women (45%).

The survey also investigated the satisfaction of the elderly with their current social and religious participation. About 78 per cent expressed their satisfaction with current level of outings, while 18 per cent would not like to go out and the remaining 3 per cent expressed their desire to go more often (BKPAI Survey, 2011). In addition, elderly respondents were also asked the reason for not going out more. The two major reasons were health complications (56%) and lack of finances to attend the social gatherings (29%). Some of the problems are urban centric (like safety and not having anyone to accompany them); however the rural elderly reported more financial hardship (30%) (Appendix Table A 4.5).

4.7 Elderly Abuse

While misbehaviour with the elderly is not new, their ill treatment has only recently been recognized as a form of abuse in its own right (UNFPA and HelpAge International, 2012). Abuse is one of the cruellest and most heinous acts by humans towards the elderly. In India, 31 per cent of the elderly have faced some form of abuse as per the findings of survey conducted in the 20 major cities in the country (HelpAge India, 2012) while in Himachal Pradesh, 12 per cent of the elderly have experienced abuse and this is more likely to happen in rural areas (Table 4.4). This is higher than other states like Kerala (3%) and Tamil Nadu (2%).

Table 4.4: Per cent distribution of elderly by experience of abuse after turning 60 and in the month preceding the survey according to place of residence and sex, Himachal Pradesh 2011

Experienced Abuse	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Yes, after age 60	12.6	11.5	12.0	7.4	7.5	7.5	12.3	11.3	11.8
Yes, last month	1.5	2.2	1.9	1.1	0.6	0.9	1.5	2.1	1.8
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Figure 4.10: Forms and sources of abuse faced by the elderly after age 60, Himachal Pradesh 2011

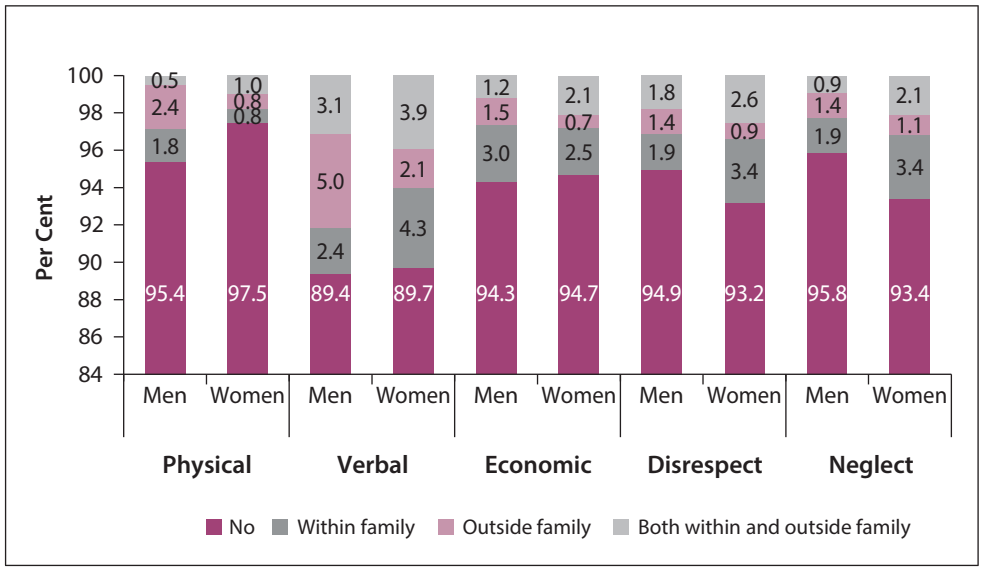
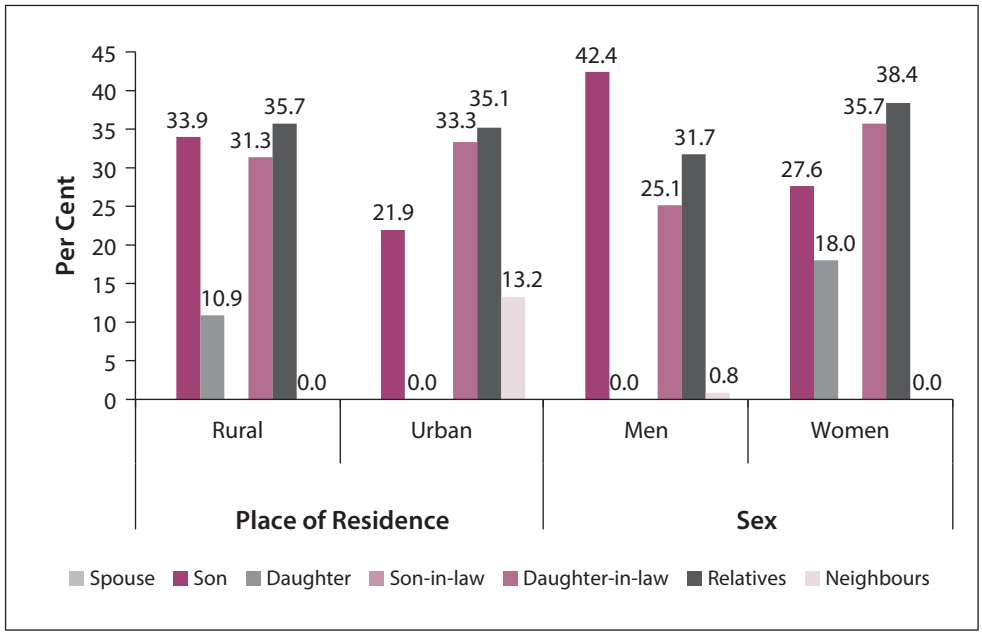


Figure 4.10 shows the different forms and sources of abuse faced by the elderly. Except for verbal abuse, the main source of abuse was within the family: women were more likely to be abused verbally within the family and men outside the family. Economic dependence in later ages remains one of the major reasons for elderly abuse or disrespect, which is generally meted out by relatives and family members including daughters-in-law and sons. This remains true for both rural and urban areas (Fig. 4.11).

Figure 4.11: Perpetrator of abuse or quarrel among elderly who reported any abuse in the month preceding the survey by place of residence and sex, Himachal Pradesh 2011



To summarize, the living arrangements of the elderly in Himachal Pradesh are consistent with the findings of the seven state study. The majority of the elderly are presently staying with their spouses, children and grandchildren. However, the proportion of women living alone is the fourth highest among the states covered by the BKPAI Survey which reflects the dismal condition of elderly women in the state. The predominant reasons for the elderly living alone are migration of children, followed by preference to be independent and family conflicts. Further, 97 per cent of the elderly have reported that they are satisfied with their present living arrangement, with elderly men being marginally more satisfied than elderly women. Meetings and communication between the elderly and their children are universal. However, low level of monetary transfers between the elderly and their non co-residing children appears surprising and therefore requires further investigation. While the elderly participate actively in routine household activities, their role in decision-making is restricted, especially for elderly women. The social engagement of the elderly in attending religious programmes or public meetings is severely restricted and this is mainly due to concerns for their safety and security along with companionship in urban areas, while financial constraints are the primary reason in rural areas. The major issue emerging in this section is elderly abuse. About 12 per cent of the elderly had experienced abuse in Himachal Pradesh which is about the same as the seven state average. Further investigation is required to ensure provisions are made for the physical security of the elderly in the state.

5. Health and Subjective Well-being

The three major components of elderly well-being are: income security, health and social protection. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948) and in the case of the elderly it becomes even more important since with advancing age, the human body deteriorates in several ways and hence becomes immobile, frail and suffers from various types of diseases and disorders. Therefore, health should be given a higher priority in general and more so in the case of the elderly.

This section is divided into two broad sub-sections: (i) self-rated health, functionality and well-being and (ii) morbidity, health care access and finance.

5.1 Self-rated Health, Functionality and Well-being

There are three major components of this sub-section–part one deals with the self-assessment of the elderly about their current and relative health, the second part examines functional health which includes activity of daily living (ADL), instrumental activities of daily living (IADL), loco-motor disability and the last part examines the mental and psychological health, cognition and risky health behaviours of the elderly.

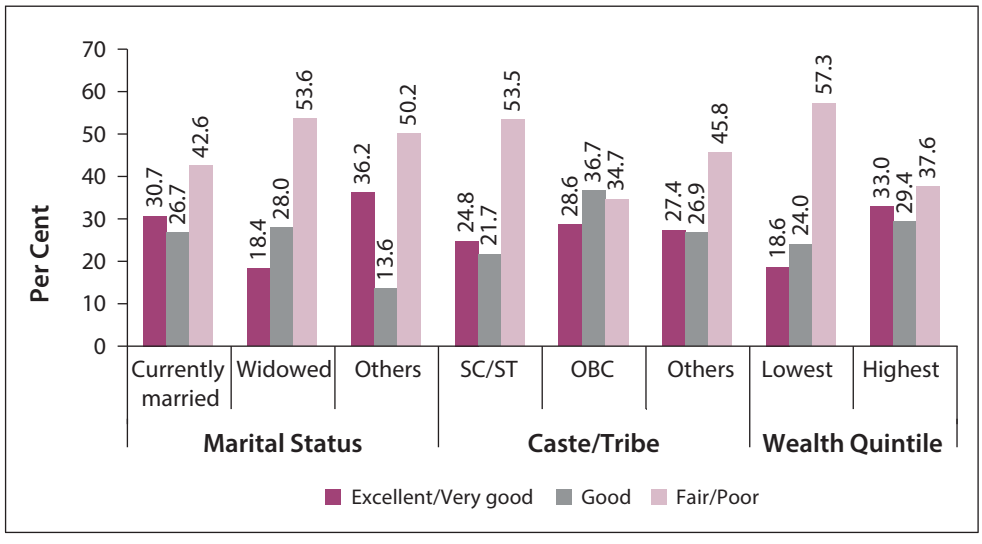
5.1.1 Self-rated Health

The elderly were asked three questions related to their perceived health, i.e., how they rated their health currently, how they rated it compared to the previous year and how they compared it with that of their peers. Current health was measured on a point scale basis: (i) excellent (ii) very good (iii) good (iv) fair and (v) poor. Similarly, compared health scales were: (i) better (ii) same (iii) worse (iv) don't know and (v) no response (Lorig et al., 1996).

Excellent or very good current health was perceived to be higher among men (31%) and urban elderly (35%) than women (23%) and rural (26%) elderly. However, this perception declines with higher age (20%), widowhood (18%), illiteracy (23%), elderly who have never worked (23%), low wealth quintile (19%) and elderly living alone (17%) (Figs. 5.1 & 5.2 and Appendix Tables A 5.1 & 5.2). Surprisingly, 70 per cent of the older population has reported more or less the same health status as the previous year across gender and place of residence. One fifth of the elderly felt their health had worsened and 7 per cent reported better health than the previous year. These percentages differ with gender and place of residence (Appendix Tables A 5.1 and 5.2).

Figure 5.1: Self-rated current health status by age and sex, Himachal Pradesh 2011

Figure 5.2: Self-rated current health status by marital status, caste/tribe and wealth quintile, Himachal Pradesh 2011



There is a clear distinction in self-rated elderly health across gender and place of residence as compared to their peers. Women (23%) and rural elderly (20%) have reported worse health but the rest have differed with them and opined that their health is the same or even better as their peers. It was also found that background characteristics do have a direct impact on elderly health when compared with their peers specially education, current work status and living with spouse and children (Appendix Tables A 5.1 and 5.2).

5.1.2 Functionality

There are three types of physical impairment among the elderly (i) activities of daily living (ADL), (ii) instrumental activities of daily living (IADL) and (iii) locomotor disability. In literature, ADL consists of the six most basic day-to-day activities like bathing, dressing, using the toilet, mobility,

Figure 5.3: Elderly needing full/partial assistance for at least one ADL by sex and place of residence, Himachal Pradesh 2011

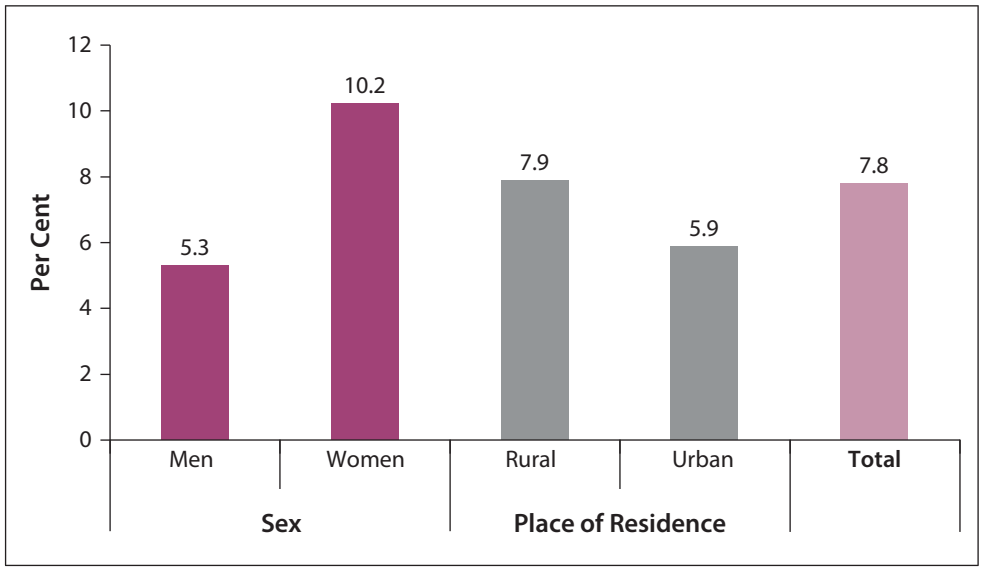
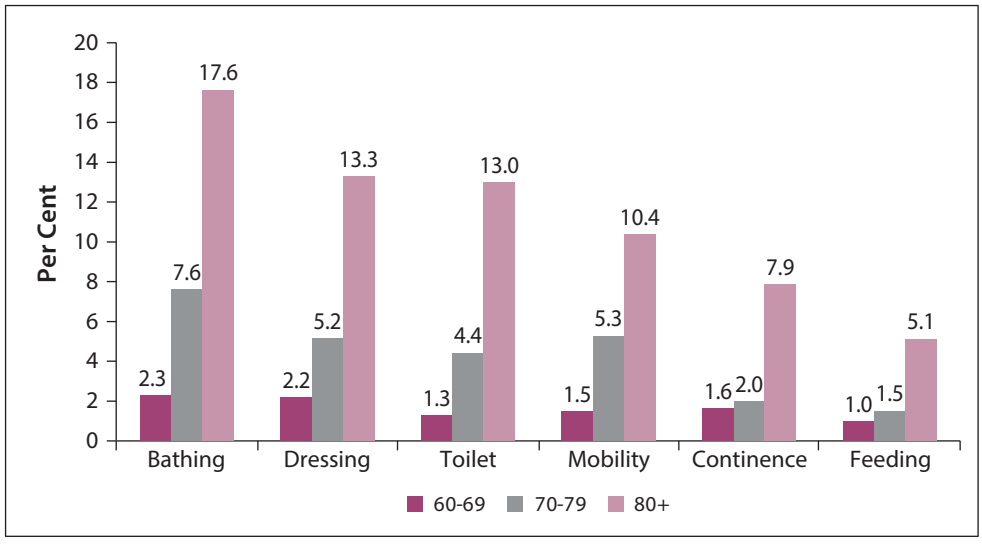


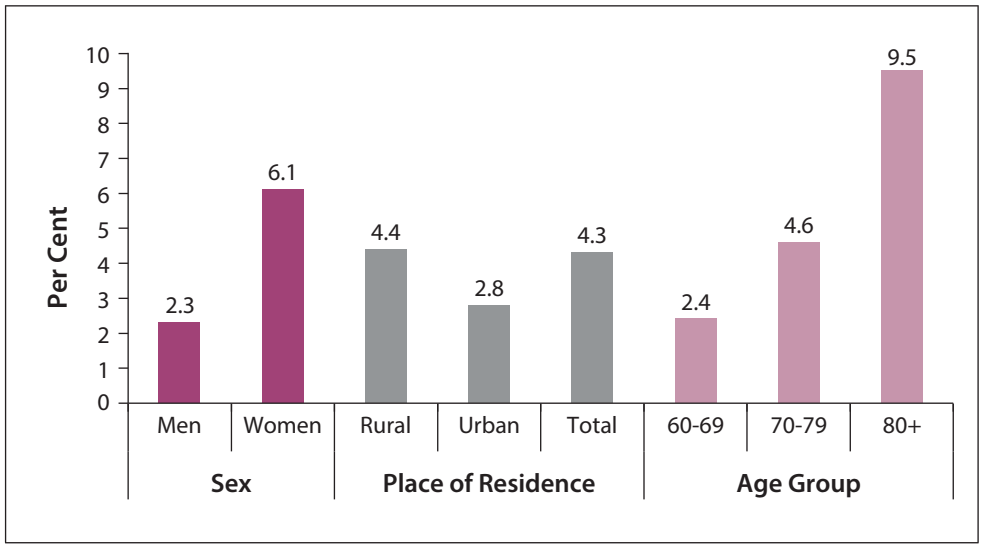
Figure 5.4: Elderly needing full/partial assistance by ADL domains according to age groups, Himachal Pradesh 2011



continence and feeding, and these activities have been measured on the basis of level of assistance required, that is, full or partial (Katz et al., 1963; Katz, 1983).

The BKPAI Survey findings suggest that 8 per cent of the elderly requires assistance for at least one ADL. Bathing (7%) appears to be the most difficult while feeding (2%) is the least challenging ADL in old age. Moreover, it is slightly higher among the rural elderly (8%) and women (10%) as compared to their urban (6%) and male (5%) counterparts. It is worth noting that only 1 per cent of the elderly surveyed requires full assistance in all the above mentioned activities (Appendix Table A 5.3 and Fig. 5.3), however, one fifth of the elderly require assistance in at least one ADL after crossing age 80 – bathing (18%), dressing and toilet activities (13% each) and mobility (10%) (Figs. 5.3 & 5.4 and Appendix Tables A 5.3 & 5.5).

Figure 5.5: Elderly who cannot perform any IADL activity according to sex, place of residence and age, Himachal Pradesh 2011



The IADL activities include the ability to use the phone, shopping, food preparation, housekeeping, laundry, transportation, medication and handling of finances. The Lawton and Brody (1969) Index has been used for the analysis. On the basis of the IADL scale, more than 90 per cent of the elderly required assistance for at least one activity without much variation across gender. However, the rural (92%) and older old (97%) are more vulnerable than the urban (78%) and younger old (88%). There are certain activities exclusively performed by women in Indian households like the preparation of meals, housekeeping, and laundry, while shopping and handling finances are taken care of by the men. Overall, only 8 per cent of the elderly can perform all the IADL activities and they belong to the highest wealth quintile (20%), are living alone (26%), urban (22%) and young old (12%) (Appendix Tables A 5.4 and 5.5). The inability to perform IADL activities increases with age, especially among women. Overall 4 per cent of the elderly cannot perform any IADL activity (Fig. 5.5).

Besides functional limitations, there is another important aspect of physical health of the elderly: locomotor disability. The survey asked respondents about any difficulty regarding vision, hearing, walking, chewing, speaking and memory. For these aspects of disability they were questioned about the use of aids (except for speaking and memory), sources of financing for such aids and extent of help available through the use of such aids.

Locomotor disabilities were reported in terms of full and partial impairments. The four major locomotor disabilities (full and partial) were vision (49%), chewing (33%), walking (23%) and hearing (22%), prevalent especially among elderly women (Appendix Table A 5.6). The major issue of concern is the high proportion of full disability in vision (12%), chewing (10%) and walking (5%) among the elderly in the state. The extent of such disabilities increases with age (Fig. 5.6). The rural elderly suffer from higher locomotor disabilities (except vision) than their urban counterparts and there is not much variation across caste. But wealth status plays an important role in locomotor disabilities, showing that a higher proportion of lower wealth quintile elderly reported locomotor disabilities than the higher wealth quintile groups (Appendix Table A 5.7).

Figure 5.6: Elderly by type of disability and age, Himachal Pradesh 2011

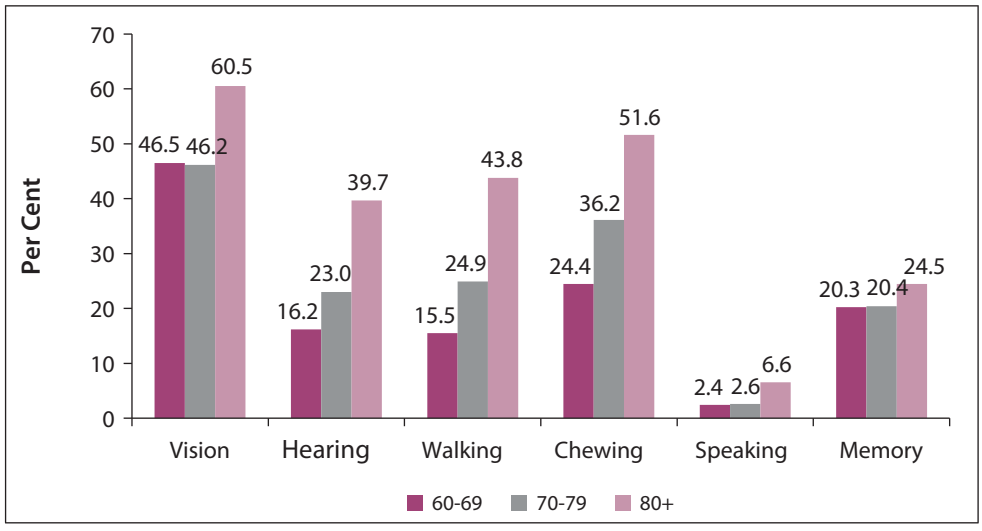
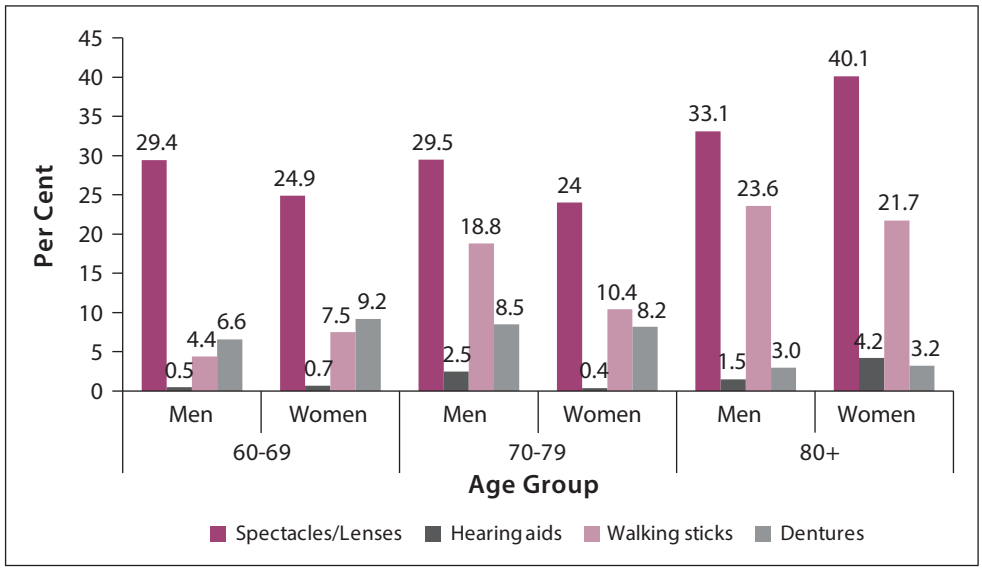


Figure 5.7: Elderly using disability aids according to age and sex, Himachal Pradesh 2011



The utilization of medical aids for locomotor disability is abysmally low in Himachal Pradesh– nearly 99 per cent of the elderly do not have hearing aids, 89 per cent do not use walking sticks, dentures are not available for 93 per cent of the elderly and 71 per cent are living without spectacles or eye lenses. Utilization of aids is higher in urban areas and among the male elderly than their counterparts. Utilization increases with age except for dentures (Appendix Table A 5.8 and Fig. 5.7). Non-accessibility of medical gadgets or equipment as well as financial constraints could be possible reasons for under-utilization of disability aids.

5.1.3 Mental Health and Cognitive Ability

Besides functional impairments and disabilities, mental health conditions are an important cause of morbidity and mortality and are significant contributors to the burden of disease among the elderly. In the present study, a number of standardized scales and questions were used to assess

the general mental health conditions among the elderly respondents. These included the 12-item General Health Questionnaires (GHQ) and the nine-item Subjective Well-being Inventory (SUBI). The following section presents a few notable findings from the data collected through these instruments.

General Health Questionnaire

The GHQ is a self-administered screening questionnaire, designed for use in a consulting setting and aimed at detecting individuals with a diagnosable psychiatric disorder (Goldberg and Hillier, 1979). The 12-GHQ items are: able to concentrate, loss of sleep due to worry, playing a useful part, capable of making decisions, feel constantly under strain, could not overcome difficulties, able to enjoy day-to-day activities, able to face problems, feel unhappy and depressed, loss of confidence, consider self worthless and feel reasonably happy. Each item assesses the severity of a mental problem of the individual in daily life. The GHQ items are rated on a four-point scale: (i) less than usual/not at all/better than usual, (ii) no more than usual/same as usual, (iii) rather more than usual/less than usual, and (iv) much more than usual which gives a total score between 12 and 36 depending on the scoring method selected. The most common scoring methods are bimodal (0-0-1-1) and Likert scoring (0-1-2-3) and for this study the latter has been used. A higher score indicates a greater degree of psychological distress.

Subjective Well-being Inventory

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

While on the SUBI scale "all negative responses" implies serious health conditions, the GHQ is indicative of psychological distress reflecting mental health of individuals if scores are greater than 12 on the Likert scale. The GHQ results reveal that about 36 per cent of the elderly are suffering from psychological distress and the proportion is higher among women, widows and the rural elderly as compared to their counterparts. Psychological distress increases with age – 27 per cent of young old (60-69 years) and 52 per cent of the oldest old (above 80 years) reported distress – and declines with wealth status as 49 per cent of those belonging to the lowest wealth quintile have reported such distress against 28 per cent belonging to the highest wealth quintile (Table 5.1). Despite this, psychological distress and mental health is not considered a major ailment in India and there is no medication available. This is true for Himachal Pradesh as well.

Table 5.1: Percentage of elderly classified based on GHQ-12 and SUBI according to select background characteristics, Himachal Pradesh 2011

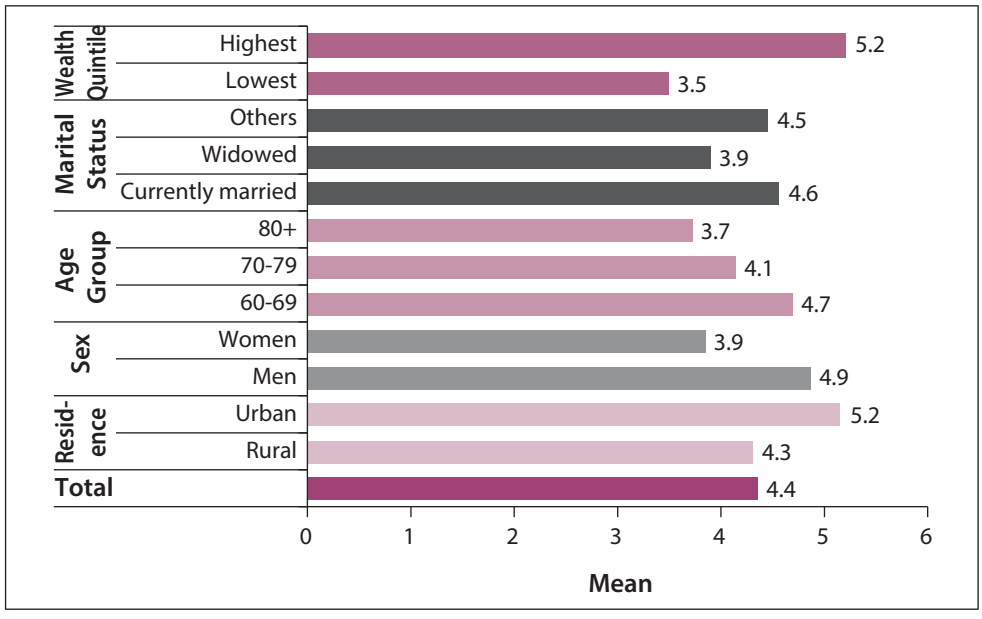
Background Characteristics	GHQ Score above Threshold Level (>12)	SUBI (All Negative)
Age Group (Years)		
60-69	27.2	1.9
70-79	40.8	2.3
80+	52.1	4.3
Sex		
Men	30.2	1.5
Women	41.2	3.3
Residence		
Rural	36.3	2.5
Urban	26.9	1.7
Marital Status		
Currently married	33.5	2.0
Widowed	40.6	2.7
Others	37.2	11.6
Wealth Quintile		
Lowest	49.2	8.4
Highest	28.4	2.6
Total	**35.8**	**2.4**

In Himachal Pradesh, the mean SUBI score is 18, which is less than the seven state average of 19, and there is not much variation by place of residence (Appendix Table A 5.9). Nevertheless, when classified by age, old reported a high percentage of all negative or at least one negative SUBI than the young old. This was also the case for women. Moreover, women above 80 years (7%), divorced/separated/never married (12%) and poorest (8.4%) elderly fall under the subjective ill-being category in Himachal Pradesh (Table 5.1). Only 3 per cent of the young old have reported all positive responses to SUBI questions and 30 per cent have reported at least one negative response (Appendix Table A 5.10).

Cognitive Ability

In addition to the GHQ and SUBI scale-based assessments of mental health conditions and subjective well-being, a brief exercise was conducted during the survey to measure the degree of cognitive ability among the elderly respondents. A list of 10 commonly used words (bus, house, chair, banana, sun, bird, cat, *sari*, rice and monkey) was read out to the respondents and they were asked to recall the words. The order of the words recalled was kept flexible. The number of words recalled as well as the time taken for the recall was recorded. Results of the survey suggest that the urban, male, young old and richer elderly are able to recall more words than other socio-economic groups. They are able to recall 50 per cent of the words. However, there is not much variation between married or widowed as their word recall score is more or less the same. The elderly have a poor memory overall since more than three-quarters of the elderly recalled less than 50 per cent of the total words (Fig. 5.8). Overall, less than 1 per cent of the elderly could recall more than 8 out of 10 words while 23 per cent could recall between six and eight words (Appendix Table A 5.11).

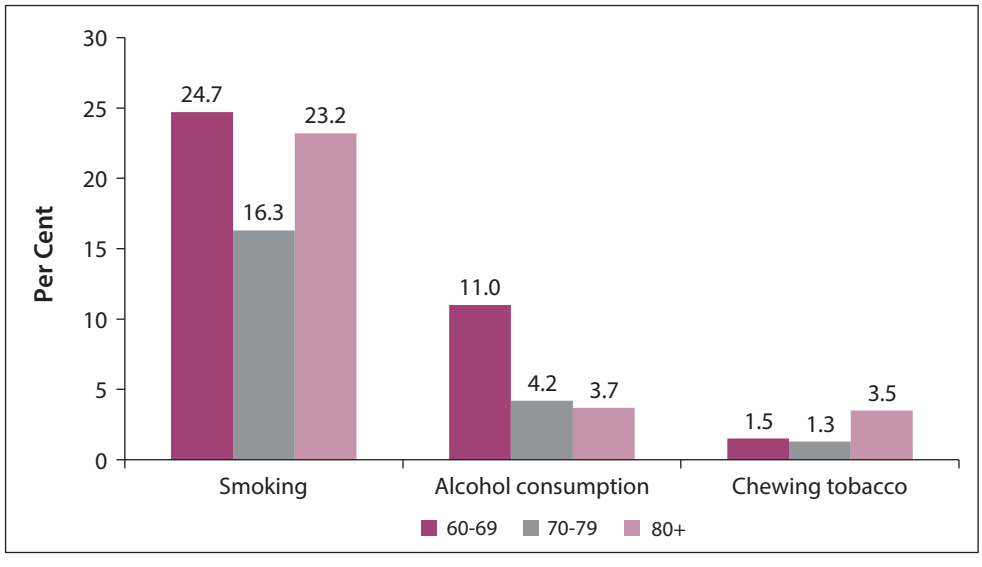
Figure 5.8: Mean number of words immediately recalled by the elderly according to select background characteristics, Himachal Pradesh 2011



5.1.4 Risky Health Behaviours

The elderly are most often engaged in three types of risky health behaviour – smoking, alcohol consumption and chewing tobacco – all of which are more common in the case of men (WHO, 2005). Similar results were also furnished by this survey, where 40 per cent of the elderly men are currently smoking as against 4 per cent of women. While alcohol consumption and chewing tobacco is almost nil for elderly women, it is 16 per cent and 3 per cent respectively for the men. Nearly half the elderly men (47%) have reported engaging in at least one any of the three risky health behaviours currently (Appendix Table A 5.12). While consumption of alcohol declines with increasing age there is no such correlation for smoking and chewing tobacco (Fig. 5.9).

Figure 5.9: Current risky health habits among elderly by age group, Himachal Pradesh 2011



5.1.5 Medical Check-ups

This survey also tried to assess the health literacy and preventive care among the elderly population by questioning them about the frequency of undergoing medical check-ups. One fifth of elderly males (20%) and a slightly higher percentage of elderly females (23%) undergo routine medical check-ups in the state, however only 13 per cent of all elderly people go for weekly or fortnightly medical check-ups (Appendix Table A 5.13).This suggests that preventive health care and health literacy is low in Himachal Pradesh and this needs to be improved through government policy and programmes.

5.2 Morbidity, Health Care Access and Financing

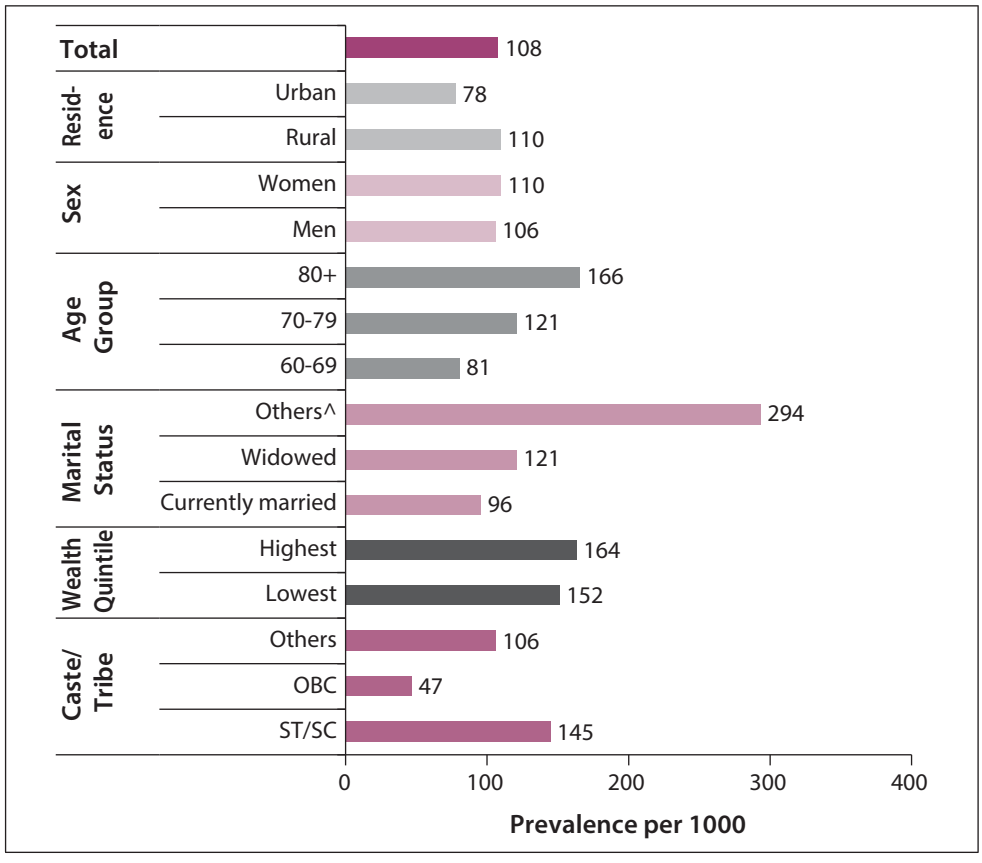
This sub-section discusses non-communicable medically diagnosed diseases and hospitalization among the elderly. In addition, any self-reported illnesses in the previous 15 days were also considered. This section also focuses on elderly health-seeking behaviour, family care giving, health expenditure, sources of health financing etc.

5.2.1 Acute Morbidity

The prevalence rate of acute morbidity among the elderly is about 108 per thousand in Himachal Pradesh without much variation by gender and it is higher among the rural elderly (110 per 1000) than their urban counterparts (78 per 1000) (Fig. 5.10). Notably, acute morbidity in Himachal Pradesh is less than the seven state average of 13 per cent. However, it has been reported higher (28%) in the NSS Health Survey 2004 and there is a marginal variation between rural illness (28%) and urban (31%).

The incidence of acute morbidity increases with age (166 per 1000 in the age group 80+ years compared to 81 per 1000 in the age group 60–69 years). Both SC and ST elderly reported higher prevalence of acute morbidity (145 per 1000) compared to the general category (106 per 1000). There is a negative association between a better standard of living and poor health status– prevalence of acute morbidity among the elderly belonging to the highest wealth quintile (164 per 1000) is found to be higher than the lowest wealth quintile (152 per 1000). Across marital status, the highest incidence is found among the elderly who are divorced/separated (294 per 1000) (Fig. 5.10). However, it was observed that the elderly who live with their children and other family members reported a comparatively lower prevalence of acute illnesses (102 per 1000) than those living alone (193 per 1000) or with their spouse only (116 per 1000) (Appendix Table A 5.15). The most often reported diseases are fever (417 per 1000), asthma (54 per 1000), blood pressure (46 per 1000) and others (331 per 1000) which includes body pain, cataract, typhoid, ulcer etc. The reporting of fever is almost double in rural areas (425 per 1000) as compared to urban areas (220 per 1000) (Appendix Table A 5.16).

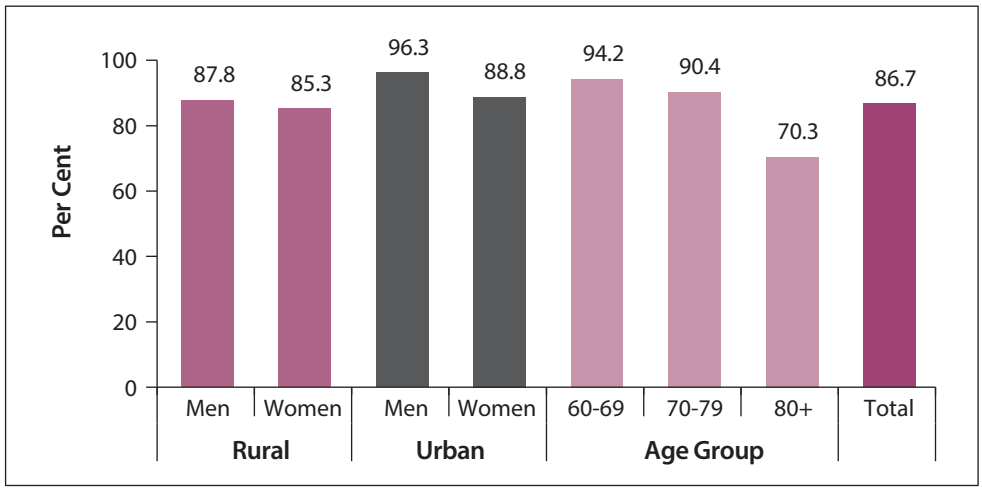
Figure 5.10: Prevalence rate of acute morbidity per 1000 elderly according to select background characteristics, Himachal Pradesh 2011



Note: ^Based on 25-49 unweighted cases

With respect to the treatment of acute ailments, a high proportion of elderly (87%) in Himachal Pradesh have received treatment but this is lower than the seven state average (91%). Moreover, treatment sought was marginally higher among men and urban elderly than their counterparts and it was lowest for the elderly aged above 80 years (Fig. 5.11 and Appendix Table A 5.17). Widely cited reasons for not getting treatment are "no medical facility available in the neighbourhood" and "financial reasons" among rural elderly.

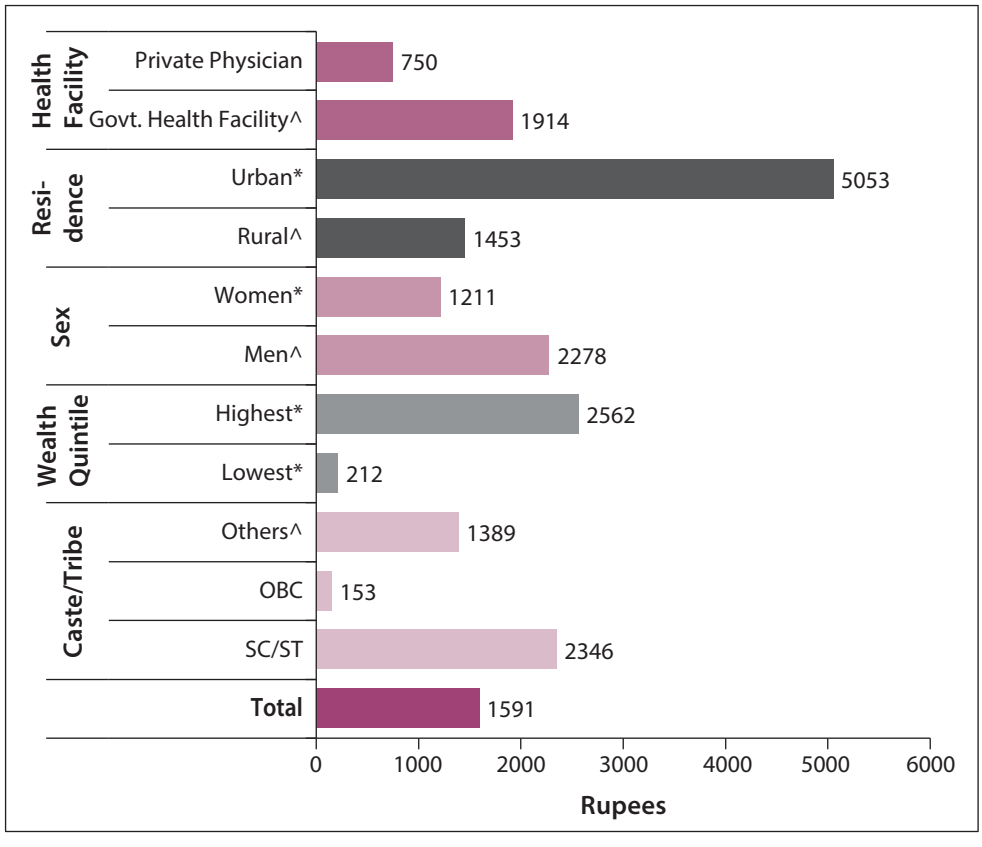
Figure 5.11: Elderly seeking treatment for acute morbidity (last episode) according to place of residence, sex and age, Himachal Pradesh, 2011



As far as sources of treatment are concerned, about two thirds of the elderly sought treatment from 'government health facilities' in both rural and urban areas. Private dispensaries (33.7%) are the second preferred source for treatment for acute morbidity. This is in contrast to the treatment seeking behaviour in the seven states report which is more inclined towards private physicians. Only 4 per cent of rural elderly men are found to have visited "other" sources for treatment, showing insignificant preference for unqualified practitioners (Appendix Table A 5.18). Propensity to seek private physicians increases considerably with higher wealth quintile. This may imply that the elderly prefer better quality medical care options provided by private hospitals if they can afford them (Appendix Table A 5.19).

Surprisingly, the average expenditure incurred on treatment of acute morbidity was found to be higher for government health facilities (Rs. 1,914). However, a comparison on treatment cost of public and private health care facilities may not be feasible because of limited observations in case of the latter. Similarly, a high mean expenditure was observed in rural areas (Rs. 1,453). It is interesting to observe that the mean expenditure incurred for the treatment of acute ailments was high for males (Rs. 2,278). This may be due to the fact that a considerably higher proportion of males sought treatment from private physicians. Despite the government subsidy on consultancy, diagnostic tests and free medicines in government hospitals they are still expensive (Fig. 5.12).

Figure 5.12: Average expenditure on treatment of last episode of acute morbidity by type of facility and select background characteristics, Himachal Pradesh 2011



Note: ^Based on 25-49 unweighted cases; *Based on fewer than 25 unweighted cases

The major component of expenditure on the treatment of acute morbidity is diagnostic tests (39.4%) followed by medicines (26%) and others (23%). This may be because most of the government hospitals are not well equipped with modern medical technology for diagnostic tests and lack adequate supply of prescribed medicines. Therefore, most of the patients avail these facilities from private healthcare providers (Appendix Table A 5.20).

The major source of financing the treatment of the last episode of acute morbidity among the elderly in Himachal Pradesh is the spouse (60%) followed by self (26%) and lastly children (14%) (Appendix Table A 5.21). This is in contrast to the findings of the seven state study, where children were considered to be the major source of financial support for the medical expenses of their elderly parents, followed by self and spouse.

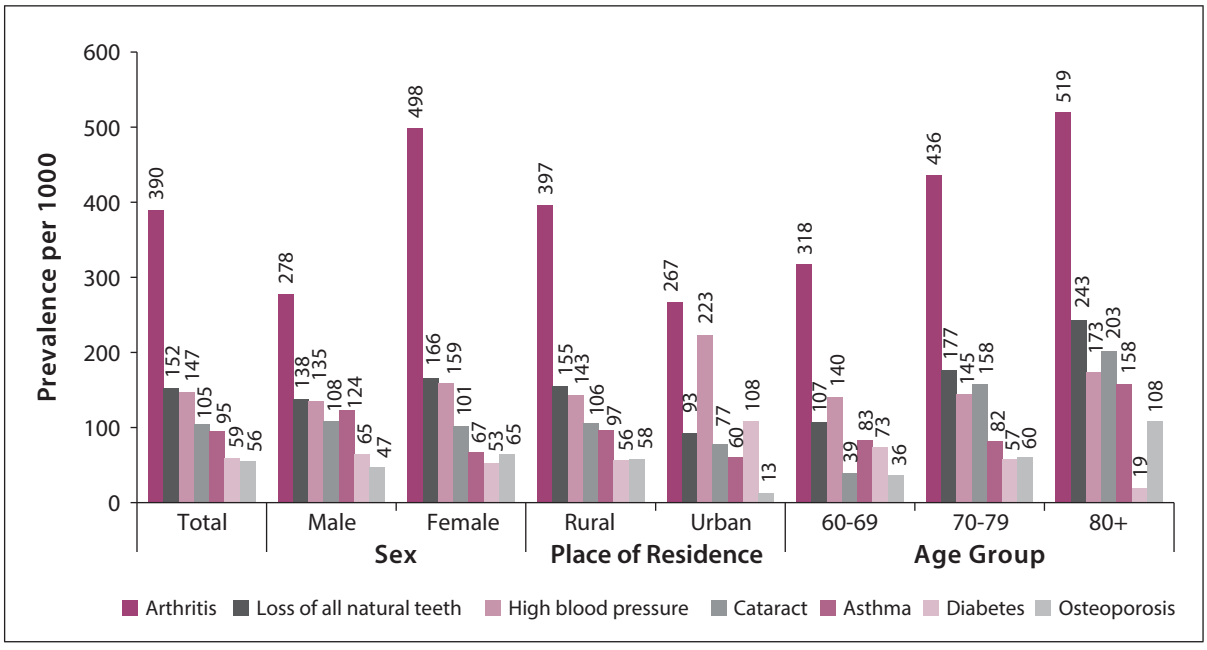
5.2.2 Chronic Morbidity

The BKPAI Survey gathered information on the elderly suffering from 20 major chronic ailments, also known as non-communicable diseases (NCDs).These are arthritis, cerebral stroke, heart disease, diabetes, chronic lung disease, asthma, depression, high blood pressure, Alzheimer's disease, cancer, dementia, liver diseases, osteoporosis, renal disease, cataract, loss of all natural teeth, accidental injury, injury due to a fall, skin disease and paralysis. These chronic diseases were diagnosed by medical practitioners like doctors or nurses, without actually seeing the prescription. This section focuses on the following issues of the NCDs: (i) duration of illness, (ii) status of medication in the last three months, (iii) source of treatment, (iv) medical expenses, (v) source of finance and lastly (vi) reason for not seeking any treatment.

Nearly two thirds of the elderly (653 per 1000) were suffering from at least one chronic disease and prevalence was higher among women (719 per 1000) and the rural elderly (656 per 1000) as compared to their counterparts. Further, there are seven common diseases which have been reported by a majority of the elderly, namely, arthritis (390 per 1000), loss of natural teeth (152 per 1000), high blood pressure (147 per 1000), cataract (105 per 1000), asthma (95 per 1000), diabetes (59 per 1000) and osteoporosis (56 per 1000) (Fig. 5.13 and Appendix Table A 5.22). The incidence of arthritis is reported to be lower in the seven state study (293 per 1000) (Alam et al., 2012).

The prevalence of all these diseases is reported to be higher for elderly women than men except asthma and diabetes. In addition, the prevalence of all common chronic diseases is higher among the rural elderly barring high blood pressure (223 per 1000) and diabetes (108 per 1000) which may be because of the skill intensive and sedentary nature of work in urban areas. The incidence of all the seven common chronic ailments increases with advancing age. For example, from young old (60-69 years) to oldest old (80+ years) the increase is 20 per cent for arthritis, 16 per cent for cataract, 12 per cent for loss of teeth, 8 per cent for Asthma and 7 per cent for Osteoporosis (Fig. 5.13). When classified according to marital status, widows and others reported more NCDs than their counterparts (Appendix Table A 5.23).

Figure 5.13: Prevalence of seven common chronic ailments among per 1000 elderly by sex, age and place of residence, Himachal Pradesh 2011



There is wide variation with respect to the treatment of the NCDs. For example, more than 90 per cent of the elderly got treatment for high blood pressure and diabetes while over 70 per cent got treatment for arthritis and asthma and 62 per cent for cataract. However, only about 17 per cent of elderly suffering from osteoporosis and loss of natural teeth received medical treatment and aids (Appendix Table A 5.24). Similar variations were observed for the reasons for not seeking treatment as 74 per cent did not receive medical help for osteoporosis either because their condition had improved or the ailment was not considered serious. Financial or other reasons (20% each) were the major hurdles in accessing medical treatment for the arthritis patients (Appendix Table A 5.25).

Health facilities were also selected according to the diseases; however the inclination is more towards government health facilities. To illustrate, over 50 per cent of the elderly had visited the government health centre for treatment of arthritis, cataract, asthma and osteoporosis though private physicians were preferred for loss of natural teeth (67%) and diabetes (56%). Yet both types of health facilities were availed of by the elderly in almost equal proportions in case of high blood pressure (about 47%) (Fig. 5.14). These findings suggest that, apart from the quality of the medical care facility, the elderly or their families select the health facilities on emergency and non-emergency grounds (Normand et al., 2013).

The average monthly expenditure for cataract treatment in a government hospital is Rs. 1,065 and Rs. 2,865 in private hospitals (Fig. 5.15). The difference in the cost might be due to subsidies provided at the government hospitals for similar services. However, as has been stated earlier, the elderly in Himachal Pradesh mostly prefer government facilities for the treatment of chronic ailments. Nevertheless, the expenditure in private health facilities is lower than government hospitals for the treatment of diabetes, asthma and arthritis by 66 per cent,13 per cent and 15 per cent respectively.

Figure 5.14: Elderly by source of treatment of common chronic morbidities, Himachal Pradesh 2011

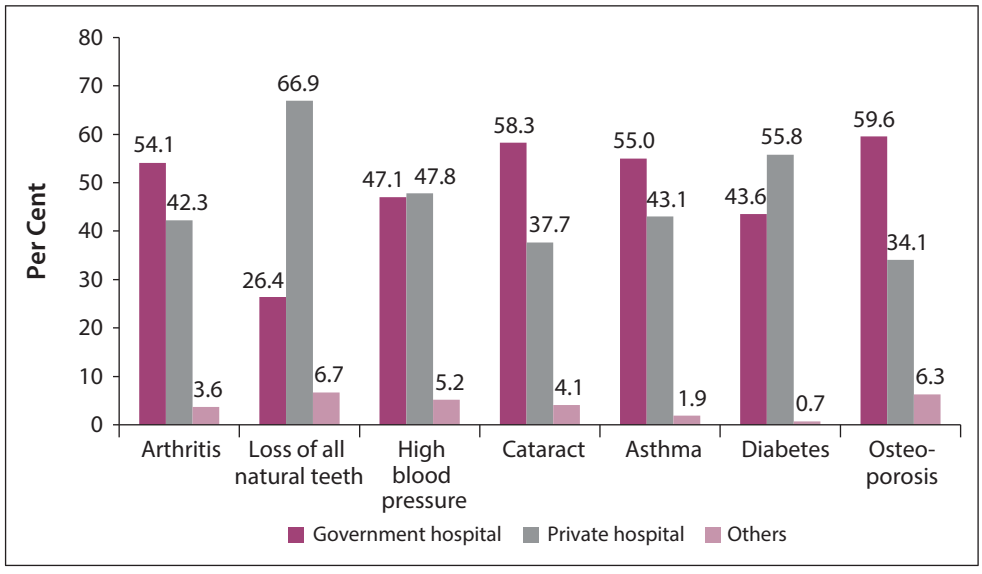
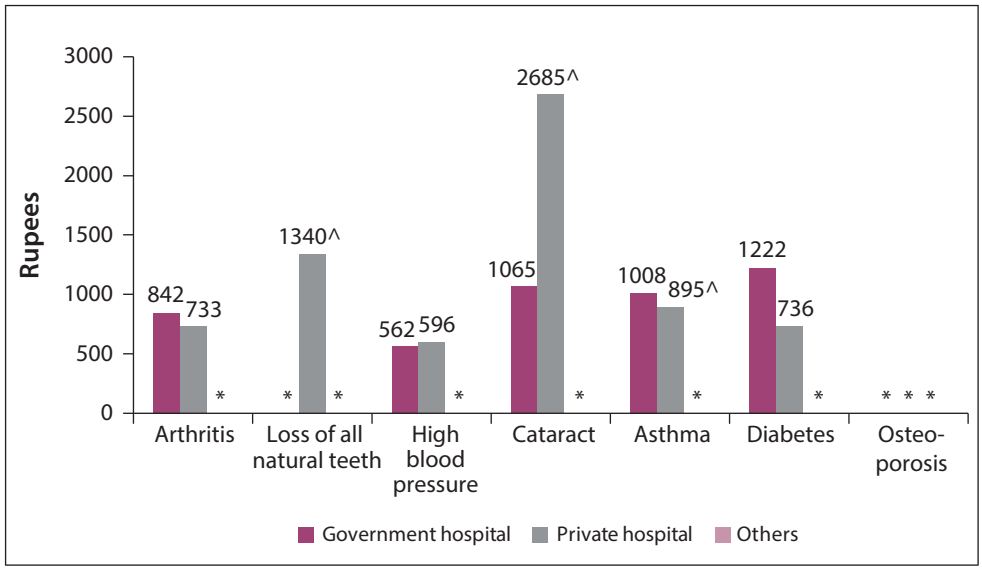


Figure 5.15: Average monthly expenditure on treatment of common chronic morbidities by source of treatment, Himachal Pradesh 2011



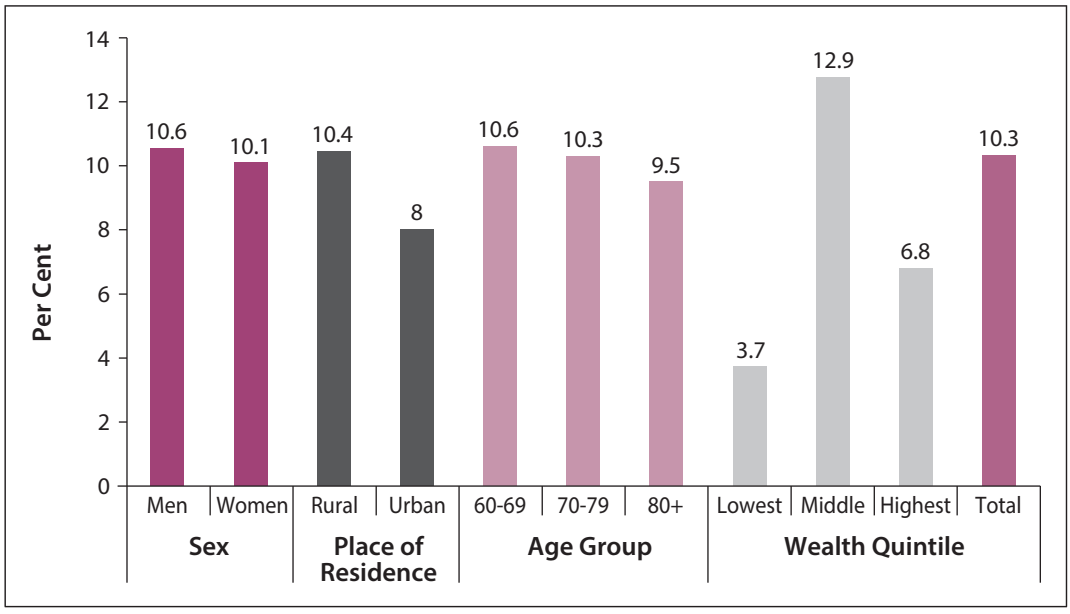
Note: ^Based on 25-49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

Unlike the treatment of acute ailments, health care expenses for chronic morbidities are mostly borne by the elderly men themselves with some support from their children, while in the case of elderly women, health care expenditure is mostly financed by children and spouses for the treatment. This is true for all the seven common chronic ailments (Appendix Table A 5.26), similar to the findings for seven states together.

5.2.3 Hospitalization

A more reliable approach to ascertain the severity of ailments – either self-reported based on symptoms, or based on the respondents' reports on being informed about such ailments by

Figure 5.16: Elderly hospitalized one year preceding the survey according to select background characteristics, Himachal Pradesh 2011



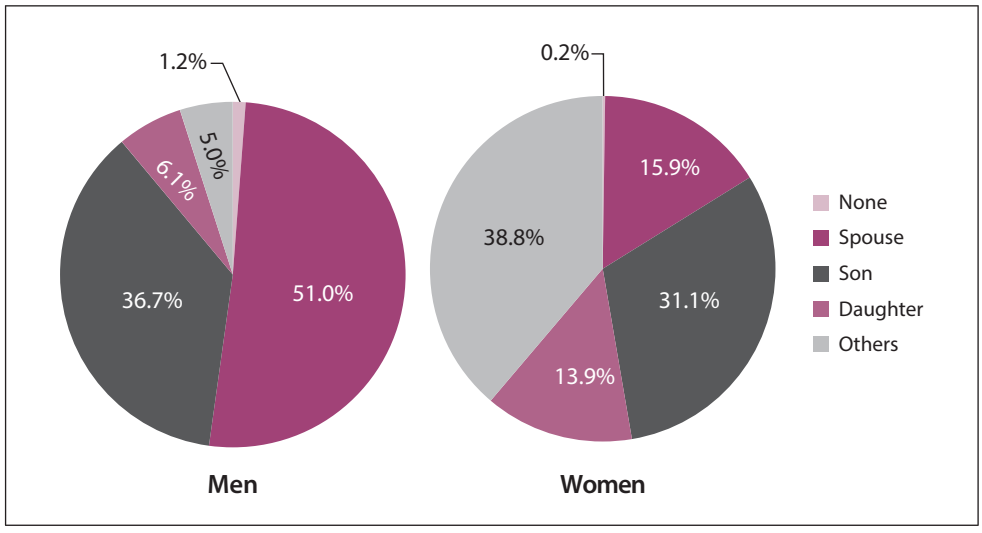
medical personnel – is to examine the extent of hospitalization or in-patient stay in health facilities. This sub-section provides information related to elderly hospitalization in the last 365 days or past 12 months. As in the case of acute morbidity, it presents information on the hospitalization rate, type of hospital facility availed, support and care givers, health care expenses and source of finance.

Overall, the hospitalization rate is 10 per cent across gender and age groups, however, the urban elderly have reported lower hospitalization rates (8%) than the rural elderly (10%). Hospitalization rate among the elderly varies from 7 per cent for the highest wealth quintile to 13 per cent for the middle quintile and to 4 per cent for the lowest quintile (Fig. 5.16).

The most common ailments requiring hospitalization among the elderly are heart disease and chest pain (13%), typhoid, malaria and fever (11%), abdominal ailments (8%), renal and kidney disease (7%), injury due to accidents (6%), asthma, spinal and neurological disorders and diarrhoea (5% each). Surprisingly, 14 per cent of the elderly were not even aware of the nature of disease when they were hospitalized (Appendix Table A 5.27). In addition, there is variation in disease patterns by gender and place of residence. On an average, an elderly person stayed in hospital for 10 days though women reported staying less (7 days) than men (13 days). Almost three fourths of the elderly seek treatment in a government hospital and this share is higher among rural (74%) and elderly men (79%) (Appendix Table A 5.28) indicating a shift from private to public hospitals in case of hospitalization unlike in the case of acute morbidity. The possible explanation may be the cost of hospitalization because, in general, government facilities are cheaper than private ones.

In India, the family is the first source of care for the elderly, especially hospital care. In Himachal Pradesh the son and spouse bear the care giving responsibilities during hospitalization. Elderly men are mostly accompanied by their spouses (51%) and sons (37%), while the order is reversed for women (Fig. 5.17).

Figure 5.17: Persons accompanying elderly during hospital stay (last episode) by sex, Himachal Pradesh 2011



As seen in Table 5.2, average expenditure for hospitalization (calculation based on 136 valid cases) showed a huge difference when treatment was sought in government hospitals (Rs. 4,210) as compared to private hospitals (Rs. 11,188). In government hospitals, a major part of the expenditure was incurred on other expenses (Rs. 1,743) while in private hospitals it was on medicines (Rs. 4,064). This large difference in costs incurred raises concerns for the elderly and will need further investigation to determine why the respondents did not seek in-patient services from government sources which would have reduced their financial burden to a large extent.

The average expenditure towards hospitalization was higher for the elderly belonging to the richest wealth quintile, SC/ST and APL elderly. This probably indicates their preference for private hospitals which increased the expenditure they had to incur (Fig. 5.18).

Table 5.2: Average expenditure (in last episode) on hospitalization by type of hospitals according to major heads, Himachal Pradesh 2011

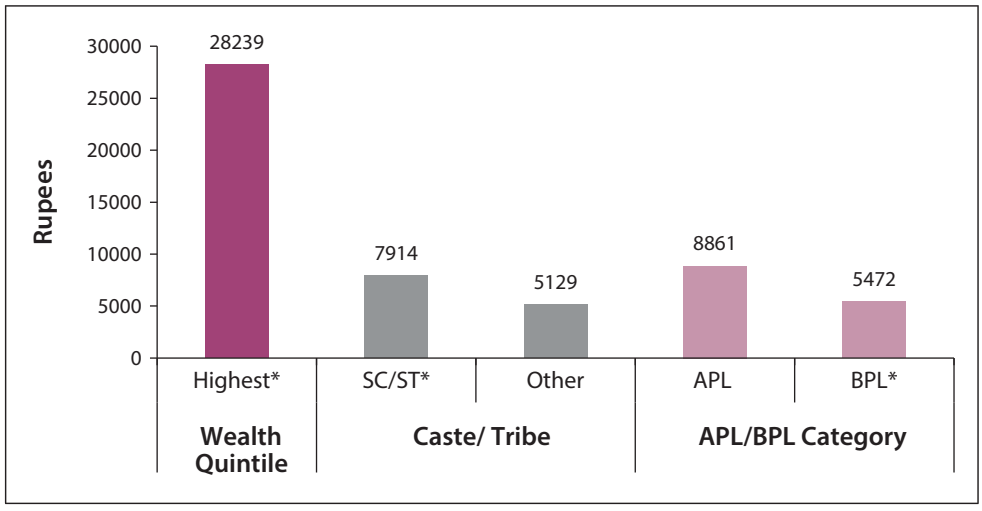
Average Expenditure by Major Heads	Govt. Hospitals	Private Hospitals	Others	Total
Total	4,210	(11,188)	*	7,840
Consultation	323	(176)	*	315
Medicines	1,096	(4,064)	*	1,886
Diagnostic tests	730	(1,531)	*	1,874
Hospitalization	685	(1,622)	*	1,860
Transportation	537	(977)	*	646
Food	509	(365)	*	495
Others	1,743	(298)	*	1,445
Others (indirect cost)	330	(2,454)	*	766

Note: Item-wise expenses were provided for 136 spells of hospitalization and average expenditure has been worked out accordingly.

() Based on 25-49 unweighted cases

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

Figure 5.18: Average expenditure on hospitalization (last episode) by wealth quintile, caste/tribe and APL/BPL household category, Himachal Pradesh 2011



Note: Percentages are not shown for lowest wealth quintile and OBC category; based on fewer than 25 unweighted cases

*Based on 25-49 unweighted cases

Hospital expenses were mostly borne by the children (69%) and were particularly high for women (81%). This suggests that mothers are still very close to their children and are mostly taken care of by them. However, the source of finance varies for men. Men rely less on their children (56%), more on self (23%) and least on their spouse (15%). The place of residence also has an impact on health care financing. The hospitalization expenses of the rural elderly were borne by children (69%), themselves and spouses (each 13%), while the financial sources for hospitalization of the urban elderly are children (51%), own income or savings (39%) and spouse (10%) (Appendix Table A 5.29).

To summarize, the Health Section examined self-rated health, functionality and locomotor disability, cognitive ability, risky health behaviour, levels of acute and chronic morbidity and their treatment. Half of the elderly in Himachal Pradesh reported their current health as very good/good but deteriorating health can be observed with increasing age, widowhood, illiteracy, living alone and belonging to lower economic strata. A significant proportion of the elderly in the state faces strong functional limitations in the performance of various daily activities (ADL and IADL) which requires suitable attention. There are three major physical disabilities, which have been reported by the elderly, namely, vision, chewing and walking. The utilization of disability aids is low in Himachal Pradesh. The non-availability of medical care nearby and finance may be some reasons for this. Risky health behaviours are also found to be considerably higher as compared to the national average, especially smoking and alcohol consumption.

In Himachal Pradesh, a notable proportion of the elderly have reported psychological distress which was evident from the GHQ responses. This needs to be further studied from the perspective of social epidemiology to understand the dimensions and determinants of mental health aspects among the elderly. This area has been studied periodically, and the BKPAI results indicate the need for in-depth study of the issues. Better awareness and reporting 'thresholds' about health conditions

may be responsible for the reported levels to a certain extent, as also noted for the hospitalization and chronic morbidity levels. The indications, however, are less ambiguous about health-related well-being, covering all the relevant health dimensions, which continues to be lower among the lower socio-economic status (SES) population groups, calling for more intensive, targeted interventions (Alam et al., 2014b).

The burden of acute morbidity is found to be marginally lower than the seven states combined and fever is one of the most cited illnesses in the state. Treatment at government health facilities for acute morbidity is expensive. Despite subsidies on various health expenditure components government health facilities are still not cost effective. The major component of health expenditure in government facilities is diagnostic tests which suggest that many of the public facilities are short of diagnostic equipment. The spouse is a pivotal source of financing for elderly women, while almost a third of elderly men finance their own health expenditure. Arthritis, high blood pressure, asthma, diabetes and osteoporosis are the most common chronic ailments in both urban and rural locations. The cost of treatment is higher for all these NCDs. This is particularly true for diabetes and asthma. Contrary to the observation on hospitalization, most health care expenses for chronic morbidities are borne by the elderly men themselves with some support from their children, while the major sources of finance for women are their children and spouses. In-patient reporting is more or less similar to the national average and main reasons for hospitalization are heart diseases, typhoid, malaria and fever, abdominal ailments and renal and kidney diseases. Most of the elderly are hospitalized in government hospitals and cost could be one reason for this choice. These findings call for initiatives to be taken by the Government of Himachal Pradesh to ensure better quality of services in the government hospitals and regulation of drug prices and diagnostic tests.

6. Social Security

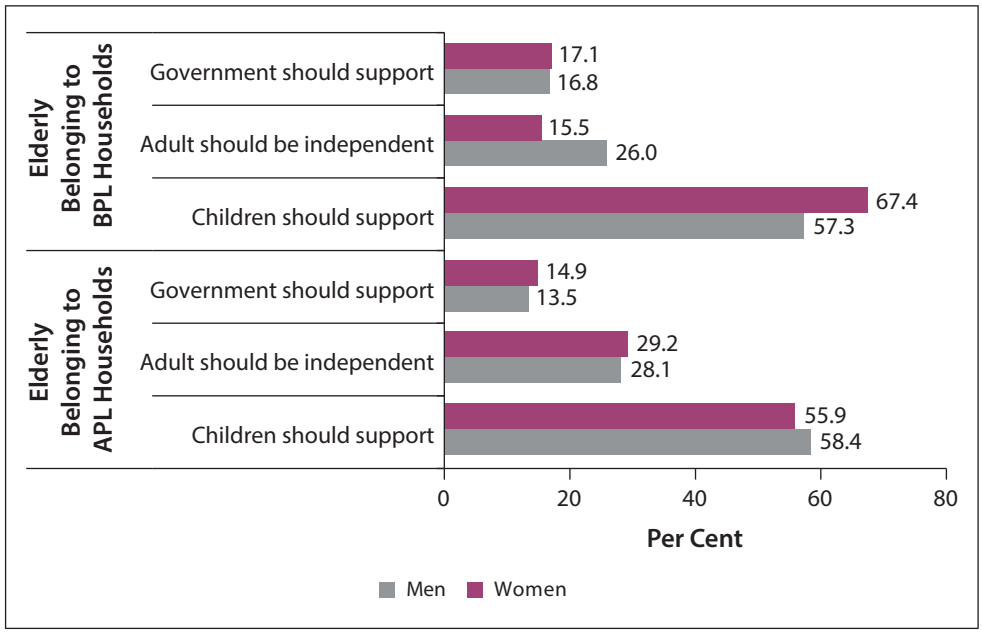
6.1 Introduction

India has traditionally followed the practice of "joint family system" where several generations co-exist under the same roof. Himachal Pradesh has followed a similar pattern, where looking after elderly parents is first and foremost the responsibility of children. There are two distinct social norms in the state: (i) In tribal areas (districts like Kinnaur, Kullu and Lahaul & Spiti), daughters are equally responsible for looking after their aged parents and they also inherit their parents' land and property and (ii) in the plains (districts like Kangra, Hamirpur and Mandi), the son is solely responsible for taking care of the old parents. Care giving to the elderly was considered a moral obligation and there was no noise about issues like elderly abuse.[1] Further, social pressure to care for the elderly (especially the unemployed and with no income) has always existed in the state. However, owing to rapid migration and urbanization, the joint family system has gradually disintegrated and the challenges (i.e., abuse, NCDs, demand for old age homes etc.) faced by the elderly have been highlighted in the last few years. As families are shying away from the responsibility of taking care of the aged members, it becomes necessary for the government to step in and provide security like income, health and shelter to them. The estimated numbers of the rapidly growing elderly population underlines the urgent need for monitoring the existing and proposed social security measures in the state for the welfare of its elderly population. Social security benefits are important instruments for addressing various economic, physical and psychological vulnerabilities suffered by the elderly.

It is therefore essential to understand which stakeholders – children, government and elderly themselves – are liable for undertaking the responsibility of the elderly. The BKPAI Survey tried to ascertain from the ageing population of Himachal Pradesh the type of support system they prefer. As seen in Figure 6.1, nearly 55 per cent of the elderly in the BPL and APL households think that their children should support them in their old age and the proportion is slightly higher for the BPL elderly women (67%). More than a quarter of the elderly belonging to APL households prefer being independent in their old age. Overall, only 15 per cent of the elderly in the state thinks that the government should be taking care of them and the percentage is slightly higher for the BPL elderly (17%).The proportion of the elderly who prefer government support in their old age is very low due to the lack of awareness among elderly regarding the government's responsibility towards the elderly welfare.

[1] This observation was drawn on the basis of a discussion with some of the Indian Economic Service Officers from the Himachal Pradesh.

Figure 6.1: Elderly by preferred support system in old age according to sex and BPL/APL households, Himachal Pradesh 2011



It is interesting to note that a policy on older persons has been in existence in the state since 1969 and it was strictly adhered to for the welfare of the elderly. A state level advisory committee was set up, comprising representatives of all the departments/public agencies having interface with senior citizens and national/international NGOs working in the area of old age welfare. The Department of Social Justice and Empowerment was the nodal department for coordinating all matters pertaining to the implementation of the State Policy for Older Persons. The department still holds a nodal position for the welfare of the elderly. A separate cell at three levels (Secretariat, Directorate and District) with adequate staff was created in the department which is responsible for preparing a plan of action for the implementation and monitoring of different schemes for the elderly. In addition, PRIs were encouraged to participate in the implementation of different schemes for the elderly and address their local level issues. The details of existing policies for elderly welfare, the eligibility criteria and other information are given in the next section.

6.2 Overview of Social Security Schemes

The social security schemes for the elderly in Himachal Pradesh are initiated either by the central or state government. There are a few schemes which are meant exclusively for senior citizens while some schemes, though not meant exclusively for the elderly, benefit them as well. Table 6.1 gives a brief overview of the currently existing schemes and their eligibility criteria.

Table 6.1: Major Social Security Schemes for the Elderly in Himachal Pradesh

Type of Scheme	Name of the Scheme	Year of Implementation	Eligibility Criteria	State/Central Scheme
Exclusively for Older Persons				
Income Security	Old Age Pension Scheme (OAPS)	1 November 1969	Pension at Rs. 500 p.m. to individuals aged 60-79 years and Rs. 1000 p.m. to those aged 80+ years only for individuals whose annual income is ≤ Rs. 9,000 and family income is ≤ Rs.15, 000.	State Scheme
	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	15 August 1995	Initially for individuals aged 60 years and above, revised in November 2007 to 65 years. Criteria revised again in April 2011. Pension at the rate of Rs. 500 p.m. to BPL elderly 60-79 years of age and at the rate of Rs. 1,000 p.m. to BPL elderly aged 80 years and above	State & Central Scheme. Rs. 500 shared in the ratio of 60:40 but Rs. 1,000 shared in the ratio of 50:50
Health Care	National Programme for Health Care of the Elderly[a] (NPHCE)	In Chamba district since 2010 and in 2011 in Kinnaur and Lahaul & Spiti districts.	Provision of comprehensive health care for the elderly.	Ratio of 80:20 between Centre and State
	Geriatric Centre of Excellence	February 2008	Provision of health care to the elderly	Central Scheme
	Muskan[b]	14 August 2010	Provision of dentures free of cost to senior citizens above 60 years of age	State Scheme
Residential and Day Care Services	Homes for the Aged (Old Age Home)	NA	Provision of shelter to individuals above 60 years of age.	State Scheme
Health Care and Residential Services	Day Care Centre for Aged	NA	Provision of health check up, distribution of medicines and library for the elderly.	90% funds provided to Age Care India by the State Government
	Integrated Programme for Older Persons	6 September 2012	Provision of food, shelter, health and entertainment facilities to senior citizens through self-help groups.	Central Scheme
Food Security	Annapurna Scheme	1 April 2000	Provision of food security for senior citizens aged 60 years and above belonging to BPL household and not receiving any central/state pension.	Centre Scheme
Other Schemes				
Income Security	Indira Gandhi National Widow Pension Scheme (IGNWPS)	NA	Pension at the rate of Rs. 500 p.m. is given to widows between 40-59 years of age belonging to BPL households.	60:40 ratio between Centre and State
	Pension Schemes for Widows/ Deserted/*Ekal Nari*	NA	Pension at the rate of Rs. 500 p.m. provided to widows/deserted/*Ekal Nari* above 45 years of age; other eligibility criteria similar to OAPS.	State Scheme

Contd...

Type of Scheme	Name of the Scheme	Year of Implementation	Eligibility Criteria	State/Central Scheme
Income Security	Disability Relief Allowance	NA	Pension at the rate of Rs. 500 p.m. to persons with at least 40% disability as per OAPS eligibility. Pension to persons with above 70% disability without any income, criteria subject to condition that applicant should not be employed in government/ semi-government service/board/ corporation and should not be availing any other pension.	State Scheme
Health Care	Rashtriya Swasthya Bima Yojana (RSBY)[c]	In Shimla and Kangra districts since 1 April 2008 and in the entire state since 1 March 2010.	RSBY is to provide protection to BPL households from financial liabilities. Beneficiaries entitled to hospitalization coverage up to Rs. 30,000. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family. Beneficiaries need to pay only Rs. 30 as registration fee while government pays the premium to the insurer.	Central Scheme with cost sharing in 75:25 ratio between Centre and State
Other Schemes	Electronic Benefit Transfer Scheme (EBT)	1 July 2013	Distribution of social security pension to the elderly through EBT	State Scheme
	Senior Citizen Identity Cards (ID)	Software based ID cards since April 2007	To enable senior citizens to avail the benefits of various schemes for the elderly	State Scheme

Source: Department of Social Justice and Empowerment, Government of Himachal Pradesh, Shimla
[a] Department of Health and Family Welfare, Shimla
[b] Department of Dental Services, Shimla
[c] H.P. Swasthya Bima Yojana Society, Shimla

6.2.1 Income Security among the Elderly

Himachal Pradesh is the first state in the country to enact legislation for the maintenance of aged parents through the Himachal Pradesh Maintenance of Parents and Dependents Act, 2001, prior to the national level Maintenance and Welfare of Parents and Senior Citizens Act, 2007. According to the Act, elderly parents can claim an amount of Rs. 5000 per month if they are not being properly looked after by their children (Government of Himachal Pradesh, 2013).

The pension under OAPS has increased from Rs. 25 in 1969 to Rs. 500 in 2013,[2] but even this amount is insufficient to provide income security to the elderly owing to current double digit inflation. It is difficult to link pension to other economic specifications since it is not an economic measure, but is more in the nature of providing succour. However, if the pension amounts are indexed to inflation in the future it would make the revision process free from political footprints and accord greater resilience to the scheme along with ease of implementation (*Hill Post*, 25 September 2008).

[2] *Source:* Directorate of Social Justice and Empowerment, Shimla, Himachal Pradesh.

Box 6.1: Challenges of social security utilization in Himachal Pradesh

In a review of the social security schemes in 10 states carried out by IIT Delhi and ICSSR, the National Old Age Pension Scheme, the Himachal Pradesh Old Age Pension Scheme and Widow Pension Scheme were studied in Himachal Pradesh. It was found that all the subject pensioners reported getting the money on time every quarter. However, elderly encounter two major challenges. First, they all complained that the pension amount was very low and insufficient to cover their expenses. The major expense was for medicines, so they require some cash in hand to meet contingencies. Second, in some districts like Sirmaur, pensioners have to go to the post office themselves to get the pension, while in other districts like Kullu, the elderly receive their pension at home through the postman (IIT Delhi and ICSSR, 2013).

The basic difference between the OAPS and the IGNOAPS is that OAPS is a state sponsored scheme and based on income criteria whereas in the case of IGNOAPS, all BPL families are eligible to receive its benefits. Senior citizens cannot receive pensions from both OAPS and IGNOAPS. IGNOAPS is considered a universal scheme only for the BPL households. The central government only provides the grant and the state distributes the benefits between the OAPS and IGNOAPS through a common software programme. Initially, the software traces all the BPL households which fall under IGNOAPS and those which have been left out and fall under OAPS income criteria, are provided pension benefits by the state.

The administrative requirements and procedures for availing the benefits of these income security schemes are given in Flow Chart 6.1 and a detailed description is provided in Appendix I.

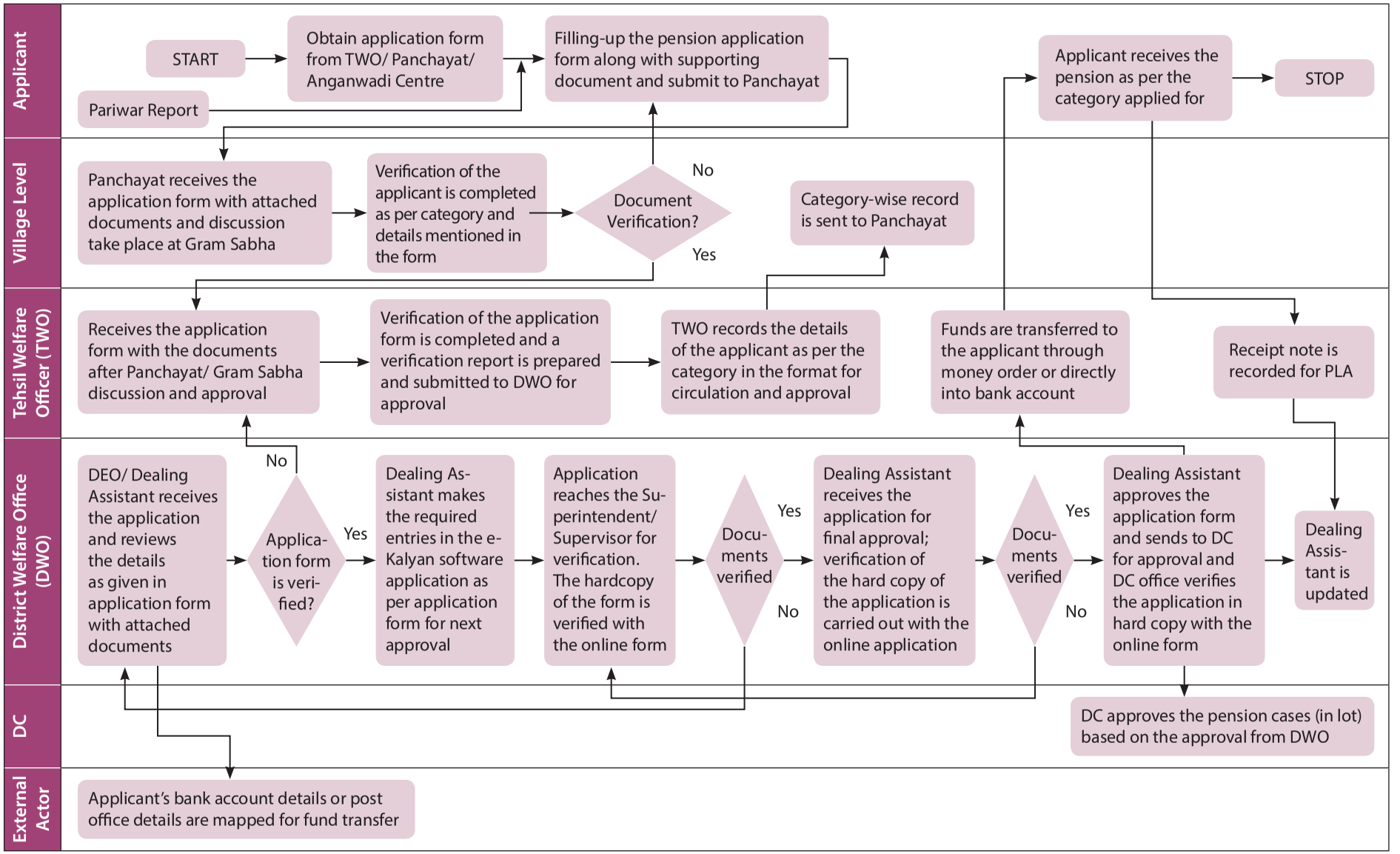
Integrated Programme for Older Persons (IPOP)

This scheme aims at providing food, shelter, health and entertainment facilities to the senior citizens through self-help groups. Registered help groups, charitable hospitals, Panchayati Raj Institutions (PRIs) and local bodies are eligible for receiving these grants. Under the scheme, senior citizens get access to old age homes, multi-purpose help centres, day care centres, mobile care unit helplines etc., and their maintenance is financed in the ratio 90:10 by the Ministry of Social Justice and Empowerment, Government of India and Department of Social Justice and Empowerment, Government of Himachal Pradesh.

Annapurna Scheme

The Annapurna Scheme was implemented by the Food and Civil Supplies Corporation and aims at providing food to meet the needs of the senior citizens aged 65 years and above who, though eligible, have remained uncovered under the national or state old age pension schemes. Under this scheme, 10 kilograms of food grains per month are provided free of cost to the beneficiaries.

Flow Chart 6.1: Administrative requirements and procedures to avail benefits from social security schemes in Himachal Pradesh



Source: Department of Social Justice and Empowerment, Government of Himachal Pradesh, SDA Complex, Shimla-9

6.2.2 Health Care for the Elderly

The **National Policy for Older Persons (NPOP)** aims at establishing a geriatric ward for elderly patients in the district level hospitals and expansion of treatment facilities for chronic, terminal and degenerative diseases. It includes strengthening of Primary Health Centres (PHCs), Community Health Centres (CHCs) and mobile clinics. It also involves the training of geriatric care providers.[3]

A major health care scheme, the **National Programme for Health Care of the Elderly (NPHCE)**, has been initiated by the Government of India for senior citizens. This scheme was launched in 100 identified districts of 21 states during the 11th Five Year Plan in the year 2010-11. It aims at providing comprehensive health care facilities to the elderly all over the country. Eight regional medical institutions in different regions of the country have also been setup. The Regional Geriatric Centre for NPHCE for Himachal Pradesh is in Delhi (All India Institute of Medical Sciences, AIIMS).

This scheme is operational in three districts of Himachal Pradesh: Chamba, Lahaul & Spiti and Kinnaur. The Regional Geriatric Centre is required to have a geriatric OPD and a 30-bed geriatric ward for the elderly, provide training of health personnel in geriatric health care and undertake advanced and demand driven research while the District Geriatric Units are required to have a dedicated geriatric OPD and 10-bed geriatric ward for the elderly patients.

6.2.3 Residential and Day Care Services for the Elderly

There are nine old age homes[4] in the state of Himachal Pradesh. Individuals aged 60 years or above are eligible to reside in these old age homes. The central government gives up to 90 per cent grant to the NGOs for establishing such institutions. Currently, there are five main organizations responsible for the operation and maintenance of these old age homes in Himachal Pradesh as shown in Table 6.2.

To know more about old age homes such as year of establishment, current operational status and address, refer Appendix II.

Table 6.2: Old age homes and the organizations managing them

Name of the Old Age Home	Organization
1. Old Age Home, Basantpur, Shimla	Himachal Pradesh State Social Welfare Board, Shimla
2. Home for the Aged, Garli (Kangra)	Himachal Pradesh Child Welfare Council, Shimla
3. Bridh Ashram, Bhangrotu, Mandi	Balh Valley Kalyan Sabha, Mandi
4. Baru Sahab, Sirmaur	Kalgidhar Society, Sirmaur
5. The Suket Senior Citizens Home, Mandi	International Trust, Mandi

[3] Operational Guidelines (2011): National Programme for Health Care of the Elderly. Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. http://mohfw.nic.in/WriteReadData/l892s/2612656526Operational_Guidelines_NPHCE_final.pdf

[4] http://www.archive.india.gov.in/outerwin.php?id=http://www.pagindia.com/OldAgeHomes.pdf

Other Schemes

Besides the social security and welfare schemes in Himachal Pradesh mentioned above, there are other measures being taken by the state government to address the growing needs of the elderly in the state[5] and they are as given below.

i. Senior citizens who are domiciles of Himachal Pradesh are issued identity cards so as to facilitate them in availing the benefits of the state sponsored policies and programmes. This identity card can be obtained by submitting an application along with a copy of the birth certificate from the Lok Mitra Kendra at the Panchayat level or from the office of the concerned Tehsil Welfare Officer (TWO)/District Welfare Officer (DWO).

ii. The Government of India has issued a list of directives dated 21 October, 2011 wherein banks were advised to prepare new roadmaps for the disbursement of several welfare schemes like social security pension, national old age pension etc., through the banking channel, leveraging of the Electronic Benefit Transfer (EBT) for financial intermediation. The RBI has issued operational guidelines to select one Leader Bank and other participating banks while implementing the EBT scheme at the district level. At present, the responsibility for distribution of social security pension through EBT has been entrusted to UCO Bank in four districts and Punjab National Bank in seven districts in Himachal Pradesh. So far the distribution of social security pension has been established only in one district, Una, through the Business Correspondent Model (BCM) implemented by State Bank of India (Economic Survey of Himachal Pradesh 2011-12[6]).

iii. The Himachal Pradesh State Electricity Board has provided the elderly the facility of paying electricity bills through cheques.

iv. Senior citizens can avail concessions on the booking of train tickets on Indian Railways. According to this scheme, elderly males above 60 years of age can avail 40 per cent discount on the basic fare of train tickets[7] while females above 58 years of age can avail a 50 per cent discount. This rule has been applicable since June 2011 and is valid across the country.[8]

v. As per a recent notification issued by the Transport Department on 10 October 2013, the validity of senior citizen smart cards which were earlier made at a cost of Rs. 50 for a period of one year has been extended up to five years on Himachal Pradesh Road Transport Corporation (HRTC) buses. Senior citizens are being provided 20 per cent concession on fares under this scheme. Two seats are reserved for senior citizens on HRTC buses (numbers 25 and 26). There is also a provision for a separate queue for senior citizens for buying tickets at all the counters of HRTC.

[5] Information and Public Relations Department, Government of Himachal Pradesh. http://himachalpr.gov.in/features/Feature-40E11.htm

[6] http://himachal.gov.in/finance/BudPrev.htm

[7] http://www.indianrail.gov.in/reservation_Rules.html

[8] www.indianrail.gov.in

vi. To provide transport facilities for the senior citizens, patients and the handicapped, 21 taxis operated by the HRTC ply on the restricted roads of Shimla City.

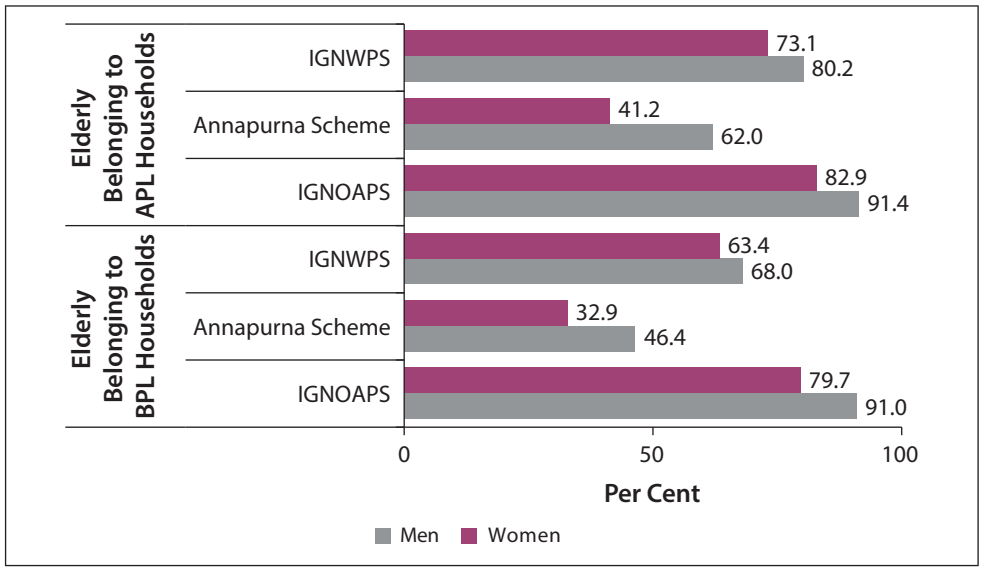
vii. The Himachal Pradesh State Government has been introducing limited period schemes from time to time for the welfare of the elderly. For instance, in 2011 the state government announced a special package for senior citizens to holiday in the state and provided rebates on room tariff and food in state run-hotels and restaurants until 15 December 2011.[9]

6.3 Awareness of Major Social Security Schemes

As evident from the previous sections, there are a significant number of schemes for the elderly in Himachal Pradesh. However, this does not mean that the elderly in the state are better off. To assess the actual situation, it is essential to know the awareness levels among the elderly regarding these schemes. The BKPAI Survey suggests that the level of awareness among the elderly about various social security schemes in the state is fairly high. Overall, 87 per cent of the elderly are aware of IGNOAPS as compared to the seven state average of 79 per cent. More than three quarters of the elderly belonging to APL households (76%) and nearly two thirds belonging to the BPL households (65%) are aware of IGNWPS. However, the awareness level is comparatively lower for the Annapurna Scheme–39 per cent for the BPL households and 52 per cent for APL households (Appendix Table A 6.1).

Similarly, awareness is higher in the case of IGNOAPS (approximately 80%) and there is not much difference between elderly men and women across BPL and APL households (Fig. 6.2). However, the

Figure 6.2: Elderly aware of national social security schemes according to sex and APL/BPL household category, Himachal Pradesh 2011



Note: Only 7 persons have reported awareness about any other state-specific social security schemes. However, there is no information on the names of the schemes.

[9] Information and Public Relations Department, Government of Himachal Pradesh. http://himachalpr.gov.in/features/Feature-40E11.htm

other two schemes differ highly across gender and poverty status and awareness is lower among the BPL elderly as compared to their APL counterparts. Elderly men are more aware about these schemes than women. One possible explanation could be that men are responsible for the meeting the financial needs of the household while women tend to look after the household chores and hence, are less aware about the availability of government sponsored financial and social schemes. This observation highlights the need for better outreach of financial and social help for the BPL households. The state government should organize awareness campaigns particularly for the BPL households and women, so that they become conscious of their socio-economic rights.

6.4 Coverage and Financing of Major Social Security Schemes

The penetration of social security schemes in respect of beneficiaries covered and the financial outlay is given in the Table 6.3. As can be seen from Table 6.3, the biggest share of budget outlay is diverted towards OAPS followed by IGNOAPS. Moreover, the total expenditure on social security schemes for the elderly is less than the proposed budget outlay by the government. This raises serious questions about the efficiency in the utilization of funds provided for the social welfare of senior citizens. However, the percentage of elderly benefitting from such schemes has been rising marginally every year in case of OAPS. The NPHCE is a relatively new scheme in the state so it is difficult to comment on the success of the scheme due to the non-availability of data.

The preceding paragraph described the government outlay and expenditure for the social security schemes in the state. The BKPAI Survey also gathered data on the utilization of the social security schemes – IGNOAPS, IGNWPS, Annapurna and other state specific schemes. While utilization of social security schemes like IGNOAPS and IGNWPS in Himachal Pradesh is the second highest after Odisha in the states surveyed, it is still low. Utilization is higher for the BPL elderly than APL. Nearly a quarter of the BPL elderly utilizes IGNOAPS and over one third utilizes IGNWPS across urban and rural areas. However, these schemes are meant only for BPL households and widows respectively, therefore there is a huge gap between actual and proposed utilization. There is an urgent need for further analysis to understand the reasons for such low utilization of the government schemes by the BPL elderly. Surprisingly, it has also been utilized by many non-targeted APL elderly. The Annapurna Scheme is utilized by only 7 per cent of BPL elderly (Appendix Table A6.2). IGNOAPS is the most utilized scheme by BPL elderly men while among women, IGNWPS is the most utilized scheme (Fig. 6.3).

Attempts have been made to authenticate the results by measuring the utilization of social security schemes on the basis of the wealth status of the elderly. The findings suggest that IGNOAPS is the most widely utilized scheme, with about 34 per cent of the elderly belonging to lowest wealth quintile, nearly one fifth of SC/ST and 8 per cent of the OBC elderly utilizing it, followed by IGNWPS. As far as the Annapurna Scheme is concerned, there is negligible utilization by the SC/STs and lower and middle wealth quintile elderly in Himachal Pradesh (Fig. 6.4).

Table 6.3: Number of beneficiaries, outlay and expenditure of major social security schemes, Himachal Pradesh Government

Name of the Scheme	Year	No. of Beneficiaries	Percentage of Elderly Benefited (Total Beneficiaries/ BPL elderly)*	Total outlay per year (Rs. in Lakh)	Total Expenditure per year (Rs. in Lakh)
Exclusively for Older Persons					
Old Age Pension Scheme (OAPS)	2009-10	77,763	27.5	4701.19	4527.94
	2010-11	79,391	28.1	4485.64	4440.75
	2011-12	81,435	28.8	7081.53	6945.47
	Up to 2013	86,895	30.8	6977.34	2995.35
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	2010-11	91,440	32.4	2268.26	2225.48
	2011-12	94,220	33.4	2403.96	2396.14
	2012-13	84,825	30.0	2942.94	2943.56
	Since 01.04.2013	85,707	30.4	3256.13	1960.08
National Programme for the Health Care of Elderly[a] (NPHCE)	Upto March 2013	1,76,343	62.5	502.76	9.89
Rashtriya Swasthya Bima Yojana[b] (RSBY)	Upto March 2013	1,39,459	49.4	58.96 crore premium paid	52 crore claim
Annapurna Scheme	2009-10	-	-	40.00	2.34
	2010-11	3,447	1.2	30.00	19.31
	2011-12	3,146	1.1	30.00	6.56
	2012-13	2,749	1.0	30.00	1.37
Muskan[c]	Upto March 2013	5,717	57.2	69.25	69.25
Geriatric Centre of Excellence	2009-10	2,13,408	N.A.	200.00	200.00
	2010-11	2,62,690			
	2011-12	1,97,838			
	2012-13	4,14,188			
Other Schemes					
Disability Relief Allowance	Upto 31 Dec 2011	1,13,443	N.A.	6,221.53	4,178.47
	Upto 31 Dec 2012	1,14,877		8,326.73	5,503.09
	Upto 31 Dec 2013	1,21,830		9,190.59	6,724.59
Widow/Deserted/*Ekal Nari* Scheme	Upto 31 Dec 2011	63,304	N.A.	2,491.48	1,854.20
	Upto 31 Dec 2012	62,211		3,524.98	2,307.16
	Upto 31 Dec 2013	63,752		3,862.98	2,676.31

Source: Department of Social Justice and Empowerment, Government of Himachal Pradesh, Shimla

* These numbers are in percentage

[a] Department of Health and Family Welfare, Shimla

[b] H.P. Swasthya Bima Yojana Society, Shimla

[c] Department of Dental Services, Shimla

Figure 6.3: Elderly utilizing national social security schemes according to sex for BPL households, Himachal Pradesh 2011

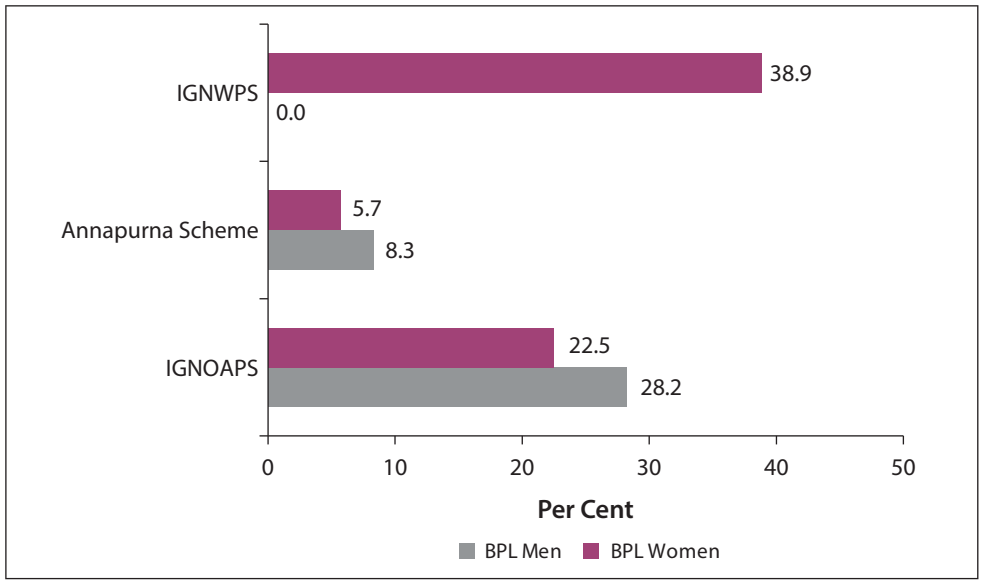
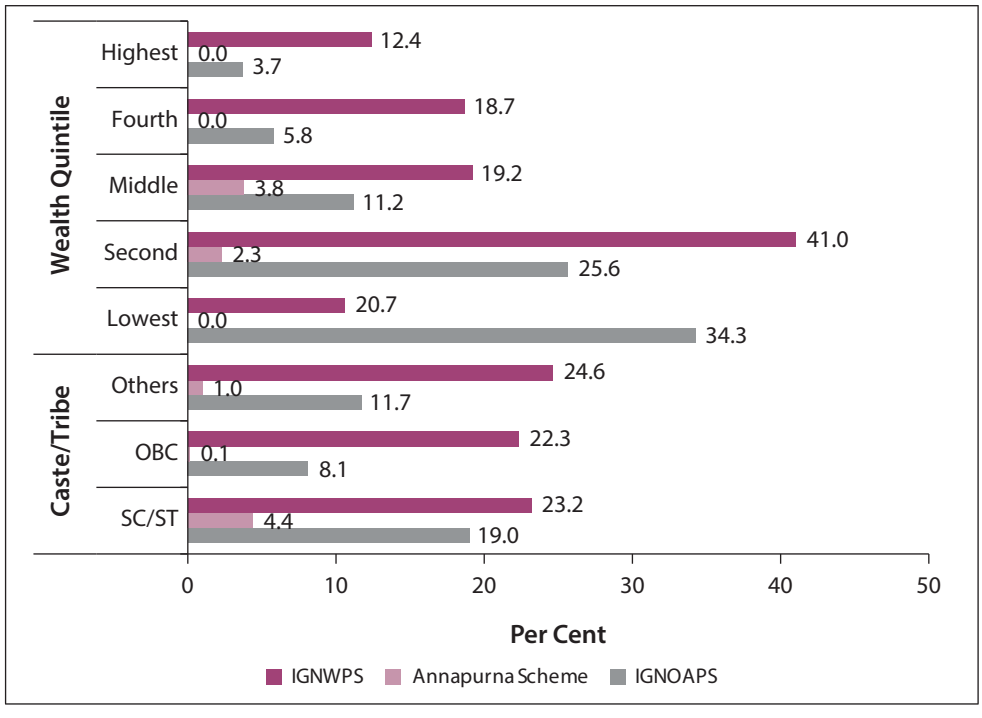


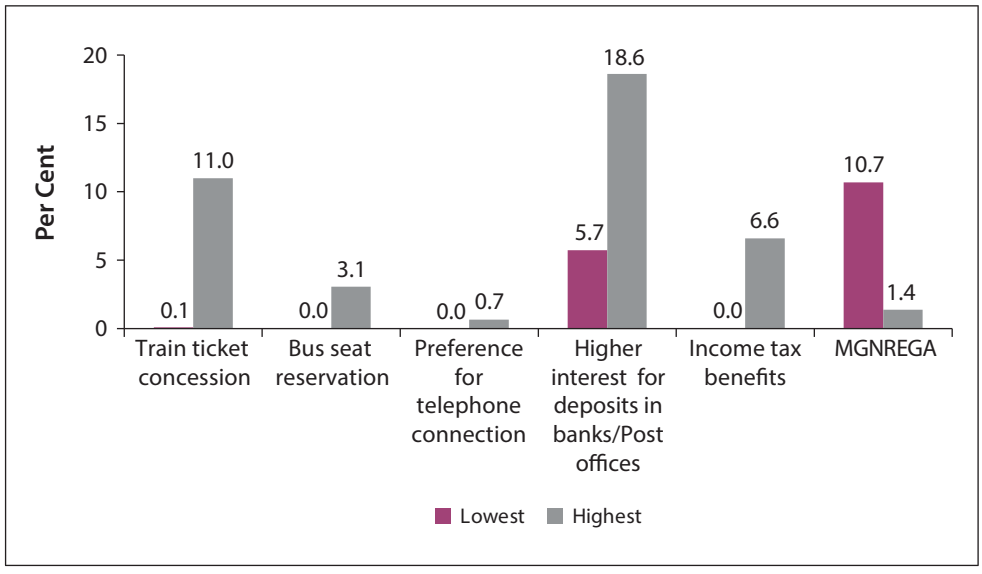
Figure 6.4: Elderly utilizing national social security schemes by wealth quintile and caste/ tribe, Himachal Pradesh 2011



Other Schemes and Facilities

Besides the above mentioned schemes, the Government of India offers various other facilities for the benefit of the elderly like bus/train concessions, higher interest rates on bank deposits, MGNREGA etc. The BKPAI respondents were questioned about their utilization of such schemes and their answers were analysed.

Figure 6.5: Elderly utilizing facilities/schemes by lowest and highest wealth quintile, Himachal Pradesh 2011



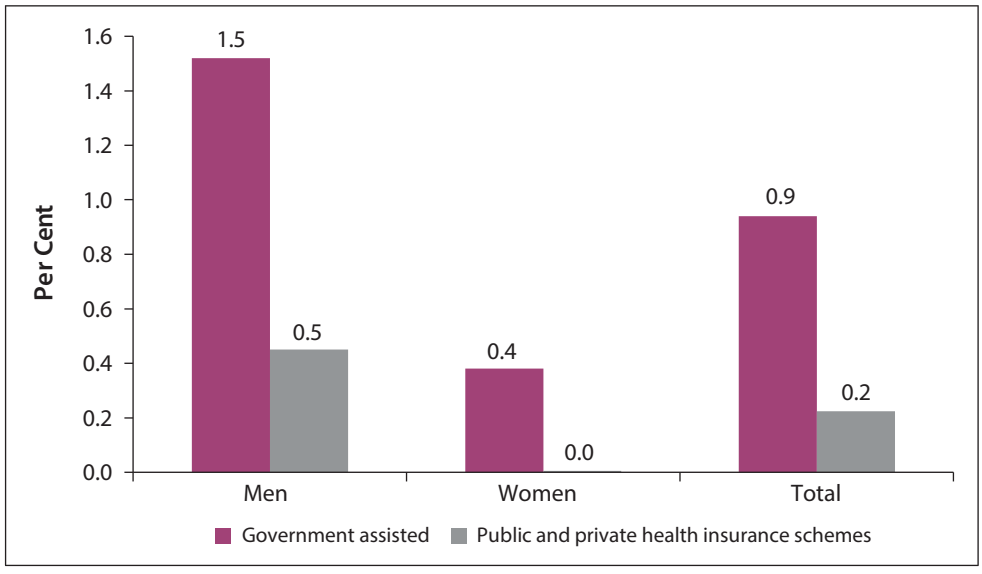
According to the BKPAI data, the various schemes and facilities are utilized mainly by the highest wealth quintiles, while a tenth of the elderly in the lowest wealth quintile utilizes MNREGA. Nearly one fifth of the elderly from the highest wealth quintile enjoys higher interest rates on bank deposits while 11 per cent enjoy concessions on train fares. Income tax benefit was availed by economically better off elderly even though the percentage is small (Fig. 6.5).

From the above, it can be inferred that these schemes provide more benefits to the wealthy rather than the poor. This implies that there is a need to promote the schemes which have a direct impact and benefit the elderly poor more than the others.

Health Insurance Schemes

Health insurance coverage is very low across the country with less than 2 per cent of the total population covered under any health insurance scheme. The situation is worse for the elderly as less than 1 per cent of them have health insurance while they suffer from severe chronic illnesses and face several episodes of hospitalization in old age (NSSO 60th Round, 2004). The BKPAI Survey tried to ascertain the coverage of the elderly population under the government and private health insurance schemes. Overall, less than 2 per cent of the elderly men and a negligible percentage of women had a health insurance and less than 1 per cent was covered under government assisted health insurance schemes (Fig. 6.6). There is a need for Universal Health Coverage (UHC) exclusively for the elderly in Himachal Pradesh, although the RSBY which has been implemented in the state since 2008 covers five members of a household and the average household size in Himachal Pradesh is five (Census, 2011). This scheme will be elaborated further in the following section.

Figure 6.6: Elderly covered by health insurance policies by sex, Himachal Pradesh 2011



Rashtriya Swasthya Bima Yojana (RSBY)

According to the Himachal Pradesh Health Department, RSBY aims to improve the access of identified families to quality medical care for the treatment of diseases requiring hospitalization and surgery through an identified network of health care providers.[10] Further, the state provides a top-up to RSBY coverage in terms of benefit package. For poor families, in addition to an annual coverage of Rs. 30,000, Himachal Pradesh government is offering a benefit package for critical cover involving several surgical procedures that can be obtained from both public and private empanelled hospitals situated in the state as well as in neighbouring states (Reddy et al., 2011).

RSBY is operational in all 12 districts of the state. According to a newspaper report,[11] till September 2012, RSBY was extendable to MGNREGA workers, street vendors, domestic workers, building and construction workers and persons with more than 70 per cent disability through insurance companies. The latest enrolment in RSBY for Kullu District started from July 2012 and was extendable up to February 2013. It is interesting to note that 65 per cent of the targeted population was enrolled under the scheme by September 2012.

The BKPAI respondents were questioned about their awareness and registration of this scheme. The awareness of and registration under RSBY varied with the APL and BPL status of the households. It was found that while overall 9 per cent of the elderly were aware of the scheme, less than 0.5 per cent was registered under it. About 6 per cent of the BPL families were aware of the RSBY but only about 2 per cent were actually registered under it. The figures were marginally higher for the urban BPL elderly as compared to their rural counterparts. In the case of non-BPL families, 10 per cent were aware of the RSBY while registration appears to be nil (Table 6.4).

[10] http://hphealth.nic.in/TenderRSBY18Sep2012.pdf
[11] http://himsamachar.com/avail-benefits-under-rsby/

Box 6.2: RSBY in Himachal Pradesh: A snapshot

RSBY is operational in the entire state and is a cashless scheme provided through smart cards in the cost sharing ratio 75:25 between the central and state governments. In 2013 the State of Himachal Pradesh was awarded for commendable utilization rates of RSBY at the national level. There are 173 hospitals empanelled under the scheme –128 public, 24 Ayurvedic and 21 private. Initially, the scheme covered only BPL beneficiaries but from 1 January 2013 it was extended to other categories viz., APL in the MNREGA Programme (those who had worked for more than 15 days in the preceding financial year), building and other construction workers, persons with more than 70 per cent disability, domestic workers and street vendors. The insurance companies have issued 3,96,938 smart cards to the above mentioned categories against the data available for 5,54,693 families in the state but the quality of the cards is very poor.

Source: www.rsby.gov.in/statewise.aspx?state=12

Although RSBY covers five members of a household, the BKPAI Survey and Census 2011 data suggest that in Himachal Pradesh, 41 per cent of the elderly households and 27 per cent of households overall, have six or more members in a family, reducing the probability of an elderly member getting insured under the scheme. This indicates that the majority of the elderly are off the radar of such schemes. There is a need for the government agencies to ensure high registration of the elderly and effective utilization of the scheme. Therefore, it is required that the government increases the number of beneficiaries from each household and ensures that the elderly members are registered.

Table 6.4: Per cent distribution of elderly awareness and registration under Rashtriya Swasthya Bima Yojana by place of residence and sex, Himachal Pradesh 2011

Awareness and Coverage of RSBY	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly belonging to BPL Households									
Awareness of RSBY	9.1	3.5	6.0	(9.0)	(1.1)	5.2	9.1	3.4	6.0
Registered under RSBY	2.9	1.0	1.8	(3.4)	(1.1)	2.3	2.9	1.0	1.8
Number of Elderly	**77**	**88**	**165**	**28**	**25**	**53**	**105**	**113**	**218**
Elderly belonging to APL Households									
Awareness of RSBY	15.5	4.0	9.7	24.6	16.3	20.7	16.0	4.7	10.3
Registered under RSBY	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of Elderly	**298**	**300**	**598**	**317**	**285**	**602**	**615**	**585**	**1200**
All									
Awareness of RSBY	14.0	3.9	8.9	22.3	14.1	18.4	14.5	4.4	9.3
Registered under RSBY	0.6	0.2	0.4	0.4	0.1	0.3	0.5	0.2	0.4
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1482**

The RSBY will cover all contractual employees as well as other part-time employees, street vendors and persons working in the unorganized sector in coming years. A premium of Rs. 398 per annum with a health risk coverage of Rs. 30,000 and Rs. 1.75 lakh for critical care have been proposed by the Department of Health and Family Welfare, Himachal Pradesh.[12]

6.5 Emerging Issues of Social Security Schemes for the Elderly

i. Pension Amount

The elderly have complained about receiving low amounts of pension. Therefore, either the budget provision for the pension amounts should increase or the eligible age for receiving the pension should be raised from 60 years to 65 years to reduce the extra burden of paying pension to the people in the age group of 60-65 years. This is because the majority of the elderly in this cohort are physically fit and can participate in the labour force (BKPAI Survey data, 2011, Employment & Unemployment Survey, 2011-12).

ii. Health Care

- The climatic condition of Himachal Pradesh makes it difficult for the elderly to receive medical care on an immediate basis. This calls for the establishment of dispensaries by the state government every few kilometres to increase access to the health care facility by the elderly. This will reduce over-the-counter medication by the elderly which in turn will reduce morbidity.
- The NPHCE programme is unsuccessful in the state because the existing staff members are overworked, trained staff is not available, infrastructural facilities are lacking, etc. Hence it is necessary to recruit more skilled manpower and also provide basic infrastructure to run this programme successfully.
- The RSBY is performing well in the state but the quality of smart cards issued by the concerned agency is very poor. In addition, the address of the smart card holders is often not given properly on the card with the result that the cards are not accepted by the operating system (computer),creating problems for both the beneficiaries and the health officials. Thus there is a need to improve the quality of smart cards for the proper functioning of this scheme.

iii. Residential and Day Care Services

It has been observed during the combined meetings of the Social Justice and Empowerment Department, Government of Himachal Pradesh and the central government that several new proposals under the Integrated Programme for Older Persons (IPOP) were suggested for the State of

[12] http://www.rsby.gov.in/statewise.aspx?state=12

Himachal Pradesh.[13] For example, a day care centre for the elderly in Solan and a Volunteers Bureau for older persons in Shimla were proposed in 2012. However, both the proposals were rejected due to incomplete administrative and registration formalities. Similarly, six such grant proposals were declined by the central government in 2013 in the districts of Shimla, Solan and Mandi. The state government's intervention is required in the formulation of such proposals so that the Centre approves the grants in future.

iv. Effective utilization of social security schemes

- A discrepancy was observed between the funds allocated for elderly care and the actual expenditure incurred under the schemes (Table 6.3). The government should address the issue and should carefully target the elderly population so that they receive the maximum benefits from the social welfare schemes. It has been noticed that although BPL households are aware about the social security schemes, the proportion of households actually registered is very low, and negligible in a few cases. The government should try to assess the reason for such a scenario and should target the inclusion of these households in the welfare schemes.
- A major problem was observed with the EBT scheme. Initially, the pension was sent through money order and the postman handed over the pension to the beneficiaries at their doorstep. However, under EBT the pension is transferred to the accounts of the beneficiaries and they have to rely on someone else to withdraw their pension from the bank. This situation may have arisen as a result of not following the EBT guidelines correctly. Hence, the state government needs to address EBT issues urgently.

v. Administrative hurdles

- Administrative procedures are so lengthy and complicated that it is difficult for an illiterate elderly to fulfil all the paper work formalities and the majority (58%) of the elderly in Himachal Pradesh are illiterate (BKPAI Survey, 2011).
- All the BPL elderly are entitled to receive pension monthly from the government through proper channels. However, the elderly often receive their pensions once in three months.
- Only a single instalment of Rupees 2 crore was received out of a sanctioned grant of Rupees 5 crore for the Geriatric Centre of Excellence, which has been completely spent. A request for the next installment has been made, but it has not been released by the central government.
- Although the Himachal Road Transport Corporation (HRTC) has deployed taxis for the elderly in Shimla, the taxis are very poorly operated. The police has been authorized to challan these taxis if they violate any rules. It has been observed that the private partners have to pay a lump sum of Rs. 52,000 to HRTC, so they have no option but to carry ordinary passengers and tourists instead of the elderly.

[13] http://socialjustice.nic.in/annualreports.php

Box 6.3: Non-governmental initiatives

HelpAge India has been continually providing various facilities for the elderly in Himachal Pradesh: a helpline number facility in Shimla; School Action for Value Education (SAVE) activities, Mobile Elder Care Units (MECU) in Solan; short stay homes for the elderly and organizing mobile camps in Solan and Sirmaur. However, such initiatives have not received much attention from the state or central government (HelpAge India, September 2012). Similar efforts should be introduced by the state government to address the growing needs of the elderly because it is not clear to what extent an autonomous organization is able to meet the needs of the rapidly increasing elderly population in the state.

- There is no specific (co-ordinating) department dealing with the problems of the elderly in the state. In addition, the funds are distributed by the government to different departments and to various non-government organizations (NGOs) working in the state. This results in a lack of coordination among the different departments of the state government and causes bottlenecks in the actual utilization of elderly related schemes. Also, data pertaining to the different aspects of the elderly are with different departments and as a result many data related gaps exit.

6.6 Summary of Findings and Policy Directions

Since most of the elderly prefer to live with their children, it is important to encourage the idea of a joint family system. Adult children should be encouraged to reside with their elderly parents. Media (print, audio and visual) should highlight the inter-generational bonding in families and mutual benefits from each other.

Day care centres should be promoted in the state and should be set up near the localities dominated by the elderly keeping in mind the demand and supply logic. This will ensure that elderly are taken care of and have a cordial social life. This will also reduce the extent of elderly abuse and will provide physical security to them.

It has been noticed that although BPL elderly are aware of the social security schemes, the proportion of older persons actually registered is very low, and negligible in some cases. The government should try to assess the reason for such a scenario and should target the inclusion of these persons in the welfare schemes.

Social security programmes are mostly implemented in partnership with the central and state governments. For the state government, the major security cover is provided through the Old Age Pension Scheme, Pension for Divorcee/Deserted/Ekal Nari and Disability Relief Allowance Scheme. A robust social security cover would entail dynamic thinking, regular planning and take into account the social, cultural and economic realities of the target groups. This can be done by leveraging

technology for better delivery mechanism and cost reduction, factoring in a strong gender orientation, addressing the issues of adequacy and delays, regular monitoring and evaluation, expansion of security benefits, diversification of disadvantages, etc. In view of the growing population of elderly and increasing life expectancy, the constraints of the State, emerging from fiscal capacity and prudence, institutional competence, political commitment, legal framework, need to be examined in detail for evolving effective social security coverage.

7. Way Forward

This report describes the status of the elderly in Himachal Pradesh by analysing five key dimensions of their life encompassing (i) livelihood and employment, (ii) income and assets, (iii) living arrangements and family relationships, (iv) health status, health seeking behaviour and health care payments, and (v) provision of social security schemes. Barring the last –social security schemes – many of these issues were examined using the data obtained from the BKPAI Survey as described at the beginning of the report. The section on state-specific welfare schemes for the elderly drew inputs from several state reports, one-on-one discussions with officials of the concerned departments, state based NGOs and other knowledgeable persons. All this has provided some important areas for consideration by the state welfare officials in terms of the way ahead to further improve the quality of the elderly population in the state in the coming years.

7.1 Improving the Economic and Social Welfare of Senior Citizens

As seen from the discussion in Section 3 on work, income and asset ownership among the elderly in Himachal Pradesh, it is evident that economic compulsions driven by poverty are the major reasons for elderly persons continuing to work even at older ages. Although the results indicate that a majority of the elderly earn some income, it is clear that such earnings fall short of their economic needs. For females, and particularly for the widows and those belonging to no or low asset households, income earned from all sources including pensions is mostly inadequate. Therefore, improving the economic lives of the elderly and extending the benefits of social protection through well-designed safety nets lie at the core of social welfare programmes for the elderly.

Due to factors like economic compulsions characterized by low asset bases of households and overall poverty, a significant proportion of the elderly from the poorer socio-economic groups continue to work in less remunerative, informal occupations. Hence a well-targeted social security scheme – primarily through old-age pensions – or engaging physically able elderly workers with appropriately rewarding jobs such as under the MGNREGA or in alternative vocations through the NLM (National Literacy Mission) is essential and may be one of the possible ways to move ahead.

Appropriate measures need to be considered for late-life economic returns for the elderly by linking them with suitable economic activity such as through Self-Help Groups (SHGs), while simultaneously addressing their special needs, such as health and disability through integrated programmes. As a priority measure, the elderly from BPL families or those without any familial support should be accorded highest importance and catered to through available resources and

state schemes. Full coverage of all eligible persons on the BPL list must be immediately ensured. Wide publicity of criteria to become eligible for BPL households must be given by various means including local newspapers and FM channels to enhance awareness and ensure increased coverage. Simultaneously, a strict monitoring mechanism needs to be laid down to ensure timely payment. As a number of vulnerable people remain uncovered at present, schemes that deal with socially vulnerable groups like the aged should be extended beyond the BPL list to cover all families except those that are excluded as per the criteria adopted by the Expert Group Report on BPL Identification Methodology during the 11th Five Year Plan. The central government should make funds available for this purpose. All IT initiatives should also be made available as a means to redress grievances. Recent efforts made by the IT Department, Government of Himachal Pradesh, in electronic/mobile governance are laudable.

7.2 Creation of Supportive Environment and Improvement in Provisions for Physical Security

Supporting the persistence of strong social norms which accord special status to the elderly in Himachal Pradesh, the survey further emphasizes the important role played by the elderly in both familial and social matters. These range from grandparenting to helping in inculcating traditional values among the younger boys and girls, resolving various family disputes and conflicts. These roles played by the elderly and their contributions need to be effectively communicated to the younger generation and society at large through short stories, various media portals, local drama clubs, religious gatherings, and video games where the elderly may be shown as arbitrators in a brawl or dispute, etc. Social media may play a role here by displaying sentiments against elderly abuse and age linked discrimination.

7.2.1 Improving the Health Status of Elderly

As seen in Section 2, the BKPAI Survey findings indicate that nearly 8 per cent of the outstanding loans were taken by the elderly households to finance elderly medical care. This implies that one tenth of the outstanding loans were required to meet the health expenditure of the elderly, showing the vulnerable health conditions of elderly persons in the state.

The elderly in Himachal Pradesh are seen to have the worst health conditions, both in terms of acute illnesses or chronic health conditions as well as functional limitations. Especially when compared to their peers in Punjab and Tamil Nadu, the elderly in Himachal Pradesh appear to be performing much worse. To illustrate, functional limitations, involving both basic and more comprehensive instrumental activities of daily living, have been observed to be increasing with age, specially in rural areas. This calls for special attention to be given to the health system to gear up to respond to this largely unmet need and the growing demand for geriatric services. Subjective well-being of the elderly in Himachal Pradesh is not as poor as in West Bengal and Odisha, however one third of

the state suffer from various psychosocial or other health complications. Therefore, there is need to examine this issue with more in-depth studies to bring about greater understanding about the underlying factors behind the deficits in subjective health assessments of older people or its correlates so that interventions can be broad-based by involving curative as well as preventive or health promotional aspects. This report clearly reveals an urgent need to integrate geriatric health services into the primary health care system in the country with adequate physical infrastructure (such as creation of age friendly healthcare facilities in hospitals, nursing homes and other places, viz. ramps, sheds, etc.) and create, through proper training and medical education, a health workforce in the specific areas of elderly care.

Regarding mental health services, as noted earlier, the need of the hour is to undertake comprehensive studies on the psychosocial aspects of mental health as well as explore possible policy interventions integrated with the primary health care system – such as geriatric counsellors – to address health issues among the elderly.

7.2.2 Measures for Improvement in RSBY

The response to RSBY in Himachal Pradesh is encouraging and the state has been recognized for its high utilization rates (see Box 6.2). However, the data obtained from the BKPAI Survey does not support this argument, particularly in the case of the elderly population. It is therefore suggested that a suitable mechanism be evolved to make the scheme more effective. There are a few inbuilt mechanisms in RSBY with room for improvement. These are:

- The inclusion of intermediaries such as NGOs in assisting BPL households. The intermediaries will be paid for the services they render in reaching out to the beneficiaries.
- RSBY envisages a robust monitoring and evaluation system. An elaborate backend data management system is proposed.
- The basic design of the scheme may be modified to include the elderly members of the household as insured members under the scheme.

7.2.3 Districts with Faster Ageing Need to Concentrate on Geriatric Planning

Himachal Pradesh has some districts and regions with a very high share of elderly population. These districts include Hamirpur (13.8%), Una (11.5%), Bilaspur (11.9%), Kangra (11.7%), Mandi (10.6) and Lahaul & Spiti (10.5%) (Census 2011). The state government may consider identifying these fast greying districts for more focused and elaborate planning for elderly care.

7.3 Elderly Targeted Public and Private Services

With accelerating growth of 60+ cohorts across the country in general and Himachal Pradesh in particular, elderly targeted services – health, income security, measures against physical and other forms of abuse etc. – require serious attention by political parties. With the emerging realization that the elderly constitute a large vote bank (15% of the total voters) [Census 2011], there may be a growing assertion from pro-elderly NGOs and organizations seeking favour for older adults from future governments. Similarly, in the coming years, the elderly may act as an economic power to boost demand for various businesses including manufacturers, service providers, bankers, insurers and retailers. Businesses therefore need to plan for age-friendly services to tap the potential of this important and growing market segment. In the future, the elderly may be many times better off economically than their current counterparts with considerably more purchasing power.

Appendices

Appendix I: Administrative requirements and procedure for availing benefits of pension schemes

S. No.	Process Description	Centres Responsible for Social Security Applications
1	• Applicant obtains application form from TWO or Panchayat Office or Anganwadi Centre of the village. • Applicant fills details asked for in the application form and attaches supplementary documents and submits it to the village Panchayat Office	Applicant
2	• Panchayat Secretary reviews the application form with the attached documents. • Panchayat Secretary then verifies whether the applicant comes under the purview of the pension scheme or not. • If applicant fulfils the set criteria, his application is forwarded to the Gram Sabha for open house discussion. • Gram Sabha discusses the case in the open house and takes a decision on the applicant candidature. The Gram Sabha would pass a resolution for the eligibility of the applicant for the type of pension applied. • If Gram Sabha finds that the case is authentic then the applicant's candidature is approved. However, the case is not genuine, then the applicant's candidature is rejected. • Once Gram Sabha approves the pension cases, application form is signed by Gram Pradhan and resolution is prepared and signed by Gram Sabha members. • Panchayat Secretary forwards the approved cases along with resolution number, filled application forms and supporting documents to TWO office.	Panchayat Office
3	• Concerned officer (at TWO office) receives the complete docket of approved pension cases from Panchayat Secretary. • Receipt Clerk marks an entry in the receipt register as per the details mentioned in the application form. • Concerned officer scrutinizes and verifies the docket and prepares report based on his evaluation on personal level and forwards it to TWO for further processing. • TWO verifies the docket and the report handed over to dealing assistant or forwards the rejected cases back to Panchayat for further updation, else forwards the accepted applications with recorded details and attached documents to DWO. • TWO attaches his verification report along with the application form and attached documents for further processing to DWO. • TWO sends the register entry made as per Form 2 to DWO and also to Panchayat Office.	TWO Office i.e. Panchayat office and Anganwadi Centre of the village

Contd...

S. No.	Process Description	Centres Responsible for Social Security Applications

4	• The dealing assistant at DWO receives the pension cases along with verification report and entry register as per Form 2
	• The dealing assistant reviews the application form along with the attached documents and verification report from TWO for the type of pension applied.
	  • If the application is not satisfactory it is sent back to TWO for updation with comments.
	  • If the details mentioned in the application form are satisfactory then required entries are made in the e-Kalyan Software as per the details mentioned in the application form.
	• Superintendent/Supervisor reviews the application form along with the attached documents and verification report from TWO for the type of pension applied for and matches the details with the e-Kalyan Software application.
	  • If the application is not satisfactory it is sent back to DEO/Dealing Assistant for updation with comments.
	  • If the details mentioned in the application form and the e-Kalyan Software are satisfactory then application is sent for final approval from the DWO.
	• DWO personally reviews and verifies the list of pension applications. Final approval is given by DWO based on attached documents and verification report as submitted by TWO, DWO and also approves the application in the software.
		DWO Office

5	DC checks the list of pension fund cases under various categories and reviews the fund availability after which gives approval for fund availability for different categories of pension schemes.	DC
6	They have to monitor the pension disbursement as the government guidelines wherein they have to keep an eye on the funds allocated under different categories of Pension Schemes.	DWO, TWO
7	Pension is transferred either to the applicant's account or is sent by money order through the local post office as per the application form.	Bank/Post Office
8	• Applicant receives the amount in their bank account or by Money Order on quarterly basis. • Once the fund is received and the receipt is submitted at the DWO, DWO makes the entries in the PLA account in order to keep the track of payment. • DWO would communicate to the TWO the receipt of the pension fund by the applicant as per the format, this is done to keep a track of the pension payments.	Applicant DWO DWO
9	All the payment records would be maintained at the office of DWO	DWO

Appendix II: List of old age homes in Himachal Pradesh

S. No.	Name of the Organization	Address	Establishment Year	Current Status
1	H.P. State Social Welfare Board Old Age Home	Basant Pur Distt. Shimla	1963	Operational
2	The Suket Senior Citizens Home (International) Trust	Sukhdev Talkies Annexe Sunder Nagar, Mandi	2001	Operational
3	Balh Valley Kalyan Sabha Bridh Ashram	Village & Post Office: Bhangrotu Distt. Sadar Mandi	1987	Operational
4	Kalgidhar Society	Baru Sahab District Sirmor	1990	Operational
5	Tabo Ancient Monastery	The Institute of Studies in Buddhist Philosophy Vill & P.O. Tabo Distt.- Lahaul & Spiti	-	Non Operational
6	Home for the Aged	Garli, Kangra District	1985	Operational
7	Kanchen Duggal Memorial Old Age Handicapped Society	Lahaul & Spiti	-	Non Operational
8	Old Age Home (TISA)	P.O. – Thali Tehsil – Churala, Distt. – Chamba	-	Non Operational
9	Palampur Rotary Helpage Foundation: Old Age Home	Vill. – Saliana, Palampur District Kangra	1994	Operational

Source: http://www.archive.india.gov.in/outerwin.php?id=http://www.pagindia.com/OldAgeHomes.pdf

Appendix III: Tables

Table A 2.1: Per cent distribution of elderly households by select household and housing characteristics according to place of residence, BKPAI Survey and Census, Himachal Pradesh 2011

Housing Characteristics	BKPAI Survey			Census 2011
	Rural	Urban	Total	Total
Number of Usual Members				
1	4.7	7.3	4.8	5.7
2	15.0	16.7	15.1	8.9
3-5	38.8	41.8	39.0	58.0
6+	41.5	34.2	41.1	27.3
Total	100.0	100.0	100.0	100.0
Mean HH size	5.1	4.6	5.0	
Head of the Household				
Elderly men headed HHs	61.8	63.4	61.9	
Elderly women headed HHs	16.8	21.6	17.1	NA
Non-elderly headed HHs	21.4	15.0	21.1	
Age Group				
<15	18.9	18.2	18.8	
15-59	54.7	53.8	54.7	NA
60+	26.4	28.0	26.5	
Sex Ratio (Females per 1,000 Males)				
<15	843	923	846	
15-59	1031	1182	1038	NA
60+	1043	921	1036	
Total	982	1047	985	972
Religion of the Households				
Hindu	93.7	95.7	93.8	
Muslim	2.7	1.5	2.6	NA
Sikh	2.9	2.4	2.9	
Others	0.7	0.3	0.7	
Caste/Tribe				
SC	19.6	16.9	19.5	
ST	3.5	2.5	3.5	NA
OBC	11.7	11.1	11.7	
Others	65.2	69.4	65.4	
Type of House				
Kachha	8.6	4.3	8.4	
Semi-*pucca*	35.7	12.9	34.6	NA
Pucca	55.6	82.8	57.0	

Contd...

Housing Characteristics	BKPAI Survey			Census 2011
	Rural	Urban	Total	Total
No. of Rooms				
1	4.4	3.4	4.3	19.5
2	13.8	7.7	13.5	28.7
3	22.9	25.4	23.0	17.2
4+	58.9	63.5	59.2	33.4
Source of Drinking Water				
Own piped water	31.6	37.0	31.9	89.5
Public piped water	52.1	57.0	52.4	
Own well/borewell	5.0	2.7	4.8	6.3
Public well/borewell	4.3	0.9	4.1	
Others	7.1	2.4	6.9	4.2
Toilet Facility				
Public latrine	0.8	0.8	0.8	1.2
Septic tank/Flush system	73.3	86.0	73.9	60.7
Pit latrine	5.0	6.0	5.0	8.1
No facility/Uses open	21.0	7.3	20.3	29.7
Cooking Fuel				
Electricity	0.1	0.1	0.1	0.1
LPG/Natural gas	25.2	82.9	28.1	38.6
Biogas	0.5	1.3	0.6	0.1
Kerosene	0.5	1.7	0.6	2.1
Coal/Lignite	0.6	0.0	0.5	0.0
Charcoal	2.7	0.6	2.6	
Wood	67.2	11.5	64.4	57.5
Straw/Shrubs/Grass	2.2	1.5	2.2	1.1
Agricultural crop waste	0.1	0.1	0.1	
Dung cakes	0.0	0.0	0.0	0.2
Others	0.9	0.3	0.8	0.0
Total	100.0	100.0	100.0	100.0
No. of Elderly HH	**608**	**567**	**1175**	**14,76,541**

NA: Data not available

Table A 2.2: Percentage of elderly households with various possessions, loan and support system according to place of residence, BKPAI survey and census, Himachal Pradesh 2011

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Households Goods				
Electricity	98.0	99.9	98.1	98.1
Mattress	96.6	98.6	96.7	
Pressure cooker	93.8	97.7	94.0	NA
Chair	89.5	97.7	89.9	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Cot or bed	98.5	99.7	98.6	
Table	78.0	92.4	78.7	NA
Electric fan	75.9	88.7	76.6	
Radio or Transistor	22.0	23.4	22.0	25.7
Black and white television	10.0	10.2	10.0	74.4
Colour television	69.8	87.6	70.7	
Sewing machine	55.4	67.6	56.0	NA
Mobile phone	76.6	89.8	77.3	61.5
Any landline phone	25.9	44.8	26.9	7.4
Computer	2.8	19.2	3.6	5.6
Internet facility	2.2	16.1	2.9	2.8
Refrigerator	27.6	49.9	28.7	
Watch or wall/Alarm clock	65.6	79.7	66.3	
Water pump	3.7	7.9	4.0	NA
Thresher	1.9	0.3	1.9	
Tractor	2.3	0.7	2.2	
Bicycle	29.0	38.5	29.5	9.5
Motorcycle or Scooter	23.2	40.0	24.0	15.5
Animal-drawn cart	2.6	4.6	2.7	NA
Car/Jeep	7.6	16.8	8.1	8.3
Account in bank/Post office	88.3	89.9	88.4	89.1
The Possessing of Cards				
APL	75.0	84.0	75.5	
BPL	19.4	9.3	18.9	
Antyodaya	2.5	2.3	2.5	NA
Not in possession of any card	2.4	4.5	2.5	
Don't know/No response	0.7	0.0	0.7	
Own Any Agriculture Land				
No land	20.1	69.3	22.6	
Only irrigated land	31.2	13.0	30.2	
Only non-irrigated land	41.0	15.7	39.8	NA
Both	7.7	2.0	7.4	
Don't Know/No response	NA	NA	NA	
Monthly Per Capita Consumption Expenditure (MPCE in Rs.)				
≤1000	22.3	6.4	21.5	
1001-1500	25.3	17.5	24.9	
1501-2500	30.5	31.1	30.5	NA
2501+	21.8	44.9	22.9	
Don't Know/No response	NA	NA	NA	
Wealth Quintile				
Lowest	6.0	1.2	5.8	
Second	22.8	7.1	22.0	
Middle	31.4	14.5	30.5	NA
Fourth	28.1	30.0	28.2	
Highest	11.7	47.3	13.5	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Amount of Outstanding Loan (Rs.)				
None	82.6	85.3	82.8	
<15000	2.5	0.9	2.5	
15000-30000	1.5	1.2	1.4	
30000-60000	4.4	2.4	4.3	
60000-100000	2.7	1.5	2.6	NA
100000 – 150000	1.2	0.8	1.1	
150000 – 200000	1.2	1.4	1.2	
200000 +	2.7	3.8	2.7	
Don't know/No answer	1.2	2.7	1.3	
Number of Elderly HHs	**608**	**567**	**1,175**	
Purpose of Loan				
Expenditure on health of elderly	8.0	1.2	7.7	
Expenditure on health of others	7.4	0.0	7.1	
Agriculture	27.2	0.6	26.2	
Business	15.4	22.2	15.7	NA
Education	2.5	15.6	3.0	
Marriage	13.1	10.9	13.0	
Home/Vehicle loan	34.7	45.1	35.1	
Others	9.9	8.4	9.8	
No. of Elderly HH	**105**	**74**	**180**	

NA: Not applicable

Table A 2.3: Per cent distribution of elderly by select background characteristics, Himachal Pradesh 2011

Elderly Characteristics	BKPAI		
	Male	Female	Total
Age Groups (Years)			
60-64	29.7	25.2	27.4
65-69	24.8	22.3	23.5
70-74	17.2	22.2	19.7
75-79	10.7	14.5	12.6
80-84	8.9	8.7	8.8
85-89	6.9	3.9	5.4
90+	1.9	3.3	2.6
Education Categories			
No formal education	33.5	81.5	58.0
<5 years completed	8.6	3.5	6.0
5-7 years completed	17.1	7.0	12.0
8 years and above	40.6	8.0	24.0
Don't know/No response	0.1	0.0	0.1

Contd...

Elderly Characteristics	BKPAI		
	Male	Female	Total
Marital Status			
Never married	1.1	0.3	NA
Currently married	85.8	47.2	66.2
Widowed	11.8	50.9	31.7
Others	1.3	1.6	2.1
Don't Know/No response	NA	NA	NA
Mean no. of children	4.0	4.2	4.1
Re-marriage among Ever Married			
Rural	4.1	2.6	3.4
Urban	2.5	0.8	1.7
Total	4.0	2.6	3.3
Migration Status			
Migrated before 60 years of age	20.4	90.1	55.9
Migrated after 60 years of age	5.7	2.7	4.2
Did not migrate	73.8	4.4	38.5
Don't know/No response	0.1	2.8	1.5
No. of Elderly	**752**	**730**	**1,482**

Table A 3.1: Percentage of elderly currently working or ever worked according to place of residence and sex, Himachal Pradesh 2011

Work Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Currently working	38.2	3.5	20.5	32.3	2.7	18.1	37.9	3.4	20.4
Ever worked	99.4	7.8	52.7	98.6	19.2	60.5	99.4	8.4	53.1
Number of elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 3.2: Percentage of elderly according to their work status and intensity of work by background characteristics, Himachal Pradesh 2011

Background Characteristics	Currently Working	Number of Elderly	Main Worker (More Than 6 Months Per Year)	More Than Four Hours a Day	Number of Currently Working Elderly
Age Groups (Years)					
60-69	27.1	844	94.0	95.4	206
70-79	14.1	441	89.4	96.5	60
80+	12.0	197	*	*	17
Sex					
Men	37.9	752	91.4	97.5	258
Women	3.4	730	(92.0)	(80.6)	25
Residence					
Rural	20.5	787	91.2	96.0	157
Urban	18.1	695	96.2	96.8	126
Marital Status					
Currently married	25.4	962	90.2	97.2	229
Widowed	8.7	481	(96.6)	(87.8)	45
Others	(37.9)	39	*	*	9

Contd...

Background Characteristics	Currently Working	Number of Elderly	Main Worker (More Than 6 Months Per Year)	More Than Four Hours a Day	Number of Currently Working Elderly
Education Categories					
None	11.2	667	89.1	97.6	72
1-4 years	39.7	68	*	*	23
5-7 years	33.2	176	(96.7)	(99.8)	46
8+ years	31.4	569	93.6	91.5	142
Religion					
Hindu	20.5	1404	90.8	95.8	271
Muslim	(23.7)	26	*	*	8
Sikh	(17.4)	42	*	*	4
Others	*	10	*	*	0
Caste/Tribe					
SC/ST	20.9	315	91.6	99.1	61
OBC	21.0	138	(94.6)	(100.0)	33
Others	20.1	1029	90.8	94.2	189
Wealth Quintile					
Lowest	25.8	70	*	*	19
Second	24.4	206	94.7	96.9	50
Middle	20.3	313	93.5	96.4	68
Fourth	17.0	438	91.6	99.7	70
Highest	18.9	455	75.5	84.8	76
Living Arrangement					
Living alone	26.0	76	*	*	22
Living with spouse	25.9	227	89.5	95.4	54
Living with all others	18.8	1,179	91.5	97.1	207
Total	**20.4**	**1,482**	**91.4**	**96.0**	**283**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 3.3: Per cent distribution of currently working elderly by type of occupation and sector of employment according to place of residence and sex, Himachal Pradesh 2011

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Type of Occupation									
Technicians/ Professionals	1.2	*	1.1	7.0	*	6.6	1.5	(0.0)	1.4
Office/Clerical	5.9	*	5.4	13.8	*	13.6	6.3	(0.4)	5.8
Cultivators	42.3	*	42.7	11.6	*	10.7	40.9	(45.2)	41.3
Petty traders/ Workers	0.0	*	0.0	0.1	*	0.1	0.0	(0.0)	0.0
Agricultural labourer	22.5	*	22.0	7.5	*	7.0	21.8	(16.3)	21.3
Other work	28.1	*	28.8	58.4	*	60.5	29.5	(38.1)	30.2
Don't Know/No response	0.0	*	0.0	1.7	*	1.6	0.1	(0.0)	0.1

Contd...

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Sector of Employment									
Public sector	4.9	*	4.4	7.6	*	7.9	5.0	(0.5)	4.6
Private organization	1.4	*	1.3	11.9	*	11.4	1.9	(0.2)	1.8
Self-employed	64.4	*	64.1	62.0	*	63.1	64.3	(60.8)	64.0
Informal employment	29.0	*	27.8	13.3	*	12.4	28.3	(14.5)	27.1
Others	0.3	*	2.4	5.2	*	5.2	0.5	(24.0)	2.5
Number of Elderly Currently Working	**144**	**13**	**157**	**114**	**12**	**126**	**258**	**25**	**283**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 3.4: Per cent distribution of currently working elderly by the need to work according to background characteristics, Himachal Pradesh 2011

Background Characteristics	By Choice	Economic/ Other Compulsion	Total	Number of Elderly
Age Group (Years)				
60-69	39.2	60.8	100.0	206
70-79	42.4	57.6	100.0	60
80+	*	*	*	17
Sex				
Men	40.6	59.5	100.0	258
Women	(46.0)	(54.0)	(100.0)	25
Residence				
Rural	41.0	59.0	100.0	157
Urban	41.5	58.5	100.0	126
Marital Status				
Currently married	42.7	57.3	100.0	229
Widowed	(38.0)	(62.0)	(100.0)	45
Others	*	*	*	9
Education Categories				
None	26.9	73.1	100.0	72
1-4 years	*	*	*	23
5-7 years	(41.7)	(58.3)	(100.0)	46
8+ years	51.4	48.6	100.0	142
Religion				
Hindu	42.0	58.0	100.0	229
Muslim	(26.4)	(73.6)	(100.0)	45
Sikh	*	*	*	9
Caste/Tribe				
SC/ST	30.9	69.1	100.0	61
OBC	(57.9)	(42.1)	(100.0)	33
Others	41.6	58.5	100.0	189

Contd...

Background Characteristics	By Choice	Economic/ Other Compulsion	Total	Number of Elderly
Wealth Quintile				
Lowest	*	*	*	19
Second	27.9	72.1	100.0	50
Middle	35.4	64.6	100.0	68
Fourth	59.9	40.2	100.0	70
Highest	61.6	38.4	100.0	76
Living Arrangement				
Living alone	*	*	*	22
Living with spouse	51.3	48.7	100.0	54
Living with all others	39.1	60.9	100.0	207
Total	**41.0**	**59.0**	**100.0**	**283**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 3.5: Percentage of elderly receiving work benefits by background characteristics, Himachal Pradesh 2011

Background Characteristics	Retirement	Pension	Retirement and Pension Both	None	Number of Elderly
Age Group (Years)					
60-69	24.5	24.7	23.7	74.5	844
70-79	13.5	13.7	13.5	86.3	441
80+	6.7	6.7	6.7	93.3	197
Sex					
Men	34.4	34.4	33.6	64.8	752
Women	2.1	2.4	2.1	97.6	730
Residence					
Rural	17.0	17.2	16.6	82.3	787
Urban	34.6	34.7	34.3	65.0	695
Marital Status					
Currently married	23.8	24.1	23.2	75.3	962
Widowed	5.5	5.5	5.5	94.5	481
Others	(20.2)	(20.2)	(20.2)	(79.8)	39
Education Categories					
None	3.2	3.1	3.1	96.8	667
1-4 years	19.3	19.3	19.3	80.7	68
5-7 years	19.5	19.5	19.5	80.5	176
8+ years	52.4	53.5	51.0	45.1	569
Religion					
Hindu	18.9	19.2	18.6	80.4	1404
Muslim	(0.7)	(0.7)	(0.7)	(99.3)	26
Sikh	4.5	4.5	4.5	95.5	42
Others	*	*	*	*	10

Contd...

Background Characteristics	Retirement	Pension	Retirement and Pension Both	None	Number of Elderly
Caste/Tribe					
SC/ST	16.1	16.6	15.8	83.2	315
OBC	13.0	13.0	13.0	87.0	138
Others	19.5	19.6	18.9	79.9	1,029
Wealth Quintile					
Lowest	2.8	1.8	1.8	97.2	70
Second	4.9	4.9	4.9	95.1	206
Middle	14.4	13.3	13.3	85.6	313
Fourth	24.2	25.6	`24.2	74.4	438
Highest	38.8	40.1	38.7	59.8	455
Living Arrangement					
Living alone	9.4	9.5	9.4	90.5	76
Living with spouse	18.6	19.7	18.8	80.3	227
Living with all others	18.2	18.2	17.6	81.3	1179
Total	**17.9**	**18.1**	**17.5**	**81.5**	**1,482**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 3.6: Per cent distribution of elderly by annual personal income according to place of residence and sex, Himachal Pradesh 2011

Income (in Rupees)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income*	14.7	68.8	42.3	12.5	57.0	33.8	14.6	68.2	41.9
≤12,000	12.3	14.4	13.4	3.4	7.2	5.2	11.8	14.1	13.0
12,001 - 24,000	6.9	3.2	5.0	3.1	1.1	2.2	6.7	3.1	4.9
24,001 - 50,000	18.9	6.2	12.4	11.0	6.9	9.1	18.5	6.2	12.2
50,001+	46.9	7.4	26.7	70.0	27.8	49.8	48.1	8.4	27.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	74,657	10,650	41,939	1,87,109	44,824	1,18,894	80,692	12,275	45,830
Number of elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

* No income includes don't know/no response.

Table A 3.7: Percentage of elderly by sources of current personal income according to place of residence and sex, Himachal Pradesh 2011

Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Salary/Wages	9.6	1.4	5.4	12.0	1.0	6.7	9.7	1.4	5.5
Employer's pension (government or others)	33.5	6.0	19.4	49.1	23.4	36.8	34.3	6.8	20.3
Social pension (old age/ widow)	11.1	15.7	13.4	3.6	10.5	6.9	10.7	15.5	13.1
Agricultural/Farm income	43.1	4.4	23.2	10.2	2.3	6.4	41.3	4.3	22.4

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Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Other sources of income	8.8	8.5	8.7	33.7	15.7	25.1	10.2	8.9	9.5
No income	14.7	69.1	42.6	12.5	56.4	33.5	14.6	68.2	42.1
Number of elderly	**375**	**392**	**767**	**356**	**320**	**676**	**731**	**712**	**1,443**

* Multiple sources of income.

Table A 3.8: Per cent distribution of elderly by their perceived magnitude of contribution towards household expenditure according to place of residence and sex, Himachal Pradesh 2011

Proportion of Contribution	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income/No contribution	14.7	68.8	42.3	12.5	57.0	33.8	14.6	68.2	41.9
<40%	3.2	4.8	4.0	6.8	3.8	5.4	3.4	4.8	4.1
40-60%	18.8	4.9	11.7	23.7	14.0	19.1	19.1	5.3	12.1
60-80%	26.4	7.6	16.8	17.7	7.7	12.9	25.9	7.6	16.6
80+	32.4	7.8	19.8	37.5	12.7	25.6	32.6	8.1	20.1
Don't know/No response	4.5	6.1	5.3	1.8	4.7	3.2	4.4	6.0	5.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 3.9: Per cent distribution of elderly by their financial dependency status and main source of economic support according to place of residence and sex, Himachal Pradesh 2011

Financial Dependence and Economic Support	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Financial Dependence									
Fully dependent	18.0	69.5	44.3	14.3	59.0	35.7	17.8	69.0	43.9
Partially dependent	28.7	15.7	22.1	16.2	8.7	12.6	28.1	15.4	21.6
Not dependent	53.2	14.7	33.6	69.6	32.3	51.7	54.1	15.6	34.5
Don't know/No response	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of Economic Support									
Son	30.8	42.7	36.9	20.1	32.3	25.9	30.2	42.2	36.3
Spouse	6.3	37.2	22.1	5.1	28.6	16.4	6.3	36.8	21.8
Daughter	2.5	0.6	1.5	1.4	2.3	1.8	2.4	0.7	1.5
Others	7.2	4.8	6.0	3.9	4.6	4.2	7.0	4.8	5.9
Not dependent on anyone	53.2	14.7	33.6	69.6	32.3	51.7	54.1	15.6	34.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 4.1: Per cent distribution of elderly by type of living arrangement according to select background characteristics, Himachal Pradesh 2011

Background Characteristic	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Age Group (Years)							
60-69	2.9	16.1	56.0	18.2	6.8	100.0	844
70-79	5.5	23.4	34.8	32.2	4.2	100.0	441
80+	4.6	16.4	26.0	42.4	10.6	100.0	197
Sex							
Men	1.7	22.2	59.6	11.6	5.0	100.0	752
Women	6.3	14.9	29.1	41.4	8.2	100.0	730
Residence							
Rural	3.9	18.8	44.2	26.8	6.4	100.0	787
Urban	6.9	13.6	42.4	26.5	10.6	100.0	695
Marital Status							
Currently married	0.5	27.8	66.6	0.0	5.1	100.0	962
Widowed	10.7	0.0	0.0	80.8	8.6	100.0	481
Others	(14.2)	(6.6)	(0.0)	(53.5)	(25.8)	100.0	39
Education Categories							
None	4.9	16.6	33.9	37.6	7.0	100.0	667
1-4 years	11.2	27.1	46.9	11.6	3.3	100.0	68
5-7 years	2.5	20.6	57.0	14.3	5.6	100.0	176
8+ years	0.9	19.8	61.6	10.7	7.1	100.0	569
Employment							
Never worked	5.7	14.5	30.2	42.0	7.6	100.0	642
Previously worked	1.0	21.1	57.4	15.0	5.6	100.0	557
Currently working	5.2	23.6	54.7	10.6	6.0	100.0	283
Religion							
Hindu	4.3	19.2	42.8	26.9	6.8	100.0	1404
Muslim	(0.1)	(7.4)	(81.7)	(6.6)	(4.2)	(100.0)	26
Sikh	(0.0)	(13.2)	(44.3)	(39.7)	(2.9)	(100.0)	42
Others	*	*	*	*	*	*	10
Caste/Tribe							
SC/ST	4.4	15.1	45.6	26.4	8.5	100.0	315
OBC	5.4	23.4	45.0	21.1	5.3	100.0	138
Others	3.7	18.8	43.4	27.9	6.2	100.0	1029
Wealth Quintile							
Lowest	15.9	33.7	25.1	17.8	7.5	100.0	70
Second	8.8	28.2	32.2	24.1	6.7	100.0	206
Middle	3.5	14.3	44.3	32.0	6.0	100.0	313
Fourth	0.7	15.2	50.8	26.6	6.7	100.0	438
Highest	0.3	13.4	55.7	23.4	7.3	100.0	455
Total	**4.0**	**18.5**	**44.1**	**26.8**	**6.6**	**100.0**	**1,482**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 4.2: Per cent distribution of elderly by preferred living arrangement in old age according to present living arrangement and sex, Himachal Pradesh 2011

		Preferred Living Arrangement			
		Alone	Spouse Only	Children and Others	Total
Present Living Arrangement	**Men**				
	Alone	48.7	0.9	1.0	1.7
	Spouse only	0.0	36.3	5.6	22.2
	Children and others	51.3	62.8	93.4	76.1
	Total	100.0	100.0	100.0	100.0
	Women				
	Alone	79.2	6.8	0.1	6.3
	Spouse only	0.0	29.7	3.1	14.9
	Children and others	20.8	63.5	96.8	78.7
	Total	100.0	100.0	100.0	100.0
	Total				
	Alone	71.2	3.7	0.5	4.0
	Spouse only	0.0	33.2	4.2	18.5
	Children and others	28.8	63.1	95.3	77.5
	Total	100.0	100.0	100.0	100.0

Table A 4.3: Per cent distribution of elderly having no meeting and no communication with their non co-residing children according to background characteristics, Himachal Pradesh 2011

Background Characteristics	No Meeting	No Communication	No. of Elderly
Age Group (Years)			
60-69	0.3	2.7	688
70-79	0.7	2.2	382
80+	1.0	4.1	172
Sex			
Men	0.1	2.4	609
Women	0.9	3.1	633
Residence			
Rural	0.6	2.7	673
Urban	0.1	3.4	569
Marital Status			
Currently married	0.1	2.7	801
Widowed	0.8	1.8	418
Others	*	*	23
Education Categories			
None	0.8	0.8	573
1-4 years	1.3	1.3	54
5-7 years	0.0	0.0	155
8+ years	0.0	0.0	458

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Background Characteristics	No Meeting	No Communication	No. of Elderly
Religion			
Hindu	0.6	0.6	1,175
Muslim	(0.0)	(0.0)	25
Sikh	(0.0)	(0.0)	35
Others	*	*	7
Caste/Tribe			
SC/ST	1.3	1.3	259
OBC	0.0	0.0	118
Others	0.4	0.4	865
Wealth Quintile			
Lowest	0.0	0.0	53
Second	0.3	0.3	169
Middle	0.7	0.7	270
Fourth	0.9	0.9	366
Highest	0.0	0.0	384
Total	**0.5**	**2.8**	**1,242**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 4.4: Percentage of elderly by participation in various activities according to age groups, Himachal Pradesh 2011

Participation in Various Activities	Age Group (Years)			Total
	60-69	70-79	80+	
Taking care of grandchildren	59.5	60.2	55.4	59.0
Cooking/Cleaning	50.7	47.5	26.2	45.5
Shopping for household	69.4	60.5	34.0	60.6
Payment of bills	57.5	38.9	30.0	46.9
Advice to children	83.6	69.0	71.7	76.9
Settling disputes	77.2	63.7	61.0	70.1

Table A 4.5: Per cent distribution of elderly by their main reason for not going out more, according to place of residence and sex, Himachal Pradesh 2011

Main Reason for Not Going Out More	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Health problems	*	*	(55.9)	*	*	*	*	*	(55.9)
Safety concerns	*	*	(7.0)	*	*	*	*	*	(7.4)
Financial problems	*	*	(29.7)	*	*	*	*	*	(28.8)
Nobody to accompany	*	*	(7.5)	*	*	*	*	*	(8.0)
Don't know/No response	*	*	(NA)	*	*	*	*	*	(NA)
Total	*	*	(100.0)	*	*	*	*	*	(100.0)
Number of Elderly	**13**	**13**	**26**	**9**	**8**	**17**	**22**	**21**	**43**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 4.6: Per cent distribution of elderly by experience of abuse after turning 60 and in the month preceding the survey according to select background characteristics, Himachal Pradesh 2011

Background Characteristics	Experience of Abuse		Number of Elderly
	Abuse After Age 60	In Last One Month	
Age Group (Years)			
60-69	11.3	2.2	844
70-79	12.3	1.6	441
80+	12.3	1.2	197
Sex			
Men	12.3	1.5	752
Women	11.3	2.1	730
Residence			
Rural	12.0	1.9	787
Urban	7.5	0.9	695
Marital Status			
Currently married	12.0	1.3	962
Widowed	10.9	1.9	481
Others	(19.4)	(15.2)	39
Education Categories			
None	11.4	2.0	667
1-4 years	11.7	2.1	68
5-7 years	18.2	2.7	176
8+ years	9.6	0.9	569
Employment			
Never worked	9.7	1.9	642
Previously worked	13.1	1.8	557
Currently working	14.6	1.6	283
Religion			
Hindu	11.6	1.7	1,404
Muslim	(27.2)	(6.6)	26
Sikh	(3.4)	(0.0)	42
Others	*	*	10
Caste/Tribe			
SC/ST	13.7	1.6	315
OBC	9.3	0.0	138
Others	11.6	2.2	1,029
Wealth Quintile			
Lowest	18.6	3.5	70
Second	19.6	3.0	206
Middle	10.0	2.5	313
Fourth	8.6	0.7	438
Highest	7.4	0.0	455

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Background Characteristics	Experience of Abuse		Number of Elderly
	Abuse After Age 60	In Last One Month	
Living Arrangement			
Alone	16.7	3.2	75
Spouse only	17.6	2.7	223
Spouse, children and grandchildren	10.5	1.1	649
Children and grandchildren	11.2	2.5	402
Others	3.9	0.2	133
Total	**11.8**	**1.8**	**1,482**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 5.1: Percentage of elderly by self rated health status according to place of residence and sex, Himachal Pradesh 2011

Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health									
Excellent	4.3	2.1	3.2	8.3	2.8	5.7	4.5	2.1	3.3
Very good	26.1	20.7	23.3	32.9	25.1	29.2	26.5	20.9	23.6
Good	26.9	26.3	26.6	27.4	35.1	31.1	26.9	26.7	26.8
Fair	28.2	34.6	31.5	23.3	28.3	25.7	27.9	34.3	31.2
Poor	14.6	16.3	15.5	8.1	8.7	8.4	14.2	15.9	15.1
Don't Know/No response	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to One Year Before									
Better	8.1	4.6	6.4	11.1	7.2	9.2	8.3	4.8	6.5
Same	71.8	70.1	70.9	70.5	68.3	69.4	71.8	70.0	70.9
Worse	19.8	23.3	21.6	17.9	23.6	20.6	19.7	23.3	21.5
Don't Know/No response	0.3	2.0	1.2	0.5	0.9	0.7	0.3	2.0	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to People of Same Age									
Better	20.6	11.3	15.8	22.7	15.4	19.2	20.7	11.5	16.0
Same	61.3	63.0	62.2	64.1	64.6	64.3	61.4	63.1	62.3
Worse	15.9	23.5	19.8	12.6	18.9	15.6	15.7	23.3	19.5
Don't know/No response	2.3	2.2	2.3	0.6	1.1	0.8	2.2	2.2	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.2: Percentage of elderly by self rated health according to select background characteristics, Himachal Pradesh 2011

Background Characteristics	Current Health: Excellent/ Very Good	Current Health Compared to One Year Before: Better or Same	Current Health Compared to People of Same Age: Better or Same	Number of Elderly
Age Group (Years)				
60-69	27.7	79.3	81.7	844
70-79	29.4	77.3	76.9	441
80+	19.9	71.5	70.5	197
Sex				
Men	31.0	80.1	82.1	752
Women	23.0	74.7	74.6	730
Residence				
Rural	26.5	77.3	78.0	787
Urban	34.8	78.7	83.5	695
Marital Status				
Currently married	30.7	78.0	80.0	962
Widowed	18.4	76.6	74.8	481
Others	(36.2)	(67.9)	(75.6)	39
Education Categories				
None	23.2	74.9	73.7	667
1-4 years	24.7	81.7	85.4	68
5-7 years	24.4	77.9	80.0	176
8+ years	37.8	81.9	86.7	569
Employment				
Never	23.4	74.2	74.5	642
Previously worked	31.9	75.8	76.6	557
Currently working	26.9	87.0	89.7	283
Religion				
Hindu	27.0	76.7	78.4	1,404
Muslim	(33.3)	(93.5)	(81.0)	26
Sikh	(21.9)	(78.4)	(77.3)	42
Others	*	*	*	10
Caste				
SC/ST	24.8	71.6	73.6	315
OBC	28.6	88.6	84.7	138
Others	27.4	77.4	78.8	1,029
Wealth Quintile				
Lowest	18.6	70.8	77.8	70
Second	21.6	69.6	71.9	206
Middle	26.4	81.0	79.2	313
Fourth	30.1	79.6	82.5	438
Highest	33.0	79.5	78.0	455
Living Arrangement				
Living alone	17.3	60.8	58.7	76
Living with spouse	35.9	74.1	76.4	227
Living with all others	25.3	79.0	79.8	1,179
Total	**26.9**	**77.3**	**78.3**	**1,482**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 5.3: Percentage of elderly needing full/partial assistance in ADL activities according to place of residence and sex, Himachal Pradesh 2011

Type of ADL	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bathing	4.6	8.7	6.7	2.5	6.3	4.4	4.5	8.6	6.6
Dressing	3.9	6.3	5.1	1.9	4.3	3.1	3.8	6.2	5.0
Toilet	3.7	4.9	4.3	2.6	3.8	3.2	3.7	4.8	4.3
Mobility	3.1	5.4	4.3	3.9	2.2	3.1	3.1	5.2	4.2
Continence	1.6	4.1	2.9	1.1	1.3	1.2	1.6	3.9	2.8
Feeding	1.0	2.7	1.9	0.8	1.0	0.9	1.0	2.6	1.8
Needs at least one assistance	5.3	10.4	7.9	4.6	7.3	5.9	5.3	10.2	7.8
Needs full assistance	0.7	1.6	1.1	0.7	0.6	0.6	0.7	1.5	1.1
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.4: Percentage of elderly by IADL limitations according to place of residence and sex, Himachal Pradesh 2011

Type of IADL Activity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Use of phone	13.4	29.4	21.6	5.9	15.6	10.5	13.0	28.7	21.0
Shopping	49.5	80.1	65.1	29.6	55.9	42.2	48.4	78.9	64.0
Preparation of meals	79.5	62.2	70.6	57.6	45.5	51.8	78.3	61.4	69.7
Housekeeping tasks	20.5	17.9	19.1	15.5	10.4	13.1	20.2	17.5	18.8
Laundry	70.9	37.8	54.0	69.0	28.4	49.5	70.8	37.4	53.8
Travel independently	22.4	36.3	29.5	12.7	26.0	19.1	21.8	35.8	29.0
Dispensing own medicines	43.5	66.3	55.1	21.1	40.9	30.6	42.3	65.1	53.9
Handling finances	15.0	33.9	24.6	8.8	25.3	16.7	14.7	33.5	24.2
Can perform none	2.4	6.2	4.4	1.4	4.3	2.8	2.3	6.1	4.3
1-3	20.9	29.0	25.0	9.7	15.2	12.4	20.3	28.4	24.4
4-5	34.2	30.1	32.1	24.1	23.8	24.0	33.7	29.8	31.7
6-7	35.6	26.4	30.9	47.3	30.4	39.2	36.2	26.6	31.3
Can perform all	6.9	8.2	7.6	17.5	26.3	21.7	7.5	9.1	8.3
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.5: Percentage of elderly by ADL and IADL limitations according to background characteristics, Himachal Pradesh 2011

Background Characteristics	ADL			IADL				Number of Elderly
	Needs Assistance in At Least One Activity	Needs Assistance in At Least Three Activities	Need Assistance in All Activities	Can Perform No Activity	Can Perform All Activities	Can Perform 1-3 Activities	Can Perform 4-7 Activities	
Age Group (Years)								
60-69	3.1	1.5	0.5	2.4	12.0	13.4	72.3	844
70-79	8.3	5.2	0.4	4.6	5.3	27.7	62.5	441
80+	21.1	12.9	4.2	9.5	2.9	51.4	36.1	197
Sex								
Men	5.3	3.7	0.7	2.3	7.5	20.3	69.9	752
Women	10.2	5.5	1.5	6.1	9.1	28.4	56.5	730
Residence								
Rural	7.9	4.7	1.1	4.4	7.6	25.0	63.0	787
Urban	5.9	2.6	0.6	2.8	21.7	12.4	63.2	695
Marital Status								
Currently married	5.8	3.7	0.7	2.4	8.8	19.5	69.4	962
Widowed	11.8	6.4	2.1	7.3	6.8	34.4	51.5	481
Others	(9.2)	(9.2)	(0.00)	(18.8)	(14.0)	(28.0)	(39.2)	39
Wealth Quintile								
Lowest	7.0	1.8	1.0	0.8	2.6	35.4	61.2	70
Second	7.8	3.5	0.6	6.9	5.0	24.9	63.2	206
Middle	9.2	6.6	1.7	4.5	6.8	28.6	60.2	313
Fourth	6.6	3.6	0.8	3.4	7.8	21.8	67.0	438
Highest	7.7	5.7	1.5	2.8	19.9	15.9	61.3	455
Living Arrangement								
Alone	4.4	4.4	0.0	0.0	25.6	6.5	68.0	76
Spouse only	2.1	1.9	0.0	0.5	7.3	14.7	77.5	227
Children and others	9.3	5.3	1.4	5.4	7.6	27.7	59.3	1,179
Total	**7.8**	**4.6**	**1.1**	**4.3**	**8.3**	**24.4**	**63.0**	**1,482**

Note: () Based on 25-49 unweighted cases.

Table A 5.6: Percentage of elderly by full/partial locomotor disability according to place of residence and sex, Himachal Pradesh 2011

Type of Loco-motor Disability	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Vision									
Full	9.7	12.8	11.3	14.2	17.8	15.9	9.9	13.1	11.5
Partial	36.4	37.9	37.1	37.8	39.7	38.7	36.5	38.0	37.2
Hearing									
Full	3.2	1.8	2.5	0.9	2.7	1.7	3.1	1.9	2.5
Partial	17.7	22.6	20.2	13.4	12.4	12.9	17.5	22.1	19.8

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Type of Loco-motor Disability	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Walking									
Full	5.7	4.4	5.0	3.5	2.7	3.1	5.5	4.3	4.9
Partial	16.6	20.9	18.8	7.3	14.2	10.6	16.1	20.6	18.4
Chewing									
Full	10.2	10.7	10.4	10.6	8.7	9.7	10.2	10.6	10.4
Partial	22.4	22.9	22.7	12.1	22.1	16.9	21.8	22.9	22.4
Speaking									
Full	0.4	0.5	0.4	0.1	0.9	0.5	0.4	0.5	0.4
Partial	3.4	2.2	2.8	1.5	2.1	1.8	3.3	2.2	2.8
Memory									
Full	0.8	0.8	0.8	0.0	0.4	0.2	0.8	0.7	0.8
Partial	17.8	23.1	20.5	13.8	16.8	15.2	17.6	22.8	20.3
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.7: Percentage of elderly by full/partial locomotor disability according to background characteristics, Himachal Pradesh 2011

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Age Group (Years)							
60-69	46.5	16.2	15.5	24.4	2.4	20.3	844
70-79	46.2	23.0	24.9	36.2	2.6	20.4	441
80+	60.5	39.7	43.8	51.6	6.6	24.5	197
Sex							
Men	46.4	20.6	21.6	32.0	3.7	18.4	752
Women	51.0	24.0	24.9	33.5	2.7	23.6	730
Residence							
Rural	48.4	22.7	23.8	33.1	3.2	21.3	787
Urban	54.6	14.7	13.7	26.6	2.3	15.4	695
Marital Status							
Currently married	46.0	20.1	19.7	30.8	3.1	19.8	962
Widowed	53.9	25.9	30.8	37.0	3.4	23.2	481
Others	(58.0)	(37.7)	(22.3)	(30.8)	(4.0)	(25.3)	39
Caste/Tribe							
SC/ST	45.9	27.7	24.0	33.5	2.8	22.9	315
OBC	40.3	14.4	21.7	27.8	3.1	8.9	138
Others	51.3	21.9	23.3	33.4	3.4	22.5	1,029
Wealth Quintile							
Lowest	52.8	30.4	27.9	53.5	2.6	33.5	70
Second	46.9	23.9	22.1	31.0	1.9	17.7	206
Middle	44.7	26.0	27.3	33.9	4.0	22.0	313
Fourth	52.6	17.8	22.6	33.6	3.1	23.6	438
Highest	50.9	18.3	16.1	23.4	3.9	14.2	455

Note: () Based on 25-49 unweighted cases.

Table A 5.8: Percentage of elderly using disability aids according to sex and place of residence, Himachal Pradesh 2011

Form of Assistance	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
Spectacles/Lenses	30.1	27.0	27.7	42.9	28.5	795
Hearing aids	1.2	1.2	1.2	1.6	1.2	286
Walking sticks	11.8	10.8	11.6	6.1	11.3	298
Denture	6.5	7.8	7.0	10.3	7.2	470

Table A 5.9: Percentage of elderly classified based on General Health Questionnaire (GHQ-12) and 9 items Subjective Well-being Inventory (SUBI) according to place of residence and sex, Himachal Pradesh 2011

Mental Health Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
GHQ-12 (Score 0-36)									
Scores below the threshold level of ≤12	69.3	58.4	63.7	78.6	67.0	73.1	69.8	58.8	64.2
Mean score	11.5	13.5	12.5	10.2	11.9	11.0	11.5	13.4	12.4
Number of elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**
Subjective Well-being Inventory (SUBI-9 items) (Score 9-27)									
Mean score	17.7	18.4	18.1	17.1	18.0	17.6	17.7	18.4	18.1
Number of elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

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

Table A 5.10: Percentage of elderly classified based on 9 items in SUBI according to age and sex, Himachal Pradesh 2011

SUBI-9 Items (Well-Being/ Ill-Being)	Age Group (Years)								
	60-69			70-79			80 and Above		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
At least one negative	27.8	32.5	30.1	38.0	42.4	40.6	49.9	51.7	50.8
All negative	1.4	2.5	1.9	1.3	2.9	2.3	2.1	6.6	4.3
All positive	3.8	2.3	3.0	2.0	1.1	1.5	2.2	0.1	1.2
Mean score	17.3	17.9	17.6	17.7	18.5	18.1	18.9	19.8	19.3
Number of elderly	**443**	**401**	**844**	**208**	**233**	**441**	**101**	**96**	**197**

Table A 5.11: Percentage of elderly by ability to immediate recall of words (out of ten words) according to place of residence and sex, Himachal Pradesh 2011

Number of Words	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
None to 2	7.3	18.9	13.2	4.5	8.8	6.5	7.2	18.4	12.9
3 to 5	58.9	68.2	63.6	43.9	58.3	50.8	58.1	67.7	63.0
6 to 8	33.0	12.3	22.4	48.9	32.3	40.9	33.8	13.3	23.4
More than 8	0.8	0.6	0.7	2.7	0.7	1.7	0.9	0.6	0.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Mean number of immediately recalled words	4.8	3.8	4.3	5.5	4.8	5.2	4.9	3.9	4.4
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.12: Percentage of elderly by personal health habits or risky health behaviours according to place of residence and sex, Himachal Pradesh 2011

Type of Substance	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Use									
Smoking	41.7	3.8	22.4	16.6	3.1	10.1	40.4	3.8	21.7
Alcohol consumption	15.9	0.0	7.8	7.3	0.0	3.8	15.5	0.0	7.6
Chewing tobacco	3.4	0.3	1.8	2.0	1.1	1.5	3.3	0.3	1.8
Any of the three risk behaviours	48.4	4.1	25.8	22.2	3.6	13.3	47.0	4.1	25.1
Ever Use									
Smoking	43.6	6.1	24.5	18.9	3.6	11.5	42.3	6.0	23.8
Alcohol consumption	20.2	0.0	9.9	9.2	0.0	4.8	19.6	0.0	9.6
Chewing tobacco	4.5	0.3	2.3	2.0	1.1	1.5	4.3	0.3	2.3
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.13: Percentage of elderly undergoing routine medical check-ups with the frequency and presently under medical care, according to place of residence and sex, Himachal Pradesh 2011

Health Check-Ups	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Undergoes Routine Check-Up	20.0	22.3	21.2	26.1	28.3	27.1	20.3	22.6	21.5
No. of elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**
Frequency for Medical Check-Ups									
Weekly/ Fortnightly	15.7	11.5	13.4	13.9	13.7	13.8	15.5	11.6	13.4
Monthly	58.4	58.6	58.5	63.6	64.8	64.2	58.8	59.0	58.9
Half-yearly and more	26.0	29.9	28.1	22.5	21.5	22.0	25.7	29.4	27.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Elderly	**72**	**89**	**161**	**99**	**102**	**201**	**171**	**191**	**362**

Table A 5.14: Percentage of elderly reporting any acute morbidity according to place of residence and sex, Himachal Pradesh 2011

Acute Morbidity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Prevalence rate	10.8	11.2	11.0	7.7	7.9	7.8	10.6	11.0	10.8
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**
Mean number of episode per sick person	(1.0)	(1.0)	1.0	*	*	(1.0)	1.0	1.0	1.0
Number of Elderly Reporting Acute Morbidity	**41**	**42**	**83**	**26**	**23**	**49**	**67**	**65**	**132**

Table A 5.15: Percentage of the elderly reporting any acute morbidity according to select background characteristics (per 1000 elderly), Himachal Pradesh 2011

Background Characteristics	Prevalence Rate	Number of Elderly
Age Group (Years)		
60-69	81	844
70-79	121	441
80+	166	197
Sex		
Men	106	752
Women	110	730
Residence		
Rural	110	787
Urban	78	695

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Background Characteristics	Prevalence Rate	Number of Elderly
Marital Status		
Currently married	96	962
Widowed	121	481
Others	(294)	39
Caste/Tribe		
SC/ST	145	315
OBC	47	138
Others	106	1,029
Wealth Quintile		
Lowest	152	70
Second	110	206
Middle	109	313
Fourth	72	438
Highest	164	455
Living Arrangement		
Alone	193	76
Spouse only	116	227
Children and others	102	1,179
Total	**108**	**1,482**

Note: () Based on 25-49 unweighted cases.

Table A 5.16: Per 1000 distribution of acute morbidities (last episode) pattern among elderly by sex and place of residence, Himachal Pradesh 2011

Type of Morbidity	Sex		Residence		Total
	Men	Women	Rural	Urban	
Fever	360	470	425	220	417
Asthma	76	34	55	38	54
High blood pressure	39	52	45	66	46
Leg problem	15	58	36	67	37
Cough and cold	08	47	28	49	28
Sugar/Diabetes	12	28	21	13	20
Gastric	00	31	17	00	16
Diarrohea	24	00	12	00	12
Headache	02	11	06	27	7
Others	432	238	325	486	331
Don't know/No response	34	31	32	34	32
Number of Elderly	**67**	**65**	**83**	**49**	**132**

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

Table A 5.17: Percentage of acute morbidity (last episode) for which treatment was sought accordingly to place of residence and sex, Himachal Pradesh 2011

Residence	Men	Women	Total	Number of Episodes
Rural	87.8	85.3	86.5	83
Urban	96.3	88.8	92.6	49
Total	88.1	85.4	86.7	132
Number of Episodes	**67**	**65**	**132**	

Table A 5.18: Per cent distribution of elderly by source of treatment for acute morbidity (last episode) according to place of residence and sex, Himachal Pradesh 2011

Source of Treatment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government health facilities	(61.3)	(67.0)	64.2	(72.2)	*	(67.8)	61.8	66.8	64.3
Private physicians	(34.5)	(33.0)	33.7	(27.8)	*	(32.3)	34.2	33.2	33.7
AYUSH hospital/ Clinic	(0.0)	(0.0)	0.0	(0.0)	*	(0.0)	0.0	0.0	0.0
Others	(4.3)	(0.0)	2.1	(0.0)	*	(0.0)	4.1	0.0	2.0
Total	(100.0)	(100.0)	100.0	(100.0)	*	(100.0)	100.0	100.0	100.0
Number of elderly who sought treatment	**36**	**36**	**72**	**25**	**20**	**45**	**61**	**56**	**117**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 5.19: Per cent distribution of elderly seeking treatment for acute morbidity (last episode) according to select background characteristics, Himachal Pradesh 2011

Background Characteristics	Source of Treatment					
	Government Health Facilities	Private Physicians	AYUSH Hospital/Clinic	Others	Total	Number of Elderly
Age Group (Years)						
60-69	59.2	36.0	0.0	4.8	100.0	64
70-79	(61.5)	(38.5)	(0.0)	(0.0)	(100.0)	33
80+	*	*	*	*	*	20
Sex						
Men	61.8	34.2	0.0	4.1	100.0	61
Women	66.8	33.2	0.0	0.0	100.0	56
Residence						
Rural	64.2	33.7	0.0	2.1	100.0	72
Urban	(67.8)	(32.3)	(0.0)	(0.0)	(100.0)	45
Caste/Tribe						
SC/ST	(57.6)	(37.8)	(0.0)	(4.6)	(100.0)	34
OBC	*	*	*	*	*	7
Others	66.9	32.3	0.0	0.8	100.0	76
Wealth Quintile						
Lowest	*	*	*	*	*	8
Second	*	*	*	*	*	18
Middle	(67.2)	(32.8)	(0.0)	(0.0)	(100.0)	27
Fourth	(73.4)	(23.9)	(0.0)	(2.7)	(100.0)	26
Highest	(53.7)	(46.3)	(0.0)	(0.0)	(100.0)	38
Total	**64.3**	**33.7**	**0.0**	**2.0**	**10.0**	**117**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 5.20: Average expenditure made for treatment of acute morbidities (last episode) according to major heads and source of treatment, Himachal Pradesh 2011

Average Expenditure by Major Heads	For Last 15 Days Expenditure				
	Government Health Facility	Private Physicians	Others	Total	No. of Episodes
Total average expenses	1914		0	1591	53
% Distribution by item of expenses (based on the valid cases for which component wise details were available)					
Consultation	2.8		NA	2.8	53
Medicines	24.8		NA	25.6	53
Diagnostic tests	39.9		NA	39.4	53
Transportation	8.9		NA	9.2	53
Others	23.6		NA	22.9	53

Note: Out of 132 episodes of acute morbidity, treatment was sought only for 117 cases and 64 were hospitalized hence their details of these patients are included in the discussion on hospitalization. Therefore the item wise expenses on the treatment of acute morbidities were only for 53 cases; hence percentages have been calculated only for these cases.

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

Table A 5.21: Per cent distribution of elderly by source of payment for last episode of acute morbidity according to sex, Himachal Pradesh 2011

Source of Payment	Men	Women	Total
Self	33.3	*	25.8
Spouse	52.8	*	59.6
Children	13.8	*	14.3
Relatives/Friends/Insurance/Others	0.1	*	0.4
Total	100.0	*	100.0
Number of elderly who sought treatment	29	24	53

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

Table A 5.22: Prevalence rate (per 1,000) of chronic morbidities according to place of residence and sex, Himachal Pradesh 2011

Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Arthritis	283	505	397	182	359	267	278	498	390
Loss of all natural teeth	140	170	155	97	89	93	138	166	152
High blood pressure	132	154	143	188	262	223	135	159	147
Cataract	111	102	106	65	91	77	108	101	105
Asthma	127	68	97	64	56	60	124	67	95
Diabetes	63	50	56	105	112	108	65	53	59
Osteoporosis	49	67	58	7	20	13	47	65	56
Renal Diseases	47	19	33	31	21	26	46	19	32
Heart disease	37	25	31	51	61	56	38	27	32
Injury due to fall	20	26	23	21	19	20	20	25	23

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Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Alzheimer's disease	20	20	20	5	13	9	19	20	19
Paralysis	22	15	18	16	17	16	22	15	18
Skin disease	22	13	18	19	14	16	22	13	18
Accidental injury	11	17	14	5	9	7	11	16	13
Depression	12	10	11	13	20	17	12	11	11
Liver diseases	12	10	11	24	14	19	13	10	11
Chronic lung disease	14	8	11	8	1	5	14	7	11
Cerebral stroke	6	11	8	11	13	12	6	11	9
Dementia	6	3	5	0	2	1	5	3	4
Cancer	6	3	4	2	7	5	5	3	4
No chronic ailments	412	280	344	467	322	398	415	282	347
One or more chronic ailments	588	721	656	533	678	602	585	719	653
Average number of chronic ailments per elderly	1.1	1.3	1.2	0.9	1.2	1.1	1.1	1.3	1.2
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1,482**

Table A 5.23: Prevalence rate (per 1,000) of common chronic morbidities according to select background characteristics, Himachal Pradesh 2011

Background Characteristics	Arthritis	Loss of All Natural Teeth	High Blood Pressure	Cataract	Asthma	Diabetes	Osteoporosis	At Least One	Number of Elderly
Age Group (Years)									
60-69	318	107	140	39	83	73	36	592	844
70-79	436	177	145	158	82	57	60	676	441
80+	519	243	173	203	158	19	108	794	197
Sex									
Men	278	138	135	108	124	65	47	585	752
Women	498	166	159	101	67	53	65	718	730
Residence									
Rural	397	155	143	106	97	56	58	656	787
Urban	267	93	223	77	60	108	13	602	695
Marital Status									
Currently married	355	141	142	92	95	61	54	615	962
Widowed	453	168	157	131	94	57	63	721	481
Others	(540)	(259)	(144)	(109)	(108)	(32)	(0)	(809)	39

Note: () Based on 25-49 unweighted cases.

Table A 5.24: Percentage of elderly seeking treatment for common chronic ailments during last 3 months according to sex and place of residence, Himachal Pradesh 2011

Chronic Morbidities	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
Arthritis	68.8	73.8	71.9	76.7	72.1	501
Loss of all natural teeth	20.5	14.7	16.1	52.6	17.3	180
High blood pressure	91.4	93.5	92.5	93.5	92.6	272
Cataract	49.0	75.8	61.2	88.6	62.2	143
Asthma	76.5	69.2	73.7	80.3	73.9	116
Diabetes	84.7	97.8	89.8	99.2	90.7	123
Osteoporosis	16.5	19.5	18.2	27.2	18.3	53

Table A 5.25: Per cent distribution of elderly by reason for not seeking any treatment for common chronic morbidities, Himachal Pradesh 2011

Chronic Morbidities	Reasons for Not Receiving Any Treatment								
	Condition Improved	No Medical Facility Available in Neighborhood	Facilities Available but Lack of Faith	Long Waiting Time	Financial Reasons	Ailment Not Considered Serious	Others	Total	Number of Elderly
Arthritis	24.9	6.2	3.5	4.9	20.2	19.1	21.2	100.0	141
Loss of all natural teeth	30.7	7.0	2.5	1.7	14.6	13.2	30.1	100.0	129
High blood pressure	(37.8)	(0.0)	(17.6)	(0.3)	(5.5)	(25.1)	(13.8)	(100.0)	25
Cataract	(52.6)	(7.8)	(1.2)	(0.1)	(18.4)	(17.7)	(2.3)	(100.0)	44
Asthma	*	*	*	*	*	*	*	*	24
Diabetes	*	*	*	*	*	*	*	*	6
Osteoporosis	(48.9)	(7.7)	(5.7)	(0.0)	(14.8)	(23.0)	(0.0)	(100.0)	39

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 5.26: Per cent distribution of elderly by source of payment for treatment of common chronic morbidities according to sex, Himachal Pradesh 2011

Source of Payment	Arthritis		Loss of All Natural Teeth		High Blood Pressure		Cataract		Asthma		Diabetes		Osteopo-rosis	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Self	52.2	24.8	*	*	68.6	28.1	(43.6)	(11.4)	58.9	(22.5)	52.3	29.1	*	*
Spouse	6.9	32.5	*	*	5.4	24.8	(6.0)	(20.6)	2.3	(16.3)	1.0	29.2	*	*
Children	39.0	41.8	*	*	26.1	47.0	(50.5)	(68.1)	38.9	(60.5)	46.7	41.0	*	*
Others**	1.9	0.9	*	*	0.0	0.2	(0.0)	(0.0)	0.0	(0.7)	0.0	0.6	*	*
Total	100.0	100.0	*	*	100.0	100.0	(100.0)	(100.0)	100.0	(100.0)	100.0	100.0	*	*
number of elderly	**120**	**227**	**20**	**18**	**96**	**144**	**37**	**44**	**51**	**35**	**59**	**53**	**5**	**8**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.
**Includes relatives, friends, insurance and others.

Table A 5.27: Per cent distribution of diseases as the reason for hospitalization (last episode) among elderly according to sex and place of residence, Himachal Pradesh 2011

Type of Morbidity	Sex		Residence		Total
	Men	Women	Rural	Urban	
Heart disease and chest pain	19.6	5.3	12.4	15.0	12.5
Typhoid, malaria and fever	12.6	9.4	11.2	5.9	11.0
Abdomen ailment	5.4	13.3	9.6	0.0	9.3
Renal and kidney disease	11.6	3.0	7.3	8.9	7.3
Accidental injury	6.0	6.2	6.2	3.6	6.1
Asthma	6.0	4.4	5.3	3.8	5.2
Spinal and neurological disorders	2.6	7.8	5.4	0.8	5.2
Diarrhoea	6.0	3.8	4.9	4.1	4.9
High blood pressure	1.6	5.7	3.5	6.2	3.6
Cataract and other eye surgery	4.1	3.0	3.2	11.4	3.5
Cancer and tumour	2.8	3.8	3.4	0.0	3.3
Joint disorders	0.0	5.0	2.6	0.0	2.5
Lung diseases	0.2	3.8	1.9	2.6	2.0
Gastric	0.0	3.6	1.8	1.7	1.8
Uterus disease	1.8	0.0	0.9	0.1	0.9
Diabetes	1.5	0.2	0.6	8.6	0.9
Liver disease	0.4	0.0	0.0	5.0	0.2
Hernia	0.3	0.1	0.0	4.8	0.2
Dementia/alzheimer's	0.0	0.2	0.0	2.9	0.1
Paralysis, cerebral stroke and thrombus	0.1	0.1	0.0	2.0	0.1
Others	6.2	5.0	7.6	9.3	7.7
Don't know/No response	14.8	16.4	14.0	3.4	13.6
Total	100.0	100.0	100.0	100.0	100.0
Number of Elderly	**82**	**54**	**77**	**59**	**136**

Table A 5.28: Per cent distribution of elderly by source of hospitalization care (last episode) according to place of residence and sex, Himachal Pradesh 2011

Type of Hospitals	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government	(78.6)	(69.0)	73.7	(79.7)	*	67.4	78.6	68.3	73.5
Private	(14.9)	(27.2)	21.1	(16.5)	*	27.8	14.9	27.8	21.3
AYUSH/Clinic	(0.0)	(0.0)	0.0	(0.0)	*	0.0	0.0	0.0	0.0
Others**	(6.6)	(3.9)	5.2	(3.8)	*	4.8	6.5	3.9	5.2
Total	100.0	(100.0)	100.0	(100.0)	*	100.0	100.0	100.0	100.0
Mean length of stay	11.9	(7.3)	9.6	(22.5)	*	18.5	12.5	7.4	10.0
Number of Hospitalization Cases	**42**	**35**	**77**	**40**	**19**	**59**	**82**	**54**	**136**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.
**Others include charitable/missionary, NGO-run hospital, and others.

Table A 5.29: Per cent distribution of elderly by source of payment for last hospitalization episode according to place of residence and sex, Himachal Pradesh 2011

Source of Payment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Self	(21.7)	(4.5)	13.0	(43.4)	*	39.4	22.8	5.2	14.1
Spouse	(15.3)	(10.5)	12.8	(12.3)	*	9.5	15.1	10.3	12.7
Children	(56.9)	(81.2)	69.2	(44.0)	*	50.9	56.3	80.7	68.5
Others**	(6.1)	(3.9)	5.0	(0.3)	*	0.2	5.8	3.8	4.8
Total	(100.0)	(100.0)	100.0	(100.0)	*	100.0	100.0	100.0	100.0
Number of Elderly	**42**	**35**	**77**	**40**	**19**	**59**	**82**	**54**	**136**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.
**Includes Relatives, friends, insurance and others.

Table A 6.1: Percentage of elderly aware of national social security schemes according to place of residence, sex, BPL and APL households, Himachal Pradesh 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	91.4	79.9	85.1	(80.5)	(72.3)	76.5	91.0	79.7	84.9
Annapurna Scheme	46.4	32.8	39.0	(46.7)	(36.9)	41.9	46.4	32.9	39.1
IGNWPS	68.3	63.0	65.4	(57.2)	(77.9)	67.3	68.0	63.4	65.5
Number of Elderly	77	88	165	28	25	53	105	113	218
Elderly belonging to APL Households									
IGNOAPS	91.2	82.9	87.0	95.9	83.4	90.0	91.4	82.9	87.2
Annapurna Scheme	62.0	40.6	51.2	62.5	51.3	57.2	62.0	41.2	51.6
IGNWPS	80.0	72.9	76.4	83.0	75.2	79.7	80.2	73.1	76.6
Number of Elderly	298	300	598	317	285	602	615	585	1200
All									
IGNOAPS	90.9	82.5	86.6	93.4	81.6	87.7	91.0	82.5	86.7
Annapurna Scheme	58.3	38.2	48.1	61.1	49.2	55.4	58.5	38.7	48.4
IGNWPS	77.7	70.0	73.7	80.5	75.8	78.2	77.8	70.3	74.0
Number of Elderly	387	400	787	365	330	695	752	730	1482

Table A 6.2: Percentage of elderly utilising national social security schemes according to place of residence, sex and BPL and APL households, Himachal Pradesh 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	28.2	22.4	25.1	25.9	26.8	26.4	28.2	22.5	25.1
Annapurna Scheme	8.5	5.8	7.0	0.0	2.3	1.1	8.3	5.7	6.9
Number of Elderly	**77**	**88**	**165**	**28**	**25**	**53**	**105**	**113**	**218**
IGNWPS	NA	38.9	38.9	NA	36.7	36.7	NA	38.9	38.9
Number of Elderly Widows	**NA**	**52**	**52**	**NA**	**19**	**19**	**NA**	**71**	**71**
Elderly Belonging to APL Households									
IGNOAPS	11.8	8.9	10.4	2.4	3.8	3.1	11.3	8.6	10.0
Annapurna Scheme	0.3	0.3	0.3	0.4	0.0	0.2	0.3	0.3	0.3
Number of Elderly	**298**	**300**	**598**	**317**	**285**	**602**	**615**	**585**	**1200**
IGNWPS	NA	19.2	19.2	NA	11.4	11.4	NA	18.8	18.8
Number of Elderly Widows	**NA**	**146**	**146**	**NA**	**146**	**146**	**NA**	**292**	**292**
All									
IGNOAPS	15.0	11.7	13.3	5.1	6.6	5.8	14.5	11.5	13.0
Annapurna Scheme	1.9	1.5	1.7	0.4	0.3	0.3	1.8	1.5	1.7
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1482**
IGNWPS	NA	24.5	24.5	NA	15.4	15.4	NA	24.1	24.1
Number of Elderly Widows	**NA**	**204**	**204**	**NA**	**176**	**176**	**NA**	**380**	**380**

Note: () Based on 25-49 unweighted cases.
*Percentage not shown; based on fewer than 25 unweighted cases.

Table A 6.3: Per cent distribution of elderly by awareness and utilization of special government facilities/schemes according to place of residence and sex, Himachal Pradesh 2011

Special Government Facilities/ Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Awareness of Facilities/Schemes									
Train ticket concession	57.6	30.2	43.6	71.8	52.5	62.6	58.3	31.3	44.6
Bus seat reservation	57.6	30.2	39.0	56.7	47.6	52.4	52.4	27.4	39.7
Preference for telephone connection	52.1	26.4	17.6	32.8	20.3	26.8	24.6	11.7	18.0
Higher interest for deposits in banks/Post offices	24.2	11.3	23.4	49.6	27.9	39.2	34.2	14.5	24.2
Income tax benefits	33.4	13.9	12.8	33.9	16.5	25.6	18.9	8.1	13.4
MGNREGA	18.1	7.7	41.9	48.9	35.4	42.4	48.8	35.3	41.9
Utilization of Facilities/Schemes									
Train ticket concession	5.1	0.6	2.8	18.5	8.6	13.7	5.8	1.0	3.4
Bus seat reservation	2.4	0.7	1.5	2.8	2.5	2.7	2.4	0.7	1.6
Preference for telephone connection	0.1	0.0	0.1	1.4	0.4	0.9	0.2	0.0	0.1
Higher interest for deposits in banks/Post offices	9.7	4.2	6.9	25.9	12.6	19.5	10.5	4.6	7.5
Income tax benefits	1.6	0.8	1.2	9.6	2.5	6.2	2.1	0.9	1.5
MGNREGA	6.8	2.5	4.6	0.0	0.5	0.2	6.5	2.4	4.4
Number of Elderly	**387**	**400**	**787**	**365**	**330**	**695**	**752**	**730**	**1482**

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