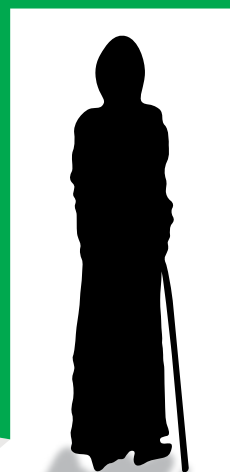


Building a Knowledge Base on
Population Ageing in India



The Status of Elderly in Odisha, 2011



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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 current and the former UNFPA Country Representatives, Ms. Frederika Meijer and Mr. Nesim Tumkaya. 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.

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Authors

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ACRONYMS

ADL	Activities of Daily Living
APL	Above Poverty Line
BKPAI	Building a Knowledge Base on Population Ageing in India
BPL	Below Poverty Line
CHC	Community Health Centre
CSO	Civil Society Organization
DH	District Hospital
GHQ	General Health Questionnaire
GoI	Government of India
GP	Gram Panchayat
IADL	Instrumental Activities of Daily Living
IEG	Institute of Economic Growth
IGNDPS	Indira Gandhi National Disabled Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IPD	Inpatient Department
IPOP	Integrated Programme for Older Persons
ISEC	Institute for Social and Economic Change
KBK Districts	Koraput, Rayagada, Malkangiri, Nabarangpur, Balangir, Sonapur, Nuapada and Kalahandi
LPG	Liquefied Petroleum Gas
MBPY	Madhu Babu Pension Yojana
MGD	Millennium Development Goal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIPAA	Madrid International Plan of Action on Ageing
MLA	Member of Legislative Assembly
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MoSJE	Ministry of Social Justice and Empowerment

NAC	Notified Area Committee/Council
NCD	Non-communicable Diseases
NFBS	National Family Benefit Scheme
NGO	Non-governmental Organization
NPHCE	The National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NRHM	National Rural Health Mission
OBC	Other Backward Classes
OPD	Outpatient Department
OST	Odisha State Treatment Fund
PPS	Probability Proportion to the Size
PRC	Population Research Centre
PSU	Primary Sampling Unit
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
SCs	Sub-Centres
SCSC	Senior Citizen Security Cell
SOAP	State Old Age Pension Scheme
ST	Scheduled Tribe
SUBI	Subjective Well-being Inventory
SWB	Subjective Well-being
TISS	Tata Institute of Social Sciences
UNFPA	United Nations Population Fund
WI	Wealth Index

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1. Background

Population ageing is an inevitable consequence of the demographic transition experienced by all countries in different degrees. Declining fertility and increasing longevity during the process of development have already resulted in increased proportions of elderly persons (60 years and above) in most of the now developed countries. In developing countries this process of socio-economic and demographic transition has taken much less time than in the developed world, resulting in a rapid pace of population ageing before public policy could gear up to face this challenge. India has around 104 million elderly persons (8.6% of the population, Census 2011) and the number is expected to increase to 315 million, constituting 20 per cent of the total population by 2050 (United Nations, 2013). A large majority of the elderly lives in rural areas and there is an increasing proportion of the old-oldest age (80 years and above) with women living longer than men in older ages. This process of feminization of ageing poses a particular challenge as many such elderly women are widowed and experience prevailing discriminatory practices longer during their lifetime. Nearly three out of five single older women are very poor and about two-thirds of them fully economically dependent.

The rapid demographic transition in developing countries has generally occurred without improvements in living standards unlike in the now developed counterparts. Given the nature and pace of demographic transition, such large and relatively rapid increase in old age population is bound to contribute several new social and economic challenges when the governments are not well prepared to face them. For example, a majority of the elderly is socially and economically poorer. Further, there is also considerable variation in the levels of demographic transition across states in India resulting in varying degrees of implications and challenges, as well as capability to cope with them. Therefore, it is important for public policy to focus attention on creating a more cohesive and balanced environment for ageing with dignity, and to provide a decent living for the elderly, particularly for the elderly women in the country.

The Government of India (GoI) 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 and above. Being a signatory to the MIPAA, the government is committed to ensure that people are able to age and live with dignity. Several initiatives specifically meant for the elderly have been taken, although much more needs to be done. The 1999 policy has been reviewed and revised and is currently awaiting cabinet approval. The United Nations Population Fund (UNFPA), globally and in India, has a specific focus on policy and research on emerging population issues of which population ageing is one. UNFPA works

closely with the government in support of national policies and programmes for the elderly and in creating an evidence base for better understanding of various aspects of elderly life and living conditions in the midst of fairly rapid social and economic changes resulting from an increasingly globalized economy.

During the VII cycle of cooperation with the Gol (2008–12), the India country office of UNFPA 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. The Population Research Centre (PRC) at the Institute for Social and Economic Change (ISEC) in Bangalore coordinates this project with participation from the Institute of Economic Growth (IEG), Delhi and the Tata Institute of Social Sciences (TISS), Mumbai. In order to address the knowledge gaps identified by research based on secondary data, the second phase of the project embarked on a survey to collect primary data from seven states, namely Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu and West Bengal, with higher proportions of elderly compared to the national average.

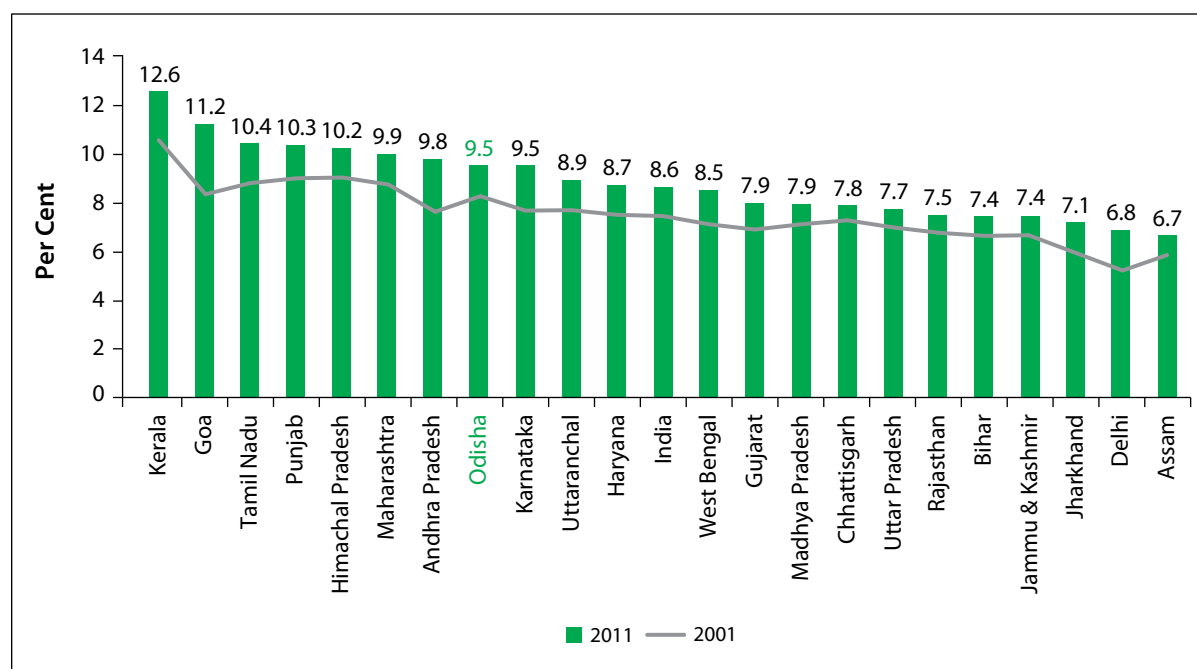
The survey covered 1,274 elderly households from each of the seven selected states. The sample was drawn from 80 primary sampling units (PSUs) equally distributed between rural and urban areas using probability proportional to the population size (PPS). The details about survey such as, sampling procedures, survey protocols, questionnaire contents and definitions and computations of different indicators are available in the *Report on the Status of Elderly in Select States of India, 2011* (BKPAI, 2012).

The present report is the outcome of the survey carried out in Odisha from May to September 2011, as part of the seven-state study by Sigma Consultancy Organisation, New Delhi. The report consists of 7 sections. The first section is the background, the second section discusses the profile of elderly households and the individual elderly; the third section is on work, income and asset holdings among the elderly; section four discusses the living arrangements and family relations; section five covers the health status including subjective and mental health, and morbidity and hospital utilization; section six discusses social security in old age; and the last section is the way forward.

2. Sampled Households and Elderly Population

This section provides socio-demographic and housing characteristics and indicators of economic status of the elderly households and elderly persons interviewed in Odisha under the BKPAI survey during 2011. According to the 2011 Census, 9.5 per cent of Odisha's population consists of the elderly, which is higher than the national average (Fig. 2.1). In terms of numbers, there are 4 million persons aged 60 years and above, 2 million each of men and women, with the majority of them living in rural areas. The proportion of the oldest old (80 years and above) is also higher in Odisha than the national average.

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



2.1 Household Characteristics

The mean size of households in Odisha is 5.1 persons, with 4.9 persons in rural and 5.6 persons in urban households (Appendix Table A 2.1). The mean household size as per Census 2011 is 5.0, which is marginally lower than the size reported in the BKPAI survey. Almost half the households are headed by the elderly, with more elderly men than women heading households. Elderly male-headed households are slightly more in rural (42%) than in urban areas (39%). On the contrary, elderly women-headed households are marginally more in urban (11.3%) than in rural areas (7.6%). Almost all household heads (99.4%) are Hindus. The Muslim households are concentrated relatively more in the urban areas than in the villages. About two in every ten household heads is either SC or ST.

Overall, around 46 per cent of the households live in *kachcha* houses; a little more than one-fourth live in semi-*pucca* houses and the remaining 28 per cent live in *pucca* houses (Appendix Table A 2.1). Expectedly, the proportion of households living in *pucca* and semi-*pucca* houses is more in urban (56% and 31%) than in rural areas (24.6% and 25.6%). On an average, a majority of the households (around 86 per cent) lives in houses with two or more rooms and single-room houses are proportionately more in rural areas (15.5%) as compared to urban areas.

Drinking water to 74 per cent of households is from the wells/borewells (from public and private sources) while one-fourth of the households get piped water (supplied mainly from public sources). More than three-fourths (77%) of rural households get drinking water from the wells/borewells and a majority of urban households receives drinking water supply from piped sources.

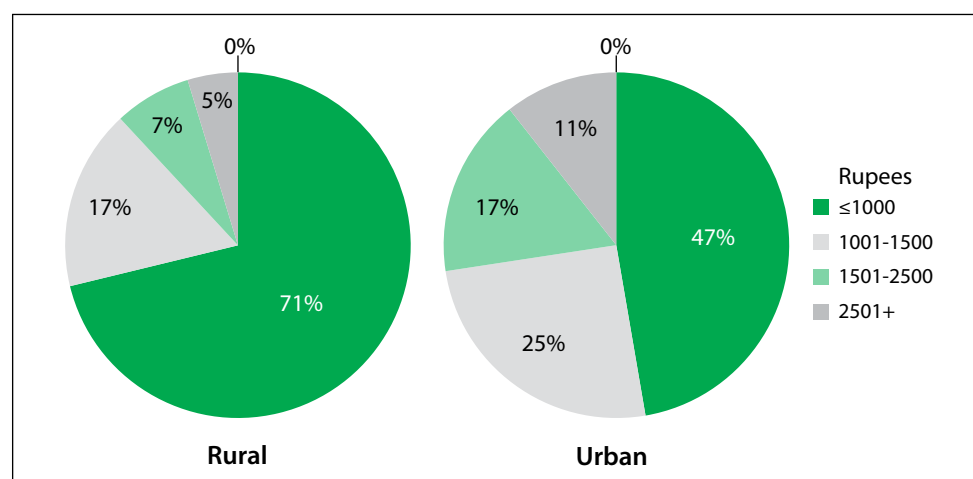
More than three-fourths of the households use wood as the main fuel for cooking with significant variations in rural and urban areas (Appendix Table A 2.1). In urban areas, the use of LPG/natural gas as fuel for cooking (42.5%) is higher than the use of wood (39.9%), while as expected, this difference in rural areas is very significant (2.9% LPG and 82.5% wood). Overall, three-fourths of the households (74.8%) do not have any toilet facility and defecate in the open; this is as high as 80.6 per cent in rural areas compared to 30.7 per cent in urban areas. The survey therefore shows that public health hazards are more in rural areas, where as stated earlier, the majority of the elderly live, thereby exposing more elderly to such hazards.

A majority of the sampled households have electricity connection and other possessions such as cot or bed, chair, electric fan, water pump, mobile phone and wrist watch or wall clock or alarm clock (Appendix Table A 2.2). Also, a substantial proportion of the households possess items like mattress, pressure cooker, table, colour television, refrigerator, thresher and bank or post office account. As expected, possession of consumer durables is much higher among urban households than rural households, particularly with respect to luxury goods.

On average, 54 per cent of the surveyed households have a BPL card – 58 per cent among rural households and 25 per cent among urban households (Appendix Table A 2.2). A much higher percentage of the urban households have APL cards or neither of the cards than rural households. A little more than one-third (35.2%) of the households does not own any land. As expected, the proportion is greater among urban households (70.5%). Ownership of irrigated land is much higher than ownership of unirrigated land.

Economic status of the households is measured by two indicators, viz., monthly per capita expenditure (MPCE) and wealth index (WI) in this study. The survey collected information on consumer expenditure using two reference periods: (i) during the 30 days prior to the survey for some selected items; and (ii) during the 365 days prior to the survey for others. In all, a little more than two-thirds of the households (68.5%) have MPCE of Rs.1000 or below in Odisha and fall below

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



the poverty line (Appendix Table A 2.2). The MPCE is Rs.1000 or below for nearly three-fourths (71%) of the rural households as compared to less than half (47%) for urban households (Fig. 2.2). In close to one-fifth (16.9%) of rural households and one-fourth in the urban households the MPCE is between Rs. 1000 and Rs. 1500. Proportion of households with higher MPCE (Rs. 1500 to Rs. 2500 and Rs. 2500 or more) varies between 5 per cent for rural households to 17 per cent for urban households. Perhaps this implies a significantly higher proportion of rural poverty than urban poverty in Odisha and greater exposure of the elderly to poverty and its consequences.

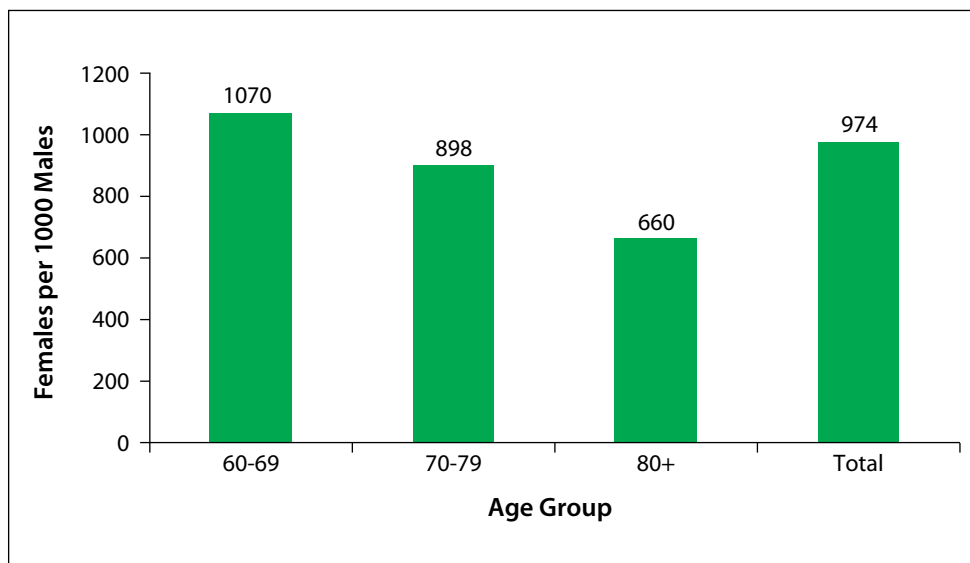
The wealth Index in BKPAI survey is constructed using household assets and housing characteristics.

Every household is assigned a score for each asset and the scores are summed up for each household from all the seven states under the study. All individual households are ranked according to the score of the household in which they reside. All the sample households are classified into five groups or quintiles. Among the seven surveyed states Odisha is discerned to be the poorest as three-fifths of the households in the state belong to the lowest quintile as compared to around one-fourth for the seven surveyed states as a whole. The lowest-quintile households are significantly higher in rural areas (65.6%) than in urban areas (17.3%), which further confirms that rural poverty is much greater than urban poverty in Odisha (Appendix Table A 2.2).

2.2 Profile of the Elderly

The survey covered 1,481 elderly in Odisha –742 men and 739 women (Appendix Table A 2.3). On the average, 3 out of every 5 elderly are in the age group 60–69 years (61.8%); about 20 per cent are 70–79 years of age; around 8 per cent are 80–89 years old; and only 1.3 per cent are 90 years or older. The overall sex ratio of the elderly is 974, implying that elderly men outnumber elderly women considerably in the state, except for the age group 60–69 (Fig. 2.3). The data show that feminization of ageing in Odisha is not a prominent issue unlike other states covered by the survey.

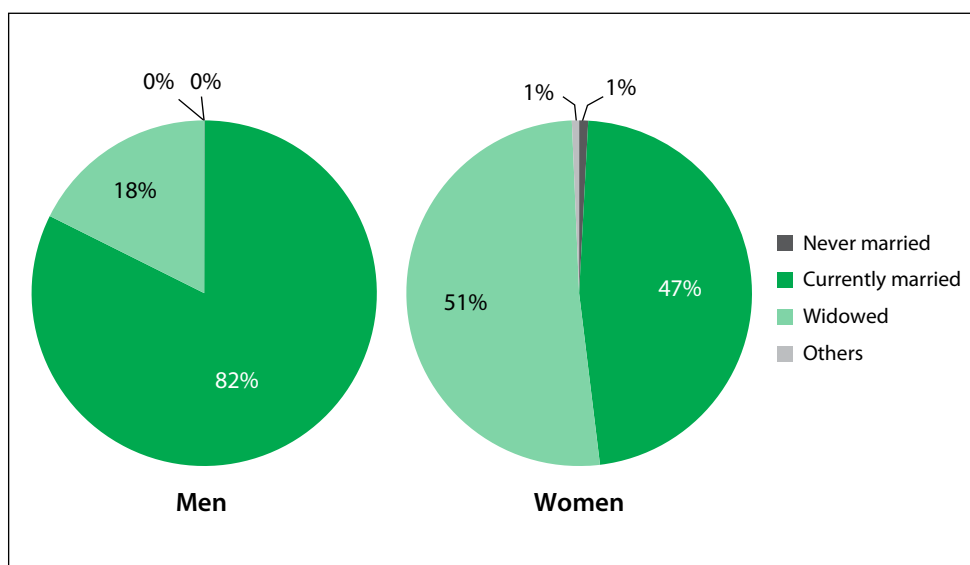
Figure 2.3: Sex ratio, Odisha 2011



Overall, a majority, that is, about 3 in every 5 elderly have no formal education (Appendix Table A 2.3); the proportion is significantly higher among elderly women (77%) than men (42%). Close to one-fifth (17.2%) of the elderly have less than 5 years of education, while only 12 per cent and 11 per cent have 5 years and more than 8 years of education, respectively. The proportion of elderly males with formal education is noted to be much higher than that of elderly females for all categories of education.

About 65 per cent of the elderly are currently married while 34 per cent are widowed. About 51 per cent of elderly women are widows while about 18 per cent of elderly men are widowers (Fig. 2.4). Overall, only 3.3 per cent of the elderly have remarried (Appendix Table A 2.3).

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



In Odisha more than two-fifths (44.4%) of the elderly have migrated after age 60 (Appendix Table A 2.3), which is markedly higher than the average of around 4 per cent for the seven surveyed states as a whole. Furthermore, the gender differences in migration are wide as 8 out of 10 elderly females (81.2%) have migrated after age 60 as compared to less than 1 in 10 elderly males (8.6%). This is an interesting finding, because most Indian women are expected to migrate before age 60 possibly due to change in their residence after marriage. Migration among elderly females before age 60 is only 1 per cent as against 76 per cent before age 60 for the seven states combined; 9 out of every 10 elderly males (90.4%) have not migrated throughout their life.

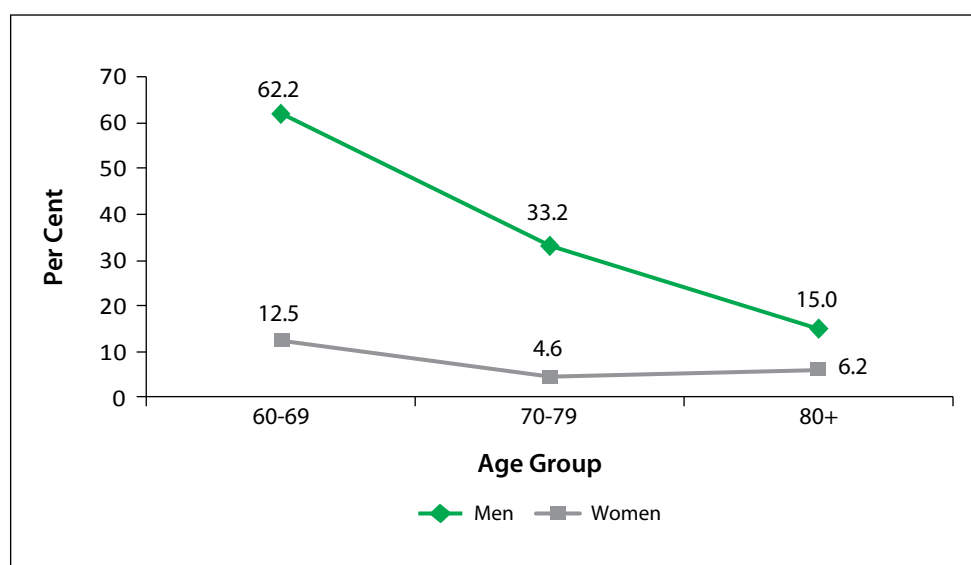
3. Work, Income and Assets

Work participation, nature of work, need for work, retirement benefits of past employment and asset ownership are important dimensions of economic well-being of the elderly covered by the survey and analysed in this section. India's occupational structure is dominated by the informal sector, which typically has neither retirement age nor post-retirement pension benefits. Therefore, the proportion of elderly people actually working or seeking work reflects economic necessity or compulsion to work and earn an income. Apart from work, income could also accrue from assets such as land, housing in the form of rent, savings in banks or post offices and investment in shares or stocks. These aspects are covered in this section.

3.1 Work Participation Rate and Work Intensity

The work participation rate among the elderly is higher in Odisha as compared to other states covered by the BKPAI survey (Appendix Table A 3.1). Over 29 per cent of the elderly in Odisha are currently working as against 24.2 per cent in other survey states. Nearly one-half of elderly men (48.4%) and one-tenth of elderly women (9.8%) participate in the labour force. The rural-urban difference in workforce participation is also quite significant as about 31 per cent of rural elderly and only 19 per cent of urban elderly reported working at the time of survey. The work participation rate among elderly men aged 60–69 years is as high as 62 per cent which declines with age, but is still substantial among both elderly men and women of age 80 years and older (Fig. 3.1).

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

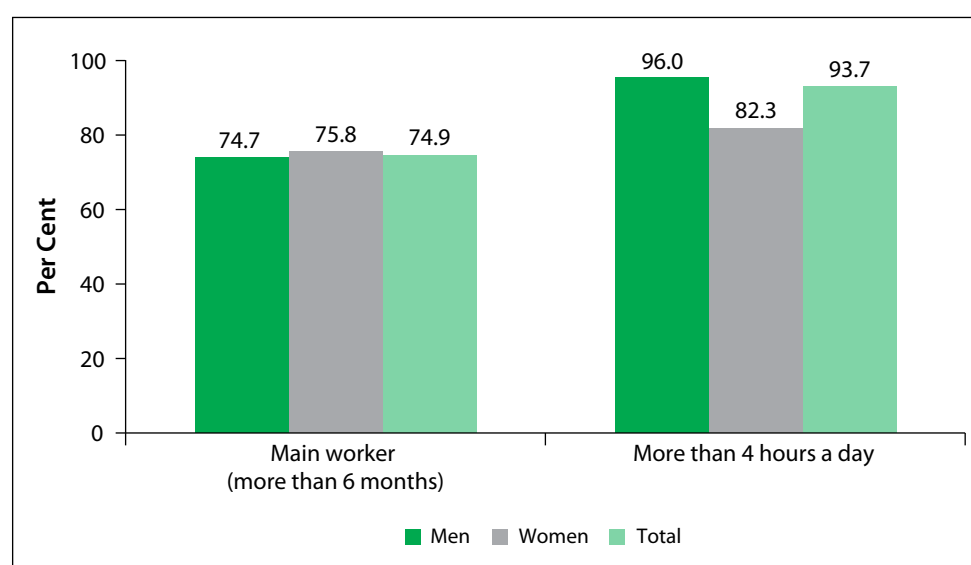


Sharp differences are also seen in the work participation rate of the elderly by other background variables (Appendix Table A 3.2). The work participation rate is higher among the elderly who are currently married, have 5–7 years of education, belong to Hindu, SC and ST households and lowest wealth quintile, and living alone.

To find out the work intensity of the elderly, the survey elicited information about main workers (by definition, more than 6 months' work participation in a year) and more than 4 hours' work participation in a day. The work intensity of the currently working elderly is very high in Odisha (Fig. 3.2). On the average 3 out of 4 elderly people participate in the labour force as main workers among the currently working, the rate being similar for men and women. Nine out of every 10 currently working elderly work for more than 4 hours a day – more than 9 out of 10 elderly men and 8 out of 10 elderly women. The participation of elderly in work is more intense among those in the age group 60–69 years and currently married, living in rural areas, with 5–7 years of education, belonging to Hindu, SC and ST households and the lowest wealth quintile and living alone (Appendix Table A 3.4).

The data on occupational structure reveal that one-half of the elderly in Odisha is engaged in farm activities (33.4% as cultivators and 16% as agricultural labourers), around 7 per cent are employed in white collar jobs and the remaining 43 per cent are in unskilled occupations (Appendix Table A 3.3). This varies substantially by residence and sex as cultivators are predominantly elderly men (43.1% as against 1.7% women), while agricultural labourers are in equal proportions (16%) among both sexes in rural areas. White collar jobs are predominant among urban elderly men (30.7%). Elderly women are more engaged in unskilled work than men in both rural and urban areas. By occupation, 6 out of 10 elderly work in the informal sector (62.8%) followed by 1 in 3 who are self-employed (31.4%). Expectedly, employment in the informal sector is much higher among elderly women than men, irrespective of whether they are in rural or urban areas.

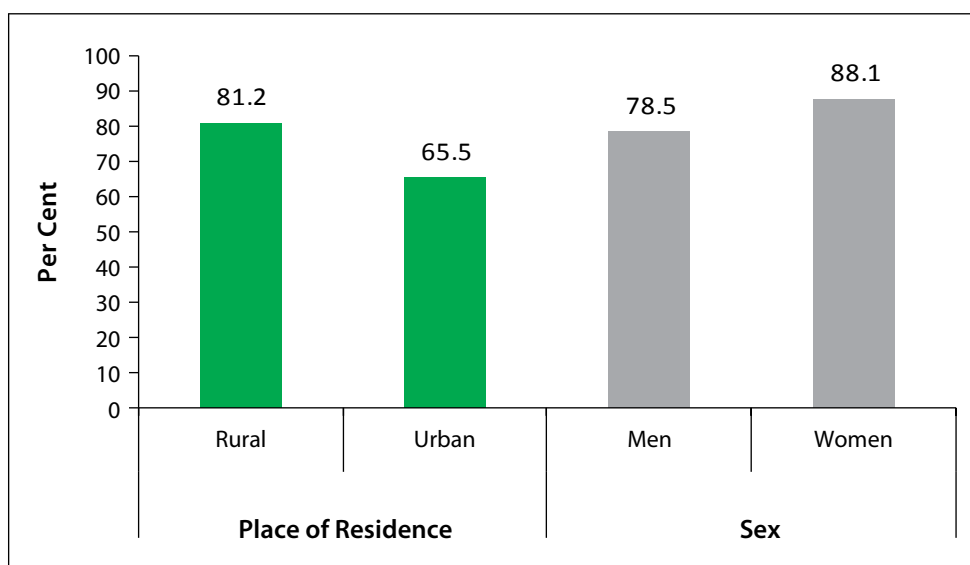
Figure 3.2: Main workers and those working more than 4 hours a day among the currently working elderly, Odisha 2011



3.2 Need for Current Work

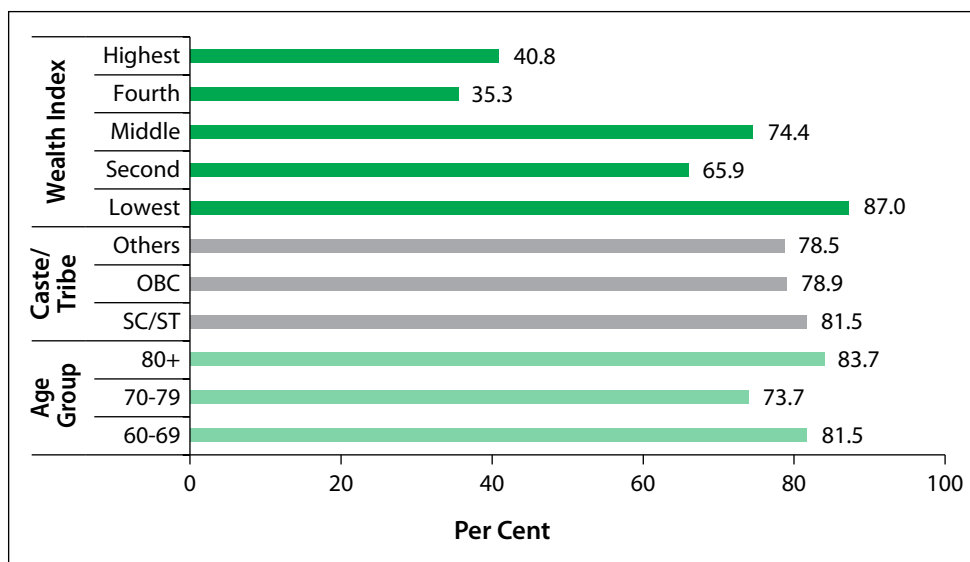
As high as 80 per cent of the elderly in Odisha work due to economic and other compulsions (Appendix Table A 3.4), clearly indicating that poverty and lack of resources compel a majority of them to continue to work well into their senior years for subsistence. Analysis by sex and rural-urban differentials shows that elderly women are more compelled to work than men and the rural elderly have greater economic compulsions to participate in the labour force than their urban counterparts (Fig. 3.3). Furthermore, the elderly working due to economic compulsion in rural areas (81.2%) is higher than in urban areas (65.5%).

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



Vulnerability of the elderly for participating in work is further analyzed by age, caste and wealth index as given in Figure 3.4.

Figure 3.4: Elderly working due to compulsion by age, caste and wealth Index, Odisha 2011

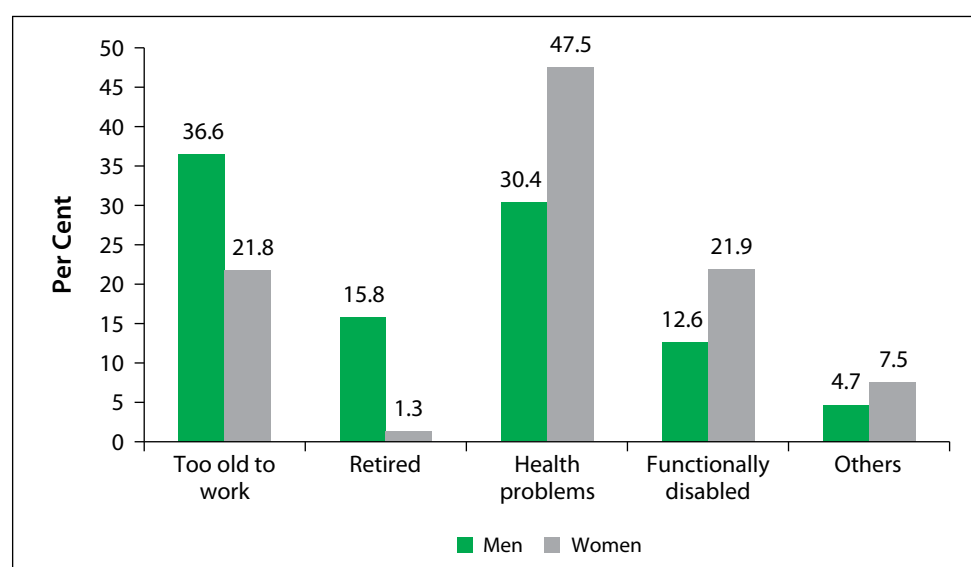


The data show that participation out of compulsion is relatively higher among the elderly who are 80 years or older, belonging to SC and ST households and lowest wealth quintile than other categories within social groups (Fig. 3.4). The compulsion to work is also much higher among the illiterate and less educated elderly than the more educated categories (Appendix Table A 3.4). Clearly, the elderly from socially and economically vulnerable groups have a greater need for work to earn their livelihood.

3.3 Reasons for Currently Not Working

About one-half of elderly men and 9 out of 10 elderly women are currently out of the workforce in Odisha and it is important to know why they are not working. Health problems and old age are the main reasons reported by both men and women for not working currently (Fig. 3.5). While about one-half of elderly men and 1 in 3 elderly women are not working due to health problems, nearly two-fifths of men and a little more than one-fifth of women opined that they are too old to work. About one-fifth of elderly men are retired and hence not employed. Notably, not being able to work due to functional disability is much higher among elderly women than men.

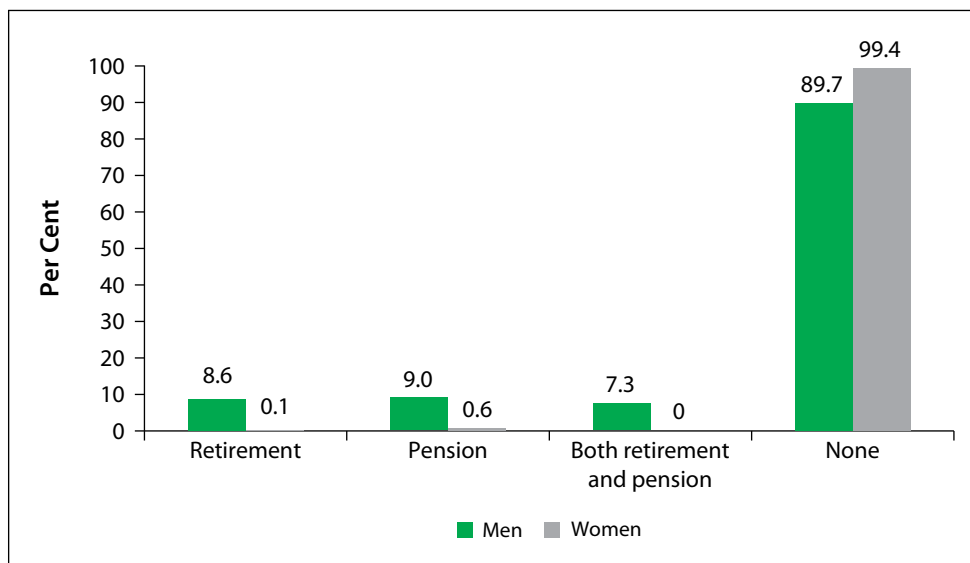
Figure 3.5: Reason for currently not working by sex, Odisha 2011



3.4 Work Benefits

Only 4 per cent of the elderly (9% men and 1% women) receive retirement or pension benefits in Odisha (Fig. 3.6). In other words, about 91 per cent of elderly men and 99 per cent of elderly women do not get any employment benefits. This is not surprising given the high concentration of work participation in informal and unorganized sectors. The extent of employment benefits is comparatively higher among those in the age group 60–69 years in urban areas, currently married, educated 8 years and above, belonging to other castes and the highest wealth quintile, and the elderly living with spouse is higher than others (Appendix Table A 3.5).

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



3.5 Personal Income of the Elderly

The survey finds that a majority of elderly (6 out of 10) in Odisha have incomes of their own for sustenance (Appendix Table A 3.6). Around 27 per cent have an annual income of Rs. 12,000 or less, 13 per cent have an income of Rs. 12,000–24,000, 14 per cent have an income of Rs. 24,000–50,000 and 6 per cent have an income of more than Rs. 50,000. The average annual income Rs. 15,257, that is, less than Rs. 1300 per month.

About three-fifths of elderly females do not have independent incomes as compared to one-fifth of their male counterparts (Fig. 3.7). It is also apparent that income levels of elderly females are much lower than that of their male counterparts at Rs. 3,900 as against Rs. 26,408 for men. Similarly, income levels of the rural elderly are significantly lower than that of the urban elderly (Appendix Table A 3.6).

Figure 3.7: Per cent distribution of elderly by annual personal income according to sex, Odisha 2011

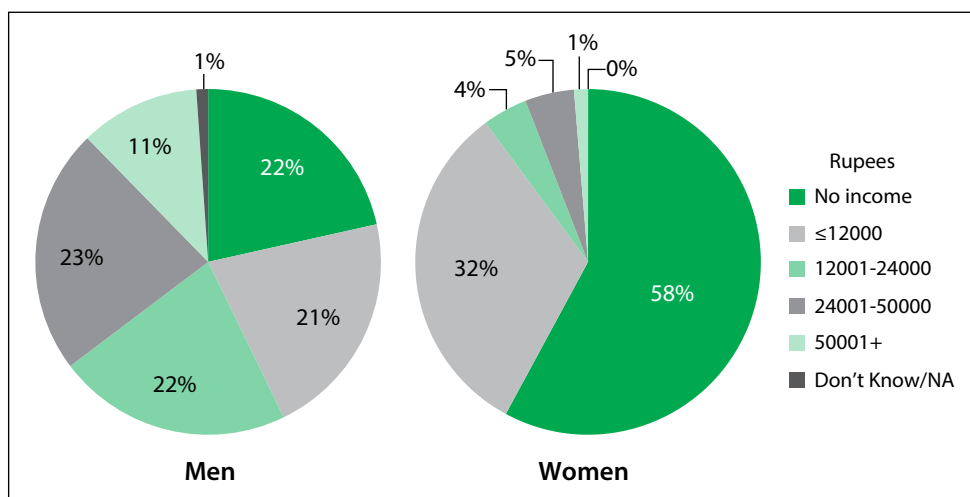


Figure 3.8: Elderly with no income by wealth quintile by sex, Odisha 2011

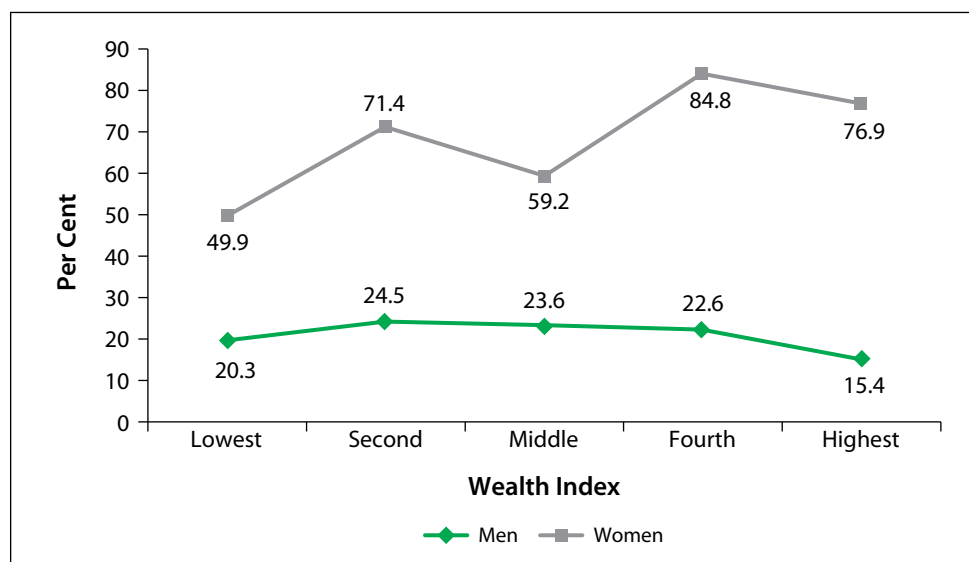
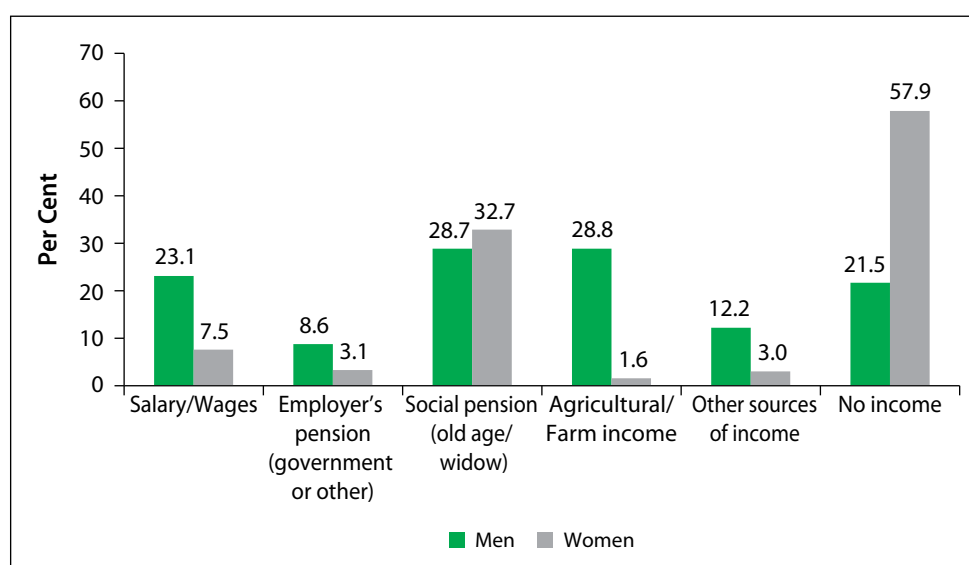


Figure 3.8 illustrates the relationship between the elderly without any income and wealth quintile by sex. About one-half of elderly women in the lowest wealth quintile has no personal income as against one-fifth of men. Around 77 per cent of elderly women in the highest wealth quintile are without independent income as compared to 15 per cent of men. The analysis further implies that the proportion of elderly women with no personal income increases with wealth quintiles whereas the inverse pattern is true for men. Thus, personal income among the elderly is determined by gender and economic status.

One in every three elderly in Odisha receives income from social (old-age or widow) pension, about 15 per cent each derive income from agriculture and salary or wages, and about 14 per cent get income from employer's pension and other sources (Appendix Table A 3.7). As can be seen from Figure 3.9, except for social pension, all other income sources are higher for elderly men than women. The finding is similarly true for rural-urban differentials (Appendix Table A 3.7).

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



3.6 Economic Contribution of the Elderly to the Family

As stated earlier, 60 per cent of the elderly in Odisha have personal incomes for sustenance. Of them, a little more than one-half contribute their personal income to household expenditure, with variations along expected lines between sex and place of residence (Fig. 3.10). A considerably higher percentage of the rural elderly contribute personal income towards household expenditure than the urban elderly. While three-fourths of elderly men contribute personal income towards household expenditure, only one-third elderly women do so. The pattern is similar with respect to rural-urban differentials.

Overall, household expenditure is perceived to be contributed by a little more than one-half of the elderly in Odisha (Appendix Table A 3.8). The contribution is significantly higher from elderly men than women, as more than 60 per cent of the household budget is perceived to be contributed by about 6 out of 10 men as against less than 1 in 4 women (Fig. 3.11). Contribution by the rural elderly is much higher than that by their urban counterparts both for men and women (Appendix Table A 3.8). Similarly, the extent of contribution among those aged 60–69 years, currently married, with 5–7 years education and currently working, belonging to Hindus, SC and ST and lowest wealth quintile, and living alone is perceived to be relatively higher than others.

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

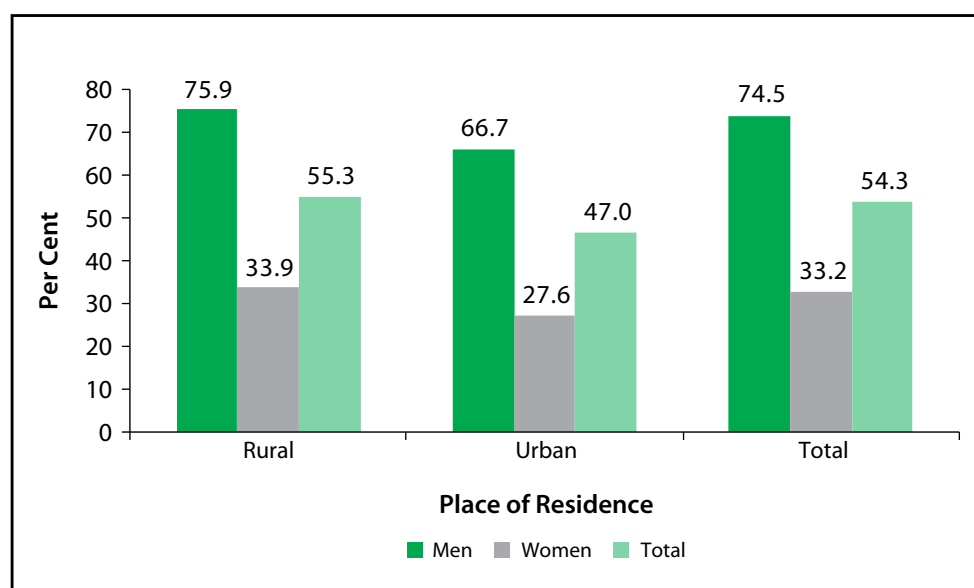
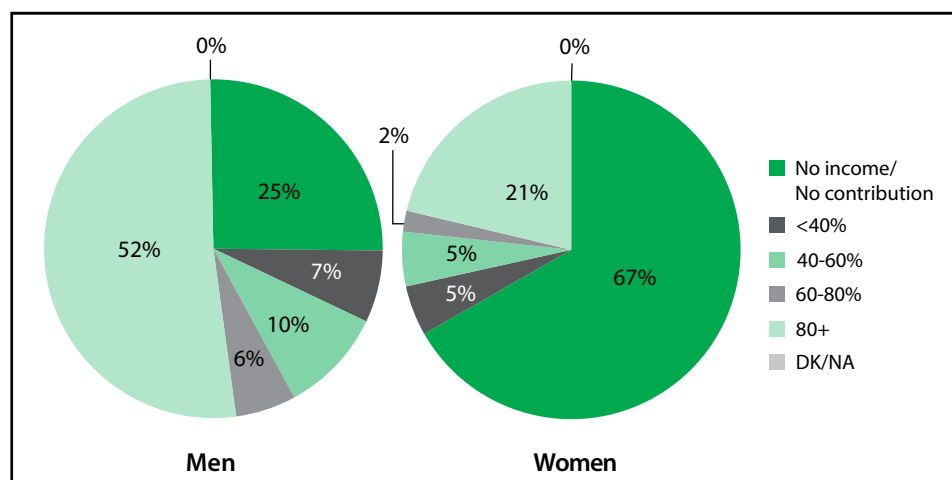


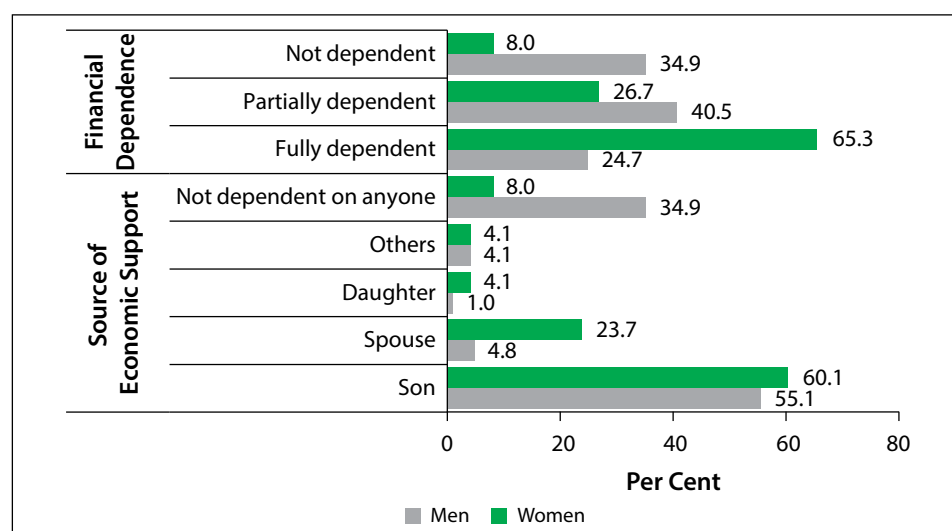
Figure 3.11: Elderly by their perceived magnitude of contribution towards household expenditure according to sex, Odisha 2011



3.7 Economic Dependence

If the elderly do not have any personal income or the income earned is not sufficient to fulfil their basic needs, they would be financially dependent on others. Although 6 out of 10 elderly have personal income in Odisha, the amount earned is small as indicated by the average annual personal income (Section 3.5). It is therefore important to know the extent of economic dependency of elderly on others and their source of support. Only about one-fifth of the elderly are not dependent on others for financial support, while the remainder, accounting for a little more than two-fifths (44.7%), are fully dependent and one-third (33.7%) are partially dependent (Appendix Table A 3.9). As expected, a larger proportion of elderly women (65.3%) than men (24.7%) are fully dependent. Nearly 6 out of 10 elderly (both men and women) are dependent on the son (Fig. 3.12). Next to the son, the spouse is the major source of support, particularly among elderly women. More urban elderly are fully dependent, and that too on sons for economic support than their counterparts in rural areas, irrespective of whether men or women (Appendix Table A 3.9).

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



3.8 Asset Ownership

Having a personal income may not always reflect economic security of the elderly in India, but ownership of financial assets is likely to indicate better economic security. As can be seen from Table 3.1 nearly 8 in every 10 elderly in Odisha own some financial asset, mostly in the form of land and house inherited or self-acquired. Asset ownership of all types is much higher among elderly men than women, both in rural and urban areas.

Table 3.1: Per cent distribution of elderly by asset ownership according to place of residence and sex, Odisha 2011

Type of Assets	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Inherited land	60.7	41.8	51.4	28.8	20.0	24.4	57.0	39.2	48.2
Self-acquired land	10.3	4.6	7.5	9.5	4.7	7.1	10.2	4.6	7.4
Inherited house(s)	67.4	57.7	62.6	49.2	43.0	46.1	65.3	55.9	60.7
Self-acquired house(s)	20.5	14.7	17.6	40.6	26.2	33.3	22.8	16.1	19.5
Housing plot(s)	0.3	0.0	0.1	1.8	0.7	1.2	0.4	0.1	0.3
Inherited gold or jewellery	0.0	2.1	1.0	3.4	2.9	3.2	0.4	2.2	1.3
Self-acquired gold or jewellery	6.7	5.1	5.9	11.1	10.0	10.6	7.2	5.7	6.4
Savings in bank, post office, cash	9.7	2.4	6.1	25.9	8.3	17.0	11.5	3.1	7.4
Savings in bonds, shares, mutual funds	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Life insurance	0.6	0.4	0.5	7.4	5.0	6.2	1.4	1.0	1.2
Don't own any asset	12.4	24.3	18.2	12.2	28.7	20.5	12.3	24.8	18.5
Number of elderly	392	382	774	350	357	707	742	739	1,481

4. Living Arrangements and Family Relations

Traditionally, in India the elderly mostly lived with married sons, daughters-in-law and grandchildren under one roof, an arrangement that provided economic and social support in old age. However, with declining fertility, increasing urbanization and migration of younger family members for better job opportunities, the traditional joint family system has undergone significant changes in living arrangements and family ties of the elderly. To understand this phenomenon better, this section presents an analysis of survey data on current and preferred living arrangements, level of satisfaction and nature of interaction of the elderly with family members with respect to monetary arrangements, engagement in social activities and perceived abuse, etc.

4.1 Type of Living Arrangement and Reasons for Living Alone

The tradition of co-residence in old age, that is, the system of two or three generations of family members living together does not appear to have changed significantly in Odisha as more than three-fourths of the elderly continue to live with spouse, children and grandchildren (Appendix Table A 4.1). About 46 per cent of the elderly live with spouse, children and grandchildren, and about 31 per cent live with children and grandchildren but without spouse. Less than one-fifth (16.5%) of the elderly live with spouse only and only around 3 per cent live alone. Although fewer in number, the proportion living alone is higher among women than men, whereas the reverse is true for the proportion of elderly living with spouse only (Fig. 4.1). This clearly shows higher levels of vulnerability experienced by elderly women than elderly men.

Figure 4.1: Living arrangement of elderly by sex, Odisha 2011

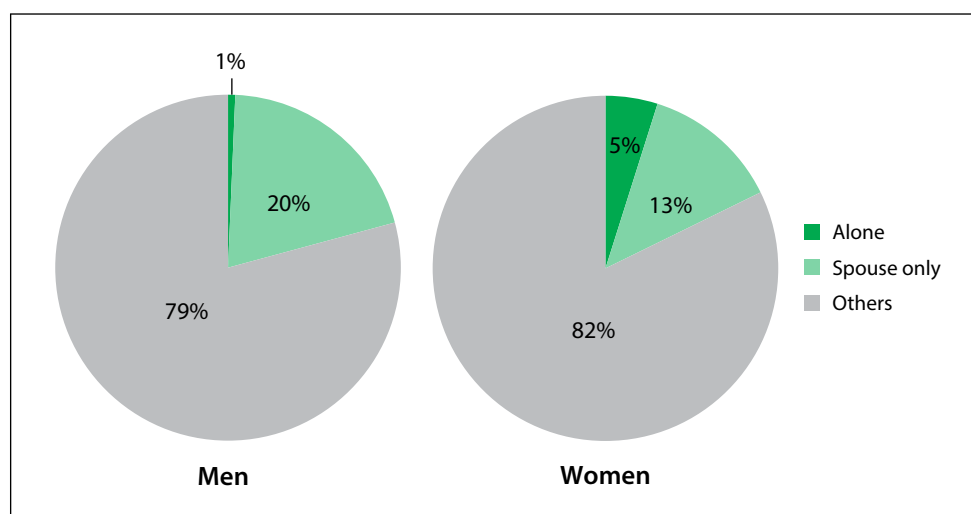
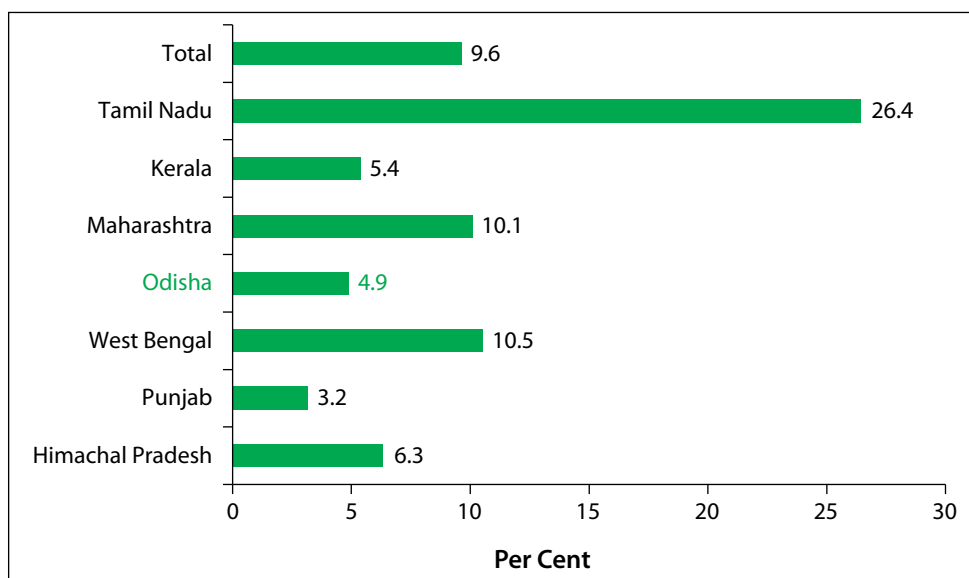


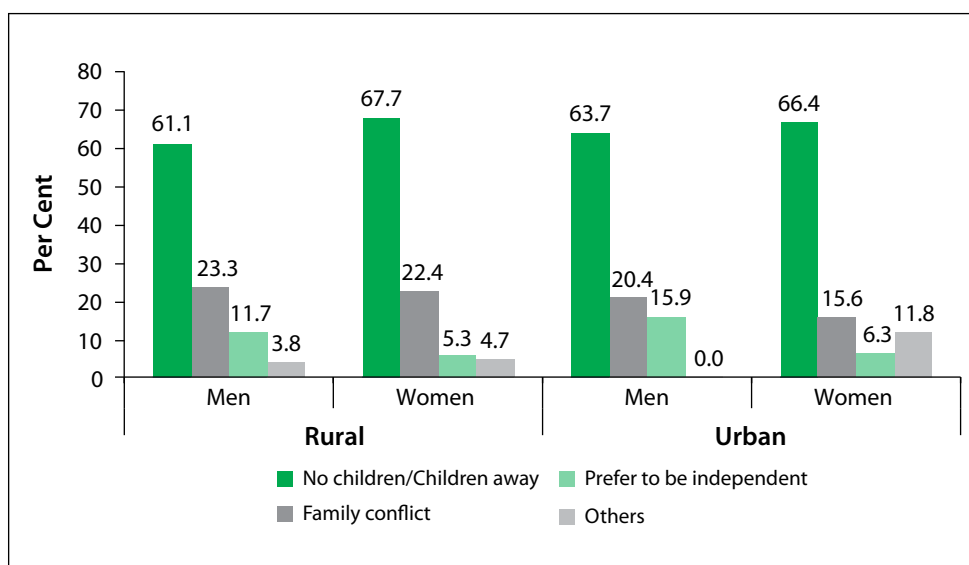
Figure 4.2: Elderly women living alone across seven BKPAI survey states, 2011



The traditional co-residence arrangement system is relatively more common among the elderly who are 80 years and above, widowed, less educated, never worked, in urban areas and from the highest wealth quintile than from other socio-economic categories (Appendix Table A 4.1). However, the percentage of elderly women living alone is significantly lower in Odisha as compared to the seven survey states as a whole (9.6%), particularly Tamil Nadu, where the proportion is quite high (Fig. 4.2).

For most of the elderly who live alone or only with spouse, the present living arrangement is more due to compulsion than preference, irrespective of sex and place of residence (Fig. 4.3).

Figure 4.3: Main reasons for living alone or with spouse only, Odisha 2011



The majority of the elderly men and women in both rural (61.1% and 67.7%) and urban (63.7% and 66.4%) areas live alone or only with spouse because they either do not have children or the children are elsewhere. The next substantial reason for living alone or only with spouse is conflict within family, reported by about of one-fifth of elderly men and women from both rural and urban areas. Preferring to live alone or only with spouse is relatively higher among women than men.

4.2 Level of Satisfaction with Present Living Arrangement

The survey finds that most of the elderly in Odisha, both men and women, from rural as well as urban areas, are satisfied with the present living arrangement (Fig. 4.4). However, the urban elderly (86.7%) seem more satisfied than their rural counterparts (77.8%) and elderly males are more comfortable than their female counterparts, in both rural and urban areas.

Co-residence of the elderly with their family may be either due to the children continuing to live with parents or due to parents deciding to live with married children and their families. As the elderly age, the perception that they live with their children (rather than children living with them) increases, and as can be expected, is more predominant among women than men (Fig. 4.5). In other words, as the elderly grow older they are more likely to think that living with children and under their care is the right living arrangement in old age. At the same time, more widowed elderly than currently married think they live with their children, although such perception is significantly higher among women than men.

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

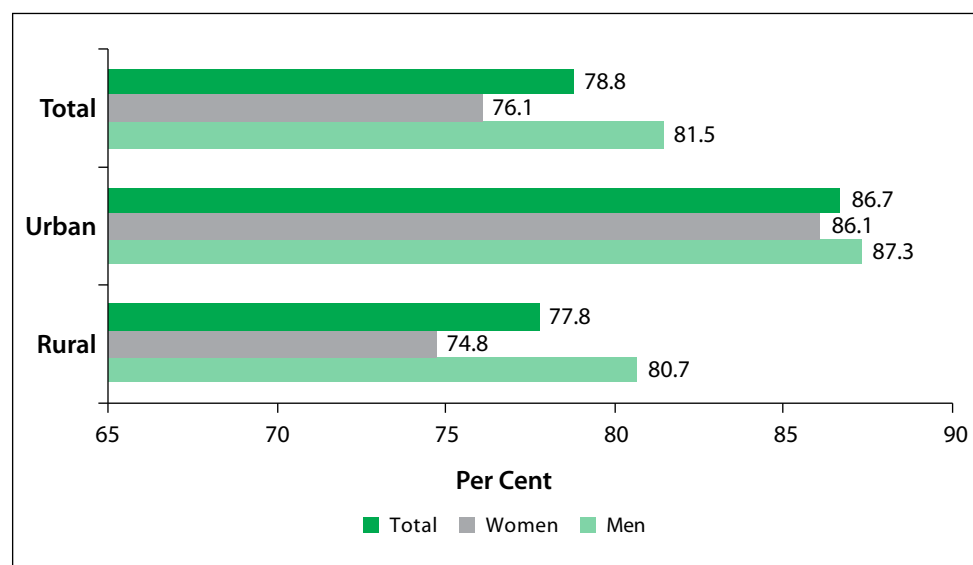
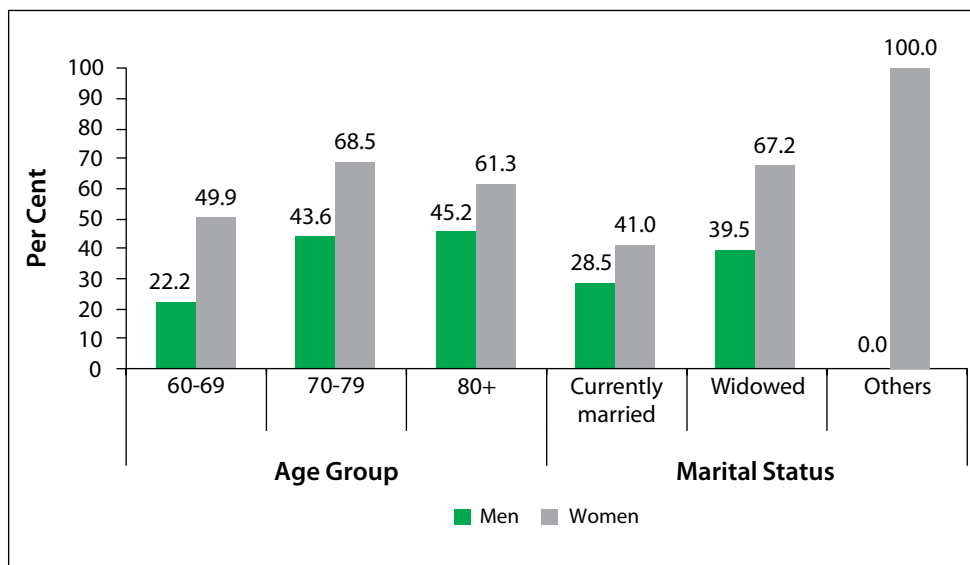


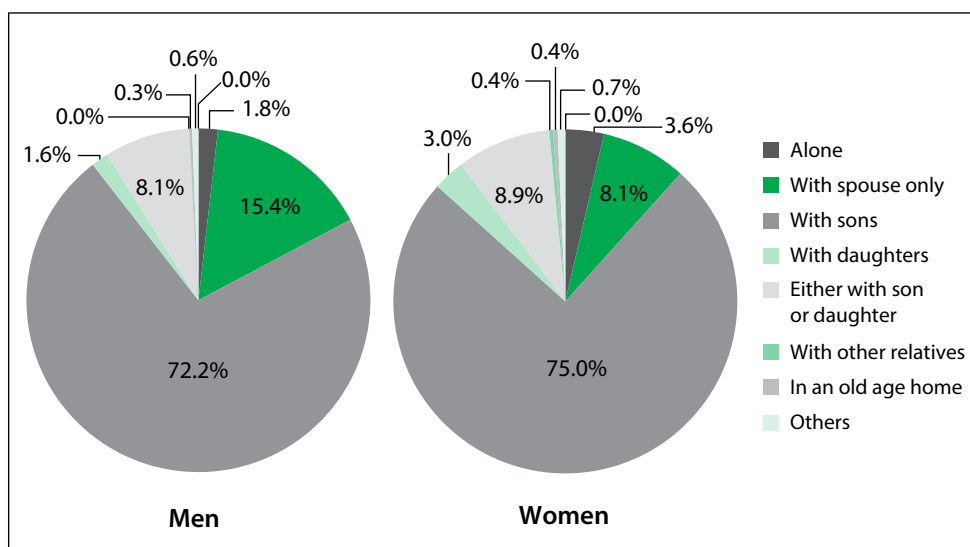
Figure 4.5: Elderly who perceive they live with their children rather than children living with them by age and marital status, Odisha 2011



4.3 Preferred Living Arrangement

For a majority of the elderly in Odisha, the preferred living arrangement and the current living arrangement is fortunately the same, although there is considerable difference between elderly men and women (Appendix Table A 4.2 and Fig. 4.6). Preference to live alone by those who are presently doing so is much higher among elderly women than men, whereas preference to live alone among those who currently live with spouse only or with children and others is comparatively higher among elderly men than women. Preference to live only with spouse by those who presently live with children and others is relatively higher among women than men.

Figure 4.6: Preferred living arrangement according to sex, Odisha 2011



Living with son(s) is the most preferred living arrangement in old age among both elderly men and women in Odisha (Fig. 4.6). Only 1 in 10 elderly does not mind living with either son(s) or daughter(s). Relatively more elderly men than women prefer to live with spouse only.

4.4 Family Interaction and Monetary Transaction

Although most of the elderly in Odisha live with children, a significant proportion, that is, 1 in 5 elderly does not live with children. It is therefore important to know the extent of interaction between the elderly and their non co-residing children, as well as monetary transactions between them. Three per cent of the elderly do not meet their children who live away and 1 in 5 does not communicate with them; this does not vary much between men and women (Appendix Table A 4.3 and Fig. 4.7). Further, the extent of communication between the elderly and their non-resident children is found to be relatively higher among those aged 60–69 years, living in urban areas, currently married, more educated, retired from work, belonging to middle and higher wealth quintiles than others (Appendix Table A 4.3).

Transfer of money can be both ways, that is, from children living away to elderly parents or the reverse. About 20 per cent of the non-co-residing children transfer money to elderly parents in Odisha as against a little less than 10 per cent of the elderly transferring money to their children who are living away (Fig. 4.8). The pattern does not differ much by rural and urban residence.

Figure 4.7: Elderly with no meeting and no communication with non-co-residing children according to sex, Odisha 2011

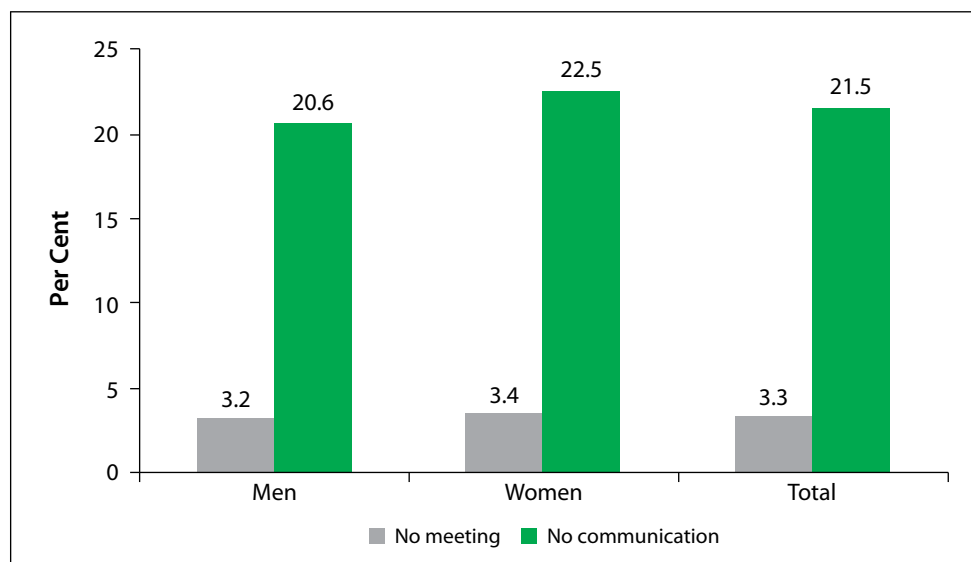
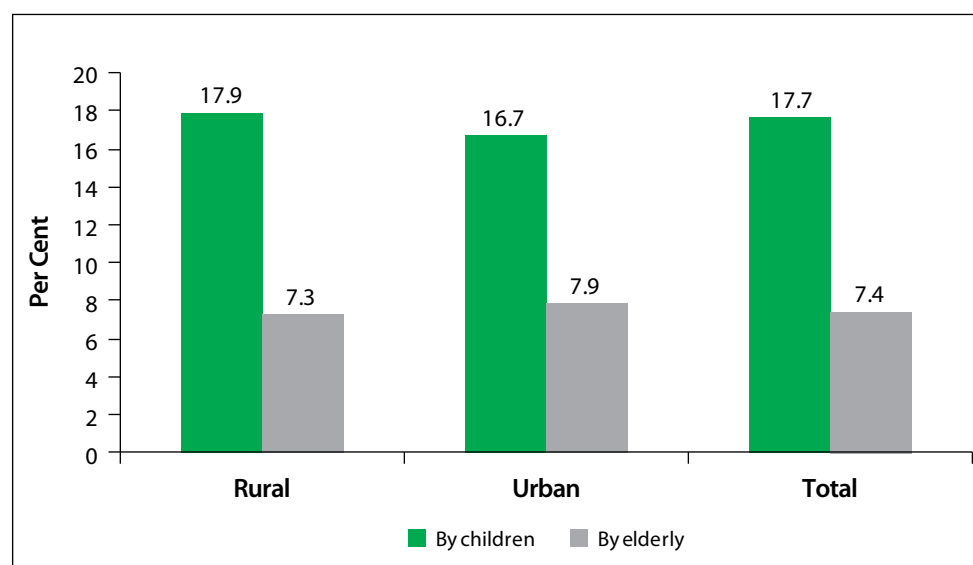


Figure 4.8: Elderly with monetary transfer between them and non-co-residing children by place of residence, Odisha 2011



4.5 Engagement in Family Activities and Decision Making

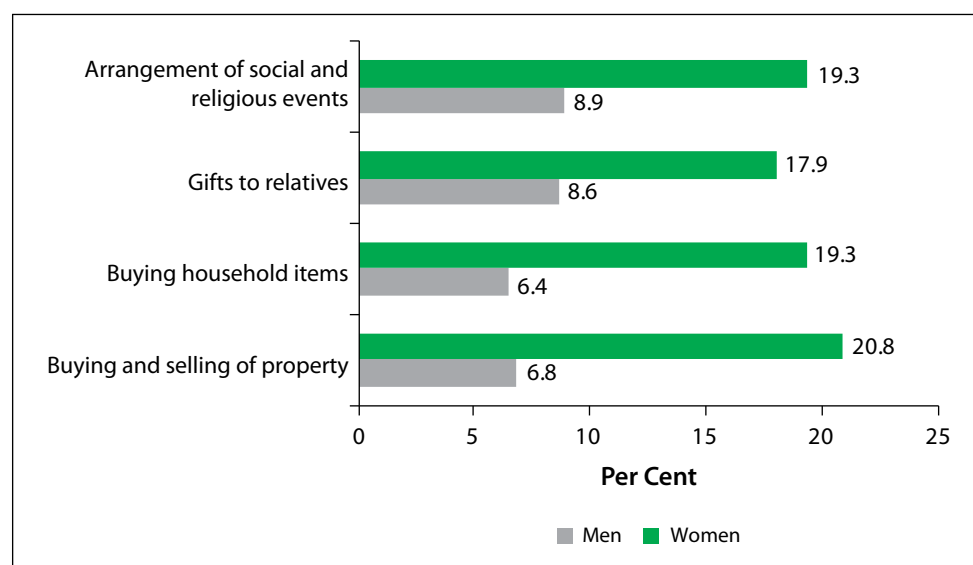
Engagement of the elderly in household chores and activities signifies their roles within the family (Table 4.1). A majority of the elderly in Odisha engage in activities like giving advice to children (73%), settling disputes (67%) and shopping for the family (54%). Of course, a considerable proportion of the elderly does engage in chores like taking care of grandchildren (43%), cooking or cleaning (37%) and payment of bills (35%). The extent of elderly involvement in household roles varies by gender and types of activities or chores, rather than by where they live. However, as the elderly grow older they tend to slowly withdraw from engaging in household chores. This is uniformly true for all the activities or chores (Appendix Table A 4.4).

Nearly 1 out of every 5 elderly women is not involved in important household decision-making, such as arrangement of social and religious events, gifts to relatives, buying household items or buying and selling property as compared to less than 1 in 10 men (Fig. 4.9). This implies that elderly men have more say and role in household decision-making than women.

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

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Taking care of grandchildren	33.5	50.9	42.1	38.7	55.5	47.2	34.1	51.4	42.7
Cooking/Cleaning	7.2	69.2	37.7	12.1	55.5	34.0	7.8	67.5	37.3
Shopping for household	77.1	32.1	54.9	74.2	26.5	50.1	76.7	31.4	54.4
Payment of bills	59.6	10.6	35.5	54.4	10.1	32.1	59.0	10.5	35.1
Advice to children	79.1	66.5	72.9	79.8	73.0	76.4	79.2	67.3	73.3
Settling disputes	76.1	56.7	66.5	79.3	61.0	70.1	76.4	57.2	66.9

Figure 4.9: Elderly reporting no role in various decision-making activities, Odisha 2011



4.6 Social Engagement

Engaging in community or social activities outside the home is an important aspect of well-being in older ages. Most, that is, about three-fourths of the elderly (73.4%) in Odisha did not attend any public meeting organized for any local, community or political issues at all during the 12 months preceding the survey and one-fifth participated rarely (Table 4.2). The proportion who never attended such events is found to be much higher among elderly women than men irrespective of their place of residence. However, the proportion of the elderly who never attended any religious services or programmes other than weddings and funerals in the one year preceding the survey is less than one-half (45%). Elderly men participated more frequently in such programmes than women, in both rural and urban areas (Table 4.3).

Table 4.2: Per cent distribution of elderly by the frequency (in the 12 months preceding the survey) they attended any public meeting on local, community or political affairs according to place of residence and sex, Odisha 2011

Frequency of Attendance in Meetings	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	62.1	85.6	73.6	66.8	76.7	71.8	62.6	84.5	73.4
Rarely	27.1	10.4	18.9	24.3	19.5	21.9	26.8	11.5	19.2
Occasionally	8.3	3.4	5.9	8.4	2.7	5.5	8.3	3.3	5.8
Frequently	2.6	0.6	1.6	0.5	1.2	0.8	2.4	0.6	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	392	382	774	350	357	707	742	739	1,481

Table 4.3: Per cent distribution of elderly by the frequency (in the 12 months preceding the survey) they attended religious programmes or services excluding weddings and funerals according to place of residence and sex, Odisha 2011

Frequency of Attendance in Religious Programmes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Never	33.6	57.6	45.4	36.5	48.5	42.5	33.9	56.5	45.1
Once or twice per year	55.2	33.5	44.5	49.8	38.8	44.3	54.6	34.1	44.5
Once or twice per month	9.9	6.8	8.4	10.9	11.0	11.0	10.0	7.3	8.7
Once or twice per week	1.0	2.0	1.5	2.9	1.5	2.2	1.2	1.9	1.6
Daily	0.4	0.1	0.2	0.0	0.2	0.1	0.3	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	392	382	774	350	357	707	742	739	1,481

Health problems (43%) and financial constraints (46%) are the main reasons for the elderly not going out to attend social activities or public functions (Appendix Table A 4.5). While health is more a significant issue among elderly men, it is financial constraints that prevented elderly women from getting involved in social activities or programmes.

4.6 Elderly Abuse

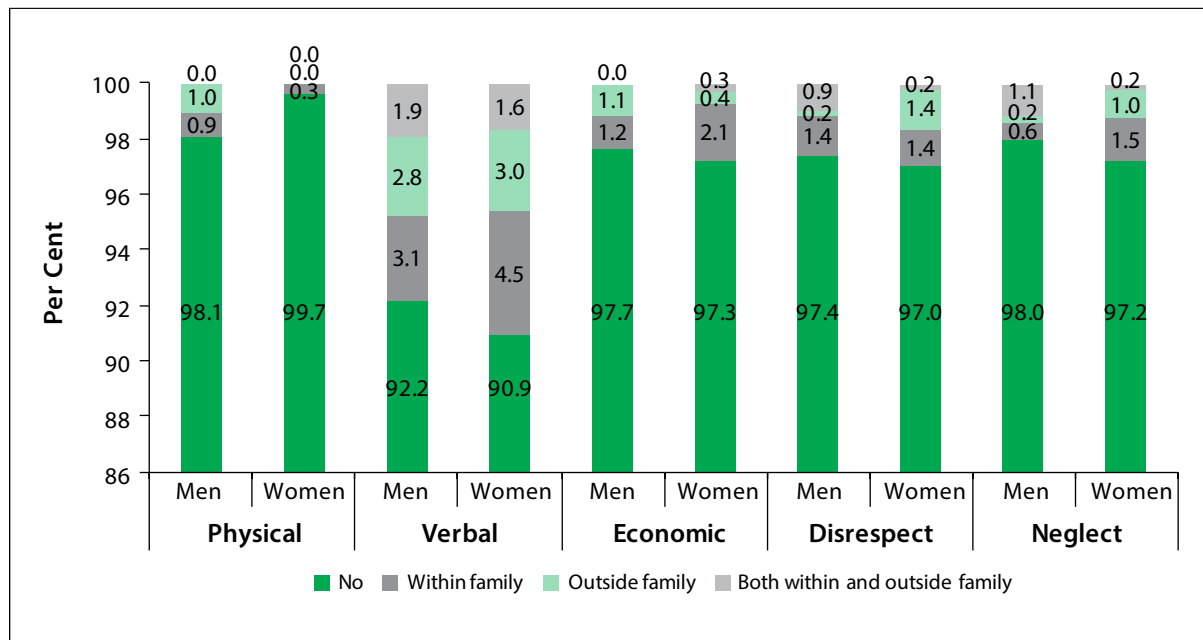
The survey found that about 1 out of 10 elderly in Odisha has experienced abuse after turning age 60 (Table 4.4). The prevalence of elderly abuse is low in the state as only 2.5 per cent elderly have experienced any abuse during the month prior to the survey. Elderly women have faced relatively more abuse after age 60 than men, particularly in urban areas. Less educated elderly, from OBC, belonging to the lowest wealth quintile, and living alone, only with spouse or others too have experienced comparatively more abuse after age 60 than other categories (Appendix Table A 4.6). And, prevalence of abuse is relatively more among the elderly aged 80 years and above, with less education (less than primary level), retired from work and living alone.

Experience of verbal abuse appears to be more common among both elderly men and women (Fig. 4.10). The elderly are more abused within the family than outside, whether it is men or women.

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, Odisha 2011

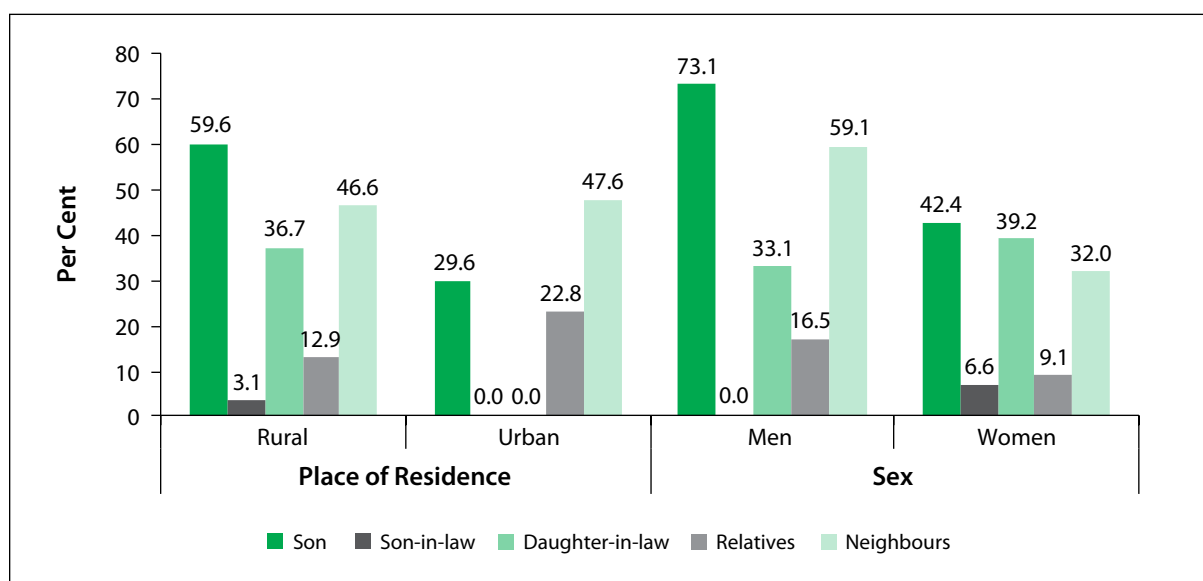
Experienced Abuse	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Yes, after age 60	9.3	10.0	9.7	4.3	5.9	5.1	8.7	9.5	9.1
Yes, last month	2.9	2.6	2.8	0.4	0.5	0.5	2.6	2.3	2.5
Number of elderly	392	382	774	350	357	707	742	739	1,481

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



While the son is a major perpetrator (59.6%) of elderly abuse or source of quarrel followed by neighbours and daughters-in-law in rural areas, neighbours are the main source of elderly abuse (47.6%) in urban areas, followed by son and relatives as reported for one month prior to the survey (Fig. 4.11). The son is also a major source of inflicting abuse (73%) on elderly men followed by neighbours and relatives, whereas in the case of elderly women, the daughter-in-law (39%) and son (42%) are found to be inflicting abuse almost equally against elderly women, followed by neighbours.

Figure 4.11: Perpetrators of abuse or quarrel among elderly who reported any abuse in the month preceding the survey, Odisha 2011



5. Health and Subjective Well-Being

5.1 Self-Rated Health, Functionality and Well-Being

This section is based on the analysis of subjective well-being of the elderly in Odisha in terms of their perceived and self-rated health, mental and functional health status, prevalence of disability, use of aids, cognitive abilities and risky health behaviours. Both perceived and actual health and well-being is a crucial element of the quality of life of the elderly. Specifically, this section focuses on (a) self-rated health, functionality and well-being; (b) morbidity; and (c) health care access and financing issues among the elderly.

5.1.1 Self-Rated Health

The information on self-related health is obtained using three measures of perception, viz., current health, current health in comparison to previous year and in comparison to people of the same age. Current health is measured on a 5-point scale as (i) excellent; (ii) very good; (iii) good; (iv) fair; and (v) poor by the respondents (BKPAI, 2012).

Overall, self-rated health of the elderly appears to be better in Odisha (Appendix Table A 5.1) in comparison to the other survey states (BKPAI, 2012). More than one-half of the respondents perceived their current health as being good, very good or excellent, and the rest opined it to be fair or poor. Nearly 60 per cent reported their health as better or the same as compared to the previous year, whereas 34 per cent reported it to be worse. Also, about two-fifths of the elderly rated their health to be worse or similar to others of the same age, while one-sixth rated their health to be better compared to their contemporaries. Self-rated health is much better among elderly men than women for all three measures. Similarly, it is much better in urban than in rural areas. Perception of having better health is more among men than women in the age groups 60–69 and 80 years or older, while is somewhat the same among males and females in the age group 70–79 (Fig. 5.1). The data also suggest that perception of being healthy decreases with increase in age irrespective of whether the person is male or female.

Being in better health is reported more by the currently married elderly than widowed or other categories of marital status. Similarly, a higher percentage of elderly from SC, ST and other castes reported being in better health than OBC. Further, a higher proportion of the elderly from the highest wealth quintile households reported being in better health than those belonging to lower wealth quintile households (Fig. 5.2).

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

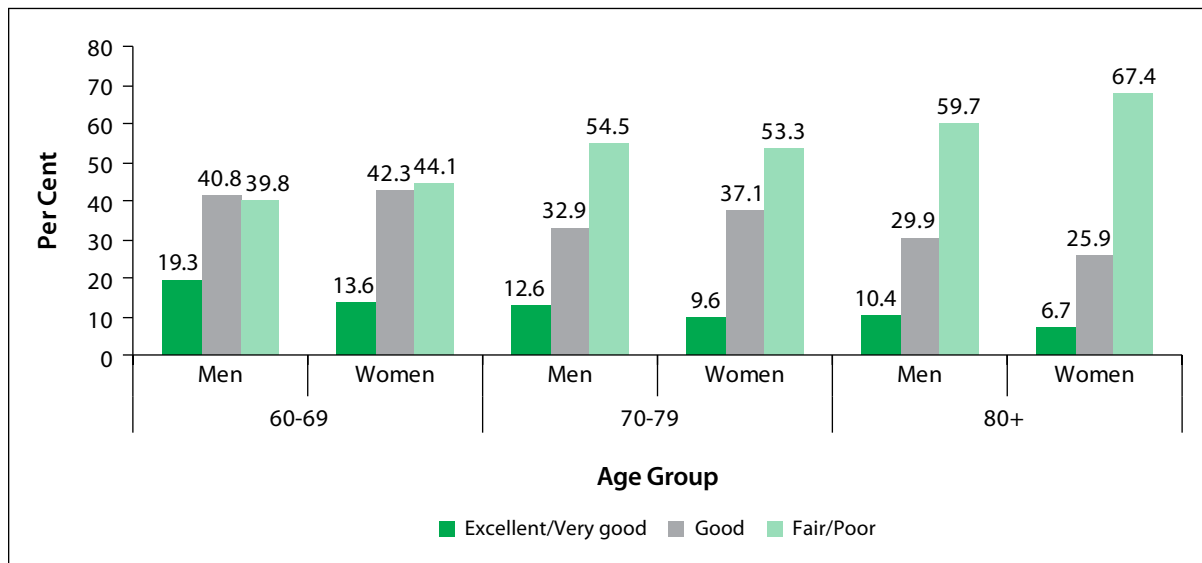
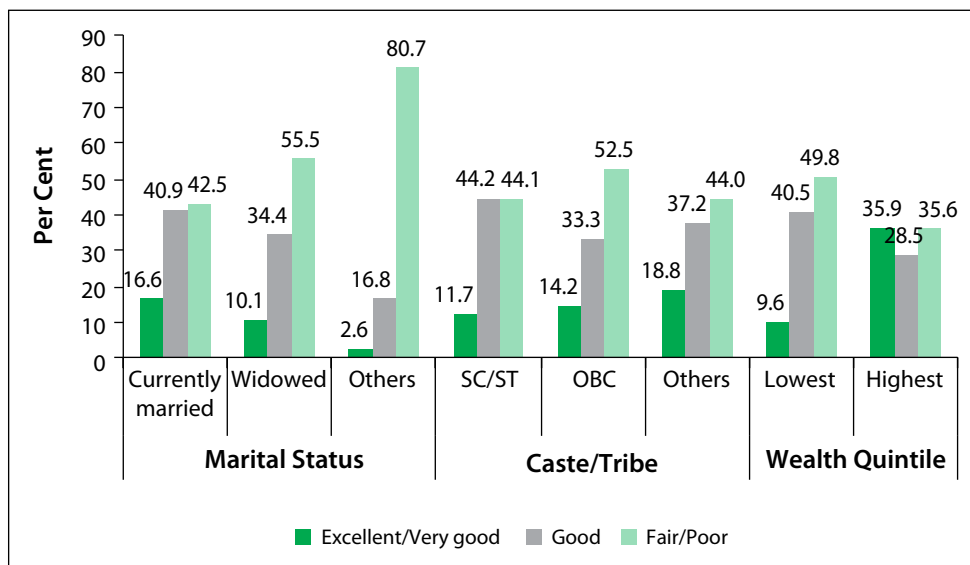


Figure 5.2: Self-rated health status by marital status, caste and wealth quintile, Odisha 2011

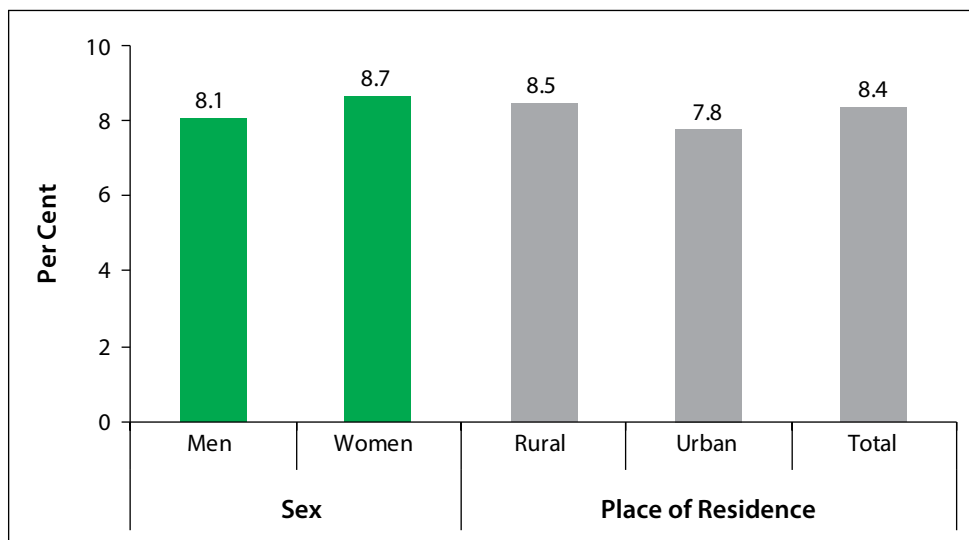


In general, better health is perceived by elderly 60–69 years old, urban, currently married, more educated (8 or more years), currently working, belonging to non-OBC, SC and ST, middle or highest wealth quintiles and living in extended or joint family than others, and is true for all three measures (Appendix Table A 5.2).

5.1.2 Functionality

Functionality among elderly refers to their ability to perform self-care, consisting of those activities that people undertake routinely in everyday life. These can be subdivided into personal care or activities of daily living (ADL) and domestic and community activities and instrumental activities of daily living (IADL). ADL and IADL have emerged as the most common approaches in

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

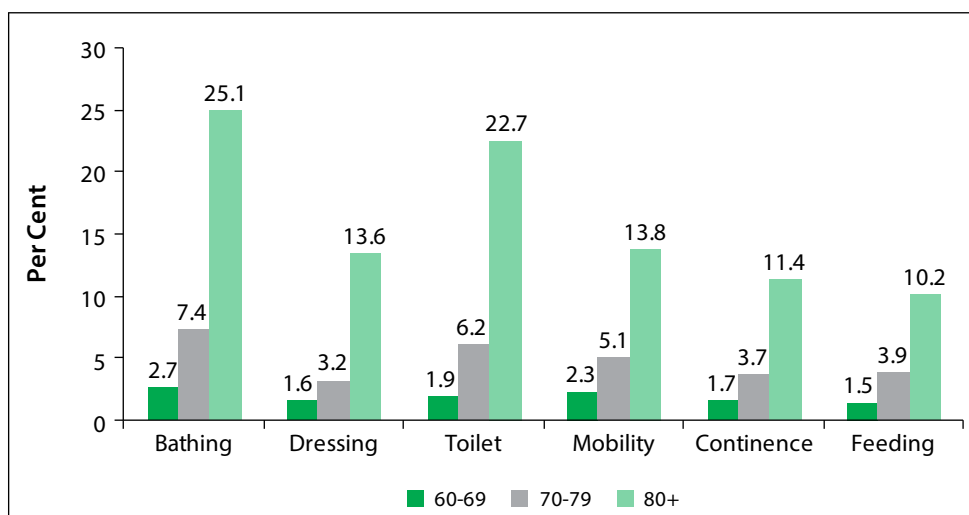


empirical assessments of functionality among the elderly. ADL are the basic tasks of everyday life, such as feeding, bathing, dressing, toileting, mobility (i.e., getting in and out of a bed or chair) and continence (controlling bladder and bowel movement).

Around 8 per cent of the elderly require assistance to perform at least one of the listed ADL and 1.5 per cent for all the listed ADL in Odisha (Appendix Table A 5.3). The elderly require maximum assistance for bathing and the least for feeding. Assistance required for performing ADL is reported to be more by elderly women compared to elderly men and also more in rural than in urban areas (Fig. 5.3).

The proportion of the elderly needing assistance for ADL increases with advancing age (Fig. 5.4). In particular, a much higher percentage of 80+ elderly need assistance for bathing and toileting than the elderly in the 70-79 and 60-69 age groups. Similar patterns are observed for other activities included under ADL.

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



The second aspect of functionality, IADL, tries to measure the degree of functional limitations or disability among the elderly. IADL involve a more complex set of functioning and require some skill, judgement and independence. Eight IADL domains have been covered in the survey: ability to telephone, shop, prepare food, do housekeeping and laundry, travel independently, dispense own medicine and handle finances. Each domain was assigned a minimum score of zero and a maximum of one. Thus, maximum score for IADL is 8 and minimum is 0, and a higher score denotes greater functional independence. Most of the elderly in Odisha have difficulty in preparing food and in shopping (Appendix Table A 5.4).

Nearly one-half of the elderly have problems in handling finances and taking medication. Elderly men have significantly less difficulty in carrying out IADL than women except in three activities, preparation of food, housekeeping and doing laundry, possibly because of gender-specified roles defined by social norms. This is true irrespective of rural or urban background. About 7 per cent of the elderly cannot perform any of the IADL tasks, and is noticeably higher among women than men, rural or urban. As can be expected, the proportion of elderly who cannot perform any of the IADL domains increases with age, and is significantly higher among elderly aged 80 years and above (Fig. 5.5).

The oldest old, that is, persons 80 years and older, are the most vulnerable as they need more assistance for all the ADL domains and show less ability to perform the IADL (Appendix Table A 5.5). Functional disability is less among elderly men than women as shown by their ability to perform all IADL activities. Some caution is necessary in interpreting the influence of gender in the Indian context since responses are bound to be influenced by cultural and gender stereotypes. The widowed are more vulnerable than currently married elderly. Those living alone have less problems in performing ADL; perhaps, living alone is partially associated with better health status or living alone and having to take care of oneself could also contribute to better health. Although ADL and IADL abilities do not seem to vary much by wealth quintiles, they are strongly influenced by socio-cultural factors.

Figure 5.5: Elderly who cannot perform any of the IADL domains according to age, sex and place of residence, Odisha 2011

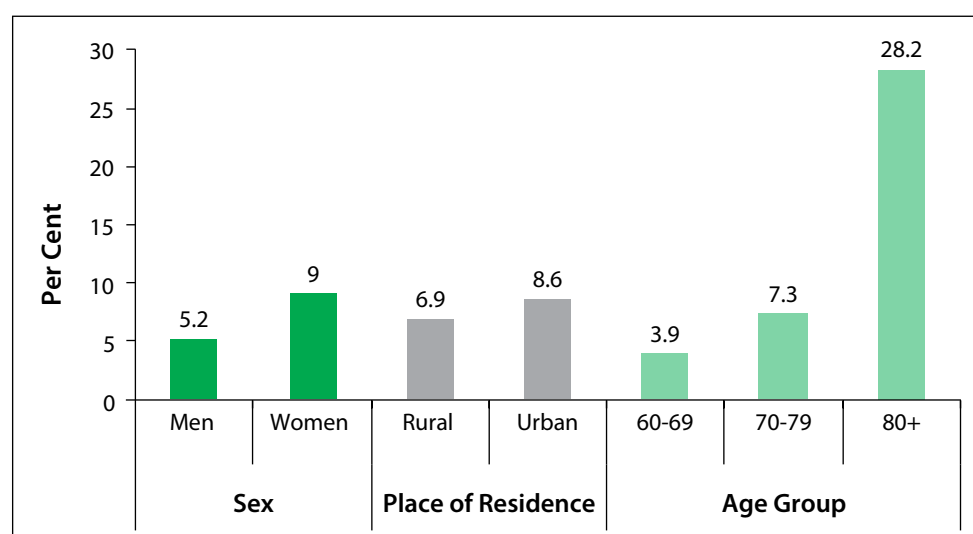
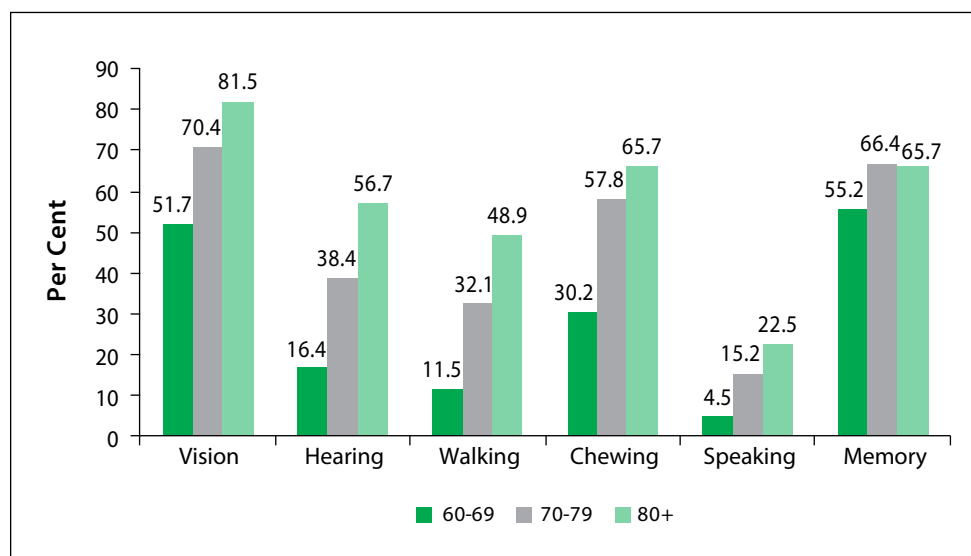


Figure 5.6: Elderly by type of disability and age, Odisha 2011

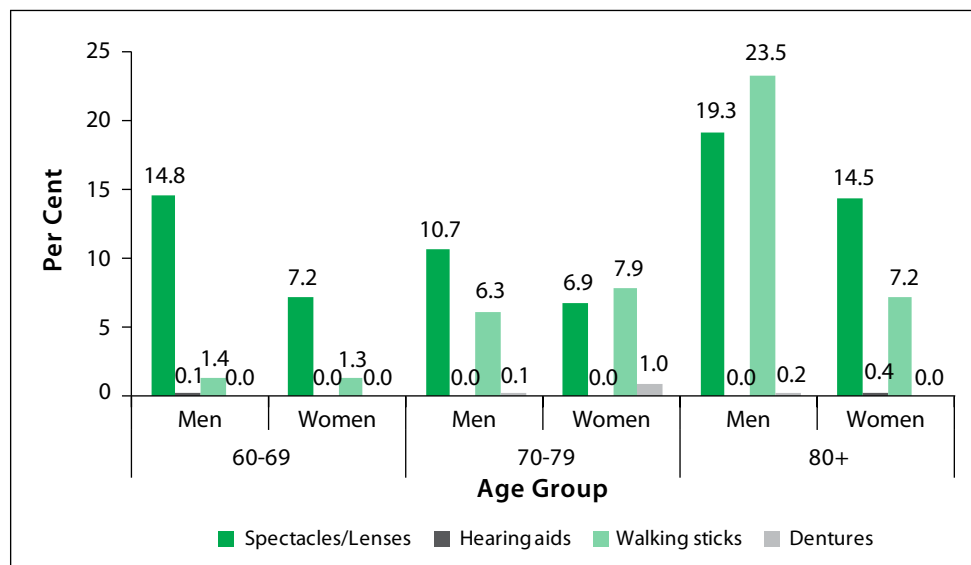


The survey also collected information on the disability status of the elderly. The respondents were asked about difficulty regarding vision, hearing, walking, chewing, speaking and memory. Except for speaking and memory, questions were asked on the use of aids and source of financing such aids. The notion of disability includes either partial or complete (self-reported) difficulty in discharging the respective functions. The prevalence of disability varies from about 60 per cent each for vision and memory to about 9 per cent for speech. About 20 per cent to 40 per cent elderly have other disabilities (Appendix Table A 5.6). The disabilities however do not indicate significant gender and rural-urban relationships possibly because they are inevitable consequences of ageing. Nevertheless, disabilities among the elderly appear to be strongly related to their age, marital status, and caste and wealth quintile (Appendix Table A 5.7). Age is undoubtedly a strong predictor of locomotor disabilities among the elderly, particularly for vision, hearing, walking, chewing and speaking (Fig. 5.6).

Minimizing the adverse effects of locomotor difficulties depends on the use of proper aids to overcome them. By using appropriate aids such as spectacles, hearing aids, walking sticks and dentures, it is possible to ameliorate to some extent the difficulties that are inevitable. Use of spectacles turns out to be maximum among the elderly compared to use of hearing aids, walking sticks and dentures (Appendix Table A 5.8). Next to spectacles a walking stick is more common by the elderly than other aids.

More elderly males and urban elderly use spectacles than their female and rural counterparts. The use of spectacles and walking sticks is much higher among those aged 80 years and older than among the 60–69 and 70–79 age groups (Fig. 5.7). The extent of use of aids obviously increases with advancement of age.

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



5.1.3 Mental Health and Cognitive Ability

The survey used the General Health Questionnaire (GHQ) and Subjective Well-being Inventory (SUBI) to assess the mental health status of the elderly. The GHQ asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a 4-point scale (less than usual, no more than usual, rather more than usual and much more than usual). The GHQ-12 questionnaire used in this survey is based on a 0-1-2-3 scale; thus scores range from 0 to 36. The accepted threshold score is 12 or below, reflecting better mental health status. Any score above 12 reflects psychological distress.

The SUBI is designed to measure feelings of well-being or ill-being as experienced by an individual. An important aspect of mental health and psychological well-being and empirical assessment of subjective well-being (SWB) involves evaluation of one's life in terms of overall satisfaction as well as one's experience of pleasant and unpleasant emotions. A 9-item SUBI has been used in the BKPAL survey consisting of both positive and negative aspects with each item having three response options 1, 2 and 3 (BKPAL, 2012). 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.

One out of three of the elderly is below the threshold level of GHQ in Odisha, indicating sound mental health status (Appendix Table A 5.9). The mean GHQ score is around 16.3, much above the threshold level of 12, further confirming that two-thirds of the elderly have good mental health status in Odisha. Elderly men seem to have better mental health than women and the urban elderly have better mental health than their rural counterparts. The mean SUBI score is 19.8. The SUBI score of women is relatively higher than that of men, indicating poor mental health among women as compared to men. Also, the score of those in rural areas is marginally higher than those in urban areas signifying poor mental health among rural elderly compared to their urban counterparts.

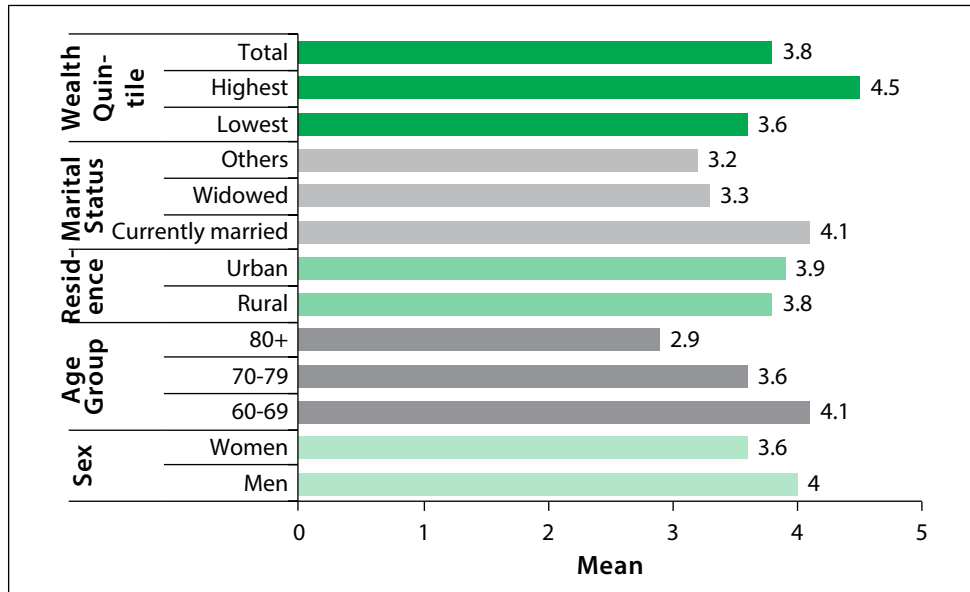
The responses for 9 SUBI items show that the percentage of elderly with at least one negative response varies from 74 per cent in the age group 60–69 to 82 per cent in the age group 80 years and above (Appendix Table A 5.10): and, 6 per cent among those 80 years and older have all negative responses. Increasing age therefore seems to be strongly associated with ill-being of the elderly. Elderly men, elderly living in urban areas, elderly aged 60–69, elderly still currently married and belonging to the highest wealth quintile seem to be in better mental health than their counterparts both in terms of threshold GHQ score and all negative SUBI responses (Table 5.1).

This survey has used ‘immediate recall of words’ method to assess the degree of cognitive abilities among the elderly. A list of 10 commonly used words was read out to the respondents, and they were allowed two minutes to recall the words. The order of the words being recalled was kept flexible. Both the number of words being recalled as well as the time taken to recall them was recorded. The mean number of words recalled by the elderly in Odisha is about four (Appendix Table A 5.11). Only 12 per cent could recall 6 or more words out of 10. More elderly men and urban elderly could recall six or more words than women and the rural elderly. Cognitive ability as measured by mean number of words recalled is discerned to be better among elderly men aged 60–69, in urban areas, currently married and belonging to the highest wealth quintile (Fig. 5.8).

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

Background Characteristics	GHQ Score above Threshold Level (>12)	SUBI (All Negative)
Sex		
Men	62.2	1.3
Women	71.8	2.3
Place of Residence		
Rural	68.7	1.8
Urban	53.2	0.8
Age Group		
60-69	62.3	1.0
70-79	73.8	1.9
80+	76.3	6.0
Marital Status		
Currently married	63.1	0.9
Widowed	73.9	3.2
Others	79.1	0.0
Wealth Quintile		
Lowest	72.4	2.8
Highest	42.1	0.3
Total	66.9	1.7

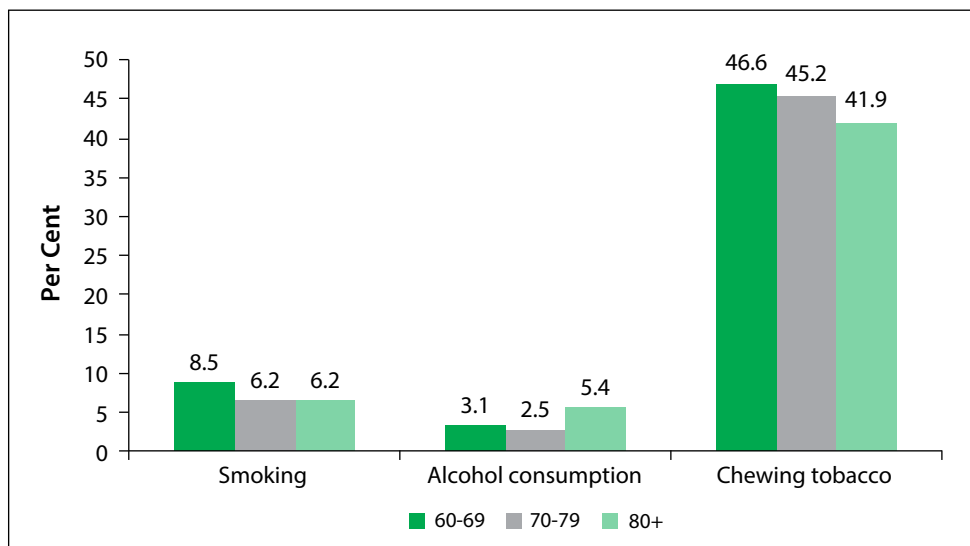
Figure 5.8: Mean number of words immediately recalled by the elderly according to sex, age, place of residence, marital status and wealth quintile, Odisha 2011



5.1.4 Risky Health Behaviour

Regarding risky health behaviours, the survey collected information on ever and current habit of smoking, consumption of alcohol and tobacco chewing. Both ever and current tobacco chewing (47% and 46% respectively) is more common than smoking and consumption of alcohol in Odisha (Appendix Table A 5.12 and Fig. 5.9). Prevalence of all the three habits affecting health is more common among elderly men than women in rural as well as urban areas. In all the three cases, current use of the health-affecting substances is lower than ever use.

Figure 5.9: Current risky health habits among the elderly by age group, Odisha 2011



An inverse relationship between age and risky health habits of the elderly is observed with respect to current use in all the three cases (Fig. 5.9). Smoking and tobacco chewing is slightly lower among the oldest old compared to those in the 60–69 and 70–79 age groups.

5.2 Morbidity, Health Care Access and Financing

This section covers three dimensions of morbidity: (i) acute morbidity, treatment patterns and other related details; (ii) chronic morbidity and related details; and (iii) hospitalization over the past year. Health-seeking behaviour and sources of financing treatment and treatment burden are also discussed in this section. Both self-reported as well as clinically diagnosed morbidities are discussed here unlike only self-perceived health status covered in the previous section.

5.2.1 Acute Morbidity

On average only 13 per cent of the elderly in Odisha undergo routine medical check-ups. Further, more urban than rural elderly and more elderly men than women undergo routine health check-ups (Appendix Table A 5.13). Around 58 per cent of the elderly who are currently under medical care undergo monthly check-ups, and is marginally higher among women than men. Similarly a higher percentage of women than men in rural areas undergoes monthly health check-ups, whereas the reverse is true in urban areas.

The prevalence of acute morbidity in Odisha, that is, any event of ill health or sickness during the 15 days prior to the survey, is 73 per 1000 elderly (Appendix Table A 5.14), based on self-reported morbidity. The prevalence of acute morbidity is higher among rural than urban elderly, women compared to men, oldest old compared to other elderly, among currently married than widowed, SC and ST compared to others, those living alone and belonging to the lowest wealth quintile (Appendix Table A 5.15 and Fig. 5.10). It is heartening to observe that prevalence of acute morbidity among the elderly is lowest in Odisha compared to other BKPAI survey states.

Fever and gastrointestinal disorders were the most commonly reported episodes of acute morbidity by the elderly with around 30 per cent of elderly each reporting an episode of in the last 15 days before the survey. The incidence of both the illnesses was more among rural than urban elderly (Appendix Table A 5.16). Also, cardiovascular complaints and joint-related pain appear to be relatively more among women, while febrile illness seems to be comparatively more among elderly men than women.

Almost all the elderly sought treatment for the acute illness suffered in the last 15 days before the survey (Appendix Table A 5.17). However, it was marginally lower among those aged 80 and older, and among elderly men compared to women in rural areas (Fig. 5.11).

Most of the elderly sought treatment from government health facilities for their last episode of acute illness (Appendix Table A 5.18). Also utilization of public health facilities is relatively higher among those aged 80 years and above, elderly men, urban elderly, SC and ST and lowest wealth quintile households (Appendix Table A 5.19). Odisha has the highest utilization of government health facilities by the elderly among the seven BKPAI survey states.

Figure 5.10: Prevalence rate of acute morbidity per 1000 elderly according to place of residence, sex, age, marital status, wealth quintile and caste, Odisha 2011

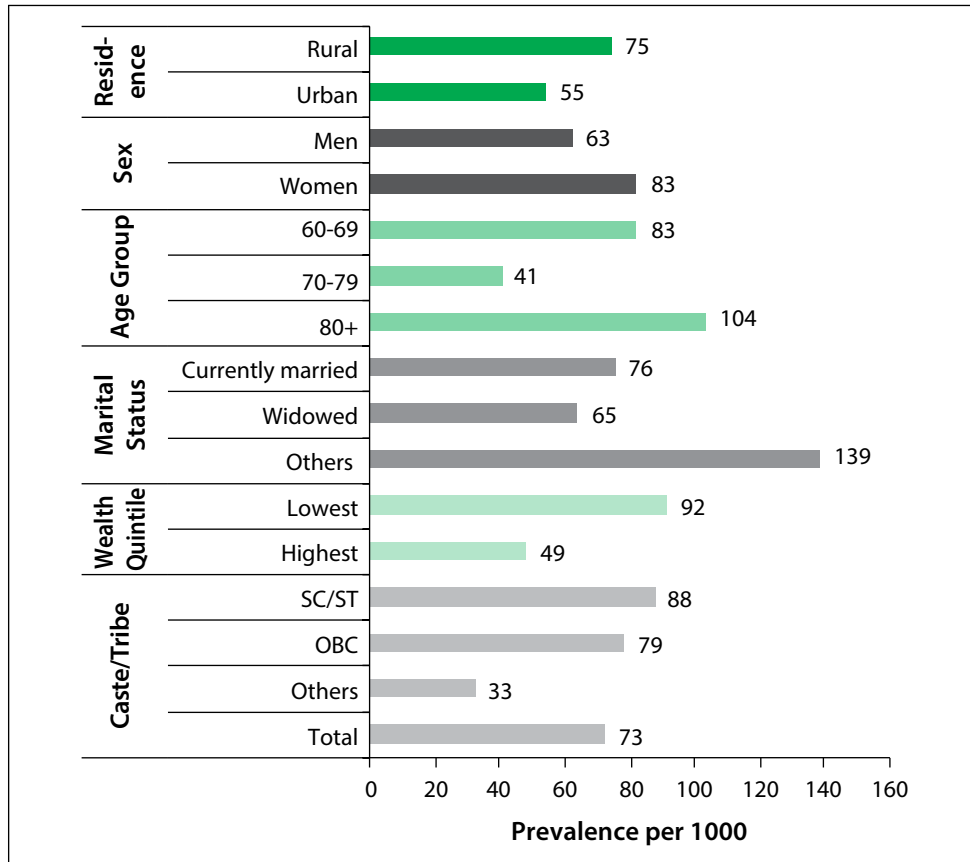
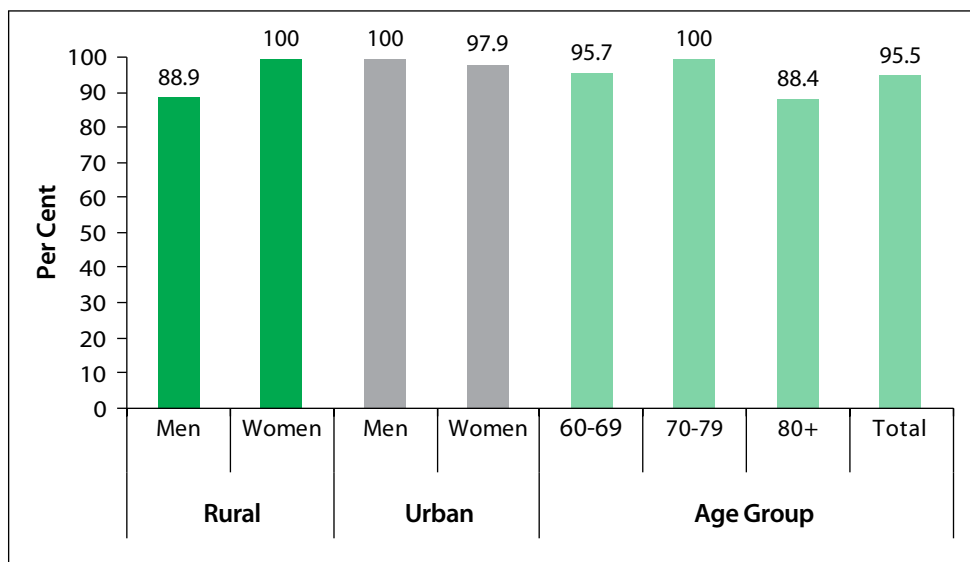
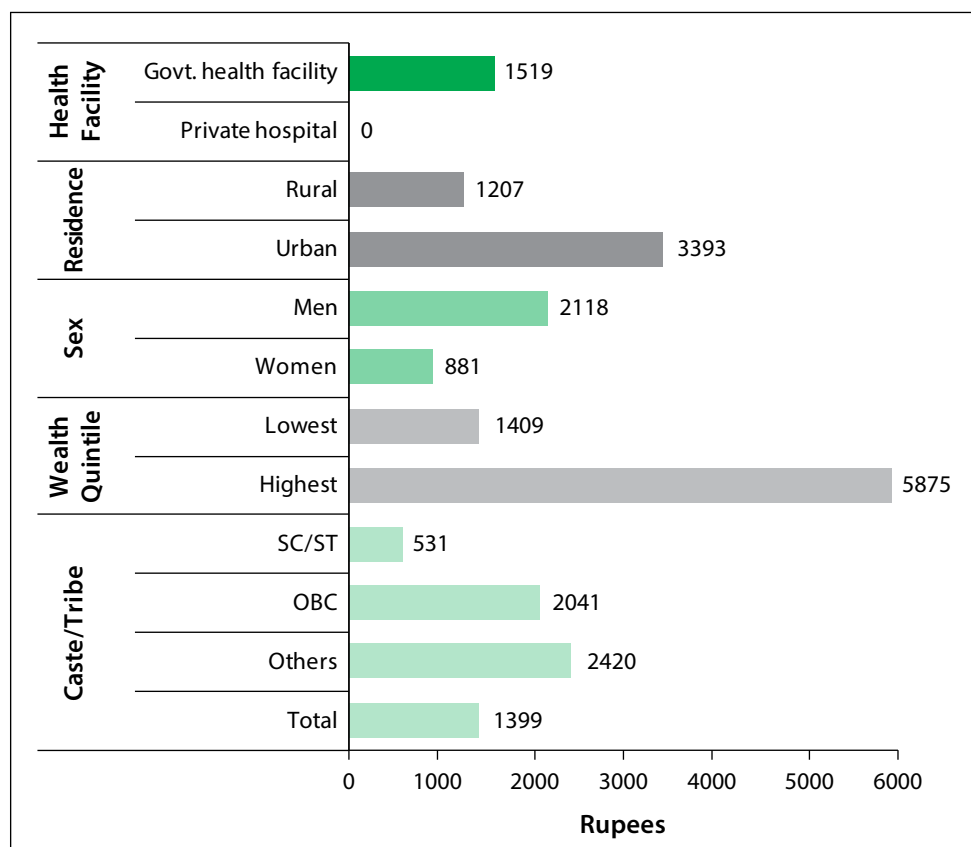


Figure 5.11: Acute morbidity episodes for which treatment was sought according to place of residence, sex and age, Odisha 2011



On an average, an elderly person spent Rs. 1399 towards treatment of acute illness in the last 15 days (Appendix Table A 5.20), which is much higher than the average expenditure of Rs. 972 for the seven BKPAL surveyed states; 65 per cent of the total expenses were incurred towards

Figure 5.12: Average expenditure on treatment of last episode of acute morbidity by type of facility, sex, place of residence, wealth quintile and caste, Odisha 2011

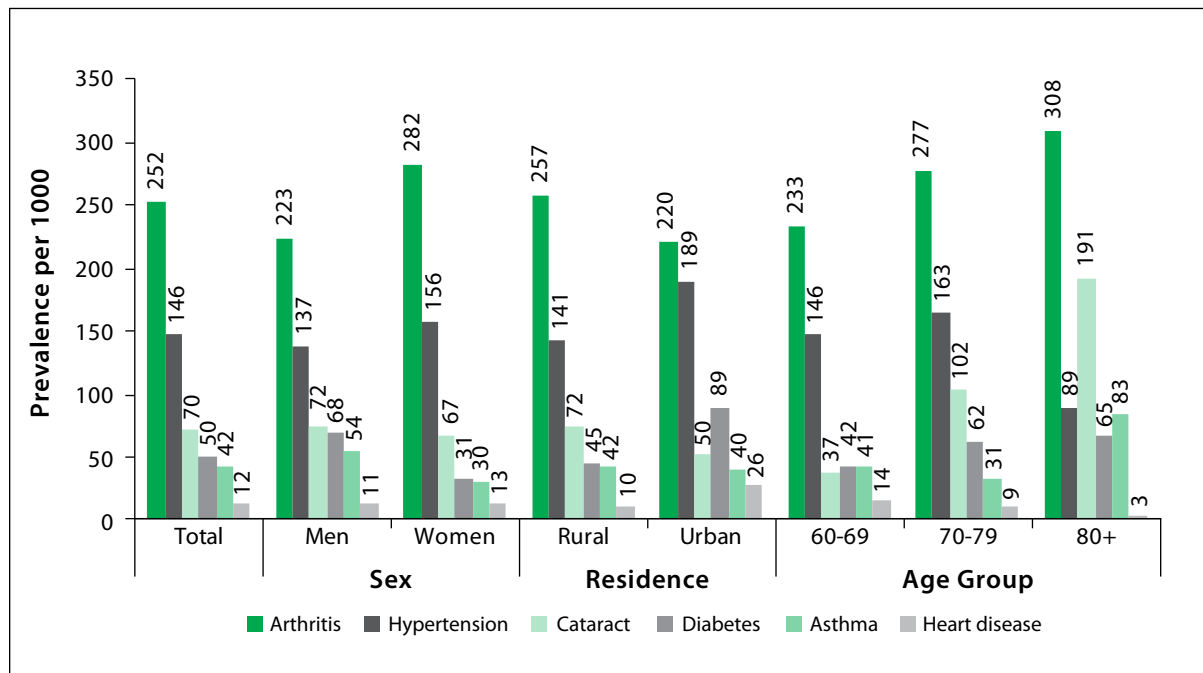


purchase of medicines for getting treatment in government health facilities, and around 12 per cent and 8 per cent were spent towards transportation and diagnostic costs, respectively. The average expenditure varied from a low of Rs. 531 by the elderly belonging to SC and ST to a high of Rs. 5875 among the elderly belonging to the highest wealth quintile households (Fig. 5.12). Regarding source of payment for seeking treatment for the last episode of illness, around 77 per cent of the elderly reported the source of payment to be either self or children (Appendix Table A 5.21). Only 22 per cent of the elderly reported the source of payment to be spouse. Elderly women are found to be more dependent on children and spouse than men.

5.2.2 Chronic Morbidity

The BKPAI survey collected information on various types of chronic ailments suffered by the elderly in Odisha that are medically diagnosed by a doctor or a nurse. The most commonly reported chronic ailments are arthritis and hypertension followed by cataract, diabetes and asthma (Appendix Table A 5.22). The prevalence of arthritis is found to be relatively higher among elderly aged 80 years or more, among elderly women and rural elderly, while the prevalence of hypertension appears to be higher among the 70–79 and 60–69 age groups and urban elderly (Appendix Table A 5.23 and Fig. 5.13). The prevalence of both arthritis and hypertension is more common among elderly females than males. Cataract and asthma are more prevalent among the oldest old, whereas diabetes and heart ailments are more common among the urban than rural elderly.

Figure 5.13: Prevalence of six common chronic ailments by sex, age and place of residence, Odisha 2011



About 70 to 75 per cent of the elderly sought treatment for common chronic morbidities except for cataract, which was only 31 per cent (Appendix Table A. 5.24); 20 to 25 per cent of the elderly who did not seek treatment for their chronic illnesses reported that financial constraint was the major reason for not doing so (Appendix Table A 5.25). The urban elderly and women seem to seek treatment more than the rural elderly and men. The elderly used government and private health facilities somewhat equally for treatment of arthritis, used a few more private than government facilities for treatment of hypertension, diabetes and asthma, and used mostly government facilities for treatment of cataract (Fig. 5.14).

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

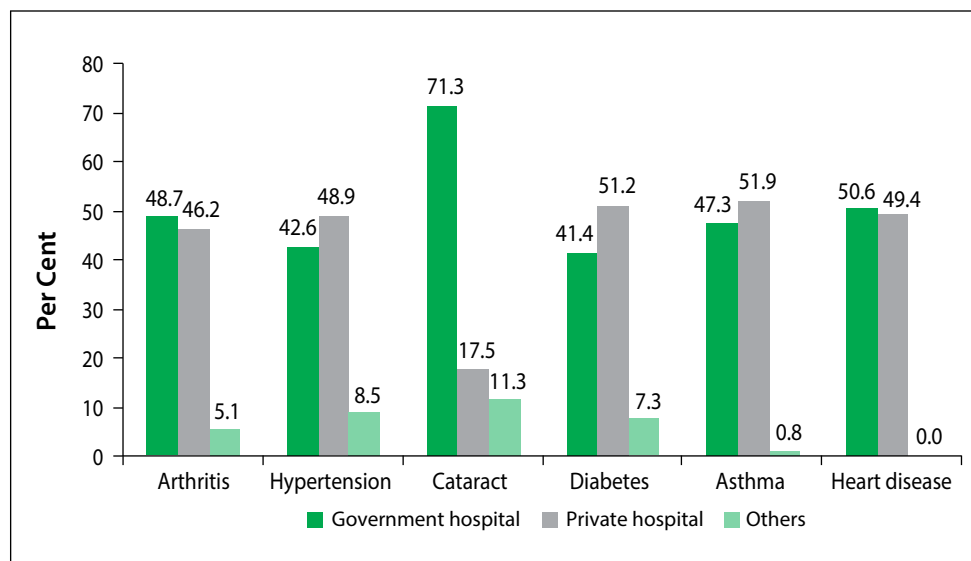
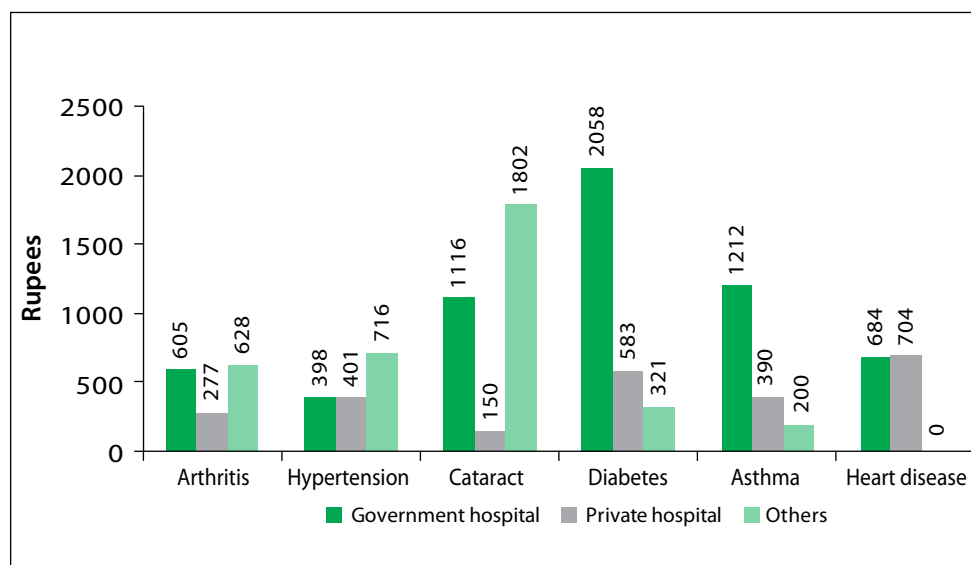


Figure 5.15: Monthly expenditure on treatment of common chronic morbidities by source of treatment, Odisha 2011

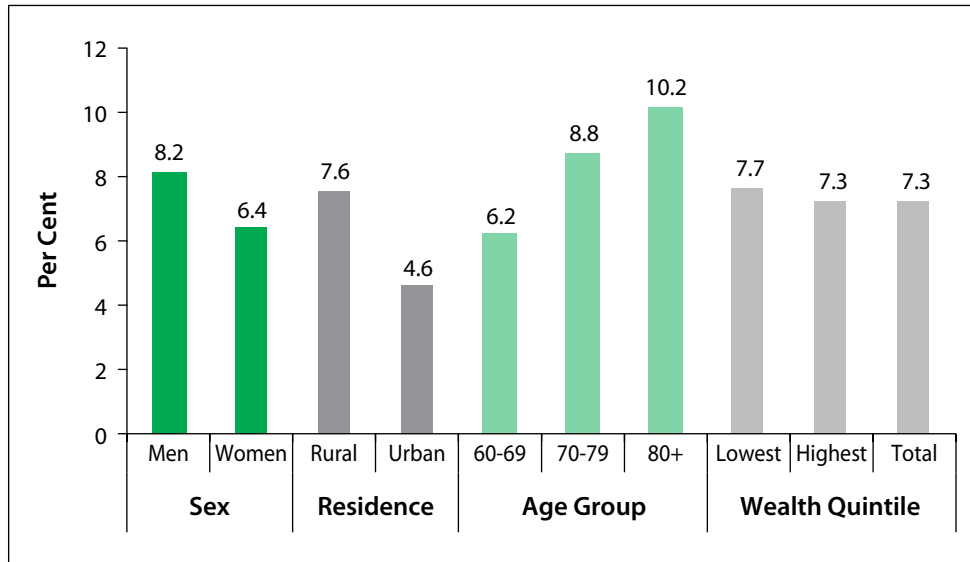


The average monthly expenditure on chronic illness varied from a low of Rs. 150 for treatment of cataract in private hospitals to a maximum of Rs. 2058 for treatment of diabetes in government facilities (Fig. 5.15). It appears that the treatment of cataract, diabetes and heart ailments is more expensive than other chronic morbidities. Surprisingly, treatment of chronic morbidities is more costly in government than in private facilities. A majority of the elderly men are able to pay for the treatment of common chronic ailments; however, among women the expenses are paid mostly by children or husband (Appendix Table A 5.26).

5.2.3 Hospitalization

Hospitalization provides an indirect approximation of the burden of more severe forms of illnesses. For this survey any inpatient admission of the elderly during the 365 days prior to the date of the survey is defined as hospitalization. The data reveal that about 7 per cent of the elderly were hospitalized during 365 days prior to the survey, marginally higher among the 70+ and men (Fig. 5.16). The major reasons for hospitalization of the elderly are febrile illness, gastrointestinal illness, cardiovascular, neurological disorders and kidney/urinary-related ailments – in that order (Appendix Table A 5.27). The hospitalization rate is relatively higher among the rural elderly for febrile and kidney/urinary-related ailments, while it appears to be higher among the urban elderly for gastrointestinal illness. Hospitalization of elderly women is more for febrile and gastrointestinal illness, and among elderly men it seems to be for neurological disorders and kidney/urinary-related ailments, while both women and men are somewhat equally hospitalized for cardiovascular ailments. A majority, that is, 7 out of 10 elderly got admitted in government hospitals and a little more than one-fourth were admitted to private hospitals (Appendix Table A 5.28). The rate of hospitalization in private facilities is much higher among the urban than rural elderly, whether men or women.

Figure 5.16: Elderly hospitalized in the one year preceding survey according to sex, place of residence, age and wealth quintile, Odisha 2011



The elderly were accompanied by family members during hospitalization, mostly by spouse and children though the proportion might differ by sex (Fig. 5.17). During hospitalization elderly men were generally accompanied by sons and spouses, while women were accompanied by spouses and daughters.

The average cost of the last episode of hospitalization among the elderly in Odisha was Rs. 7600, the major expenditure being on medicines, hospitalization charges and diagnostic tests (Table 5.2). Of course, hospitalization in private hospitals is more costly than in government facilities. Interestingly, indirect costs and food expenses for hospitalization in government hospitals are higher than incurred for hospitalization in private health institutions.

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

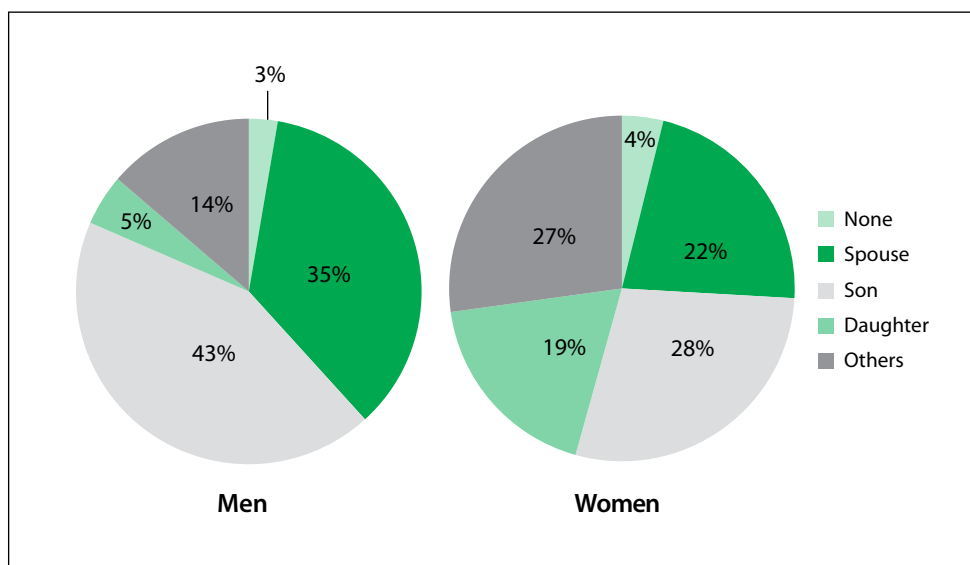


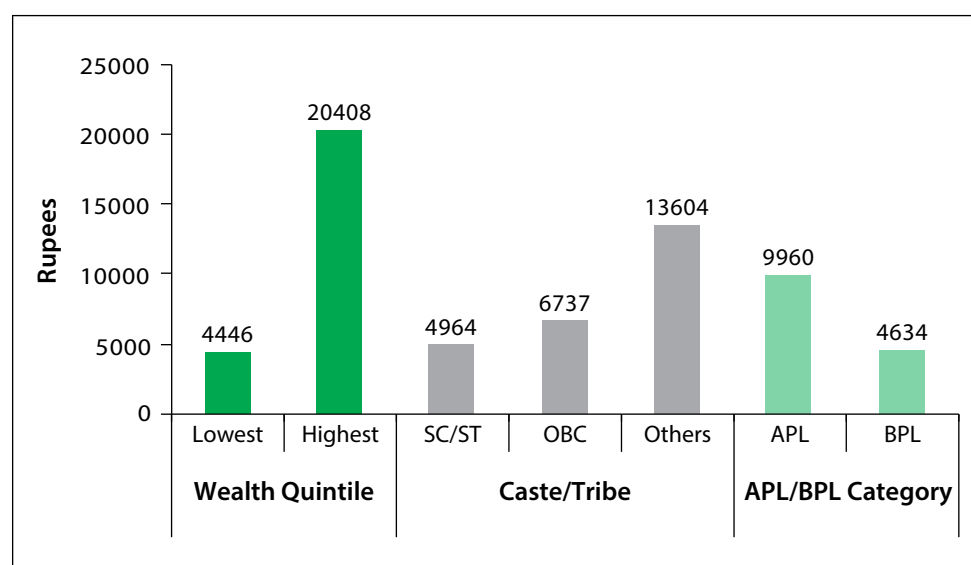
Table 5.2: Average expenditure on hospitalization by type of hospitals according to major heads, Odisha 2011

Average Expenditure by Major Heads	Govt. Hospitals	Private Hospitals	Others	Total
Total	6,762	7,051	8,000	7,600
Consultation	518	748	0	575
Medicines	4,245	3,374	7,000	4,036
Diagnostic tests	516	1,083	0	666
Hospitalization	1,152	1,588	0	1,259
Transportation	574	736	1,000	622
Food	752	419	0	653
Others	193	390	0	245
Total	8,044	8,480	8,000	8,163
Others (indirect cost)	94	142	0	106

Note: Out of 111 spells of hospitalization, expenditure was provided only for 111 spells. For item-wise expenses, there were only 109 valid cases, hence average expenditure has been worked out only for these valid cases.

As one would expect, the average expenditure on hospitalization varies significantly by socio-economic status of the elderly (Fig. 5.18). It is higher among the elderly from the highest wealth quintile (Rs. 20,408), other castes (Rs. 13,604) and APL cardholders (Rs. 9960).

Figure 5.18: Average expenditure (per year) on hospitalization by wealth quintile, caste and BPL/APL category, Odisha 2011



The major source of financial support for hospitalization care of the elderly is reported to be children at 64 per cent (Appendix Table A 5.29). Around 16 per cent of the elderly each paid from their own sources or had expenses met by spouse. In both rural and urban areas elderly women seemed to be more dependent on children and spouse for bearing hospitalization expenditure.

6. Social Security

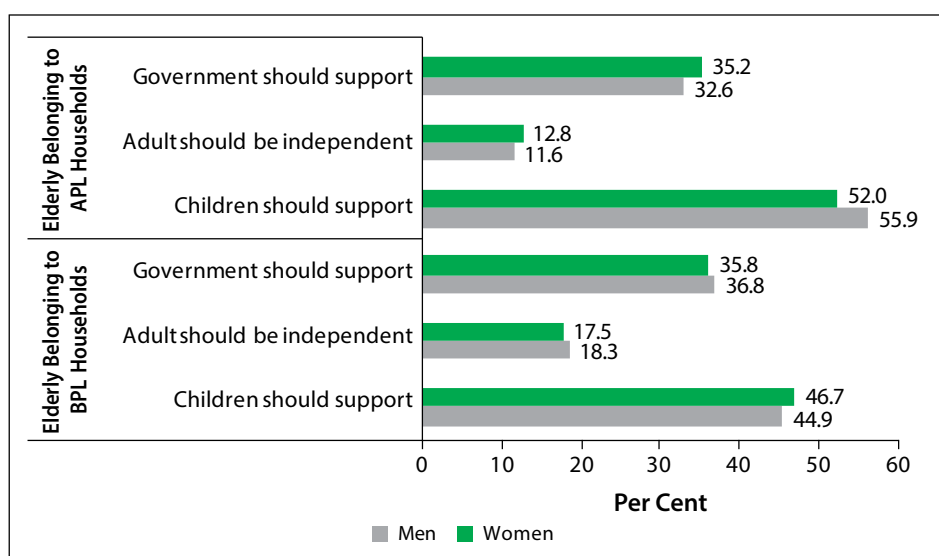
6.1 Introduction

Traditionally, the elderly were taken care of within the family under the joint family system. However, the joint family is being steadily replaced by nuclear families. Migration of adult members for employment has resulted in a further reduction in the role of the family in taking care of the elderly who are often completely dependent and subject to social neglect. The onus for care giving to the elderly is thus moving away from the family to external sources, including government and civil society. However, it is still strongly believed that family is the first port of call for elderly care and protection.

Over the past 10–15 years in India, many schemes for care and welfare have been initiated by both central and state governments especially for the elderly. The government has enacted a law in 2007 called the 'Maintenance and Welfare of Parents and Senior Citizens Act of 2007' that aims to empower the elderly to receive maintenance and care from children or their legal heirs. The act also provides for establishment of old age homes both by public or private institutions, where not only can an aged destitute receive care but also the elderly deprived of care in the family. At the same time, the Act discourages relatives from sending senior citizens to old age homes. Keeping these issues in view, the present section provides available data on preferred old age support, the old age schemes provided in Odisha and the awareness and utilization of social security schemes among the elderly.

The BKPAI survey finds that about 56 per cent of elderly men and 52 per cent of elderly women among APL households prefer to have support from children as against 45 per cent and 47 per cent respectively, among BPL households (Fig. 6.1).

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



A higher percentage of both elderly men and women from BPL than APL households indicated a preference for support from the government, perhaps because of their economic vulnerability.

6.2 Overview of Social Security Schemes

In a state like Odisha where poverty and vulnerability are often exacerbated by frequent natural calamities, coping with the increasing need for social security and support is a considerable challenge both for policy makers and implementing agencies, and more particularly for the elderly (Misra, 2009). The state government has not framed a specific old age policy as such, although the state old pension scheme was introduced nearly about four decades ago in 1975. The Maintenance and Welfare of Parents and Senior Citizens Act of 2007 has been notified by the Odisha Government in 2009. The available information suggests that tribunals and requisite legal cells have been constituted and conciliation officers have been appointed in the state as per the Act.

The present old age support schemes and programmes implemented in the state are as per provisions of the National Policy for Older Persons (NPOP), 1999 and the Maintenance and Welfare of Parents and Senior Citizens Act of 2007. The Women and Child Welfare Department of the state is responsible for coordinating and implementing social security schemes and programmes in Odisha, whether funded by the state or central government. The social security schemes initiated in the state cover various aspects of elderly support such as pension for livelihood maintenance, health and residential care, food and physical security. Table 6.1 provides data on major social security schemes presently operative in Odisha. The schemes of providing identity card to senior citizens and seat reservation and concessional travel for the elderly in public buses have not yet been introduced in the state.

Table 6.1: Major social security schemes of the elderly in Odisha

Type of Scheme	Name of the Scheme	Year of Implementation	Eligibility Criteria	State/Central Scheme
Exclusively for the Elderly Persons				
Income security	State Old Age Pension (SOAP) Scheme under MBPY since 2008*	1975	All elderly destitute aged 60 years	State
	Indira Gandhi National Old Age Pension (IGNOAP) Scheme	1995	BPL household applicant aged 60 years or above	Central
Health care	National Programme for Health Care of the Elderly (NPHCE)	2012	Males and females aged 60 years or above	Central
	Day care (medical) centres	2009	Destitute male and female elderly suffering from Alzheimer's disease and dementia	Central
Residential care	Care of older persons (Old Age Homes)	NA	Males aged above 60 years and females who are destitute or infirm	Both state and central

Contd...

Type of Scheme	Name of the Scheme	Year of Implementation	Eligibility Criteria	State/Central Scheme
Physical security	Senior Citizens Security Cells (SCSC)	2012	All persons 60 years and older living under the jurisdiction of Bhubaneswar and Cuttack city police limits	State
Others Schemes				
Income security	National Family Benefit Scheme (NFBS)	1995	BPL households where primary bread winner has died between 18–64 years of age	Central
	Indira Gandhi National Widow Pension (IGNWP) Scheme	2009	BPL widow in the age group 18–79 years	Central
	Indira Gandhi National Disabled Pension Scheme (IGNDP)	2009	Persons with severe or multiple disabilities aged 18–79 years belonging to BPL households	Central
	Madhu Babu Pension Yojana (MBPY)*	2008	All widows, widows of AIDS patients, AIDS and leprosy afflicted persons, mentally and physically disabled persons aged above 5 with income not exceeding Rs. 12,000 per annum	State
Food security	Emergency Feeding Programme in 8 KBK districts	1995	Old, infirm and indigent persons belonging to BPL households	Central (Special)
Medical care	Odisha Treatment (OST) Fund (from Chief Minister's Relief Fund)	2011	Old men and women, disabled persons belonging to BPL households, persons with annual family income not exceeding Rs. 40,000 in rural areas and Rs. 60,000 in urban areas, or RSBY card holder	State

*Integrated under Madhu Babu Pension Yojana (MBPY) in 2008 under a wider pension scheme covering SOAP, Widow and Disability Pension Schemes, pension for AIDS-affected patients and their widows, etc.

Source: Departments of Women and Child Welfare, Home and Health Government of Odisha; Ministry of Social Justice and Empowerment, Government of India.

6.2.1 Income Security among the Elderly in Odisha

State Government Sponsored Schemes

The SOAP scheme introduced in 1975 is the most popular income security scheme for the elderly in Odisha. The scheme was later integrated into the Madhu Babu Pension Yojana (MBPY) in 2008 by merger of Old Age Pension Rules of 1989 and Disability Pension Rules of 1985 extending the monetary benefits to various other destitute persons. The scheme presently provides a pension of Rs. 200 per month, revised in 2008 from Rs. 100 per month when the scheme was introduced in 1975.

Administrative Requirement

In order to implement the MBPY scheme in a smooth and transparent manner guidelines have been notified by the state government. In rural areas, the beneficiaries are selected in a village gathering during Jana Seva Divas on the 15th of every month when the pension is disbursed, in Samarathya Shibir or Grama Sabha, or on any fixed day scheduled for block level activities or by organizing special camps. The applicant has to submit a blue coloured application with requisite documents like age, address and identity proofs, BPL document, etc., which is processed on the same day. The beneficiary should be identified by the villagers with attestation of the application by the concerned Gram Panchayat (GP) member and recommended by the GP secretary. The selection of the beneficiary is to be done by the block level executive on the day of submission of the application itself. All the beneficiaries are disbursed pension in cash on a single day, that is, on the 15th of every month at the local GP office and payment entries are made in the passbook of the beneficiaries. In urban areas, the application should be attested by the local elected representatives such as concerned ward councillor or MLA and be recommended by the concerned municipal or notified area committee/council (NAC) official in charge. The disbursement of pension will be done in the concerned municipal or NAC office or at the nearby school on the 15th of every month.

Central Government Assisted Schemes

The GoI-assisted Indira Gandhi National Old Age Pension (IGNOAP), Indira Gandhi Widow Pension (IGNWP), Indira Gandhi National Disability Pension (IGNDP) and National Family Benefit (NFB) Schemes provide financial support for the elderly in the state. The IGNOAP scheme provides a monthly pension of Rs. 200 for the elderly from the BPL households in the 60–79 age group and Rs. 500 to those aged 80 years and above. The IGWP scheme provides a monthly pension of Rs. 300 to widows from BPL households for which the elderly widows are also entitled up to age 70. The IGNDP scheme provides a monthly pension of Rs. 300 to persons from BPL households with severe or multiple disabilities in the 18–79 age group for which the disabled elderly are also entitled up to age 79. The administrative procedures for selection of IGNOAP and IGNWP, IGNDP beneficiaries are the same as followed for MBPY except that red, pink and yellow coloured applications respectively are used for the schemes. The IGNDP scheme provides a one-time lump sum payment of Rs. 10,000 for BPL households when the main bread winner of the family in the age group 18–64 is dead. BPL households can avail this scheme when an elderly family member below 65 passes away.

6.2.2 Health Care of the Elderly

The national programme for health care of the elderly (NPHCE) initiated by the Ministry of Health and Family Welfare (MoHFW) in 2010 under NRHM was launched in Odisha in 2012. The NPHCE provides preventive, curative, rehabilitative and promotional health care for the elderly through primary health care institutions by creating additional special infrastructure and medical and paramedical

human resources, including referral services. The progress of NPHCE initiatives undertaken in the state during the last two years and the challenges of implementation are listed below.

Progress

- Construction of 10-bedded geriatric wards at district hospital (DH) as a part of non-communicable diseases (NCD) complex;
- 10-bedded geriatric wards functioning at Nuapada, Malkangiri and Nabrangpur districts separately and in Koraput and Balangir in an integrated manner;
- Physiotherapy units are functional at DH and block community health centre (CHC);
- Staff nurse, physiotherapy treatment and rehabilitation workers engaged at DH and CHC;
- Training on geriatric health care given to NCD staff and medical officers (MOs);
- Physiotherapy equipment has been procured and supplied to DH and CHCs, PHC and sub-centres (SCs);
- A total of 82,224 elderly persons were attended in the outpatient department (OPD), 5994 elderly were provided with inpatient department (IPD) services and 6548 cases were provided physiotherapy services.

Challenges

- Day care chemotherapy at DH;
- Non-availability of doctors and technical personnel;
- Extension of programme to all districts;
- Development of treatment protocol for cancer, diabetes, hypertension, stroke and drug policy;
- Inclusion of more commonly used NCD drugs in activities of daily living (ADL);
- Free uninterrupted drug provision for NCDs.

Day Care Centres

The Ministry of Social Justice and Empowerment (MoSJE) has recently initiated day care centres for the elderly under the Integrated Programme for Older Persons with 90 per cent financial support from the GoI. The scheme provides financial assistance for establishment and maintenance of specialized day care centres both by governmental and non-governmental agencies for giving nursing care every month to 20 elderly people who suffer from Alzheimer's disease and dementia. Around 65 day care centres have been established by non-governmental organizations (NGOs) operating across the districts of Angul, Cuttack, Dhenkanal, Ganjam, Jajpur, Jagatsinghpur, Khurda, Kendrapara, Nawarangpur, Nayagarh and Puri. The state government is also planning to establish day care centres in a few districts.

Odisha State Treatment Fund

The Odisha State Treatment (OST) Fund assisted through the state health department provides financial assistance for treatment to poor patients suffering from life-threatening disorders and diseases. The fund is provided from the Chief Minister's Relief Fund. It is applicable to persons below the poverty line and with annual family income not exceeding Rs. 40,000 in rural areas and Rs. 60,000 in urban areas. The assistance will be available to destitute patients, patients from both BPL and APL families including RSBY beneficiaries who undergo treatment in any of the government or empanelled private hospitals. Financial assistance up to a maximum of Rs. 200,000 will be provided to the medical institutions where treatment is given. The eligible elderly can avail this scheme as well.

6.2.3 Residential Care for the Elderly

To provide shelter, care and protection to the destitute and infirm elderly many old age homes have been established in the state. These old age homes are mostly managed by NGOs and charitable institutions with financial support from the Gol under the Ministry of Social Justice and Empowerment and the state government, as well as contributions raised from private organizations and the public. There are about 50 old age homes across the state of Odisha, of which three – one each in the districts of Cuttack, Jagatsingpur and Puri – are assisted by state government grants. Normally the intake in an old age home is 25 persons.

6.2.4 Provision of Food Security

Low agricultural production and the devastation of forest-based livelihoods has resulted in intense poverty in the KBK (Koraput, Rayagada, Malkangiri, Nabarangpur, Balangir, Sonepur, Nuapada and Kalahandi) districts of Odisha, which in turn has led to poor nutrition and low life expectancy in the region. The old lack the capability to earn and contribute to the family income. Endemic poverty and low household incomes tend to result in the neglect of the old and the infirm in the matter of food allocation within the family. Recognizing the need for providing food security in the backward KBK region, the Emergency Feeding Programme was initiated in 1995 in the eight KBK districts with financial support under the Special Central Assistance fund. The programme provides one square meal each day throughout the year to old, infirm and indigent persons belonging to BPL households to help them cope with food insecurity and distress.

6.2.5 Provision of Physical Security

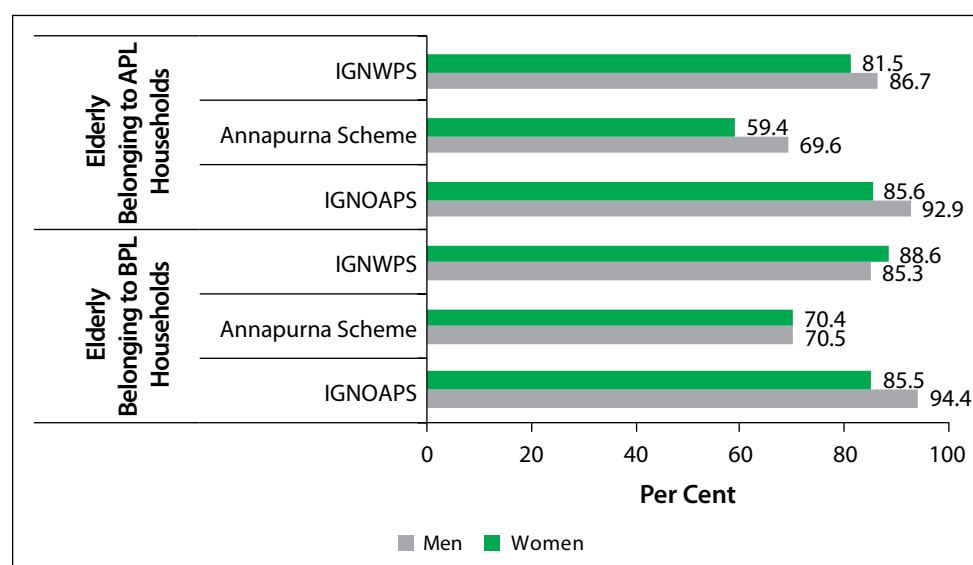
In order to provide safety and security for the elderly, Senior Citizens' Security Cells (SCSC) have been created since 2012 in certain police station areas of the urban districts of Bhubaneswar and Cuttack. Each cell is headed by a Sub-Inspector of Police, who is assisted by at least one constable. The SCSCs help to (a) coordinate safety and security of senior citizens with the help of the local police;

(b) sensitize senior citizens about different aspects of their safety and security; (c) assist senior citizens in their personal problems as far as practicable; (d) ensure regular interaction with senior citizens through home visits; and (e) coordinate police verification of domestic helps and tenants by local police stations.

6.3 Awareness of Major Social Security Schemes

The BKPAL survey included questions to find out the extent of awareness and utilization of the three national social security schemes – IGNOAPS, IGWPS and Annapurna Scheme. In addition, questions were also asked about awareness and utilization of certain special facilities and schemes provided to senior citizens by the government, and health insurance schemes. The survey finds that elderly awareness of the three national schemes is significantly high in Odisha with 90 per cent, 87 per cent and 70 per cent awareness about IGNOAPS, IGWPS and Annapurna Scheme, respectively (Appendix Table A 6.1). Overall, awareness levels of the three schemes among the elderly in Odisha are much higher than the levels found for the seven BKPAL survey states together. The awareness is higher among elderly men than women both in rural and urban areas (Appendix Table A 6.1) and comparatively higher among BPL than APL households (Fig. 6.2).

Figure 6.2: Elderly aware of national social security schemes according to sex, APL and BPL households, Odisha 2011



6.4 Coverage and Financing of Social Security Schemes

The budget outlay of major social security schemes for Odisha was about Rs. 584 crores during 2012–13, an increase of about 3.7 per cent from the previous year (Table 6.2). The figures indicate about 19 per cent of the budget allocation for income security schemes, 80 per cent for residential care and day care programmes, and about 0.7 per cent for provision of food to the elderly under Emergency Feeding Scheme.

Table 6.2: Budget provision and number of beneficiaries of major social security schemes, Odisha 2010–11, 2011–12 and 2012–13

Schemes/ Programmes	2010-11		2011-12		2012-13	
	Budget (Rs. in thousands)	Beneficiaries (No.)	Budget (Rs. in thousands)	Beneficiaries (No.)	Budget (Rs. in thousands)	Beneficiaries (No.)
Indira Gandhi National Old Age Pension scheme	28,63,622	11,93,176	42,10,773	17,77,083	42,10,773	17,77,083
Indira Gandhi National Widow pension Scheme (IGNWPS)	7,36,615	3,06,923	6,23,663	1,94,379	6,99,765	1,94,379
(a) *Madhu Babu Pension Yojana (Plan)	5,00,000	12,00,000	16,80,000	7,00,000	26,34,541	7,00,000
(b)*Madhu Babu Pension Yojana (Non-plan)	21,80,160	90,84,000	23,02,560	9,08,400	33,51,840	9,08,400
Programme for care of older persons	2,48,88,000	1,275	2,48,88,000	1,275	2,48,88,000	1,275
National Family Benefit Scheme	2,00,000	20,000	3,02,000	30,200	3,02,000	30,200
Day care centres	2,19,05,000	3,250	2,19,05,000	3,250	21,90,5000	3,250
Emergency feeding	3,85,000	2,00,000	4,01,500	2,00,000	4,01,500	2,00,000
Total	5,36,58,397	1,20,08,624	5,63,13,496	38,14,587	5,83,93,419	38,14,587

* Breakup of how many elderly are benefited under the scheme is not available.

Source: Outcome Budgets 2011–12, 2012–13, 2013–14, Women and Child Development Department, Government of Odisha.

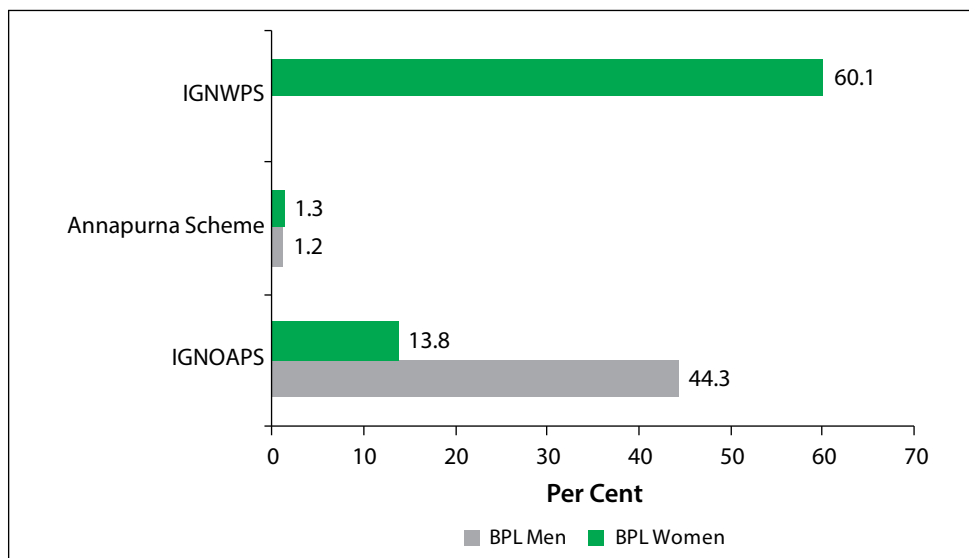
More than 95 per cent of the social security schemes in Odisha provide cash incomes to the beneficiaries. Of the Rs. 112 crore earmarked for income security programmes, IGNOAP and MBPY schemes accounted for around Rs. 42 crore (38%) and Rs. 60 crores (54%) respectively. The breakup figures are not given in the budget outlay for old age pension provided for MBPY under plan and non-plan grants, and, hence the share of assistance by the state government for elderly pension is unknown.

There has been an increase of 7 per cent in the budget allocation for pension assistance in 2012–13 over 2010–11. Interestingly, the budget document suggests that the number of beneficiaries has decreased during 2011–12 and 2012–13 from what was shown in 2010–11. And, the total number of beneficiaries is same for the years 2011–12 and 2012–13. This indicates that the official statistics provided on beneficiary coverage is unrealistic, and perhaps fudged.

6.4.1 Utilization of National Schemes

Appendix Table A 6.2 shows that utilization of IGNOAPS, IGNWPS and Annapurna Scheme has been low in Odisha. Utilization of IGNWPS is the highest at 50 per cent, followed by 22 per cent for IGNOAPS and less than 1 per cent for Annapurna Scheme, although awareness of these schemes is high. However, in comparison to other BKPAI states, utilization of IGNOAPS and IGNWPS benefits is much higher in Odisha. Utilization of IGNOAPS is much higher among BPL elderly men

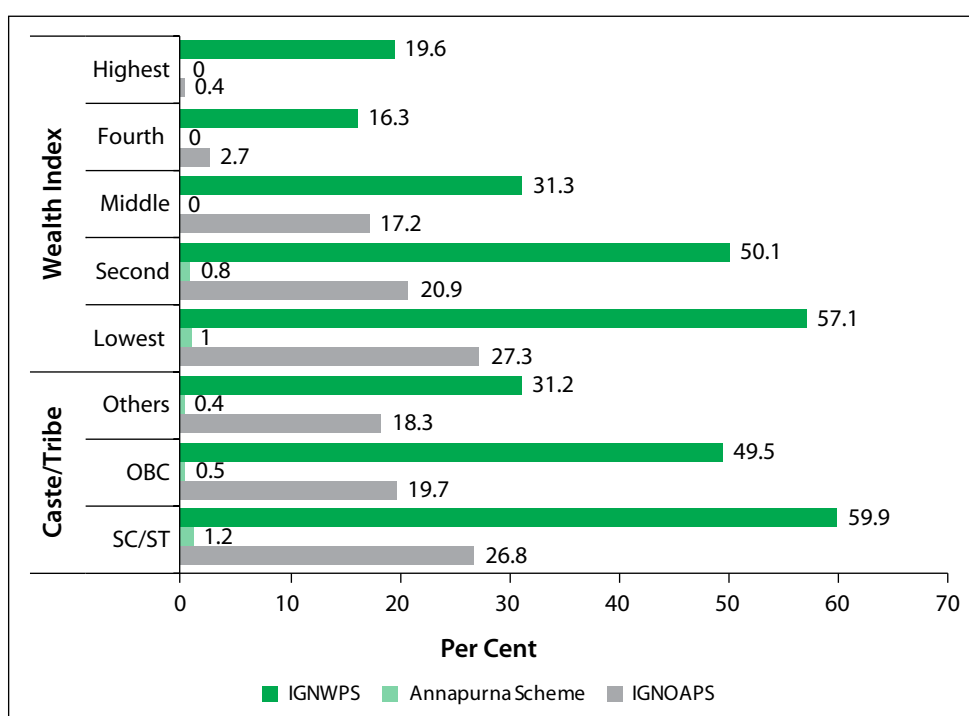
Figure 6.3: Elderly utilizing national social security schemes according to sex for BPL households, Odisha, 2011



than women (Fig. 6.3). There appears to be considerable wrong targeting as several elderly from APL households have also benefited from IGNOAPS and IGWPS (Appendix Table A 6.2). The utilization of IGNOAPS is higher in rural than in urban areas, while the reverse is true for IGWPS.

Further, utilization of IGNOAPS and IGWPS is highest among the elderly from the lowest wealth quintile, followed by SC and ST households, second wealth quintile and OBC households (Fig. 6.4), that is, the lower the socio-economic status, the higher is the utilization of schemes, implying appropriate targeting of these schemes.

Figure 6.4: Elderly utilizing national social security schemes according to WI and caste/tribe, Odisha 2011

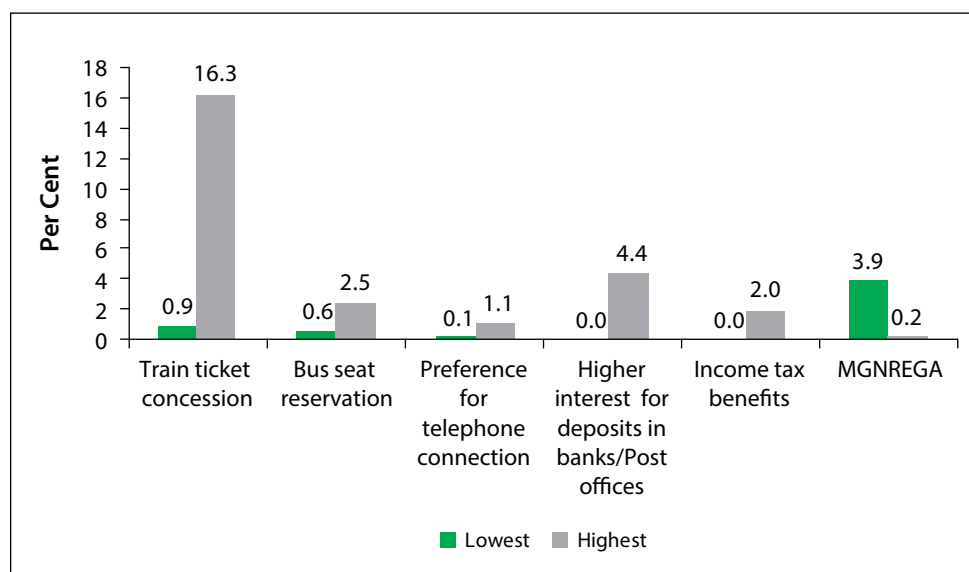


The elderly are provided with certain special benefits and facilities as senior citizens, including travel concession in trains, seat reservation in bus travel, preference in getting telephone connection, higher rate of interest for deposits in banks and post offices, income tax rebates and employment benefits under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) scheme.

Awareness of the elderly about special benefits provided to senior citizens is very low in Odisha (Appendix Table A 6.3). Awareness is highest for MGNREGA at 31 per cent, followed by 16 per cent for concessional train travel and around 13 per cent for seat reservation in buses. The elderly are hardly aware of preference given for telephone connection (6%) and income tax rebates (3%). Elderly men from urban areas are more aware of senior citizen benefits except for MGNREGA, which is meant specifically for rural areas.

The utilization of the schemes for senior citizens' by the elderly is evidently very limited (less than 3%) in the state. Nevertheless, the special benefits are utilized more by the elderly belonging to the highest wealth-quintile households than those belonging to the lowest wealth-quintile households (Fig. 6.5); perhaps, the special benefits given to senior citizens are more useful for economically better-off categories than the poor. Of course, the elderly from the highest wealth-quintile households have more commonly utilized the benefits of concessional travel in train and higher interest for deposits.

Figure 6.5: Elderly utilizing the facilities/schemes by lowest and highest wealth quintiles, Odisha 2011



Health Insurance Schemes

Meeting medical expenses of the elderly by health insurance coverage assisted both by government and private schemes is a recent phenomenon. Utilization of health insurance schemes by the elderly is almost nil in Odisha with only 0.4 per cent coverage (Fig. 6.6). However, elderly men have better health insurance coverage than women.

In addition to health insurance policies, information was solicited on awareness and coverage of the Rashtriya Swasthya Bima Yojana (RSBY) launched in 2008. RSBY provides health insurance coverage to a maximum of five members from each BPL household through cashless treatment in empanelled public and private health facilities. The members of the family covered under the scheme include the head of the household, spouse and three dependents, including elderly persons. Beneficiaries under RSBY are entitled to receive hospitalization expenses up to Rs. 30,000 for diseases requiring hospitalization. Beneficiaries are required to pay only Rs. 30 towards registration fee while the central government and respective state government will share the cost of premium to be paid to the insurance company engaged for the purpose.

Awareness among the elderly about RSBY in Odisha is 1.1 per cent while coverage is only 0.1 per cent (Table 6.3). Of course, awareness and coverage of RSBY as a whole in the BKPAI survey are also low at 14 per cent and 5 per cent, respectively. Nevertheless, awareness and coverage of RSBY are better among elderly men, non-BPL households and in urban areas.

Figure 6.6: Elderly covered by a health insurance policy by sex, Odisha 2011

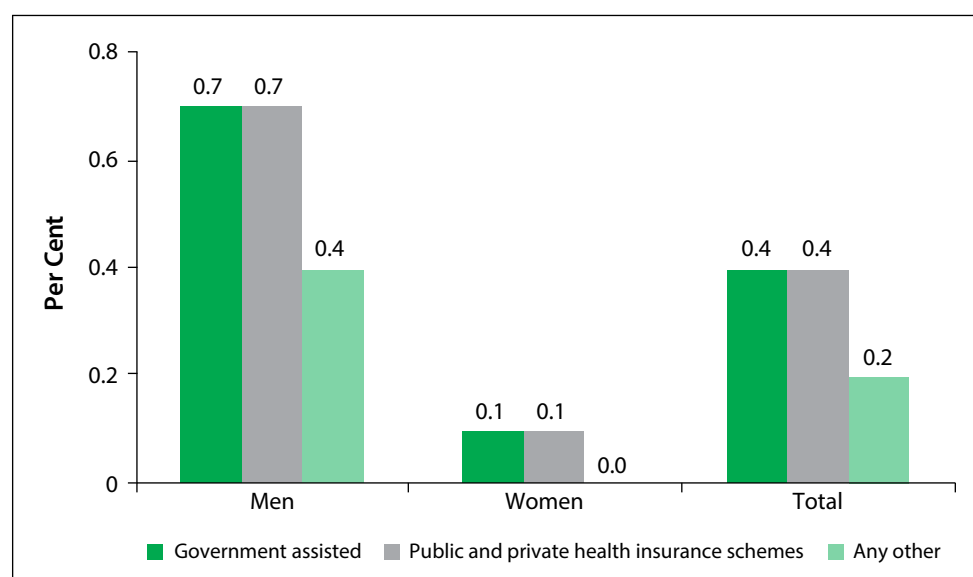


Table 6.3: Percentage distribution of elderly awareness and coverage under Rashtriya Swasthya Bima Yojana (RSBY) by place of residence and sex, Odisha 2011

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
BPL Families									
Awareness of RSBY	0.6	0.0	0.3	1.1	0.0	0.5	0.6	0.0	0.3
Registered under RSBY	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number	238	249	487	99	122	221	337	371	708
Non-BPL Families									
Awareness of RSBY	2.21	0	1.17	8.86	4.69	6.83	3.53	0.99	2.33
Registered under RSBY	0.0	0.0	0.0	0.77	0	0.4	0.15	0	0.08
Number	154	133	287	251	235	486	405	368	773
All									
Awareness of RSBY	1.2	0.0	0.6	6.9	3.2	5.1	1.9	0.4	1.1
Registered under RSBY	0.0	0.0	0.0	0.6	0.0	0.3	0.1	0.0	0.1
Number	392	382	774	350	357	707	742	739	1,481

6.5 Emerging Issues of Social Security Schemes for the Elderly

Socio-economic conditions in Odisha and frequent natural disasters pose a serious challenge to the government in coping with increasing demand for care, safety and security of the elderly. The state government is yet to formulate an old age policy, although SOAP scheme was introduced about four decades ago in 1975. The social security schemes and programmes in the state are provided by the Department of Women and Child Welfare. The old age schemes and programmes implemented in the state are according to the provisions of the NPOP, 1999 and Maintenance and Welfare of Parents and Senior Citizens Act of 2007.

There are mainly four types of social security schemes the elderly benefit from in the state: pension for livelihood maintenance; health and residential care, food and physical security. The income guarantee schemes include Gol-sponsored IGNOAP, IGNWP, IGND, PNFB schemes and the state government provided MBPY. The administrative process adopted for selection of beneficiaries and disbursement appears to be transparent and smooth, but information on implementation is not available. Except for IGNOAP, the data on financial allocation for old age pension as well as the number of elderly benefiting from it are not separately available in the budget outlay document so as to draw any inferences on the adequacy of the programme. However, financial allocation for income assistance constituted about 19 per cent of the total social security budget outlay during 2012–13 covering 95 per cent of the total beneficiaries.

Health care of BPL elderly, the destitute in particular, is provided by NPHCE under the NRHM programme of the GoI which is yet to be fully developed in the state to cope with functional and organizational challenges of the programme. The coverage of RSBY benefits among the elderly is almost nil in Odisha.

There are about 50 old age homes in the state providing shelter, boarding and medical care for 1275 elderly, mostly run by NGOs with financial assistance from the Ministry of Social Justice and Empowerment under the integrated programme for older persons and with private contributions. No data are available on the services provided by the old age homes and a database needs to be created on the functioning of old age homes.

The elderly, infirm and indigent persons belonging to BPL households in the eight KBK districts of the state are provided one square meal every day under the Emergency Feeding programme to cope with food insecurity in this backward region, with assistance from the Special Central Assistance scheme. However, the share of this programme in the total social security budget of the state was only 0.7 per cent during 2012–13 benefiting 2 lakh persons. The schemes of providing identity card to senior citizens, and seat reservation and concessional travel for the elderly in public buses are not yet introduced in the state.

The elderly in Odisha prefer the support of children in their old age, irrespective of economic status and sex. The awareness of the three national social security schemes, viz., IGNOAPS, IGNWPS and Annapurna Scheme among the elderly is on average more than 70 per cent, much above the BKPAI survey average. However, utilization of the schemes is found to be very low. Nevertheless, utilization of IGNOAPS and IGNWPS benefits is much higher than the BKPAI survey average.

7. The Way Forward

The proportion of the elderly in Odisha is higher than the national average. There is considerable poverty and vulnerability in the state, frequently exacerbated by natural disasters. Coping with these difficult living conditions is often beyond the physical and psychological capacity of the elderly, particularly the women. They often experience higher levels of trauma than younger members of the family and community. The government faces serious challenges in such circumstances in providing social welfare, security and care for the elderly to prevent their quality of life from being adversely affected. The BKPAI survey has developed a good knowledge base on such challenges, as described in this report, which will be useful only when the government uses the findings as pointers for action. Towards this end, the final section of this report lists a few key areas for policy and programme attention. These are meant to assist all the stakeholders to initiate debate on moving forward, specifically described briefly in the last pointer for action.

Reduce vulnerability of the elderly, especially elderly women

About 60 per cent of elderly households in Odisha are in the lowest wealth quintile. Income insecurity and a high degree of dependence result in significant vulnerability among the elderly in general and elderly women in particular. It is good to see that a large proportion of social security schemes for the elderly in Odisha focus on income, but the worrying aspect is the low level of utilization despite high awareness. First, it is necessary to identify and remove administrative and other bottlenecks that inhibit access to these schemes. Second, there is considerable level of economic compulsion behind continuing to work even in old age and mostly in the informal sector and low-paying jobs. The government should try to study and modify labour laws in the state for senior citizens that provide post-retirement benefits. Further, the coverage of social pension schemes and the pension amount for the poor need to be increased. Third, the practice of the elderly living with children is more pronounced in Odisha than in other BKPAI survey states. As household poverty levels are also high, families or children taking care of the elderly should be considered for receiving incentives or income supplements for home-based care of the elderly.

Enhance social inclusion and participation of the elderly

There is still a significant level of neglect and social exclusion of the elderly during the period when the Indian five-year plan talks of inclusive growth. It is now necessary to promote active participation of the elderly in society and in decision making on priority basis. There are many examples in India and in other comparable countries in Asia where action plans, programmes and committees are set up to enhance participation of the elderly at the local level, including planning, implementing and monitoring local development plans to the extent possible. There are many examples of how Senior

Citizens' Clubs have helped the elderly in this process of ageing with dignity. The state government should encourage NGOs and civil society organizations (CSOs) to initiate community level action among the elderly and enable them to be a more cohesive group and become contributors rather than passive recipients. Finally, more encouragement and funding to NGOs/CSOs would be needed to organize events that help build inter-generational solidarity and bonding. Towards this end, it would be necessary to create senior citizen-friendly environments to encourage greater participation of the elderly in social and public engagements outside home. In order to break some of the unhealthy stereotypes, there is a need to publicly recognize the fact that they do contribute to key expenditures in the family (as shown by the survey) and that they are not just receivers of care but also givers of support to the family. The private sector can also play a key role in funding and organizing such innovative community events.

In this context, the government should also encourage the private sector to focus on ageing concerns. At present although the agenda for Corporate Social Responsibility (CSR) is largely derived from the eight Millennium Development Goals (MDGs), it is necessary to have CSR initiatives to pay greater attention to improving life and living conditions of the poor and needy elderly in Odisha.

Increased attention on elderly health and well-being

Not just increased longevity but also promoting health and well-being is the core of healthy ageing. The survey shows that with advancing age (particularly beyond 70 years) the elderly face considerable problems in carrying out ADL along with other challenges such as impaired vision, hearing, walking, etc. The morbidity load is higher for chronic NCD. Three initiatives are indicated in this context: (a) health promotion and well-being throughout life that can increasingly benefit the new generation of senior citizens; (b) geriatric and gerontology training for health care providers and strengthening state level implementation of NPHCE to address the increasing burden of NCD among elderly; and (c) health clubs that encourage self-care among elders in which their peers promote physical and spiritual health through sports, exchange of experiences and positive sentiments of their present lives. There is also a fourth aspect for policy attention – in order to develop linkages between informal home-based care of the elderly and formal clinic-based care, a good training and accreditation programme for caregivers is necessary.

The burden of medical care expenses among the elderly is quite significant in Odisha. The survey shows that financial constraint was the major reason for not seeking treatment and often treatment caused financial distress in the family, more so among the poor. Therefore, health insurance schemes for the elderly need to be improved as well as higher subsidies provided for their treatment.

Remove bottlenecks in accessing social security schemes by the elderly

The report has listed a number of social security benefits for the elderly being implemented in the state although their coverage and quantity of support need to be further enhanced. There is a large gap between levels of awareness and utilization. Experience indicates that the reason for this is the

inability of the elderly particularly in rural areas (who are illiterate and belong to disadvantaged communities) to meet lengthy stringent administrative bottlenecks. The major task would be to study the situation and remove such bottlenecks to improve access and utilization and also to ensure proper targeting so that the benefits reach rightful beneficiaries.

Enhancing advocacy and role of media

There is a need to build public awareness on and support for ageing issues in Odisha. A close working relationship with the media is necessary for increasing visibility of ageing issues in the state. The state should support setting up a Media Support Group to facilitate access to relevant information for journalists. The government department dealing with population ageing issues should get some assistance in developing a media strategy covering print media, radio and television. Local level talented senior citizens need to be identified for working with media and facilitate participation of senior citizens and in expanding the network of advocates. Increasing awareness and knowledge of issues and developing skills are essential components of advocacy. Community mobilization in the form of village meetings, focus group discussions and other traditional media, local entertainment groups, etc. will need to be done and will need to involve local leaders and influential persons such as from faith-based institutions. Local level change agents need to be recruited since many social aspects concerning the elderly would require changes in mindset. Towards this end, the media should be supported to bring out positive images of senior citizens. It is necessary to create an environment conducive for active role of state law and policy makers, programme managers and influencers of decisions (such as PRIs and religious leaders). All these must result in increased public awareness of issues, increased financial and administrative support and greater ability of elders to access the benefits of programmes meant for them. It is important not to get lost in activities and forget why advocacy and media activities are being undertaken.

Moving forward

In moving forward with the findings and the suggestions, the government is requested to put forward these concerns for wider discussion among NGOs, civil society, the private sector and the academic community which have shown greater interest and commitment to population ageing concerns. There are many reasons for vulnerabilities brought out in this report: poverty, illiteracy, economic compulsion to work even at senior ages, widowhood and living alone, high level of dependency due to small or no income, age-related morbidity and health care burden. Above all, the social welfare schemes provided by the government meant for senior citizens are not availed of by those who really need them. The wider group referred to above should deliberate and advise on which of the reasons/sources of vulnerability among the elderly can be resolved through policy and programme interventions in the short and medium terms.

Appendices

Appendix 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, Odisha 2011

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Number of Usual Members				
1	3.4	3.1	3.4	3.7
2	16.8	8.4	15.8	9.7
3-5	41.4	44.0	41.7	55.1
6+	38.4	44.6	39.1	31.5
Total	100.0	100.0	100.0	
Mean HH size	4.9	5.6	5.1	5.0
Head of the Household				
Elderly men headed HHs	42.1	38.9	41.8	
Elderly women headed HHs	7.6	11.3	8.0	NA
Non-elderly headed HHs	50.3	49.8	50.3	
Age Group				
<15	20.1	20.1	20.1	
15-59	53.0	57.3	53.5	NA
60+	26.9	22.6	26.3	
Sex Ratio (Females per 1,000 Males)				
<15	958	945	956	
15-59	1,057	1,024	1,052	NA
60+	972	988	974	
Total	1,013	1,000	1,011	978
Religion of the HH Head				
Hindu	99.6	97.3	99.4	
Muslim	0.2	1.3	0.3	NA
Sikh	0.2	1.4	0.4	
Others	0.0	0.0	0.0	
Caste/Tribe of the HH Head				
SC	20.3	13.3	19.5	
ST	23.3	8.9	21.7	NA
OBC	40.3	27.9	38.9	
Others	16.1	50.0	20.0	
Main Source of Drinking Water				
Piped water public	18.5	32.8	20.2	43.5
Piped water private	2.8	23.4	5.2	
Well/bore well (public)	59.8	20.8	55.3	19.5
Well/bore well (private)	17.5	23.1	18.2	
Others	1.3	0.0	1.2	35.4

Contd..

Housing Characteristics	BKPAI			Census 2011
	Rural	Urban	Total	Total
Sanitation Facility				
Septic tank/Flush system	11.6	43.7	15.3	36.4
Pit latrine	7.8	24.4	9.7	9.4
Public latrine	0.0	1.2	0.1	3.2
No Facility (Open space)	80.6	30.7	74.8	50.9
Type of House				
<i>Kachha</i>	49.9	13.0	45.6	
<i>Semi-pucca</i>	25.5	31.0	26.1	NA
<i>Pucca</i>	24.6	56.0	28.3	
No. of Rooms				
1	15.5	4.5	14.3	37.1
2	32.0	18.5	30.4	31.7
3	27.8	28.7	27.9	15.5
4+	24.8	48.4	27.5	12.6
Cooking Fuel				
Electricity	0.3	2.4	0.6	0.1
LPG/Natural gas	2.9	42.5	7.5	28.5
Biogas	0.8	2.8	1.0	0.4
Kerosene	0.7	4.9	1.2	2.9
Coal/Lignite	0.2	4.8	0.8	1.4
Charcoal	0.0	0.5	0.1	
Wood	82.5	39.9	77.6	49.0
Straw/Shrubs/Grass	4.9	1.6	4.5	8.9
Agricultural crop waste	2.7	0.4	2.4	
Dung cakes	4.8	0.2	4.2	7.9
Others	0.2	0.0	0.2	0.5
Total	100.0	100.0	100.0	
No. of Elderly HHs	616	586	1,202	

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

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Household Goods				
Electricity	74.8	94.8	77.1	67.2
Mattress	18.6	56.7	23.0	
Pressure cooker	18.9	68.2	24.6	
Chair	61.5	88.4	64.6	NA
Cot or bed	51.6	75.9	54.4	
Table	42.6	82.8	47.3	
Electric fan	55.9	84.5	59.3	
Radio or transistor	9.9	13.7	10.4	19.9
Black and white television	9.9	12.5	10.2	47.2
Colour television	29.4	70.6	34.2	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
Sewing machine	3.8	15.2	5.1	NA
Mobile phone	49.9	83.7	53.9	53.2
Any landline phone	1.8	14.0	3.2	4.0
Computer	0.3	10.7	1.5	9.4
Internet facility	0.2	5.6	0.8	3.1
Refrigerator	13.3	42.5	16.7	
Watch or wall/Alarm clock	68.5	86.4	70.6	
Water pump	74.2	85.1	75.5	NA
Thresher	16.1	42.6	19.2	
Tractor	0.9	0.2	0.9	
Bicycle	0.9	4.9	1.4	44.8
Motorcycle or scooter	3.6	11.9	4.6	21.0
Animal-drawn cart	0.0	0.0	0.0	NA
Car/Jeep	0.3	0.2	0.3	4.7
Account in bank/Post office	32.3	68.0	36.4	58.7
Households Possessing Cards				
APL	20.8	46.3	23.8	
BPL	58.3	24.7	54.4	
Antyodaya	5.2	4.0	5.1	NA
Not in possession of any card	15.2	25.1	16.4	
Don't know/No response	0.5	0.0	0.4	
Own Any Agriculture Land				
No land	30.6	70.5	35.2	
Only irrigated land	25.6	8.6	23.7	
Only non-irrigated land	36.1	16.9	33.9	NA
Both	7.6	3.7	7.2	
Don't know/No answer	0.0	0.4	0.0	
Monthly Per Capita Consumption Expenditure (MPCE)				
≤1000	71.2	47.3	68.5	
1001-1500	16.9	25.3	17.9	NA
1501-2500	7.2	16.8	8.3	
2501+	4.7	10.6	5.4	
Wealth Quintile				
Lowest	65.6	17.3	60.0	
Second	20.6	23.6	20.9	
Middle	7.8	16.0	8.8	NA
Fourth	4.2	17.1	5.7	
Highest	1.9	25.9	4.7	
Amount of Outstanding Loan (Rs.)				
None	76.4	85.0	77.4	
<15000	9.8	1.9	8.9	NA
15000-30000	4.6	3.0	4.4	
30000-60000	5.4	4.7	5.3	

Contd...

Household Possessions	BKPAI			Census 2011
	Rural	Urban	Total	Total
60000-100000	1.2	0.6	1.1	NA
100000 – 150000	0.7	1.2	0.7	
150000 – 200000	0.2	0.3	0.3	
200000 +	1.2	2.2	1.3	
DK/No answer	0.6	1.1	0.6	
No. of Elderly HHs	616	586	1,202	
Purpose of Loan				
Expenditure on health of elderly	12.0	12.5	12.1	NA
Expenditure on health of others	14.9	9.3	14.5	
Agriculture	46.8	13.5	44.3	
Business	9.7	21.2	10.5	
Education	2.9	8.6	3.3	
Marriage	5.7	9.2	5.9	
Home/Vehicle loan	15.9	28.9	16.9	
Others	0.5	0.7	0.5	
No. of Elderly HHs	131	82	213	

NA: Not applicable

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

Elderly Characteristics	BKPAI		
	Male	Female	Total
Age Groups (Years)			
60-64	26.9	37.1	32.0
65-69	32.0	27.6	29.8
70-74	20.7	19.2	19.9
75-79	9.8	8.9	9.3
80-84	7.7	4.7	6.2
85-89	2.1	0.8	1.5
90+	0.9	1.7	1.3
Education Categories			
No formal education	42.4	77.5	59.7
<5 years completed	21.5	12.8	17.2
5-7 years completed	16.8	7.0	12.0
8 years and above	18.8	2.7	10.9
Don't know/No response	0.6	0.1	0.3
Marital Status			
Never married	0.0	0.8	0.4
Currently married	82.3	47.2	65.0
Widowed	17.6	51.3	34.2
Others	0.0	0.7	0.4
Don't know/No response			
Mean Children Ever Born	3.8	4.0	3.9

Contd...

Elderly Characteristics	BKPAI		
	Male	Female	Total
Re-marriage among Ever Married			
Rural	6.8	0.0	3.5
Urban	2.5	0.8	1.6
Total	6.3	0.1	3.3
Migration Status			
Migrated after 60 years of age	8.6	81.2	44.4
Migrated before 60 years of age	0.8	1.2	1.0
Did not migrate	90.4	11.2	51.3
Don't know/No response	0.2	6.5	3.3
Number of Elderly	742	739	1,481

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

Work Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Ever worked	99.4	17.0	58.9	97.8	12.3	54.7	99.3	16.4	58.4
Currently working	50.4	10.4	30.7	33.0	5.3	19.1	48.4	9.8	29.3
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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

Background Characteristics	Currently Working	Main Worker (More Than 6 Months Per Year)	More than Four Hours a Day	Number of Elderly
Age Group				
60-69	36.5	27.8	35.0	928
70-79	19.7	13.2	17.1	408
80+	11.5	10.2	9.8	145
Sex				
Male	48.4	36.2	46.5	742
Female	9.8	7.4	8.1	739
Residence				
Rural	30.7	22.9	28.9	774
Urban	19.1	15.0	16.6	707
Marital Status				
Currently married	36.9	28.2	35.0	910
Widowed	15.4	10.5	14.0	557
Others	15.3	14.1	3.9	14
Education Categories				
None	25.6	17.9	23.6	756
1-4 years	33.1	25.9	31.5	272
5-7 years	39.7	33.0	38.2	203
8+ years	32.5	26.5	31.0	239

Contd...

Background Characteristics	Currently Working	Main Worker (More Than 6 Months Per Year)	More than Four Hours a Day	Number of Elderly
Religion				
Hindu	29.3	21.9	27.4	1,455
Muslim	18.9	13.7	18.9	10
Others	60.5	42.8	60.5	16
Caste/Tribe				
SC/ST	34.1	24.1	32.3	514
OBC	32.3	26.2	29.6	484
Others	15.3	10.4	14.8	483
Wealth Index				
Lowest	35.7	26.0	33.6	639
Second	26.5	21.0	25.9	313
Middle	15.7	11.3	12.4	169
Fourth	15.9	14.8	13.1	149
Highest	6.7	5.9	6.7	211
Living Arrangement				
Living alone	45.1	34.8	35.5	50
With spouse	42.5	30.5	39.1	193
Others	26.1	19.8	24.8	1,238
Total	29.3	21.9	27.5	1,481

Note: The number of elderly may not always adds up to total due to missing 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, Odisha 2011

Employment Status	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Type of Occupation									
Technician/ Professional				8.6	0.0	7.4	0.7	0.0	0.6
Executive/ Clerical	5.6	3.0	5.2	22.1	0.0	19.0	6.9	2.8	6.2
Cultivator	43.1	1.7	36.2	12.2	6.8	11.5	40.7	2.0	34.3
Petty trader/ Worker	3.8	2.5	3.6	10.2	13.8	10.7	4.3	3.2	4.2
Agricultural labourer	16.4	16.3	16.4	10.6	10.2	10.6	16.0	15.9	16.0
Other work	31.1	76.5	38.6	36.3	69.3	40.9	31.5	76.1	38.8
Sector of Employment									
Public sector	1.3	0.0	1.1	6.9	0.0	5.9	1.8	0.0	1.5
Private organised	1.2	0.0	1.0	7.3	0.0	6.3	1.7	0.0	1.4
Self-employed	33.6	19.1	31.2	36.3	16.6	33.6	33.8	18.9	31.4
Informal employment	60.1	81.0	63.6	48.0	83.4	53.0	59.2	81.1	62.8
Others	3.8	0.0	3.1	1.4	0.0	1.2	3.6	0.0	3.0
Number of Elderly	200	44	244	118	21	139	318	65	383

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

Background Characteristics	By Choice	By Economic/Other Compulsion	Total	No. of Elderly
Age Group				
60-69	18.5	81.5	100.0	299
70-79	26.3	73.7	100.0	72
80+	16.4	83.7	100.0	12
Sex				
Men	21.6	78.5	100.0	318
Women	11.9	88.1	100.0	65
Residence				
Rural	18.8	81.2	100.0	244
Urban	34.5	65.5	100.0	139
Marital Status				
Currently married	20.0	80.1	100.0	305
Widowed	20.3	79.7	100.0	74
Others	10.4	89.6	100.0	4
Education Categories				
None	16.0	84.0	100.0	179
1-4 years	20.4	79.6	100.0	80
5-7 years	22.0	78.0	100.0	66
8+ years	34.2	65.8	100.0	55
Religion				
Hindu	19.9	80.1	100.0	375
Muslim	100.0	0.0	100.0	3
Others	7.8	92.2	100.0	5
Caste				
ST/SC	18.5	81.5	100.0	165
OBC	21.1	78.9	100.0	142
Others	21.5	78.5	100.0	76
Living Arrangement				
Living alone	0.0	100.0	100.0	19
With spouse	8.6	91.4	100.0	86
Others	25.0	75.0	100.0	278
Wealth Index				
Lowest	13.0	87.0	100.0	233
Second	34.1	65.9	100.0	81
Middle	25.6	74.4	100.0	24
Fourth	64.7	35.3	100.0	27
Highest	59.2	40.8	100.0	18
Total	20.0	80.0	100.0	383

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

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

Background Characteristics	Retirement	Pension	Both Retirement and Pension	None	Number of Elderly
Age Group					
60-69	4.8	5.5	4.3	93.9	928
70-79	3.2	3.5	2.6	95.9	408
80+	5.3	4.9	3.5	93.2	145
Sex					
Male	8.6	9.0	7.3	89.7	742
Female	0.1	0.6	0.0	99.4	739
Residence					
Rural	3.3	3.8	2.8	95.6	774
Urban	12.7	12.7	11.1	85.7	707
Marital Status					
Currently married	5.9	6.3	4.9	92.8	910
Widowed	1.7	2.4	1.6	97.5	557
Others	0.0	0.0	0.0	100.0	14
Education Categories					
None	0.2	0.8	0.0	99.1	756
1-4 years	1.7	2.5	1.7	97.5	272
5-7 years	2.7	3.3	2.4	96.4	203
8+ years	32.8	32.1	27.8	62.9	239
Religion					
Hindu	4.4	4.9	3.7	94.5	1,455
Muslim	0.0	0.0	0.0	100.0	10
Others	12.1	12.1	12.1	87.2	16
Caste/Tribe					
SC/ST	2.5	2.9	2.3	96.9	514
OBC	2.7	3.3	1.9	95.9	484
Others	11.0	11.4	9.7	87.2	483
Wealth Index					
Lowest	0.3	1.1	0.1	98.8	639
Second	2.6	2.8	2.2	96.9	313
Middle	13.2	12.9	9.6	83.4	169
Fourth	15.6	15.6	14.8	83.5	149
Highest	31.8	31.7	29.4	65.8	211
Living Arrangement					
Living alone	3.1	2.3	2.3	96.9	50
With spouse	4.6	4.8	4.1	94.7	193
Others	4.4	4.9	3.7	94.4	1,238
Total	4.4	4.9	3.7	94.5	1,481

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

Income (in Rupees)	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income	20.4	56.6	38.2	29.9	67.7	49.0	21.5	57.9	39.5
≤12,000	22.7	33.6	28.0	11.0	20.5	15.7	21.3	32.0	26.6
12,001–24,000	23.3	4.3	13.9	11.1	3.3	7.2	21.9	4.2	13.1
24,001–50,000	24.0	4.6	14.4	15.8	5.2	10.4	23.0	4.6	13.9
50,001 +	8.7	0.7	4.8	30.4	2.9	16.5	11.2	1.0	6.2
Don't know/NA	1.0	0.3	0.7	1.8	0.5	1.1	1.1	0.3	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean	22,740	3,724	13,349	55,035	5,204	29,745	26,408	3,900	15,257
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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

Sources of Income*	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Salary/Wages	23.8	8.0	16.0	17.5	4.2	10.8	23.1	7.5	15.4
Employer's pension (government or other)	6.4	2.6	4.5	26.0	7.3	16.5	8.6	3.1	5.9
Social pension (old age/widow)	31.0	34.4	32.7	10.8	20.1	15.5	28.7	32.7	30.7
Agricultural/Farm income	31.7	1.7	16.9	6.9	0.8	3.8	28.8	1.6	15.4
Other sources of income	11.3	3.0	7.2	19.1	3.5	11.2	12.2	3.0	7.7
No income	20.4	56.6	38.2	29.9	67.7	49.0	21.5	57.9	39.5
Number of Elderly	392	382	774	350	357	707	742	739	1,481

* 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, Odisha 2011

Proportion of Contribution	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
No income/No contribution	24.1	66.1	44.7	33.3	72.4	53.0	25.2	66.8	45.7
<40%	6.9	4.7	5.8	6.4	5.2	5.8	6.9	4.8	5.8
40-60%	10.4	5.5	8.0	7.2	2.7	5.0	10.0	5.2	7.6
60-80%	5.4	2.2	3.8	9.0	0.7	4.8	5.8	2.0	3.9
80+	52.9	21.6	37.5	43.9	18.9	31.3	51.9	21.3	36.8
DK/NA	0.3	0.0	0.2	0.2	0.0	0.1	0.3	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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, Odisha 2011

	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Financial Dependence									
Fully dependent	23.6	64.6	43.8	32.4	70.3	51.6	24.7	65.3	44.7
Partially dependent	41.6	27.5	34.7	32.0	20.6	26.3	40.5	26.7	33.7
Not dependent	34.8	7.9	21.5	35.5	9.1	22.2	34.9	8.0	21.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Source of Economic Support									
Son	54.9	59.6	57.2	57.2	64.1	60.6	55.1	60.1	57.6
Spouse	5.1	24.6	14.7	2.6	17.1	9.9	4.8	23.7	14.2
Daughter	1.0	4.1	2.5	1.2	4.1	2.7	1.0	4.1	2.5
Others	4.2	3.9	4.0	3.5	5.7	4.6	4.1	4.1	4.1
Not dependent on anyone	34.8	7.9	21.5	35.5	9.1	22.2	34.9	8.0	21.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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

Background Characteristic	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Age Group							
60-69	2.5	16.6	52.9	24.2	3.7	100.0	928
70-79	3.2	17.8	38.3	36.6	4.2	100.0	408
80+	2.9	12.2	24.2	58.2	2.4	100.0	145
Sex							
Men	0.7	20.1	59.7	17.5	2.0	100.0	742
Women	4.9	12.9	32.1	44.6	5.6	100.0	739
Residence							
Rural	2.8	17.9	45.6	30.2	3.6	100.0	774
Urban	2.7	6.2	49.5	36.3	5.3	100.0	707
Marital Status							
Currently married	0.1	25.6	71.2	0.0	3.1	100.0	910
Widowed	7.0	0.0	0.0	89.2	3.8	100.0	557
Others	24.5	0.0	0.0	33.4	42.2	100.0	14
Education Categories							
None	3.7	16.3	36.7	39.3	4.0	100.0	756
1-4 years	0.6	12.5	53.6	28.1	5.2	100.0	272
5-7 years	2.9	20.2	59.4	16.1	1.4	100.0	203
8+ years	0.8	20.5	70.7	5.3	2.8	100.0	239

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Background Characteristic	Alone	Spouse Only	Spouse, Children and Grandchildren	Children and Grandchildren	Others	Total	Number of Elderly
Employment							
Never worked	2.6	12.3	34.9	45.4	4.8	100.0	636
Previously worked	1.5	15.1	51.8	27.6	4.1	100.0	462
Currently working	4.3	24.0	56.3	13.6	1.9	100.0	383
Religion							
Hindu	2.7	16.6	46.2	30.8	3.8	100.0	1,455
Muslim	0.0	5.1	16.9	78.0	0.0	100.0	10
Others	22.4	17.7	29.8	30.0	0.0	100.0	16
Caste/Tribe							
SC/ST	3.1	17.0	42.5	33.6	3.9	100.0	514
OBC	2.6	17.0	48.0	28.7	3.8	100.0	484
Others	2.4	15.0	49.3	29.9	3.4	100.0	483
Wealth Index							
Lowest	4.4	20.8	39.4	31.8	3.6	100.0	639
Second	0.2	9.9	58.4	29.0	2.5	100.0	313
Middle	0.3	14.5	50.0	30.1	5.1	100.0	169
Fourth	1.0	10.1	52.0	30.1	6.8	100.0	149
Highest	0.5	6.4	57.8	30.8	4.6	100.0	211
Total	2.8	16.5	46.1	30.9	3.8	100.0	1,481

Note: Category totals may not add to entire sample of 1,481 elderly due to non-response

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

Present Living Arrangement	Preferred Living Arrangement					
		Alone	Spouse Only	Children and Others	Total	
Men	Alone	29.3	0.7	0.0	0.7	
	Spouse only	26.3	68.8	10.9	20.1	
	Children and Others	44.5	30.5	89.1	79.2	
	Total	100.0	100.0	100.0	100.0	
	Women	Alone	68.5	0.0	2.7	4.9
		Spouse only	14.8	60.9	8.4	12.9
		Children and Others	16.8	39.1	88.9	82.3
		Total	100.0	100.0	100.0	100.0
	Total	Alone	55.2	0.5	1.4	2.8
		Spouse only	18.7	66.1	9.6	16.5
Children and Others		26.2	33.4	89.0	80.7	
Total		100.0	100.0	100.0	100.0	

Table A 4.3: Percentage of elderly with no meeting and no communication between elderly and non co-residing children according to background characteristics, Odisha 2011

Background Characteristics	No Meeting	No Communication	No. of Elderly
Age Group			
60-69	3.6	18.4	666
70-79	3.7	25.9	327
80+	0.2	25.7	112
Sex			
Men	3.2	20.6	558
Women	3.4	22.5	547
Residence			
Rural	3.2	23.1	569
Urban	3.8	9.5	536
Marital Status			
Currently married	3.6	19.1	703
Widowed	2.6	27.2	396
Others	0.0	0.0	6
Education Categories			
None	4.4	28.6	538
1-4 years	2.7	18.3	212
5-7 years	1.2	10.1	162
8+ years	0.7	3.6	185
Employment			
Never worked	3.0	22.9	485
Previously worked	3.2	19.4	366
Currently working	3.9	21.6	254
Religion			
Hindu	3.3	21.6	1,084
Muslim	0.0	0.0	10
Others	0.0	0.0	11
Caste/Tribe			
SC/ST	5.3	32.7	352
OBC	1.7	11.2	377
Others	3.0	23.5	376
Wealth Index			
Lowest	4.4	27.8	460
Second	1.8	18.8	233
Middle	2.4	6.0	138
Fourth	0.5	8.5	108
Highest	2.3	7.9	166
Total	3.3	21.5	1,105

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

	Age Group			Total
	60-69	70-79	80+	
Taking care of grandchildren	45.3	40.2	32.5	42.7
Cooking/Cleaning	44.7	28.5	14.7	37.3
Shopping for household	61.0	47.7	30.3	54.4
Payment of bills	40.7	28.5	18.0	35.1
Advice to children	77.7	69.6	55.3	73.3
Settling disputes	73.3	58.7	49.9	66.9

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, Odisha 2011

Main Reason for Not Going Out More	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Health problems	50.5	34.8	42.8	49.2	38.8	43.8	50.3	35.2	42.9
Safety concerns	6.5	4.3	5.5	7.2	17.2	12.4	6.6	5.9	6.3
Financial problems	39.4	54.5	46.8	42.2	38.7	40.4	39.7	52.6	46.0
Not allowed by family	0.0	4.5	2.2	0.0	0.0	0.0	0.0	4.0	2.0
Nobody to accompany	3.6	1.9	2.8	0.0	5.3	2.8	3.2	2.3	2.8
Others	0.0	0.0	0.0	1.4	0.0	0.7	0.2	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	50	52	102	43	49	92	93	101	194

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 background characteristics, Odisha 2011

Background Characteristics	Experience of Abuse		
	After Age 60	Last One Month	Number of Elderly
Age Group			
60-69	9.1	1.8	928
70-79	9.0	3.2	408
80+	9.4	5.0	145
Sex			
Male	8.7	2.7	742
Female	9.5	2.3	739
Residence			
Rural	9.7	2.8	774
Urban	5.1	0.5	707
Marital Status			
Currently married	9.0	2.4	910
Widowed	8.4	2.4	557
Others	39.6	13.1	14

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Background Characteristics	Experience of Abuse		
	After Age 60	Last One Month	Number of Elderly
Education Categories			
None	8.5	2.3	756
1-4 years	11.3	4.5	272
5-7 years	13.3	2.9	203
8+ years	4.8	0.0	239
Employment			
Never worked	8.3	1.6	636
Previously worked	9.7	4.4	462
Currently working	9.7	1.9	383
Religion			
Hindu	9.2	2.5	1,455
Muslim	0.0	0.0	10
Others	0.0	0.0	16
Caste/Tribe			
SC/ST	7.3	2.4	514
OBC	12.9	3.5	484
Others	5.6	0.9	483
Wealth Index			
Lowest	12.1	3.2	639
Second	5.1	1.8	313
Middle	7.7	2.5	169
Fourth	2.9	0.0	149
Highest	2.1	0.0	211
Living Arrangement			
Alone	26.0	7.4	49
Spouse only	13.4	3.9	190
Spouse, children and grandchildren	7.3	1.9	683
Children and grandchildren	7.7	2.5	496
Others	12.4	0.3	63
Total	9.1	2.5	1,481

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

Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health									
Excellent	0.8	0.3	0.5	2.4	1.5	1.9	0.9	0.4	0.7
Very good	14.6	10.0	12.3	21.9	23.0	22.4	15.4	11.6	13.5
Good	37.8	40.5	39.1	33.3	33.1	33.2	37.2	39.7	38.4
Fair	34.5	34.3	34.4	34.7	34.1	34.4	34.5	34.3	34.4
Poor	12.4	14.9	13.6	7.8	8.3	8.1	11.9	14.1	13.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Contd...

Self Rated Health	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Health Compared to One Year Before									
Better	14.7	13.8	14.3	15.2	11.3	13.2	14.8	13.5	14.1
Same	47.3	45.2	46.3	50.8	50.8	50.8	47.7	45.8	46.8
Worse	34.2	34.5	34.4	31.8	32.1	31.9	33.9	34.2	34.1
DK/NA	3.8	6.5	5.1	2.2	5.8	4.1	3.6	6.4	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current Health Compared to People of Same Age									
Better	18.9	16.2	17.6	16.9	15.1	16.0	18.6	16.1	17.4
Same	39.6	34.0	36.8	48.5	45.3	46.9	40.6	35.3	38.0
Worse	36.4	41.6	39.0	31.2	35.3	33.3	35.8	40.9	38.3
DK/NA	5.1	8.2	6.7	3.3	4.3	3.8	4.9	7.7	6.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Elderly	392	382	774	350	357	707	742	739	1,481

Table A 5.2: Percentage of elderly by self rated health according to background characteristics, Odisha 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				
60-69	16.4	63.9	58.1	928
70-79	11.2	56.3	54.3	408
80+	8.9	55.4	40.3	145
Sex				
Men	16.3	62.4	59.2	742
Women	11.9	59.3	51.4	739
Residence				
Rural	12.8	60.5	54.4	774
Urban	24.4	64.0	62.9	707
Marital Status				
Currently married	16.5	62.4	59.3	910
Widowed	10.1	58.1	48.6	557
Others	2.6	61.7	36.5	14
Education Categories				
None	10.3	56.7	50.9	756
1-4 years	15.4	66.7	53.5	272
5-7 years	17.2	62.7	61.4	203
8+ years	30.8	72.5	75.2	239
Employment				
Never	13.2	60.8	54.7	636
Previously worked	13.8	57.7	51.8	462
Currently working	16.1	64.3	59.8	383

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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
Religion				
Hindu	14.2	60.8	55.3	1,455
Muslim	15.5	72.1	77.2	10
Other	9.4	77.6	59.6	16
Caste/Tribe				
SC/ST	11.6	59.9	54.0	514
OBC	14.2	60.4	53.8	484
Others	18.7	63.4	60.8	483
Wealth Index				
Lowest	9.6	56.9	49.6	639
Second	16.8	65.0	63.4	313
Middle	14.2	58.9	54.1	169
Fourth	31.4	74.9	67.5	149
Highest	35.9	76.6	77.3	211
Living Arrangement				
Living alone	2.6	37.5	41.7	50
Living with spouse	8.2	57.4	55.5	193
Living with all others	15.8	62.5	55.8	1,238
Total	14.0	60.9	55.4	1,481

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

Type of ADL	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Bathing	5.6	6.8	6.2	4.6	6.2	5.4	5.5	6.7	6.1
Dressing	2.2	4.3	3.2	2.1	3.5	2.8	2.2	4.2	3.2
Toilet	3.7	6.4	5.0	3.7	7.0	5.4	3.7	6.5	5.1
Mobility	3.3	4.8	4.0	4.4	5.6	5.0	3.4	4.9	4.1
Continance	2.5	3.9	3.2	2.1	3.5	2.8	2.5	3.9	3.2
Feeding	3.5	2.8	3.2	1.0	2.7	1.9	3.2	2.8	3.0
Needs at least one assistance	8.3	8.6	8.5	6.2	9.4	7.8	8.1	8.7	8.4
Needs full assistance	0.8	2.3	1.5	0.9	1.9	1.4	0.8	2.2	1.5
Number of elderly	392	382	774	350	357	707	742	739	1,481

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

Type of Activity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Use of Phone	34.8	49.8	42.2	24.7	41.0	32.9	33.6	48.8	41.1
Shopping	51.3	87.1	68.9	47.5	88.5	68.2	50.9	87.2	68.8
Preparation of meals	96.0	60.1	78.3	90.3	74.0	82.1	95.4	61.7	78.8
Housekeeping tasks	42.7	21.3	32.2	38.6	26.0	32.2	42.2	21.9	32.2
Laundry	51.0	26.9	39.1	53.4	43.3	48.3	51.2	28.8	40.2
Travel independently	20.1	45.8	32.7	27.5	50.9	39.3	20.9	46.4	33.5
Dispensing own medicines	42.5	56.2	49.3	40.8	62.7	51.8	42.3	57.0	49.6
Handling finances	22.4	69.6	45.6	26.6	70.6	48.8	22.9	69.7	46.0
Can perform none	5.2	8.7	6.9	5.5	11.7	8.6	5.2	9.0	7.1
1-3	23.8	33.0	28.4	25.6	39.2	32.5	24.0	33.8	28.8
4-5	37.2	34.0	35.6	29.0	28.5	28.7	36.2	33.4	34.8
6-7	32.2	21.0	26.7	36.3	16.9	26.5	32.6	20.5	26.7
Can perform all	1.6	3.2	2.4	3.7	3.7	3.7	1.9	3.3	2.6
Don't know/NA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of elderly	392	382	774	350	357	707	742	739	1,481

Table A 5.5: Percentage of elderly by ADL and IADL limitations according to background characteristics, Odisha 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								
60-69	3.7	1.9	1.2	3.9	3.5	21.7	70.8	928
70-79	10.5	4.9	1.5	7.4	0.9	39.9	51.8	408
80+	33.5	17.9	3.6	28.2	1.3	42.0	28.4	145
Sex								
Men	8.1	3.5	0.8	5.2	1.9	24.0	68.9	742
Women	8.7	5.0	2.2	9.0	3.3	33.8	53.9	739
Residence								
Rural	8.5	4.3	1.5	6.9	2.4	28.4	62.3	774
Urban	7.8	4.1	1.4	8.6	3.7	32.5	55.2	707
Marital Status								
Currently married	5.8	2.0	0.9	4.1	2.2	23.5	70.3	910
Widowed	13.6	8.6	2.7	13.0	3.0	39.4	44.6	557
Others	0.0	0.0	0.0	3.8	13.4	14.5	68.3	14

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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	
Wealth Index								
Lowest	6.6	3.9	1.9	7.5	2.2	28.4	62.0	639
Second	10.2	4.9	1.2	6.5	1.4	30.0	62.2	313
Middle	11.7	4.7	0.2	7.9	2.6	27.3	62.2	169
Fourth	15.2	5.4	0.4	6.4	7.0	31.6	55.1	149
Highest	6.8	2.6	1.6	5.2	7.3	29.0	58.5	211
Living Arrangement								
Alone	0.0	0.0	0.0	0.4	20.1	8.6	70.9	50
Spouse only	4.1	1.6	0.1	3.2	2.3	12.8	81.7	193
Children and others	9.5	4.9	1.8	8.1	2.0	32.9	57.0	1,238
Total	8.4	4.3	1.5	7.1	2.6	28.8	61.5	1,481

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

Type of Disabilities	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Vision									
Full	2.0	0.8	1.4	4.1	4.6	4.4	2.2	1.3	1.7
Partial	57.6	59.4	58.5	55.0	55.1	55.1	57.3	58.9	58.1
Hearing									
Full	1.9	2.5	2.2	2.2	2.1	2.2	1.9	2.5	2.2
Partial	22.8	26.8	24.8	17.7	23.3	20.5	22.2	26.4	24.3
Walking									
Full	0.9	3.6	2.2	2.3	4.1	3.2	1.0	3.7	2.3
Partial	17.7	20.1	18.9	14.5	17.0	15.8	17.4	19.7	18.5
Chewing									
Full	3.9	2.5	3.2	3.3	6.1	4.7	3.9	2.9	3.4
Partial	36.6	41.3	38.9	31.3	31.7	31.5	36.0	40.2	38.1
Speaking									
Full	1.6	0.7	1.2	3.5	3.4	3.5	1.8	1.0	1.4
Partial	6.7	9.6	8.1	6.6	4.4	5.5	6.7	9.0	7.8
Memory									
Full	1.0	0.5	0.8	1.5	2.4	2.0	1.0	0.7	0.9
Partial	59.7	59.5	59.6	49.7	51.0	50.4	58.6	58.5	58.5
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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

Background Characteristics	Vision	Hearing	Walking	Chewing	Speaking	Memory	Number of Elderly
Age Group							
60-69	51.7	16.4	11.5	30.2	4.5	55.2	928
70-79	70.4	38.4	32.1	57.8	15.2	66.4	408
80+	81.5	56.7	48.9	65.7	22.5	65.7	145
Sex							
Men	59.5	24.1	18.4	39.8	8.5	59.6	742
Women	60.2	28.8	23.4	43.1	10.0	59.2	739
Residence							
Rural	59.9	26.9	21.1	42.2	9.3	60.3	774
Urban	59.4	22.7	18.9	36.2	8.9	52.4	707
Marital Status							
Currently married	57.0	21.5	15.3	36.5	7.6	55.8	910
Widowed	65.6	36.5	31.1	50.5	12.6	67.2	557
Others	47.0	4.6	25.0	52.6	1.4	32.4	14
Caste/Tribe							
SC/ST	59.4	30.2	20.9	38.1	11.4	62.1	514
OBC	59.1	23.5	8.6	43.5	8.4	55.8	484
Others	61.9	25.2	2.6	43.8	6.3	61.1	483
Wealth Index							
Lowest	60.8	28.1	21.4	39.8	10.2	60.0	639
Second	49.5	24.5	19.8	46.9	10.2	61.6	313
Middle	70.0	24.3	29.3	46.2	7.4	57.2	169
Fourth	69.2	28.9	13.5	40.7	3.3	54.6	149
Highest	62.8	15.8	12.5	28.4	4.9	52.7	211
Total	59.8	26.4	20.9	41.5	9.3	59.4	1,481

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

Form of Assistance	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
Spectacles/Lenses	14.0	7.6	9.1	24.6	10.9	239
Hearing aids	0.1	0.0	0.0	0.4	0.1	3
Walking sticks	5.2	3.6	4.4	4.5	4.4	67
Dentures	0.1	0.3	0.1	0.6	0.2	6

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, Odisha 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	35.9	26.5	31.3	52.5	41.2	46.8	37.8	28.2	33.1
Mean score	15.6	17.7	16.6	13.3	14.8	14.1	15.3	17.4	16.3
Number of elderly	392	382	774	349	355	704	741	737	1,478
Subjective Well-Being Inventory (SUBI- 9 Items) (Score 9-27)									
Mean score	19.6	20.2	19.9	18.3	18.9	18.6	19.5	20.1	19.8
Number of elderly	392	382	774	350	357	707	742	739	1,481

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, Odisha 2011

SUBI- 9 Items (Well Being/Ill Being)	Age Group								
	60-69			70-79			80 Years and Above		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
At least one negative	72.4	75.2	73.9	79.0	77.9	78.5	77.1	89.2	81.9
All negative	0.5	1.5	1.0	0.6	3.4	1.9	7.8	3.3	6.0
All positive	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Mean score	19.0	19.7	19.4	19.9	20.6	20.2	20.3	20.9	20.5
Number of elderly	457	471	928	206	202	408	79	66	145

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

Number of Words	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
None to 2	11.2	21.2	16.1	10.6	18.9	14.8	11.1	21.0	16.0
3 to 5	74.9	70.4	72.7	71.9	69.1	70.5	74.6	70.2	72.4
6 to 8	13.0	8.4	10.7	17.1	11.9	14.5	13.5	8.8	11.2
More than 8	0.9	0.0	0.5	0.5	0.2	0.3	0.9	0.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean number of immediately recalled words	3.9	3.6	3.8	4.2	3.6	3.9	4	3.6	3.8
Number of elderly	392	382	774	350	357	707	742	739	1,481

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

Type of substance	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Current Use									
Smoking	15.1	0.2	7.7	14.1	0.0	7.0	15.0	0.1	7.6
Alcohol consumption	6.0	0.4	3.2	4.9	0.0	2.4	5.9	0.3	3.1
Chewing tobacco	51.9	41.6	46.8	38.0	37.3	37.6	50.3	41.1	45.8
Any of the three risk behaviours	64.0	42.1	53.3	48.6	37.3	42.9	62.3	41.6	52.1
Ever Use									
Smoking	17.4	0.2	8.9	17.3	0.0	8.6	17.4	0.1	8.9
Alcohol consumption	6.7	0.4	3.6	6.7	0.0	3.3	6.7	0.3	3.6
Chewing tobacco	54.0	42.2	48.2	38.0	38.4	38.2	52.2	41.8	47.1
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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

Health Check-ups	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Undergoes Routine Check-Up	12.7	11.5	12.1	22.3	15.9	19.1	13.8	12.0	12.9
No. of elderly	392	382	774	350	357	707	742	739	1,481
Frequency for Medical Check-Ups									
Weekly/ Fortnightly	13.2	15.5	14.3	9.9	10.6	10.2	12.6	14.7	13.6
Monthly	52.2	58.5	55.2	72.3	66.2	69.8	56.0	59.7	57.7
Half-Yearly and more	34.6	26.0	30.6	17.7	23.2	20.0	31.5	25.6	28.8
Others	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Elderly	48	44	92	75	56	131	123	100	223

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

Acute Morbidity	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Prevalence rate	6.5	8.6	7.5	4.6	6.3	5.5	6.3	8.3	7.29
Number of elderly	392	382	774	350	357	707	742	739	1,481
Mean number of episode per sick person	1	1	1	1	1	1	1	1	1
Number of elderly reporting acute morbidity	30	32	62	18	25	43	48	57	105

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

Background Characteristics	Prevalence Rate	Number of Elderly
Age Group		
60-69	83	928
70-79	41	408
80+	104	145
Sex		
Men	63	742
Women	83	739
Residence		
Rural	75	774
Urban	55	707
Marital Status		
Currently married	76	910
Widowed	65	557
Others	139	14
Caste/Tribe		
SC/ST	88	514
OBC	79	484
Others	33	483
Wealth Index		
Lowest	92	639
Second	54	313
Middle	23	169
Fourth	53	149
Highest	49	211
Living Arrangement		
Alone	112	50
Spouse only	91	193
Children and others	68	1,238
Total	73	1,481

Table A 5.16: Per cent distribution of last episode of acute morbidity pattern among elderly by sex and place of residence, Odisha 2011

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Gastrointestinal	29.7	30.2	31.1	18.9	30.0
Fever	34.7	28.8	33.0	14.2	31.4
Cardiovascular disease	4.7	9.8	6.1	22.0	7.5
Febrile illness	8.2	5.9	6.8	7.8	6.9
Neurological disorder	1.0	2.9	1.2	11.8	2.1
Disorder of joints and pain	3.5	7.2	5.6	4.9	5.6
Asthma	0.9	0.4	0.0	6.9	0.6
Accidents	0.5	0.6	0.0	6.6	0.6
Others	16.9	14.2	16.2	6.9	15.4
Total	100.0	100.0	100.0	100.0	100.0
Number of elderly	48	57	62	43	105

Note: Others include TB, Kidney/urinary system, conjunctivitis, anemia, typhoid, ulcer etc.

Table A 5.17: Percentage of acute morbidity episodes for which treatment was sought accordingly to place of residence and sex, Odisha 2011

Place of Residence	Men	Women	Total	Number of Episodes
Rural	88.9	100.0	95.2	62
Urban	100.0	97.9	98.8	43
Total	89.9	99.8	95.5	105
Number of episodes	48	57	105	

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

Source of Treatment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government health facilities	94.6	89.1	91.3	89.8	96.0	93.4	94.2	89.7	91.5
Private Physicians									
AYUSH hospital/ Clinic	5.4	9.0	7.5	5.5	4.0	4.6	5.4	8.6	7.3
Others	0.0	2.0	1.2	4.7	0.0	2.0	0.4	1.8	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly sought treatment	28	32	60	18	24	42	46	56	102

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

Background Characteristics	Source of Treatment					Number of Elderly
	Government Health Facilities	Private Physicians	AYUSH Hospital/Clinic	Others	Total	
Age Group						
60-69	92.7	0.0	7.3	0.0	100.0	63
70-79	84.3	0.0	9.7	6.0	100.0	24
80+	94.9	0.0	3.6	1.5	100.0	15
Sex						
Men	94.2	0.0	5.4	0.4	100.0	46
Women	89.7	0.0	8.6	1.8	100.0	56
Residence						
Rural	91.3	0.0	7.5	1.2	100.0	60
Urban	93.4	0.0	4.6	2.0	100.0	42
Caste/Tribe						
SC/ST	97.5	0.0	0.0	2.6	100.0	45
OBC	86.6	0.0	13.4	0.0	100.0	33
Others	83.3	0.0	16.7	0.0	100.0	24
Wealth Index						
Lowest	93.0	0.0	5.4	1.7	100.0	63
Second	82.8	0.0	17.2	0.0	100.0	14
Middle	100.0	0.0	0.0	0.0	100.0	7
Fourth	86.5	0.0	13.5	0.0	100.0	8
Highest	100.0	0.0	0.0	0.0	100.0	10

Table A 5.20: Average expenditure made for treatment of acute morbidities and per cent distribution according to major heads and source of treatment, Odisha 2011

Average Expenditure By Major Heads	For Last 15 Days Expenditure				No. of Episodes
	Govt. Health Facility	Private Physicians	Others	Total	
Total average expenses	1,519	0	201	1,399	94
% Distribution by item of expenses (based on the valid cases for which component wise details were available)					
Consultation	3.5	0	10.2	3.6	93
Medicines	65.2	0	79.3	65.4	93
Diagnostic tests	8.4	0	0.0	8.3	93
Transportation	11.7	0	10.5	11.7	93
Others	11.1	0	0.0	11.0	93

Note: Out of 102 episodes of acute morbidity accessing health care only for 94 episodes were responded for the expenditure part. For item wise expenses, there were 93 valid cases; hence Percentages have been worked out only for these valid cases

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

Source of Payment	Men	Women	Total
Self	40.1	15.2	25.7
Spouse	16.5	25.1	21.5
Children	40.7	59.3	51.5
Relatives/Friends/Insurance/Others	2.7	0.4	1.4
Total	100.0	100.0	100.0
Number of elderly sought treatment	41	53	94

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

Chronic Ailments	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Arthritis	230	284	257	171	269	220	223	282	252
Hypertension	130	152	141	189	189	189	137	156	146
Cataract	76	68	72	38	62	50	72	67	70
Diabetes	61	27	45	119	61	90	68	31	50
Asthma	56	28	42	35	45	40	54	30	42
Heart diseases	8	12	10	30	22	26	11	14	12
Osteoporosis	0	0	0	0	0	0	0	0	0
Skin disease	18	6	12	22	6	14	19	6	12
Renal diseases	12	0	6	13	2	7	12	0	6
Paralysis	17	34	25	21	18	20	18	32	25
Liver diseases	8	2	5	10	0	5	8	2	5
Chronic lung diseases	10	7	8	2	21	12	9	8	9
Depression	8	13	10	10	18	14	8	13	11
Alzheimer	2	2	2	3	6	5	2	2	2
Cerebral stroke	1	0	1	1	2	2	1	0	1
Dementia	13	18	16	14	11	13	14	17	15
Cancer	2	0	1	8	0	4	3	0	1
No chronic ailments	520	497	509	524	489	506	521	496	509
One or more chronic ailments	480	503	491	477	511	494	479	504	492
Average number of chronic ailments per elderly	0.7	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Number of elderly	392	382	774	350	357	707	742	739	1,481

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

Background Characteristics	Arthritis	Hypertension	Cataract	Diabetes	Asthma	Heart Disease	At Least One	Number of Elderly
Age Group								
60-69	233	146	37	42	41	14	455	928
70-79	277	163	102	62	31	9	530	408
80+	308	89	191	65	83	3	614	145
Sex								
Men	223	137	72	68	54	11	479	742
Women	282	156	67	31	30	13	504	739
Residence								
Rural	257	141	72	45	42	10	491	774
Urban	220	189	50	89	40	26	494	707
Marital Status								
Currently Married	247	156	66	65	41	16	492	910
Widowed	256	128	78	22	46	4	491	557
Others	463	119	0	0	0	0	463	14

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

Chronic Morbidities	Sex		Residence		Total	Number of Elderly
	Men	Women	Rural	Urban		
Arthritis	72.2	70.7	71.2	73.3	71.4	373
Hypertension	60.2	80.1	68.2	84.7	70.7	233
Cataract	33.2	29.9	29.6	53.2	31.2	88
Diabetes	73.7	77.1	70.4	91.1	74.7	100
Asthma	57.1	91.7	68.1	79.4	69.4	66
Heart disease	100.0	50.9	66.2	92.5	72.9	24

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

Chronic Morbidities	Reasons for Not Receiving Any Treatment							Total	Number of Elderly
	Condition Improved	No Medical Facility Available in Neighborhood	Facilities Available But Lack of Faith	Long Waiting Time	Financial Reasons	Ailment Not Considered Serious	Others		
Arthritis	5.2	7.2	0.0	0.0	67.9	18.6	1.0	100.0	96
Hypertension	16.4	0.0	3.4	4.3	67.8	8.1	0.0	100.0	50
Cataract	22.8	0.5		0.5	64.4	11.9	0.0	100.0	53
Diabetes	9.9	4.5	0.0	0.0	82.4	3.2	0.0	100.0	15
Asthma	32.8	4.4	0.0	0.0	43.8	19.1	0.0	100.0	18
Heart diseases	7.0	0.0	0.0	0.0	56.3	36.7	0.0	100.0	3

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

Source of Payment	Arthritis		Hypertension		Cataract		Diabetes		Asthma		Heart Diseases	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Self	60.8	17.6	65.7	14.3	48.0	1.9	51.5	3.6	46.1	10.1	88.4	6.5
Spouse	3.7	19.5	0.0	12.9	31.6	36.4	0.0	25.8	0.0	6.9	0.0	67.8
Children	33.6	56.8	29.9	68.6	20.4	35.7	48.5	69.2	53.9	83.0	11.6	25.7
Relatives/ Friends/ Insurance/ Others	1.9	6.2	4.5	4.2	0.0	26.0	0.0	1.3	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	120	155	81	101	19	16	55	29	23	23	12	8

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, Odisha 2011

Morbidities	Sex		Place of Residence		Total
	Men	Women	Rural	Urban	
Gastrointestinal	12.1	20.0	15.2	19.9	15.5
Cardiovascular disease	13.2	15.6	14.2	15.2	14.3
Febrile illness	16.3	26.8	22.3	1.8	20.8
Neurological disorder	20.4	0.9	12.4	7.7	12.0
Disease of kidney/Urinary system	14.0	0.3	8.6	2.0	8.1
Diabetes	0.7	4.4	1.6	10.7	2.3
Cancer/Tumors	2.5	0.5	0.8	11.9	1.6
Disorder of joints and pain	3.8	4.9	4.4	3.2	4.3
Respiratory ailment	0.7	0.6	0.0	8.8	0.7
TB	0.2	5.6	2.6	1.8	2.5
Others	16.0	16.3	16.1	17.1	16.1
Do not know/Non-response	0.0	4.1	1.9	0.0	1.7
Total	100.0	100.0	100.0	100.0	100.0
Number of elderly	56	42	61	37	98

Table A 5.28: Per cent distribution of elderly by source of hospitalization care according to place of residence and sex, Odisha 2011

Type of Hospitals	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Government	70.1	77.5	73.1	61.2	51.5	56.1	69.5	75.0	71.8
Private	28.1	22.5	25.8	38.8	48.5	43.9	28.7	25.0	27.2
AYUSH hospital/Clinic	1.9	0.0	1.1	0.0	0.0	0.0	1.8	0.0	1.0
Others*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean length of stay	8.3	4.4	6.7	11.9	16.4	14.3	8.5	5.5	7.3
Number of hospitalization cases	42	26	68	20	23	43	62	49	111

*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 according to place of residence and sex, Odisha 2011

Source of Payment	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Self	24.4	4.2	15.8	29.2	0.0	16.0	24.8	3.9	15.8
Spouse	10.9	22.6	15.9	9.2	14.8	11.7	10.8	21.9	15.6
Children	57.7	73.3	64.4	57.1	78.8	66.9	57.6	73.7	64.5
Relatives/Friends/ Insurance/Others	7.0	0.0	4.0	4.5	6.4	5.4	6.8	0.5	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of elderly	36	25	61	20	17	37	56	42	98

Table A 6.1: Per cent distribution of elderly aware of national social security schemes according to place of residence, sex, APL and BPL households, Odisha 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	95.1	86.5	90.8	80.3	70.4	74.9	94.4	85.5	89.9
Annapurna scheme	71.1	71.4	71.3	59.0	54.5	56.5	70.5	70.4	70.4
IGNWPS	86.1	89.6	87.8	70.8	74.2	72.7	85.3	88.6	87.0
Number of elderly	238	249	487	99	122	221	337	371	708
Elderly Belonging to Non-BPL Households									
IGNOAPS	95.4	89.7	92.7	82.6	70.0	76.5	92.9	85.6	89.4
Annapurna scheme	71.2	61.9	66.8	63.3	49.9	56.8	69.6	59.4	64.8
IGNWPS	89.4	85.6	87.6	75.7	66.3	71.1	86.7	81.5	84.2
Number of elderly	154	133	287	251	235	486	405	368	773
All									
IGNOAPS	95.2	87.6	91.5	82.0	70.2	76.0	93.7	85.5	89.7
Annapurna scheme	71.1	68.1	69.6	62.2	51.3	56.7	70.1	66.1	68.1
IGNWPS	87.4	88.2	87.8	74.4	68.7	71.6	85.9	85.8	85.9
Number of elderly	392	382	774	350	357	707	742	739	1,481

Table A 6.2: Per cent distribution of elderly utilizing national social security schemes according to place of residence, sex and by APL and BPL households, 2011

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to BPL Households									
IGNOAPS	45.3	14.0	29.5	25.3	10.5	17.2	44.3	13.8	28.8
Annapurna scheme	1.2	1.2	1.2	1.2	2.7	2.1	1.2	1.3	1.2
Number of elderly	238	249	487	99	122	221	337	371	708
IGNWPS	NA	61.8	61.8	NA	38.2	38.2	NA	60.1	60.1
Number of elderly	NA	142	142	NA	79	79	NA	221	221

Contd...

Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Elderly Belonging to Non-BPL Households									
IGNOAPS	17.3	11.6	14.6	6.0	4.0	5.0	15.0	10.0	12.6
Annapurna scheme	0.0	0.0	0.0	0.5	0.4	0.4	0.1	0.1	0.1
Number of elderly	154	133	287	251	235	486	405	368	773
IGNWPS	NA	37.1	37.1	NA	16.9	16.9	NA	31.9	31.9
Number of elderly	NA	59	59	NA	134	134	NA	193	193
All									
IGNOAPS	34.5	13.1	24.0	11.0	6.0	8.5	31.9	12.3	22.2
Annapurna scheme	0.7	0.7	0.7	0.6	1.1	0.9	0.7	0.8	0.8
Number of elderly	392	382	774	350	357	707	742	739	1,481
IGNWPS	NA	54.3	54.3	NA	24.2	24.2	NA	50.1	50.1
Number of elderly	NA	201	201	NA	213	213	NA	414	414

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, Odisha 2011

Special Government Facilities/ Schemes	Rural			Urban			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Awareness of Facilities/Schemes									
Train ticket concession	20.0	9.0	14.6	43.2	17.1	30.0	22.6	9.9	16.4
Bus seat reservation	15.1	9.3	12.3	21.8	7.6	14.6	15.9	9.1	12.5
Preference for telephone connection	4.0	1.8	2.9	11.2	3.7	7.4	4.8	2.0	3.4
Higher interest for deposits in banks/Post offices	8.5	1.8	5.2	19.1	5.9	12.4	9.7	2.3	6.0
Income tax benefits	3.5	1.5	2.5	10.4	2.9	6.6	4.3	1.7	3.0
MGNREGA	39.9	25.3	32.7	30.3	13.7	22.0	38.8	23.9	31.4
Utilization of Facilities/Schemes									
Train ticket concession	2.9	0.2	1.5	15.9	6.0	10.9	4.4	0.9	2.6
Bus seat reservation	0.6	0.8	0.7	3.7	1.7	2.7	0.9	0.9	0.9
Preference for telephone connection	0.2	0.0	0.1	1.8	0.3	1.1	0.3	0.0	0.2
Higher interest for deposits in banks/Post offices	0.4	0.0	0.2	3.2	0.7	1.9	0.7	0.1	0.4
Income tax benefits	0.0	0.0	0.0	1.7	0.0	0.8	0.2	0.0	0.1
MGNREGA	3.7	2.3	3.0	0.4	0.3	0.3	3.3	2.1	2.7
Number of Elderly	392	382	774	350	357	707	742	739	1,481

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